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We take our duty of care very seriously and recognise our responsibility at all times, to secure the welfare and safeguarding of all the children and adults in school and to enable all children to participate as fully as possible in all aspects of school life. Meeting a child’s personal or intimate care needs is one aspect of safeguarding.

**AIMS**

To provide a framework and guidance to ensure:

- The rights and responsibilities of everyone involved in providing intimate or personal care
- Safeguarding of children and staff
- Consistency of approach
- Sensitivity to individual needs
- Appropriate hygiene, health and safety considerations
- Appropriate facilities and equipment are available wherever needed.
- All children can participate as fully as possible in all aspects of school life

In addition to care, safety and hygiene, the procedures must have due regard for dignity and privacy and take into account age, gender, culture and physical and development needs.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

**DEFINITION**

Intimate care and personal assistance involves helping people with aspects of personal care which they would normally undertake themselves. It also applies to physical presence or observation during such activities.

There are a number of circumstances where such care may be implemented and will usually be in the context of assisting with the needs of very young children or children with short, longer term or permanent needs due to SEN and disability, medical needs or a temporary impairment.

Circumstances where children are unable to independently manage their own care needs may include assisting a child with:

- toileting
- changing or washing eg after soiling
- dressing
- feeding
- first aid
- application of medical treatment other than to arms, face and legs below the knee
- specific medical procedures (Policy and Procedures for Medicines/Children With Medical Conditions)

**SAFEGUARDING**

- We recognise that intimate care carries with it risks. It will not be possible to eliminate all risks, but the balance should be on the side of safety. Every individual is entitled to maximum safety and maximum privacy.
- All child protection matters must be reported to the designated person and the appropriate safeguarding procedures followed. All staff are responsible for ensuring they know and implement the general health and safety guidelines and that any appropriate risk assessments have been carried out and are followed.

### ADULTS WITH RESPONSIBILITY FOR CARRYING OUT CARE

All adults participating in any activities including intimate/close personal contact or toileting will have undergone statutory checks and be employees of the school or external professionals who have responsibility for such care as part of their duties, for example, physiotherapist, school nurse.

Students/volunteer helpers/parents:

- Must not assist with toileting pupils.
- Must not assist with any feeding requiring medical training to give food or respond to an emergency situation.
- May assist in helping pupils change for PE if under the close supervision of staff.
- May assist at the dining table in general situations e.g. cutting up food, pouring water
- Must be supervised and not put in a situation where they are alone with children or young people except in extreme/emergency circumstances.

### GUIDELINES FOR ADMINISTRATION OF PROCEDURES

#### GENERAL

Individual care plans will be in place for any child requiring regular intimate care or support. Any individual programmes will take account of any information from health professionals and parents and be updated as required.

Consistency of approach between staff will be encouraged with necessary information being communicated to all appropriate staff.

The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

**See Appendix 1 for more detailed guidance for staff carrying out care**

#### EARLY YEARS TOILETING AND CHANGING

Young children may need changing and assistance with toileting or may not yet be toilet trained. The same general principles apply and in addition:

- Signed parental permission for changing is requested on entry to Foundation Stage and applies throughout FS and KS1. All FS parents are encouraged to provide a set of spare clothes and school also has spares available.
- Any instances of children being changed are recorded and parents informed when collecting their child. If a child is particularly soiled, distressed, or reluctant to be changed, parents will be contacted to assist.
- In most instances, the procedures can be carried out by one member of staff within the classroom toilet areas which gives a degree of privacy whilst remaining within the proximity of the classroom. If greater privacy or cleaning is needed, the procedures may be carried out in the disabled toilet with another member of staff informed in close proximity to assist if necessary.

The member of staff will assist the child to:

- Remove their soiled clothes
- Clean the soiled area (this usually includes bottom, genitalia, legs, feet)
- Dress in the child's own clothes or those provided by the school
- Record the incident on the designated record sheet

Soiled clothes will be wrapped in plastic bags and given to parents to take home.

Staff support any toilet training programme requested by a child's GP, the school nurse or parent.

#### TOILETING/CHANGING

The following must be taken into consideration:

- Carry out toileting and changing in a way which allows the need for appropriate privacy whilst protecting staff from allegations and children from possible inappropriate actions.
- Encourage as much independence as possible: allow to dress/undress where physically able.
- Ensure opportunity for using the progression of skills:  
dependence → co-operation → participation → supervised independent action → independence
- Own personal hygiene and use of appropriate aids – gloves, aprons etc.
- General hygiene and disposal of waste.  
(soiled nappies, catheters etc are not clinical waste – double bagging is sufficient).
- Give sufficient time, be aware of expectations and be familiar with the type and frequency of prompts.
- Ensure females (and boys who catheterise) are cleaned front to back.
- Creams etc. only to be used with written permission from parents.
- Appropriateness of male/female assistance with boys/girls.
- Report any concerns/situations which cause embarrassment to line manager eg class teacher/SLT

### FEEDING/EATING

The following must be taken into consideration:

- As far as possible, maintain social interaction at break/lunchtime.
- Take account of individual likes and dislikes and normal routine.
- Follow hygiene procedures
- Put in place emergency procedures if possible choking may be an issue.

