



Intimate Care Policy

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SAST POLICY FOR INTIMATE CARE

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1. Introduction and Purpose

1.1 The SAST values are:



- 1.2 Excellent pastoral care is integral to demonstrating our values in practice, and necessary in achieving the aims of our Trust. We believe in preparing children for adulthood through securing independence, recognising that there are occasions when support and assistance is required.
- 1.3 Intimate care is any care which involves washing, touching, or carrying out a procedure to private parts of the body. It might include help with washing, toileting, dressing, changing nappies or continence pads, or managing periods. Most pupils can do these things for themselves. But some pupils can't because of their age, mobility, special educational needs or disability.
- 1.3 Intimate care also includes supervision of pupils undertaking their own care. This might be where they need instructions or prompts from an adult.
- 1.4 Intimate care could also include physiotherapy and massage depending on the activity.

2. Legislation, statutory guidance and linked SAST policies

- 2.1 This policy complies with the legal frameworks, statutory requirements and relevant guidance laid out in the following:
- [Working together to safeguard children \(2023\)](#)
 - [Keeping children safe in education \(2024\)](#)
 - [Supporting pupils at school with medical conditions \(2015\)](#)
- 2.3 Furthermore, this policy should be read in conjunction with the following:
- SAST Supporting Children with Medical Needs Policy
 - SAST Health and Safety Policy
 - SAST Staff Code of Conduct
 - School Safeguarding Policy
 - Any Local Area Guidance on Supporting children and young people with medical conditions

- Any Local Area Guidance on Safer moving and handling for children and young people with physical (mobility) difficulties

Where there are discrepancies because of a more recent DfE publication, the most recent legislation will take precedence, until such time as this document can be updated to reflect the changes.

3. Definitions

- 3.1 **Intimate care:** 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. It may also involve assisting a child to change their clothes.
- 3.2 **Parent:** In education law, and for the purposes of this document, the definition of a parent is as described in The Education Act 1996, Section 576. A parent means:
- All natural parents, whether they are married or not
 - Any person who has parental responsibility for a child or young person, and
 - Any person who has care of a child or young person i.e. lives with and looks after the child.
- 3.3 **School:** within this policy the term *school* or *establishment* relates to any educational setting within SAST. We recognise that some of these places are referred to as Learning Centres or Learning Communities by Local Authorities.

4. Key Principles

- 4.1 We take our duties to safeguard and promote the welfare of our pupils seriously. Intimate care falls within this. These duties are outlined in Section 175/157 of the Education Act 2002.
- 4.2 In line with the Equality Act 2010, we will not discriminate against a pupil with a disability. A person has a disability if they have a physical or mental impairment that has a substantial, long-term, adverse effect on their ability to carry out normal day-to-day activities.
- 4.3 When undertaking intimate care, we adhere to the fundamental principles that every child or young person has the right to:
- be safe
 - personal privacy
 - be valued as an individual
 - be treated with dignity and respect
 - be involved and consulted in their care to the best of their abilities
 - express their views on their care and to have such views considered
 - care that is of high standard and as consistent as possible

- 4.4 We will:
- work with parent and carers, and relevant professionals, to provide continuity of care and share information
 - ensure that staff undertaking intimate care do so in a professional manner
 - provide intimate care gently and sensitively; no pupil will be attended to in a way that causes distress or pain

5. Assisting a child to change their clothes

- 5.1 On occasions an individual child may require some assistance with changing if, for example, they get wet outside, or they have vomit on their clothes. This is most likely to occur in our nursery or school reception classes, however older children may also require support too.
- 5.2 Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. We will always give the child an opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.
- 5.3 Any adult should inform the teacher when they are going to change a child.
- 5.4 Soiled clothes will be double bagged and returned to parents for washing.
- 5.5 If a child is likely to need support to change clothes to take part in curriculum activities, for example swimming lessons, parental permission will be sought. Children are entitled to respect and privacy when changing their clothes, however, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

6. Toileting in the Foundation Stage

- 6.1 Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development. One of the Early Learning Goals for children to achieve is to "dress and undress independently and manage their own personal hygiene."
- 6.2 As our nursery settings accommodate children from 2 years and up, we recognise that some will be in nappies and will adjust our care for those that are. As part of the nursery induction process, toileting will be discussed so that we can work in a supportive partnership with parents and develop a consistent approach to toilet training. Parents will be asked to complete and sign a permission for intimate care form (Appendix 1).

