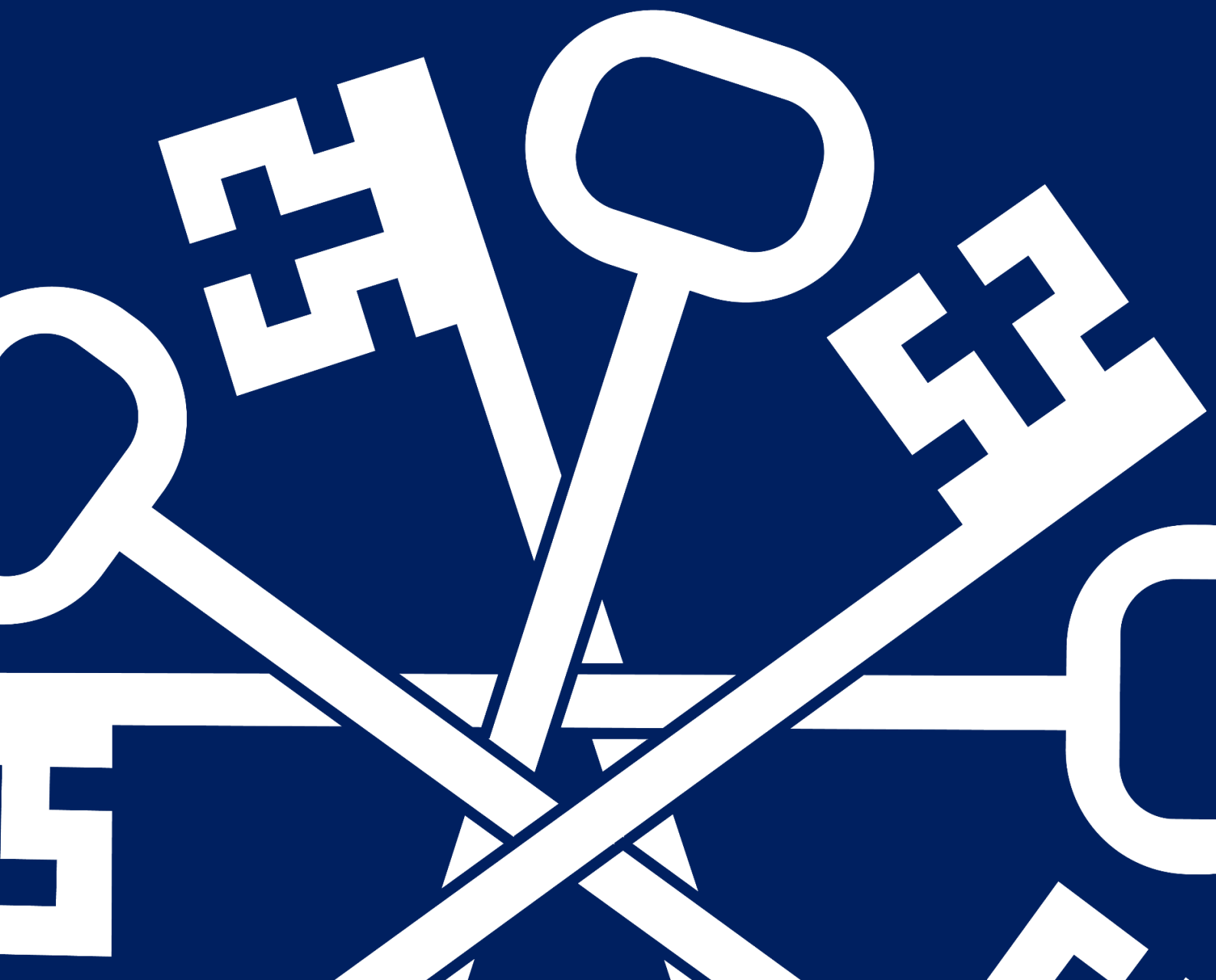
KEYS ACADEMIES TRUST

Intimate Care Protocol
Version 1.3



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1. Policy Statement

1.1. At the heart of our mission is the belief that every individual has untapped potential waiting to be unlocked. By fostering an environment that challenges and supports growth, we want to create pathways for social mobility. By providing the right tools, guidance, and opportunities, we enable each person to overcome barriers and reach their fullest potential.

1.2. We want our schools to not only places of learning but vibrant communities where every person feels they truly belong. Within this students, teachers, and support staff alike should feel they are developing and succeeding. This success should be an achievable reality for all, irrespective of background or circumstance. It may be quite different for each of us, but the key is the feeling of pride in doing well and enjoyment of the journey.

1.3. We are committed to building inclusive environments where the uniqueness of every individual is celebrated, and where collective growth is the norm.

2. Change Summary

2.1. No significant changes since first policy iteration.

3. Introduction

3.1. Peterborough Keys Academies Trust Schools are committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner. The Trust recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended in a way that causes distress or pain. The Trust takes its responsibility to safeguard and promote the welfare of students in its care seriously. Meeting a student's intimate care needs is one aspect of safeguarding. Any concerns should be raised with the leadership team / D/DSL / parents / carers / school nurse as soon as possible.

3.2. Staff who work with young children or children / young people who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

3.3. 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 contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

3.4. Children's and the Young People's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of safeguarding issues. Staff behaviour is open to scrutiny and staff at KEYS TRUST schools work in partnership with parents / carers to provide continuity of care to children / young people wherever possible.

3.5. Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents / carers who are encouraged to reinforce the personal safety messages within the home.

4. Our Approach to best practice

4.1. All children who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.

4.2. Staff who provide intimate care are trained to do so (including Safeguarding and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist / occupational therapist as required.

