



Holt Farm Junior School

Building Foundations – Raising Aspirations

Intimate Care Policy



We are committed to providing:

- A happy, safe and caring school where everyone is valued
- A balanced and inspiring curriculum filled with enriching experiences which develop lifelong learning
- A school which is at the heart of the Rochford community
- An inclusive school where differences are acknowledged and respected
- Effective communication with parents to work in partnership to support learning
- High expectations so that everyone is challenged and achieves their potential

Last Reviewed: September 2026

Review Date: September 2029

Written by: Kate Gillian

Introduction

This Intimate Care Policy has been developed to safeguard children and staff. All staff in school are required to work according to SEEATs safeguarding and health and safety policies; 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 applying ointments/creams, feeding, oral care, washing, dressing or undressing, toileting, changing nappies, menstrual care, 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

Children may have toileting accidents and at sometimes there may be a need for an adult to support them with their toileting needs. Parents/carers will be informed of the incident via phone call. If a child is unable to clean and change themselves then the parent/carer will be asked to attend school immediately to support their child with this need.

In rare circumstances if a parent/carer or other nominated close relative is unable to attend to provide this care the school will seek consent from the parent/carer to administer intimate care support, prioritising verbal instructions, promoting the child's independence and maintaining their dignity as much as possible. In any instance of intimate care provided by school staff, two members of staff must be present at all times.

If a parent does not give consent for staff to change or clean their child, in the event of the child being soiled, 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 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 head teacher will direct staff to act in the best interests of the child in the circumstances at the time.

There may be rare occasions when staff need to provide intimate care to support a pupil to clean and change themselves e.g. due to a specific need identified on a pre-agreed intimate care plan. In this instance two adults will always be present when supporting a child in this instance.

If a child wets himself or herself, a member of staff will arrange a change of dry clothing for the child and will provide any required cleaning materials.

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 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 when they start school in September. If any other child, without these needs, soils him or herself twice, 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 medical lead in the school office or the SENCo, 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 SEND file and with the medical files in the school office. Intimate care arrangements should be reviewed at least annually. 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.

Staff training

Staff will receive training in the specific type of intimate care they undertake, regular safeguarding training and if necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible. Staff who complete intimate care will be familiar with the control measures set out in the school intimate care plan and/or risk assessment alongside the hygiene and health and safety procedures.

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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 head teacher.

- 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.
- Two members of staff must be present for any intimate care.
- 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.
- Staff should be aware of their own limitations. They should only carry out care activities they understand and feel competent and confident to carry out. If in doubt, staff must ask a senior leader/DSL. Some procedures must only be carried out by staff who have been formally trained and assessed, this will be specified on medical care plans.
- 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. Due to the predominant female staff levels at our school, only female staff will provide intimate care for female pupils, except in very exceptional circumstances, such as an emergency situation.
- 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 staff have any concerns, they must report them to the Headteacher and/or the DSL immediately.

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 three years.

NB: The SENDCO/Medical Lead is to adapt this format to suit the specific needs of the individual child

Holt Farm Junior School – Intimate Care Plan and risk assessment	
Name of Child:	D.O.B.
Date:	
Needs assessment:	
♣ ☐ Which two adults will change the child (to include additional persons to cover for absence etc.)	
♣ Where changing will take place	
♣ What resources will be used and who will provide them	
♣ How a nappy will be disposed of	
♣ How other wet or soiled clothes will be dealt with	
♣ What infection control measures are in place	
♣ How changing occasions will be recorded and how this will be communicated to parents (in confidence)	
Signed on behalf of school:	
Name:	Role:
Signed on behalf of child's family:	
Name:	Role: