



ST. MARK'S CE SCHOOL
ONE SCHOOL - SERVING ALL - THROUGH EXCELLENCE

Intimate Care Policy

Policy Statement and Guidelines

Policy Date: Spring 2026

Review Date: Spring 2027

Definition of intimate care

Intimate care is any assistance that involves touching a child while carrying out a procedure that most children are able to do for themselves, but some are unable to manage without help. This may involve help with eating, drinking, dressing, and matters of personal hygiene such as washing and toileting. In some instances more specialised intimate assistance may be needed for children with physical or medical difficulties.

Introduction

Our aim at St Mark's Church of England School is to make every child feel valued and included within a Christian context. When s/he needs assistance with intimate care, we are committed to ensuring that all staff responsible for that care will undertake their duties in a professional manner at all times.

Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves, but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

All staff involved in intimate care will receive induction training and refresher training at least annually, including updates on safeguarding practises relevant to intimate care. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/ occupational therapist. Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. The child 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 him/ herself as they are able.

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. At St. Mark's C of E School all staff are checked with the Disclosure and Barring Service (DBS) and we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

We aim to:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

Our approach to Best Practice

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Any child who requires intimate care is treated with respect at all times; we recognise that the child's welfare and dignity is of paramount importance. We will work with parents and children to establish a preferred procedure for supporting the child in our care with their personal and intimate needs.

Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care and ensuring that the identified adults receive the appropriate training.

Where possible the child's key-person is responsible for undertaking their care. When this is not possible, a staff member who is known to the child will take on that responsibility. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities and staff will encourage them to do as much for him/herself as he/she can. Children will be cared for with dignity and respect for their privacy. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult, unless there is a sound reason for having more adults present.

Where possible, intimate care will be provided by a staff member of the same sex as the child. In instances where this is not possible, the reasons will be fully documented, parents/carers will be informed, and a second adult will be present as a chaperone to ensure the child's comfort and safety.

Staff will receive training to recognise and respond to children's emotional cues during intimate

care, ensuring that any signs of distress or discomfort are recognised addressed promptly. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

Working with Parents

At St. Mark's C of E, we believe that our partnership with parents is an essential principle and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is available from parents and prior permission must be obtained from parents before intimate care procedures are undertaken (see Appendix 1). We acknowledge that cultural and diversity influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic and cultural perspectives through open dialogue with parents.

Parents should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met. This may include Health Care plans and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence. Children will be encouraged and supported to express any concerns or discomfort about intimate care arrangements. A formal process will be in place to record such feedback, investigate concerns, and adjust care plans accordingly.

When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record (see Appendix 7). All information concerning intimate care procedures is recorded and stored securely. They are retained in the school for 7 years from the date of the last entry, then they will be disposed of securely in line with the schools Data Protection procedures. All records of intimate care, including Personal Care Plans and intervention logs, will be stored securely in accordance with the school's Data Protection Policy. Access will be limited to authorised staff only, and records will be retained for seven years before secure disposal.

We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. The parents/carers will be contacted confidentially either in person, by telephone or in a sealed letter, not through the home/school diaries. On the rare occasion that a child is soiled to a point where they are unable to clean themselves to a comfortable state, parents would be contacted immediately so that the child could be taken home for bathing. In cases of toileting accidents for children without Personal Care Plans, staff will follow

a consistent approach to support independence and dignity and will document the incident in line with safeguarding protocols.

The Protection of Children

Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.

If a member of staff has a concern about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate Designated Safeguarding Lead.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

If a child makes an allegation against a member of staff, all necessary procedures will be followed. (See Child Protection Policy and Procedures)

Allegations of Abuse

Personnel working in intimate situations with children can feel particularly vulnerable. This policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed. If staff are concerned about a child's demeanour during or following intimate care, or has responded to or said something that has caused concern during the intimate care, they will report such incidents immediately to one of the Designated Safeguarding Leads who will follow the correct safeguarding procedures.

Health and Safety

Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. The school will provide gloves, a bin and liners to dispose of any waste.

Any soiled waste should be placed in a polythene waste disposal bag / Nappy bags which can be

sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and it can be collected as part of the usual refuse collection service as this is not classed as clinical waste.

Policies

These guidelines should be read in conjunction with policies:

- Health and Safety Policy
- Safeguarding Policy
- Supporting pupils with medical conditions Policy
- Complaints Policy

This policy will be reviewed annually by the Designated Safeguarding Lead and SENCO, with updates communicated to all staff. Feedback from parents, staff, and pupils will be considered in the review process.

Here are some examples of possible scenarios that may occur in our school:

1. A child requires regular support with dressing and/or toileting and has a Personal Care Needs Plan; 2. A child does not require regular support with toileting but 'has an accident' in school – is wet (urine) and/or soiled (faeces).

Scenario 1: Child requires regular dressing and/or toileting support

The school is aware that children with special needs or medical/physical needs may have additional vulnerabilities which must be considered when drawing up care plans for them as individuals. Regardless of age and ability, the views and emotional responses of children with such needs will be actively sought when drawing up or reviewing a Personal Care Needs Plan.

Any child requiring regular dressing and/or toileting support will have a Personal Intimate Care Plan or Toilet Support Plan if this is more suitable for age and level of independence of the child. This plan will be agreed and signed by the parent/carer. This plan will outline who is responsible for supporting the child, where the support will take place, the procedure to be followed on every occasion, the resources required for the task, responsibilities for supplying these resources and any training received or required. This plan allows school and parents to be aware of the complete procedure surrounding the task from the outset.

A record of 'changing' will also be kept. Although there may be specific requirements as reflected

in individual Personal Care Needs Plans there is a general toileting procedure that staff at school will follow.

- Staff will always wear a single-use disposable apron and gloves when carrying out the support.
- Any wet or soiled waste e.g. pads, wipes and gloves will be placed in a nappy bag and sealed.
- The bag will then be placed in a bin (with a liner) specifically allocated for this purpose.
- This bin will be collected on a weekly basis as part of the usual refuse or sooner if required.
- Soiled or wet clothing will be placed in a plastic bag and sealed.
- At the end of the school day staff will discreetly pass this over to parents/carers when collecting their child and verbally give details of the circumstances.

Scenario 2: Child not requiring regular dressing and/or toileting support

Staff will communicate with parents/carers about toileting incidents discreetly and sensitively, avoiding any communication methods that may breach the child's privacy.

- If the child is wet and/or slightly soiled, a member of staff will discreetly escort the child to the nearest 'accessible' toilet where there is more space to carry out the support task.
- Staff will support changing of clothing and will initially encourage the child to clean themselves with wipes. However they may support the cleaning/wiping process if the child is unable to do this or is distressed.
- At the same time a member of staff will act on the school's procedure to clean any waste from the classroom area.
- In both of the above cases staff will carry out the procedures following health and safety guidelines e.g. using gloves and aprons.
- Soiled or wet clothing will be placed in a plastic bag and sealed. At the end of the school day staff will discreetly pass this over to parents/carers when collecting their child and verbally give details of the circumstances

Off-site trips and visits:

For off-site visits, staff will conduct a risk assessment relating to intimate care needs and plan appropriate arrangements to maintain privacy, dignity, and safety. Any deviations from usual care plans will be documented and communicated to parents/carers.

Appendix 1:

Letter to parent(s) outlining policy/procedures and their consent to carry out 'intimate care'

Dear Parents,

I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached guidelines to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out 'intimate care' procedures when necessary.

Yours sincerely,

Executive Headteacher

Home School Agreement (Permission for school to provide intimate care)

Child's Full Name: _____

Male/ Female: _____

Date of Birth: _____

Class: _____

Parent/ Carer's Full Name: _____

Address:

I have read a copy of the School's 'Intimate Care Policy.'

I agree with the school carrying out 'intimate care' on my son/daughter when

necessary. I understand that;

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.
- I will advise the head teacher of any medical complaint my child may have which affects issues of intimate care
- I will provide spare clothes and or nappies, wipes and nappy bags as required.

