CANN BRIDGE SCHOOL

Intimate Care & Positive Touch Guidance & Policy

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Last reviewed on:	August 2024	
Next review due by:	August 2025	

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1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Definition

Intimate care can be defined as 'Care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect exposure of the genitals and/or other private parts of the body'.

Examples include:

- Exposing genitals and/or other private parts of the body to administer medicines in accordance with (2014/09) DoE 'supporting children with medical conditions'
- Managing incontinence and providing toileting support
- Administration of medication, including in emergency situations
- Help with personal hygiene - washing and bathing
- Menstrual management
- Supervision of children involved in intimate self-care

3. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

4. Role of parents/carers

4.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form. These should be returned to reception so that it can be added to the Permissions Database.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 4.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

4.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals.

The class teacher will have the responsibility for the development of the Intimate Care Plan for the appropriate pupils in their class, in line with this policy. Staff working in the class who have read, and signed to say they understand this policy, then received training on the delivery of intimate care before being able to provide intimate care.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed once a year by the class teacher, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

The intimate care plan can be found in the pupils Learner Information Plan where there is a Toileting and Eating & Drinking Plan template.

4.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

5. Role of staff

5.1 Principles

These three fundamental guiding principles are paramount and should be evident whenever intimate care involving children or young people is considered:

1. Every intimate care procedure must be completed within an environment and atmosphere of total respect and dignity both for the individual receiving care and for the person involved in providing care.

2. Every plan supporting intimate care must demonstrate how the child/young person can be enabled to develop their independence as far as is reasonably practical for the child/young person.
3. The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children/young people and staff.

Intimate care should be a positive experience for both the child or young person and staff. It is essential that care is given gently, respectfully and sensitively and that every child or young person is treated as an individual. As far as possible, the child or young person should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. The performing of intimate care must never support the child's understanding that this is a special or secret relationship.

5.2 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes senior leaders, teachers and teaching assistants.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

5.3 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

6. Intimate care procedures

6.1 How procedures will happen

Procedures will be in line with the learners written plan. Not all learners require more than 1 member of staff present to carry out intimate care procedures. It is best practice from a health and safety, and safeguarding perspective, to have 2 members of staff present if staffing allows or where outlined in their plan. Staff must make themselves familiar with the plans before undertaking intimate care with each learner. Each time intimate care is carried out, this should be recorded. Both females and males can change female and male learners, unless it says otherwise in their plans taking into consideration preferences and equality and diversity.

Procedures will be carried out in accessible toilets where there are appropriate facilities and space to carry out the intimate care.

When carrying out procedures, the school will provide staff with:

- protective gloves
- cleaning supplies
- changing mats
- bins

Additional resources can be requested from reception or found in the cleaner's cupboard.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

6.2 Principles in practice

- Taking into account the child's method and level of communication which may include words, signs, symbols, body movements and eye pointing.
- Ensuring that the child's methods of communication are clearly identified in the care plan and carers have the ability to understand and communicate.
- Ensuring that when a child is unable to verbalise a preference, other means should be explored including determining a child's wishes by observation or reactions to intimate care.
- In cases where a child or young person has limited communication abilities, intimate care providers enable the child or young person to be prepared for or anticipate events while demonstrating respect for their body, for example by giving a strong sensory or verbal cue such as using a sponge or pad to signal intention to wash or change.
- Ideally allowing the child or young person, whenever possible, to choose who provides their intimate care which should be age appropriate.
- Ensuring a sufficient number of trained staff, both male and female are available to provide intimate care as required throughout the school day.
- Avoiding a situation where intimate care relies on one or two members of staff, thus improving choice for the child and capacity for trained staff able to provide intimate care.
- Enabling the child or young person to indicate if they find a carers practice to be unacceptable.
- Allowing the child or young person a choice over the arrangement of care, ensuring privacy wherever the intimate care is taking place.
- Allowing the child or young person to care for him/herself as far as possible.
- Being aware of and responsive to the child/young person's reactions.
- The views of the child should be actively sought, wherever possible, when developing and reviewing intimate care plans. As with all individual arrangements for intimate care needs, agreements between the child/young person, parents/carers and the school/setting must be negotiated and recorded.
- When the plan is completed, consideration should be made as to whether the underpinning values and principles are reflected.
- Given the right approach, intimate care should provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Whenever children can learn to assist in carrying out aspects of their own intimate care they should be encouraged to do so.