- 6.3 Children should wear 'pull-ups' or other types of trainer pants as soon as they are comfortable with this, and their parents agree.
- 6.4 On every day that they attend nursery, parents should provide children with a clearly labelled, named bag containing nappies, trainer pants and wipes.
- 6.5 Nappy changing will take place in a warm, designated area. Surfaces are cleaned with anti-bacterial spray before the child lies down. The adult will wash their hands and put on disposable gloves and a disposable apron before changing starts.

The nappy changing experience should be a relaxed, happy and social routine. Adults will be mindful of their facial expressions and tone of voice and will never show displeasure or negativity toward a child who has a dirty nappy, however messy or smelly it is.

After changing, the gloves, apron and soiled nappy are disposed of in an individual nappy sack which is placed into the designated nappy bin.

Wet/soiled clothes will be double bagged and returned to parents for washing.

- 6.6 After changing a nappy or supporting with toileting, the adult will model thorough handwashing, using antibacterial soap and running water. Children are encouraged and assisted to copy the adult and wash their own hands.

The changing / toileting area is cleaned with the anti-bacterial spray.

- 6.7 Young children are encouraged to take an interest in using the potty and toilet when appropriate. We will encourage all children to achieve continence when they exhibit signs that they are ready. This will be achieved through modelling, positive praise, working with parents and having high expectations.
- 6.8 Prior to starting in a Reception class, prospective parents should be reminded of the expectation that pupils should be toilet trained before they start school. This could be through school brochures, parent induction meetings and during school home visits. If a child is not fully toilet trained, we ask that parents inform the school prior to starting so that a meeting can be arranged, and the child's needs discussed. The reasons for the child not being fully toilet trained will be recorded during this meeting and the school will support the parent through signposting for advice and guidance, or through undertaking the appropriate referrals.
- 6.9 It is essential that parents recognise they are responsible for any training / changing routines for their child. Teachers and school support staff are not responsible for toilet training a child.

- 6.10 Parents of children who have regular toileting accidents will be asked to provide spare clothing and to complete and sign a permission for intimate care form (Appendix 1).

7. Children with a Special Education Need, Disability and/or Medical need

- 7.1 Where older children require regular support with toileting and intimate care, perhaps because of a special educational need or disability, or a medical need, it is imperative that schools work in partnership with parents and the pupil concerned. At all times, the principles of dignity and respect must be upheld.

- 7.2 Some pupils might need help with medical procedures such as:

- administering rectal medication
- managing catheters
- colostomy care

In these cases, there is an expectation that medical documentation will be supplied by parents or health professionals, in order for the school to provide assistance with intimate care.

- 7.3 Medical procedures will be discussed with parents or carers and documented in the pupil's Individual Healthcare Plan. They will only be carried out by staff who have been trained in these procedures.
- 7.4 Staff will follow infection control guidelines and ensure that any medical items are disposed of correctly. Soiled clothes will be double bagged and returned to parents for washing.
- 7.5 Parents must provide a change of clothing.

8. Intimate Care Consent and Intimate Care Plans

- 8.1 Where children require routine or occasional intimate care (for example, in nursery settings), parents are asked to sign an intimate care consent form (see Appendix 1).
- 8.2 Pupils who need more complex intimate care will be provided with an Intimate Care Plan (see Appendix 2). This is a written document that explains:
- what intimate care tasks will be undertaken
 - when this will happen
 - where these will take place
 - who will do this
- 8.2 An Intimate Care Plan will be written with input from:
- the pupil (where possible)
 - parents and carers

- school staff
 - other relevant professionals, such as a specialist nurse or physiotherapist
- 8.3 We will write an Intimate Care Plan at a meeting. At this meeting we will also consider:
- any historical concerns, such as past abuse
 - the religious views, beliefs and cultural values of the pupil and their family
 - appropriate terminology for private parts of the body and bodily functions; noting that safeguarding and sex education guidance generally states this should be anatomically accurate
 - who will support the pupil and if this needs to be more than one person
 - the health and safety of staff supporting the pupil and if moving and handling training is required
- 8.4 As far as possible, each pupil will have a choice about who supports them.
- 8.5 The Intimate Care Plan will be reviewed whenever there is a change in circumstances, and at least annually. A revised plan is likely be required for school trips.
- 8.6 Some pupils with complex or long-term medical conditions will have an Individual Healthcare Plan (IHP) implemented by the school. If these pupils need intimate care, their IHP will take this into account. They will not usually require a separate Intimate Care Plan.
- 8.7 Some pupils may have a Moving and Handling Risk Assessment and Care Plan. This might be because they have mobility difficulties. If these pupils need intimate care, the arrangements will be set out in the Moving and Handling Care Plan. They will not usually require a separate Intimate Care Plan.

9. Best Practice during Intimate Care

- 9.1 Pupils will do as much as they can for their own intimate care needs, considering their age and ability. This may mean, for example, giving the child responsibility for washing themselves.
- 9.2 Where required, individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child (see section 8).
- 9.3 Where pupils need help with intimate care, it will normally be undertaken by one member of staff. This is in line with the [Guidance for safer working practice \(2022\)](#). However, we will make sure that another appropriate adult is nearby, and visible or audible. Intimate care will only involve more than one member of staff where the Intimate Care Plan states this.
- 9.3 Staff will use the pupil's preferred means of communication.

- 9.4 Staff will always explain or seek the pupil's permission before starting an intimate care procedure.
- 9.5 Staff undertaking intimate care will have training in:
- safeguarding
 - disability awareness (relevant to the pupil)
 - bladder and bowel care
 - moving and handling (if necessary)
- 9.6 Staff will be aware of guidance on [preventing and controlling infections](#) (UK Health Security Agency). They will wear appropriate personal protective equipment (PPE), such as disposable gloves and aprons.
- 9.7 Staff will not carry a mobile phone, camera or similar whilst providing intimate care.
- 9.8 Only employees of the school will undertake intimate care (not students or volunteers).
- 9.9 School staff will inform another member of staff when they are going to assist a pupil with intimate care on their own.

10. Record Keeping

- 10.1 Each setting will keep a record of all nappy changing and intimate care undertaken.

Records will be brief but will include:

- date
- time
- what intimate care task(s) were undertaken
- any relevant comments, such as a badly soiled nappy or change in the pupil's behaviour
- who undertook the care

An exemplar template is included in this policy (See Appendix 3).

- 10.2 If a pupil without an Intimate Care Plan wets or soils themselves whilst at school and they need help with intimate care, the parents or carers will be informed of this on the same day. This will be in person by telephone, or by sealed letter, not through the home/school diary.

11. Safeguarding in Intimate Care

- 11.1 We recognise that pupils with special educational needs and disabilities are vulnerable to all types of abuse. Staff will adhere to the school's child protection policy.
- 11.2 Intimate care involves risks for children and staff as it can involve touching private parts of a pupil's body. As such, best practice will be followed, and staff will be encouraged to:
- be always vigilant
 - seek advice where relevant
 - take account of safer working practice
- 11.3 Pupils will be taught personal safety skills according to their age and level of understanding.
- 11.4 If a pupil becomes unusually distressed or unhappy about being cared for by a particular member of staff, this will be reported to the class teacher or Headteacher. The matter will be investigated, and outcomes recorded. Parents or carers will be contacted as soon as possible. Staffing schedules will be altered until the issue is resolved. The pupil's needs will remain of upmost importance. Further advice will be taken from outside agencies if necessary.
- 11.5 If a pupil, or any other person, including a staff member, makes an allegation against an adult working at the school this will be reported to the Headteacher (or to the Chair of the Academy Committee if the concern is about the Headteacher). They will consult the Local Authority Designated Officer (LADO) for advice.
- 11.6 If a staff member has concerns about a pupil's presentation, they will report these to the Designated Safeguarding Lead (DSL) or Headteacher immediately. Concerns could include unexplained marks or bruises. A written record will be completed, and a referral will be made to Children's Services Social Care if appropriate.