4.3. Staff will be supported to adapt their practice in relation to the needs of individuals considering developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children / young people will not usually be involved with the delivery of sex education to their children / young people as an additional safeguard to both staff and children / young people involved.

4.4. There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it appropriate to their level of understanding.

4.5. As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

4.6. Each child's / young person's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

4.7. Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of adults. Teachers need to be aware of this.

4.8. Parents / carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's intimate care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints, e.g. staffing and equal opportunities legislation.

4.9. Each child / young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

5. The Protection of Children

5.1. Education Safeguarding Procedures and Inter-Agency Safeguarding procedures will be accessible to staff and adhered to.

5.2. Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

5.3. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc, s/he will immediately report concerns to the Designated Safeguarding Lead (DSL) using MyConcern.

5.4. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked in to and outcomes recorded.

5.5. Parents / carers will be contacted at the earliest opportunity as part of this process to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's need remain paramount. Further advice will be taken from outside agencies if necessary.

5.6. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

6. Equipment and stock of care supplies

6.1. The equipment used by members of staff at KEYS schools fall within three categories:

a) Equipment owned by KEYS schools.

b) Equipment owned by the student.

c) Equipment owned by the Local Authority / Health Services.

6.2. According to the above, replenishment of consumables falls to each of those responsible and the appropriate funding should be allocated to ensure stock is maintained accordingly.

7. Medical Procedures

7.1. Students who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents / carers and documented in the intimate care plan. These procedures will only be carried out by specifically trained staff members. Training will meet statutory need, such as annual updating, delivery by appropriately qualified staff etc and delivered by Health Professionals to ensure correctness and consistency of procedure.

7.2. It is particularly important that staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly. To this end, appropriate disposal equipment is provided to the school and maintained by external providers; these arrangements fall under the responsibility of the School Business Manager.

7.3. Any member of staff who administer first aid should be appropriately trained in accordance with Local Authority guidance. If an examination of a students is required in an emergency it is advisable to have an additional adult present with due regard to the students' privacy and dignity.

8. Version History

VERSION	ACTION	RESPONSIBLE	DATE
1.0	Policy created	Jude MACDONALD	11/10/2023
1.1	Policy reviewed	SENDCo	3/9/2024
1.2	Policy reviewed	SENDCo	3/9/2025
1.3	Policy reviewed to ensure latest information applicable to Thorpe included	SENDCo	01/09/2026

9. Appendix 1: Intimate Care Plan

Name of child	
Class	
Date of birth	
Name of employee completing this plan	
Date of plan	
Date of review (no more than 12 weeks)	

Description of Intimate Care needed:

Toileting Needs:

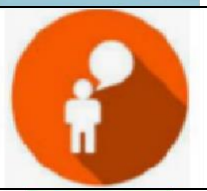
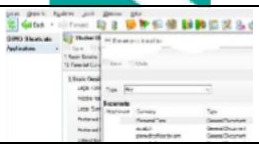
Dressing and Undressing Needs:

Lunchtime/Breaktime Needs:
Identified Staff:
Risk Assessment: Moving and Handling Training required Y / N

Personal safety Child (to include individual communication plan for intimate care. Personal safety Adult (linked to Safer Care Code of Conduct)

	Signed / agreed
Parent	
Staff	
Child (if child cannot sign, please explain how views have been captured	

10. Appendix 2: Intimate Care Actions and Advices

1.	Wash your hands	
2.	Place a mat on the changing table (student may have their own)	
3.	Bring everything you need from the student's tray to the changing table	
4.	Bring the student up to the table and change them as per their own preferences	
5.	Talk to the student whilst changing them, and provide commentary	
6.	Check if the student also needs clean clothes whilst you change them	
7.	Take the student from the changing table and return them to lesson / previous activity	
8.	Put the student's things back in their tray and tidy up	
9.	Wash your hands again!	
10.	Record the episode of intimate care on the School's MIS system	

	Cleaning a Girl ♀
1.	Wash your hands, place the girl on the changing bed
2.	Undo her clothing and open up her nappy.
3.	Clean as much faeces as possible with the soiled nappy.
4.	Use a wet wipe to clean inside all the skin creases at the top of her legs. Wipe down towards her bottom.
5.	Lift her legs using one hand (finger between the ankles) and clean her buttocks and thigs with fresh baby wipes, working towards the anus, keeping clear of the vagina.
6.	Dry the skin creases and the rest of the nappy area thoroughly. Apply cream if needed.
7.	Place wet / soiled nappy in the bin provided.
If you have a safeguarding concern while changing a child's nappy, clothes or underwear, you must report immediately to a member of the safeguarding team using MyConcern. Concerns may arise from evidence or signs of sexually transmitted infections, soreness or bleeding, marks or bruises.	

	Cleaning a Boy ♂
1.	Wash your hands, place the boy on the changing bed
2.	Undo his clothing and open up his nappy. It is quite common for a boy to urinate just as you remove the nappy, so pause for a few seconds and hold the nappy over the penis.
3.	Using a wet wipe, starting between the penis and the navel, wipe across the tummy and penile area.
4.	Use a new wet wipe to clean inside all the skin creases at the top of his legs, working towards his anus and back.
5.	Wipe over the testicles and the penis.
6.	Lift his legs using one hand (finger between ankles) and wipe away from his anus to buttocks and back to the thighs.

7.	Dry the skin creases and the rest of the nappy area thoroughly. Apply cream if needed.
8.	Place wet / soiled nappy in the bin provided.
If you have a safeguarding concern while changing a child's nappy, clothes or underwear, you must report immediately to a member of the safeguarding team using MyConcern. Concerns may arise from evidence or signs of sexually transmitted infections, soreness or bleeding, marks or bruises.	