Signed _____

Full Name _____

Relationship to Child _____

Date _____

Appendix 2: Procedure for Changing a Nappy (child lying down)

1. Consider whether the child can be changed in a toilet cubicle (standing up)
2. Wash your hands
3. Assemble the equipment
4. Place the infant/ child upon the changing table
5. Put on gloves and apron
6. Remove wet/ soiled nappy
7. Fold the nappy inwards to cover faecal material and place into designated covered bin
8. Used wipes and gloves are to be disposed of in a bin with a disposable liner
9. The bin should be emptied at least once a day and the liner replaced
10. Once the child has been changed and returned safely to the, e.g. classroom, clean the changing area with a detergent spray or soap and water
11. Hands should be washed thoroughly whether gloves have been used or not.

Appendix 3: Personal Care Plan for children wearing nappies/ pull-ups in school

Child's Name:	Class:
Date of Birth:	
Who will change the child? On occasions other adults may need to change the child; we will endeavour to use adults familiar to the child.	

How will the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the

floor Copies of procedure for changing given to the parent where available.

Who will provide the resources?

Wipes, nappies and nappy bags to be provided by parents/carers.

Disposable gloves and aprons will be provided by school.

How will the changing occasions be recorded and if/ how this will be communicated to child's parent/ carer

Consider using the Record of Intimate Care Intervention Table

How will wet/soiled clothes be dealt with?

What the member of staff will do if the child is unduly distressed

Agree a minimum number of changes
How will the child be encouraged to participate in the procedure?

Any other comments/ important information: e.g. medical information

Completed by: _____ (member of staff)

Print Name _____

Date of Plan: _____ Date to review Plan: _____

This plan has been discussed with me and I agree to change my child at the last possible moment before he/ she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: _____

Parent/ Carer's Full Name: _____

Appendix 4 : Risk Assessment

Child's Name:

Date of Birth: Class:	
Yes	Notes
1. Does weight /size/ shape of pupil present a risk?	
2. Does communication present a risk?	
3. Does comprehension present a risk?	
4. Is there a history of child protection concerns? 5. Are there any medical considerations? Including pain / discomfort?	
6. Has there ever been allegations made <u>by the child or family</u> ? 7. Does moving and handling present a risk?	
8. Does behaviour present a risk?	
9. Is staff capability a risk? (back injury / pregnancy)	
10. Are there any risks concerning individual capability (Pupil) General Fragility Fragile bones Head control Epilepsy Other	
11. Are there any environmental risks? Heat/ Cold	

If Yes to any of the above complete a detailed personal care plan.

Appendix 6: Working towards Independence Record

Child's Name: Class:
Date of Birth:

Name of Support Staff Involved: _____

Date of Record: _____

Review Date: _____

I can already
Aim: I will try to

Please sign:-

Parents/Carers: _____

Member of Staff: _____

Second Member of Staff: _____

Signed by Child (if appropriate) _____

Appendix 7: Toilet Management Plan

Child's Name: Date of Birth:	Class:
Date of Record: Review Date:	
Name of Support Staff Involved	

Area of Need:
Equipment required:
Location of suitable toilet facilities:
Support required:
Frequency of support:

Working towards Independence

Child will try to:	Personal Assistant will:	Target achieved (date)

Signed _____ Parents/ Carers

Signed _____ Member of Staff

Signed _____ Second member of Staff

Signed _____ Child (if appropriate)

Appendix 8: Agreement between child and personal assistant.

Child's Name: Class:
Date of Birth:

Name of Support Staff Involved: _____

Date: _____

Review Date: _____

Support Staff:

As the personal assistant helping you in the toilet you can expect me to do the following: ● When I am the identified person I will stop what I am doing to help you in the toilet. I will avoid all unnecessary delays.

- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing
- I will check that you are as comfortable as possible, both physically and emotionally ● If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you. ● I will look and listen carefully if there is something you would like to change about your Toilet Management Plan

Child:

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me
- I will try to use the toilet at break time or at the agreed times
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed. I may talk to other trusted people about how you help me. They too will let you know what I would like to change

Signed _____ Member of Staff

Signed _____ Child (if appropriate)