- The school staff have read and understand their role in intimate care and follow this policy and the intimate care plan for the pupil.
- Intimate care practice is consistent across home, school and other settings as far as possible.
- A designated environment is identified which ensures the safety and dignity of the child/young person and intimate care providers.
- Staff ensure that the child or young person's privacy and modesty is respected and protected at all times.
- Appropriate, agreed, progression plans for intimate personal care and development of self-help skills is agreed with the child or young person and their parent/carers. Each intimate care plan will also consider strategies that support and encourage children and young people towards independent intimate care/toileting where possible.
- Staff should use the correct anatomical terminology to be used for private parts and bodily functions.
- Staff speak to the child personally by name so that they are aware of being the focus of the activity.
- Staff have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account. Any religious or social requirements are clearly noted in the child's/young person's intimate care plan.
- If a child becomes incontinent and requires toileting support, the child will be discreetly removed from the learning environment so that intimate care can be provided in the designated location by the child's preferred intimate care provider.
- Planning for learning outside the classroom takes into account how safe and dignified intimate care can be provided at venues outside of the school/educational setting. Planning also ensures that an intimate care provider is present and suitable materials for cleaning and changing are available.
- Staff keep records which, in accordance with the pupils intimate care plan, detail any intimate care provided, note the pupils' response to intimate care and note any changes in behaviour.
- Regular communication and exchanging information with parent/carers is essential.
- If a member of staff has concerns about physical changes in a child or young person's presentation, for example unusual anxiety, bruising, soreness and so on. Staff will immediately report their concerns to the designated person for safeguarding and log the concern in the intimate care records for the child/ young person.
- All staff clearly understand that cameras (including mobile phones) are not to be taken into areas where intimate care is carried out.

6.3 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to a member of the Senior Leadership Team. This should also be logged on an incident/accident form and logged on CPOMs.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

6.4 Duty of Care

All adults are accountable for their actions in carrying out activities where they have authority over others and must manage risk and safeguard children and young people as part of their duty of care.

Staff at Cann Bridge School must:

- Understand their responsibilities, which are part of their employment or agreed role.
- Always act, and be seen to act, in the child's/young person's best interests.
- Avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Take responsibility for their own actions and behaviour.

7. Positive Touch

At Cann Bridge, we believe that touch is a vital aspect of our nurturing role. Touch not only promotes a child's social and emotional development but also serves as a highly effective and powerful method of non-verbal communication.

Touch can:

- Demonstrate acceptance
- Provide reassurance
- Calm and comfort
- Emphasize spoken communication
- Offer sensory stimulation
- Support various therapy programs
- Serve as an alternative to verbal communication
- Remove a child from danger or ensure their safety

Research indicates that positive touch is beneficial for early bonding, stress reduction, and state regulation (Harrison, 2001). Additionally, it can improve attentiveness and alleviate sleep problems in some children with autism (Escalona et al., 2001; Cullen, Barlow, & Cushway, 2005). For children with special educational needs, positive touch has been effectively used to enhance caregiver-child interactions and increase the child's comfort (Pardew & Bunse, 2005). Field (2010) also explored the significance of touch for socioemotional and physical well-being.

Our staff recognize physical contact as an important part of child development and guidance. They understand that physical contact can be a form of communication, and they appreciate the importance and significance of non-verbal cues, responding appropriately. Therapeutic touch is particularly valuable in situations where children are distressed, as research shows that withholding touch in these moments could exacerbate the child's distress. When children are highly distressed, they may ignore sensory information—such as sight or sound—making touch the only means of maintaining a connection with them. In cases where a child presents a danger to themselves or others, it may be necessary for trained staff to use physical intervention, as outlined in our behavior policy.

Examples of appropriate positive touch include:

- Respecting the personal privacy and space of children.
- Ensuring the safety and well-being of the child (e.g., holding a child's hand while crossing the street, using a CPI hold when a pupil becomes a danger to themselves or others).
- Supporting social and emotional development through gestures such as hugs (usually side-on with teenagers to avoid full-body contact), reassuring touches on the shoulder, or back rubs.
- Providing touch for health and hygiene purposes. When intimate personal care is required, staff should ensure that the pupil is comfortable with the staff member attending to their needs, always preserving the pupil's privacy and dignity.