12. Physiotherapy and Massage Guidance

- 12.1 School staff may be asked to support a pupil with their physiotherapy programme. This might include assisting the pupil to do stretches and exercises.
- 12.2 Staff will only do this where:
- the technique has been demonstrated by a physiotherapist
 - a written programme has been provided
- 12.3 We will report any concerns about the programme or equipment issues to the physiotherapist.
- 12.4 Staff will not devise or carry out their own exercises or physiotherapy programmes.

- 12.5 Massage can be used with pupils who have complex needs to:
- develop sensory awareness
 - increase tolerance to touch
 - help them relax
- 12.2 Massage in school will only be performed by a suitably qualified or competent adult; and only on the hands, feet or face, to safeguard both pupils and staff.

13. Emergencies

- 13.1 Staff who administer first aid will be trained in line with DFE and SAST guidance.
- 13.2 Only in an emergency. would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

Appendix A: Parental Permission for Intimate Care



Parental permission for Intimate Care

Should it be necessary, I give permission for _____ to receive intimate care (e.g. help with changing or following toileting).

I understand that staff will endeavour to encourage my child to be independent.

I understand that I will be informed should the occasion arise.

Signed: _____

Adult with parental responsibility for: _____

Appendix B: Intimate Care Plan

INTIMATE CARE PLAN		 SCHOOLS ACHIEVING SUCCESS TOGETHER	
School			
Name of child/ young person		D.O.B.	
		Class	
Plan completed by: <i>Who, role?</i>			
Date of plan			
Date to be reviewed <i>(At least annually)</i>			
Was this plan discussed with the child / young person?		Yes	No
If no, please indicate reason:			
What intimate care does the child/ young person require support with? <i>Can they use the toilet, or do they use nappies or continence pads? Do they experience wetting or soiling incidents? Do they need support for washing and dressing?</i>			
How often is intimate care required? <i>Consider the child/ young person's typical toileting pattern</i>			
What is the child/ young person able to do for themselves? <i>Consider termly targets for increasing independence in intimate care, no matter how small the participation. Can they indicate whether they need intimate care?</i>			

What terminology has been agreed for use during the intimate care procedure?

Consider the names used for parts of the body or any items used during the care.

How should the child/ young person be communicated with?

Do they have SEND that impact on intimate care? Do they use communication aids (e.g. hearing aids, glasses, prompt cards or communication apps)? How will they indicate any needs or any concerns (including dislikes) about the intimate care?

How will the intimate care be undertaken?

Outline the procedure that will be followed

What equipment is required?

For example, potty chair or bath step

What sanitary products will be used?

For example, continence pads, pull-ups, and disposable wipes

What medical equipment or medication will be used?

For example, catheters or creams

Who will provide this?**Who will provide these?****Who will provide these?**

Where will the intimate care be provided?*Be specific about identified area***Who will provide the intimate care?***List the staff who will be, or could be, involved in providing intimate care (including back up arrangements)*

Name	Job/Role	Date trained (if applicable)

Do staff require additional training to undertake the intimate care required?

Yes

No

If yes, please indicate who will provide this and how frequently it will be updated**Special notes***For example, use of reward scheme, attitude to be taken, guidance around drinking, return of soiled clothes***Agreement**

Print name (representative of school)	Signature	Date
Print name (parent/carer)	Signature	Date

Appendix C: Record of Intimate Care

[illegible]