

INTIMATE CARE POLICY

Carlisle and Hampton Hill Federation



‘Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.’

UNICEF Article 12 Convention on the rights of the child

Summary:

This guidance document defines what is meant by intimate care and explains how pupils with these needs will be accommodated at school.

Statutory Policy:	Yes
Source of policy e.g. AfC	Existing policy based on guidance from The Key
Date of review:	November 2025
Date of last review:	November 2024
Staff member responsible:	Z Brittain
Governor name & committee responsibility:	A&F Committee
This policy was ratified by Full Governing Body (if applicable):	NA
Date next due for review:	November 2026

1 Introduction

- 1.1 The Governing Body and staff of Carlisle and Hampton Hill federation are committed to safeguarding and promoting the welfare of children and young people and expect all staff, volunteers and visitors to share this commitment. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam)
- 1.2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.3 Carlisle and Hampton Hill federation 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. Staff recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2 Best Practice

- 2.1 The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.
- 2.3 Any child wearing nappies on a regular basis will have an intimate care plan which must be signed by the parent/carer. This plan will outline who is responsible for the child and will, where appropriate, outline the actions parents are taking to toilet train their child.
- 2.4 Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the

delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

2.5

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 he/she can. This may mean, for example, giving the child responsibility for washing themselves.

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

- 2.6 Each child's right to privacy will be respected. 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. If this is the case, the reasons should be clearly documented.

- 2.7 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

- 2.8 Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.

- 2.9 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be considered wherever possible, within the constraints of staffing and equal opportunities legislation. Records relating to intimate care will be kept securely in the medical room at each school site for the period of one term and then locked away alongside health records for 7 years.

3 Equipment Provision

- 3.1 Schools often ask for clarification regarding who is responsible for providing equipment when children require changing. Parents have an important role to play when their child is not yet toilet trained. The parent should provide pull ups/nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

4 Health and Safety

- 4.1 Some schools are concerned about health and safety issues when staff are changing children or dealing with a child who has had an accident and is bleeding.
- 4.2 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy.

5 First Aid and intimate care

- 5.1 Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.
- 5.2 Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed.

Additional Needs

All children have the same rights to privacy and safety when receiving intimate care. Additional vulnerabilities must be considered when drawing up care plans for individual children. Regardless of age and ability, the views and emotional responses of the children with additional needs should be actively sought when drawing up or reviewing a care plan.

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. The expectation is that when staff make physical contact with children it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the pupil's needs at the time

Agreements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported.

INTIMATE CARE POLICY PARENTAL AGREEMENT FORM

- 1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.
- 2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 3 Carlisle and Hampton Hill federation 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. Staff recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.
- 4 The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.
- 5 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 he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
- 6 Each child's right to privacy will be respected. 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.
- 7 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.
- 8 Wherever possible staff should only care intimately for an individual of the same sex.
- 9 Staff in school will record who changes a child, how often this task is carried out and the time and date.

- 10 Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste.
- 11 Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

INTIMATE CARE POLICY PARENTAL AGREEMENT FORM

I agree to support the Intimate Care Policy and practice of Carlisle and Hampton Hill federation

Signature of
Parent/Carer.....

Print Name
Date.....

Signature of School Representative.....

Position.....
.....

Print Name
Date.....

Appendix 1: Intimate care and toileting parental consent form

Name of Child:	
Date of Birth	
Class/teacher name:	
Care required and how often during the day	
Member(s) of staff who will carry out the tasks – all staff need to be fully aware of toileting/intimate care plan and school policy	
Name:	
Signature:	
Where will the tasks be carried out and what equipment/resources will be required to safely carry out the procedures:	
Infection control and disposal procedures in place:	
Actions that will be taken if any concerns arise:	
Parent's responsibility to provide:	

Any school/home agreement of care/management plan or communication via school-home diary (if required):	
Other professionals involved in care/advisory role: (school nurse, health visitors etc):	
Additional Information:	
I/We have read the intimate care and toileting policy provided by Carlisle Infant and Hampton Hill Junior Federation . I/We give permission for an appropriate member of staff to attend to the care needs of my/our child and are in agreement with the procedures proposed.	
Name of Parent/Carer:	
Signature:	
Safeguarding lead:	
Signature:	
Date:	

Appendix 2 – CIHHJF Intimate care and toileting log

[illegible]

