



## **Intimate care policy**

2025-2027

## **Introduction**

The Intimate Care Policy has been developed to safeguard children and staff. All staff in schools are required to work according to the Local Authority's Guidelines for Safe Working Practice; this policy should be read in this context. It applies to all staff involved in the intimate care of children.

Intimate care may be defined as any activity required to meet the personal care needs of an individual child. Intimate care may include feeding, oral care, washing, dressing or undressing, toileting, changing nappies, menstrual care, treatments such as enemas, suppositories, enteral feeds, catheter and stoma care. Intimate care also includes the supervision of a child involved in intimate self-care.

## **Principles of Intimate Care**

The following are the fundamental principles upon which the policy is based:

- Every child has the right to feel safe and to have their personal privacy respected
- Every child has the right to be involved and consulted about their own intimate care to the best of their abilities, the right to express their views on their own intimate care and to have their views taken into account
- Intimate care should be delivered as consistently and in as caring and respectful a manner as possible.

## **Wetting or Soiling**

Young children may have toileting accidents and at some time during the early years there may be a need for an adult to support them with their toileting needs. Parents will be informed on enrolling their child, that staff will provide this support. Parents will be asked to opt out of this if they object to staff providing toileting support to their child. If a child wets himself or herself, a member of staff will arrange a change of dry clothing for the child and will offer as much supervision or support as needed to enable the child to change their clothes. If a child has soiled him or herself, staff will support the child to get clean and change their clothes. Staff will endeavour to promote the child's independence in toileting and wherever possible will offer verbal encouragement to the child before intervening physically to clean or change a child.

If a parent does not give consent for staff to change or clean their child, in the event of the child being soiled, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parent / carer or emergency contact is able to come within a few minutes, the child will be supervised by a member of staff and kept away from the other children to preserve their dignity until the parent arrives. The child will be dressed at all times and never left partially clothed. If a parent / carer or emergency contact cannot attend, the school will seek to gain verbal consent from parents /carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself. If the parents and emergency contacts cannot be contacted, the SENDCo will direct staff to act in the best interests of the child in the circumstances at the time.

If a child has a tummy upset and develops diarrhoea, then the best outcome for the child is for him or her to go home and have a shower or bath. Parents / carers will be contacted and asked to take the child home to ensure their comfort. School does not have the facilities to clean a child in these circumstances.

If a child has medical, physical or developmental needs which affect his or her ability to attend to his or her own toileting needs without adult support, then an intimate care plan will be written. All children, except those with a specific, identified medical need will be expected to be toilet trained from the age of 3. If any other child, without these needs, soils him or herself more than three times, then the school will also contact the parents to investigate any issues.

### **Intimate Care Plan**

An Intimate Care Plan is written for any child who requires any of the types of intimate care listed in the introduction above. The plan is written jointly by a member of staff from school, usually either the class teacher or SENDCo, with the child's parents or carers, and if necessary, with support from the School Health Practitioner, or another medical specialist involved in the child's care. The Intimate Care Plan is signed by all parties. The Intimate Care Plan is kept in the SEN file in the class. Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

Staff who routinely provide intimate care for a child are named on the care plan. All staff must be trained in the specific types of intimate care that they carry out. Senior leaders must ensure that all staff undertaking the intimate care of children are familiar with and understand the Intimate Care Policy. School needs to make provision in case a staff member named on an Intimate Care Plan is absent from school; additional trained staff should be available to undertake specific intimate care tasks.

### **Guidelines for good practice**

Adhering to these guidelines of good practice should safeguard children and staff. Disabled children can be especially vulnerable to abuse. Staff involved with their intimate care need to be sensitive to their individual needs. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. If a staff member has concerns about a colleague's intimate care practice, they must report this to the headteacher and DSL.

- Involve the child in their intimate care. Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible. Check your practice by asking the child or their parent about any likes / dislikes while carrying out intimate care.
- Be aware of the child's method and level of communication. Use simple language and repeat if necessary. Make eye contact at the child's level. Continue to explain to the child what is happening even if there is no response.
- Ensure privacy appropriate to the child's age and situation. A suitable location for carrying out intimate care should be specified on the care plan.
- A lot of care is carried out by one staff member alone with one child. The practice of providing one to one intimate care of a child is supported, unless the activity requires two people for the greater comfort / safety of the child or the child prefers two people.
- If a child's intimate care is delivered by several different staff, a consistent approach to care is essential. Effective communication between school staff, parents or carers and external agencies ensures practice is consistent.
- Be aware of own limitations. Only carry out care activities you understand and feel competent and confident to carry out. If in doubt, ask. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding, rectal diazepam.

- There is a positive value in both male and female staff being involved with children of either sex. The intimate care of boys / girls can be carried out by a member of staff of the opposite sex. Wherever possible, the child's and parents' preferences will be respected and if a member of staff of the same sex is preferred to perform intimate care tasks, wherever possible this will be offered. It must be noted though that as the school staff team at present is predominantly female, it may not be possible to offer a male member of staff for intimate care tasks for boys.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to abuse.
- If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance. If necessary, the Intimate Care Plan should be reviewed, with further advice taken from parents or health care professionals as required.
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling including in the genital area, report immediately to the headteacher. If during the intimate care of a child you accidentally hurt them, or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the headteacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made. Parents / carers must be informed about concerns.

### **Monitoring**

The SENDCo will monitor the effectiveness of intimate care plans and will report back to the headteacher. The policy is to be reviewed every two years.

### **Links to other policies**

Equalities Policy  
Child Protection Policy  
Supporting children with medical needs policy  
Nappy policy guidelines

### **Policy adopted by the Governing Body**

**Date:**

## Intimate Care Plan

<b>Child's Name:</b>		
<b>Date plan written:</b>		
<b>Names of staff involved in delivering intimate care:</b>		
<b>Intimate Care Need:</b>		
<b>Specific Support Required:</b>	<b>Frequency of Support:</b>	
<b>Equipment required / location:</b>		
<b>Additional Information:</b>		
<b>Intimate Care Plan signed by all staff / professionals involved in writing or delivering the plan:</b>		
<b>Name</b>	<b>Role</b>	<b>Signature</b>
<b>Parent / Carer's Consent:</b>		
<p>I give permission to school to provide appropriate intimate care support to my child as detailed above. I understand that the staff concerned have received the necessary training and have discussed the procedures with me. I will advise the headteacher or staff responsible of any medical condition or change in my child's needs which may have an effect on the provision of intimate care.</p>		
Name: _____		
Signature: _____		
Relationship to child: _____		
Date: _____		

**Intimate Care Plan review date:**  
(in 6 months time or sooner if required)