### PHYSICAL ASSISTANCE

The following must be taken into consideration:

- Give verbal prompts/instructions before touching, moving or handling.
- Have due regard for instructions given by therapists regarding an individual movement/transfer.
- Always use equipment recommended to assist with moving/transfers.

### SWIMMING

Classes take part in lessons at a local pool where members of the public may be present. Children are entitled to respect and privacy when changing their clothes however, there must be the required level of supervision to safeguard them with regard to health and safety considerations and to ensure that any unacceptable behaviour does not occur. Staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless a child's needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Where a child needs additional support for changing, parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

### RESIDENTIAL VISITS

Residential educational visits are an important part of enriching the curriculum. Particular care is required when supervising children in this less formal setting.

Staff need to be vigilant about their own conduct and ensure they do not put themselves or children in a vulnerable position:

- Staff should knock/announce their intention of entering bedrooms, bathrooms or changing rooms
- Staff should avoid being alone in a bedroom with a child
- If supervising a child in a state of undress, it is preferable that another member of staff is present
- Adults must not change in the same place as children or shower with children
- Avoid remaining in children's rooms unless a child's needs require it
- Avoid any physical contact when children are in a state of undress
- Avoid any visually intrusive behaviour.

Some specific Intimate Care issues may arise in a Residential context:

### **Showering**

Children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard children with regard to health and safety considerations and to ensure that unacceptable behaviour does not occur.

Where a child needs significant additional support for showering or changing, parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

### **Night Time Routines**

At bedtime, children are given a specified time to change and prepare for bed and will be told when the supervising staff will visit the rooms and when to switch off the lights.

There are occasions when incidents take place during the night and the need arises to:

- Assist a child to change their clothes
- Change a child who has soiled or vomited
- Provide comfort to an upset or distressed child
- Assist a child who requires a specific medical procedure and who is not able to carry this out unaided.

Guidance as above will be followed with the presence or support of an additional member of staff where possible.

## APPENDIX 1

### ADDITIONAL INTIMATE CARE GUIDELINES FOR CARING STAFF

The essential requirement for good intimate care is that staff treat all children/young people with dignity and respect. It is also important that everyone sees themselves as belonging to a team. This ensures continuity and consistency of practice as well as allowing pupils to choose a personal carer with whom they feel comfortable. This is translated into practice in various ways:

- **Be sensitive to the child's needs and preferences**

If the child indicates a preference for a particular sequence, then this should be followed rather than a sequence imposed by the carer. As long as necessary tasks are completed for the comfort and well-being of the individual, the order in which these tasks are completed is not important.

- **Ensure privacy appropriate to chronological age and situation.**

The physical layout of the area to be used for the intimate care should be so designed as to ensure maximum privacy and maximum safety. The facilities should safeguard the staff's physical well-being. The number of staff required should reflect the safety requirements. No unnecessary staff should be present and no other staff should interrupt the care procedure.

- **When carrying out intimate care away from school, remember the main issues of privacy and safety**

Most public places now provide a specially designed toilet for the disabled. Use this facility whenever possible. Carry with you those items deemed necessary for you to carry out intimate care tasks.

- **Encourage the individual to care for him/herself as far as possible**

This means allowing time and giving support where appropriate. Where possible, the learning of self-help skills should be seen as an educational priority.

- **Be aware of and responsive to the child's reactions**

Always explain what the task involves and how you are going to carry it out. If their response is negative or fearful, be reassuring and check either with the child or with a knowledgeable adult as to what would be a more appropriate method of care. Respect the child's right to give or withdraw their consent, to express their views on their own care and to have these taken into account.

- **Encourage a positive body image**

Confident, assertive children/young people who feel their body belongs to them are less vulnerable to sexual abuse. The approach taken to provide intimate care is important: it conveys messages about what their body is 'worth'. Routine care should be enjoyable, relaxed and fun. All adult behaviour should be appropriate to the child/young person's chronological age.

- **Do not undertake any procedure, especially emergency medical procedures, without proper training**

For your own safety, as well as that of the child, you should not undertake any procedure unless you have received appropriate training. If you are in doubt about any procedure, ask. Your safety and the child's safety are of the utmost importance.