



SENDAT

Intimate and Personal Care Policy

This review: **September 2023**

Next review: **September 2024**

- [This policy should be read alongside the Statement of Intent](#)
- Physical Intervention Policy
- Safeguarding Policy

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1. Context

‘Intimate care’ means doing tasks involving close personal contact that someone can’t do independently. This includes changing nappies and helping a pupil use the toilet.

Providing intimate care **counts as a reasonable adjustment** for pupils who are not toilet trained, not able to use a toilet independently, or need other help with intimate tasks. This is because failing to do so would infringe upon those pupils’ rights to access education due to a disability, under the Equality Act 2010.

2. Definition of policy area

- Intimate Care = Physical assistance or supervision of a student which involves seeing, touching or other contact with the student’s normally clothed body, due to disability or care needs – assistance with toileting, washing, dressing or undressing, physiotherapy etc.



- Personal Care = Provision of individual help, including help with bodily functions and intimate care.
- Physical Contact = provision of help, guidance or support by an adult when actual physical holding or touching has to take place.
- PPE – Personal protective equipment. Gloves aprons etc for staff to wear and use to support hygiene protocols.

All students are offered, where possible, same gender care. Girls will always receive female to female care. Risk Benefit Assessments will reflect permission has been given for intimate and personal care.

3. Aims

- To protect the interests and well-being of students for whom staff have a shared responsibility;
- To protect staff in the fulfilment of their responsibilities to students;
- To protect staff in the fulfilment of the School Statement of Intent;

4. Guidelines

Physical contact, touching, is an essential part of life. The difference between acceptable and unacceptable touching behaviour is often the most difficult skill to teach. It must be tackled concisely and conscientiously because it is the central goal of all education for Child Protection. Touching for reasons of personal and/or intimate care in schools is governed by the following rules which need to be taught and reinforced throughout the student's time in school:

5. Recording intimate care

Arbor should be used to record any personal care, this is in the behaviour log as "personal care"

As given in the examples below any concerns should be recorded in CPOMS.

6. Rules for touching (body ownership and body privacy)

- No tickling or touching allowed if we say "No";
- No tickling or touching allowed under clothes;
- No-one is allowed to touch the private parts of our body just for fun;
- No-one is allowed to ask us to touch their private parts;
- If a student needs help with intimate personal hygiene, their private parts must not be tickled, touched with fingers, or touched for fun;
- Even if a doctor needs to touch private parts, a nurse, carer, or parent will be there.



- Best Practice:
 - 2 adults to assist a student with intimate and personal care routines, unless otherwise stated in their Risk Benefit Assessment.

In the unlikely event that you are on your own you must think about the needs of the young person, but also how to ensure your safety. For example, can you leave the door to the toilet open, talk out loud about what you are doing so that if someone becomes available, they are aware of what's going. Very important to record the care given on Arbor as soon as possible including that you were on your own and must be recorded that day.

For residence / boarding personal care and the approach to this is detailed on their Placement Plan. This may be one member of staff with another close by, or by notifying other members of the residential team that personal care is about to be undertaken.

In a school or residential setting each member of staff brings to each situation at least three different perspectives – those of a professional, those of a social being, and individual beliefs and values. Staff need to be continually aware that what is perfectly acceptable behaviour within family roles or social situations may be inappropriate or undesirable in a school setting.

A short cut to checking that what you are doing is right within the professional setting is to ask yourself why you have physical contact with the student. This question will be asked by a senior manager as an ordinary part of de-briefing after an incident.

Where an adult is providing personal and/or intimate care on a professional basis it is good manners, and good practice to talk to the student about what you are doing and why, all the time.

7. Examples

Example 1:

Whilst helping a student to undress, wash, dress, bath or wipe their bottom in the toilet – engage the student in conversation about each step of the process or talk about what you are doing so that the student learns the sequence of actions, and colleagues passing know exactly what is happening.

Where an adult is providing personal support for a physical activity it is essential to ensure that the private, sexual parts of the student's body are not touched and to check that they are comfortable with the touch.

Example 2:

Whilst supporting a student in the swimming pool – ask if they are comfortable; explain what you are going to do if you have to change your hold. If her/his body is slippery and you accidentally brush a student's private parts apologise, explain briefly what happened ("Oh I'm sorry, you are as slippery as a seal." And discuss what happened with a colleague and record on CPOMs.



Where an adult is providing personal support for comfort or re-assurance, they must remain aware of an exceptional, potentially difficult, situation. Staff should not move out of their own professional 'comfort zones'. It is essential to ensure that the private, sexual parts of both the student's body, and the adults, are not touched. If possible, offer comfort without touching. If this is not possible offer a 'side-by-side' hug in a place open to other colleagues.

As soon as personal comfort becomes a social event the physical support should be gently withdrawn whilst explaining that the student is ready to start thinking about what to do next.

Example 3:

Whilst comforting an extremely distressed student – check first of all whether they mind you touching them. Make sure you are neither touching the student's private parts nor they yours. Draw the physical phase of the comfort to an end as quickly as is reasonable. Record the actual form of physical comfort offered and record on CPOMs.

Where an adult is touching a student to initiate, support or maintain communication the touch should be on a 'safe' body part, momentary, and in the nature of a prompt.

Where a student requires sensory input from an adult they are probably driven by a very real need for human contact, or to explore the boundaries of what is allowable. Staff should try to establish what is actually happening, respond accordingly, and should not move out of their own professional 'comfort zones'. In both cases the student should be told gently but directly what is normal, acceptable behaviour.

Example 4:

Whilst responding to the touch of a student who regularly touches or strokes as part of their ordinary sensory/social behaviour. Explain gently that touching is not usually acceptable and teach them how to ask for attention. The long-term consequences of a student not getting the attention they need in an appropriate manner can lead to inappropriate learned behaviours that should be targeted through an ILP/Intervention and work with parents or carers.

If a student cannot make the critical distinction between appropriate and inappropriate behaviour, their safety is jeopardised, and they have little chance of achieving self-dependency in adulthood.

Example 5:

Whilst responding to a student demanding attention or testing boundaries – explain clearly and firmly that people do not like to be touched to gain attention. Teach the student how to ask for attention and wait for a proper response.



8. Parental/Carer informed consent

7.1 It is likely that most parents/ carers would expect their young person to be supported with respect so that their personal care needs are met, and they are comfortable in school.

For one off occasional personal care needs informed consent of the parents is not needed, but parents/carers should be advised of the incident and the care given. This must be the same day and could be a phone call or an email. The care given should be recorded as in point 4.

7.2 Where students require ongoing and/or regular personal care this should form part of their Care Plan or Residential plan which should be agreed with parents/carers.

9. Training, help and support

Staff are given training on safe personal care, using Educare. Staff are able to request further training and support through their Key Stage lead / Head of School / DSL

10. PPE

Disposable aprons and gloves are available for staff to support appropriate hygiene protocols. "Red" bags are also available for any soiled clothing, as the red bag will dissolve in the washing machine.

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