



**THE HUB
INTIMATE CARE POLICY**

Date : April 2025

Last Reviewed: April 2026

Next Review Date: April2027

1) Principles

- 1.1 The Hub will act in accordance with all current Government regulations and recommendations for Safeguarding Children in order to protect and promote the welfare of pupils¹ at this alternative Provision. They are committed to ensuring all staff responsible for intimate care of learners will do so in a professional manner at all times.
- 1.2 The Hub recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any learner with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 1.3 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care. They will be given the choice to decide if they feel capable of delivering such care and if they are willing to do so they will be provided with the correct training.
- 1.4 This Hub takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.5 This intimate care policy has been developed to safeguard pupils and staff alike and should be read in conjunction with The Hub's policies as below (or similarly named):
 - Safeguarding policy and child protection procedures
 - Staff code of conduct and guidance on safer working practice
 - Whistleblowing policy
 - Health and safety policy and procedures
 - Special Educational Needs policy
 - Supporting pupils with medical needs policy
 - First Aid Policy
- 1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 1.7 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

¹ References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

2) **Remember the Child's Rights at all Times**

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3) **Definition of Intimate Care**

3.1 Intimate care is any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

4) **Examples of Best Practice for Staff**

4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), PCEP (Person centred education plan), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.3 Where a care plan or IEP/PCEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home diary.

- 4.4 A written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).
- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept in the child's file and available to parents/carers on request.
- 4.7 Staff will encourage each individual pupil to do as much for his/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- 4.10 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.11 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 4.12 Adults who assist pupils with intimate care should be employees of the alternative provision, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.13 All staff should be aware of The Hub's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.14 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.
- 4.15 Each pupil who needs help with intimate care should be carefully considered in terms of with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 4.16 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some

way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

- 4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research² which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 4.16 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

5) Child Protection

- 5.1 The Directors and staff at this provision recognise that pupils with special needs are particularly vulnerable to all types of abuse and the child protection procedures will be adhered to.
- 5.3 The practice of intimate care involves risks for children and adults. In this provision all adults will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead (DSL) for Child Protection. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.
- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Directors. The matter will be investigated at an appropriate level (usually the Director) and outcomes recorded. Parents/carers will be contacted as

² National Children's Bureau (2004) *The Dignity of Risk*

soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the provision this should be reported to the DSL who will consult the Local Authority Designated Officer (LADO) in accordance with The Hub's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the provision or about any improper practice will report this to the DSL in accordance with the child protection procedures and 'whistle-blowing' policy.