Examples of inappropriate touch include:

- Touch intended to satisfy the needs of the adult rather than the pupil.
- Coercion or exploitation of the pupil's lack of knowledge.
- Violation of laws prohibiting sexual contact between adults and children.
- Forced kisses, corporal punishment, slapping, striking, pinching, prolonged tickling, fondling, or molestation.

An individual's history may influence who they perceive as a 'safe' adult, and some individuals may be accustomed to different levels of touch due to cultural upbringing. All staff have a responsibility to ensure that Cann Bridge School remains a safe, sensitive, and appropriate environment. Consent should always be sought where possible.

8. Monitoring arrangements

This policy will be reviewed by the Deputy Headteacher, annually. At every review, the policy will be approved by the Headteacher.

9. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions
- No mobile phone
- Staff code of conduct

Appendix 1 Permission for school to provide intimate care

CANN BRIDGE SCHOOL

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 2 Intimate Care – Toileting Plan Example from Learner Information Plan

ADD NAME Toileting Plan

Last updated	

Private helpers involved in my personal care:	
How many private helpers are needed to support my personal care:	
Which toilets have the facilities required:	
Equipment / communication aids required:	

What is required from the private helper?
• *Arrangements for nappy/pad changing* • *Level of assistance required* • *Frequency* • *Infection control* • *Sharing information* • *Family requests or information* • *Any additional information to support personal care*
•

Working towards independence target (if not fully independent)		
Learner will try to…	**Private helpers will…**	**When by**

Toileting Next Steps	Date Achieved
To accept being in the toilet area	
To accept having my pad changed	
To accept standing next to the toilet	
To have my pad changed while I am stood next to the toilet	
I can sit on the toilet briefly and then stand to have my pad changed	
To sit on the toilet and then stand to have my pad changed	
To accept wearing pants under my pad	
To accept transitions to the toilet and sit on the toilet and pass urine when taken by an adult every hour and a half to two hours – and my pad is dry.	
To accept transitions to the toilet and sit on the toilet and pass urine when taken by an adult every hour and a half to two hours	
To sit on the toilet and pass urine when taken by an adult (extend time)	
To sit on unfamiliar toilets	
To use all familiar toilets	
To use any toilet (familiar and unfamiliar)	
To ask for the toilet in a familiar place	
To ask for the toilet in an unfamiliar place	
To wash my hands and dry them using a paper towel	
To wash my hands and dry them using a hand dryer	
To independently request/access the toilet	
Hygiene Add /delete as appropriate *Target: Specific targets may be when needed for example next steps linked to managing menstruation.*	

Appendix 3 Intimate Care – Eating and Drinking Plan Example from Learner Information Plan

ADD NAME Eating & Drinking Plan

Last updated	

Does this learner have a specialist Eating and Drinking Plan?	

If the learner has a specialist Eating and Drinking Plan provided by a Speech and Language Therapist, please refer to that plan. This plan should be updated annually following the return of the Eating & Drinking Information Gathering Sheet completed by parents/carers.

Known intolerances
•

Known Allergies
•

My dietary requirements
•

Any specialist equipment, resources or support required
•

If updated, a copy must be sent to the Catering Team.

Good practice for safe and appropriate eating and drinking:

- Always ensure learners have a drink when having snacks or meals
- Encourage learners to take small mouthfuls, one at a time
- Support the learners to concentrate on chewing and swallowing
- Ensure learners stop eating whilst talking or laughing
- Support learners to sit upright at a table with feet on the ground or on a footrest. This will enable the muscles to work better for chewing and swallowing
- Minimise distractions to make it easier to concentrate on eating and drinking
- Ensure grapes and strawberries are cut in half, length ways
- Cut sandwiches, soft rolls and burger buns in half
- Avoid round and/or hard foods such as Mini Eggs and Maltesers
- Avoid laying down for 30 minutes after eating

Appendix 4 Toileting Record Sheet

Each class must record episodes of intimate care interventions using an appropriate form which includes the child or young person's name and the minimum information of: date, time and member of staff involved.

Date & Time													**Comments**
Learner Name	**Staff signature and summary note**												

Summary note:

BO – bowels open and cleaning supported **PU** – passed urine and cleaning supported **PC** – pad change and cleaning supported **FH** – feminine hygiene and cleaning supported

Records should be kept in the class for one term (six term year) and then passed to the Designated Person who will monitor then destroy.