



Triumph Learning Trust

Aspiration - Collaboration - Innovation

Intimate Care Policy

Policy Details

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1. Introduction

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.

This Intimate Care Policy has been developed to safeguard children, support staff and ensure good practice is followed. 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 and caring 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.

2. Aim

All children have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the educational curriculum and at Triumph Learning Trust will work:

- 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 child's 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.

3. Care Plan Arrangements

In these circumstances it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This will include:

The Parent:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- Providing the setting/school with spare nappies or pull ups, wipes, nappy bags and at

least one change of clothing

- Understanding and agreeing the procedures that will be followed when their child is changed at school
- Agreeing to inform the setting/school should the child have any marks/rash
- Agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agreeing to review arrangements should this be necessary

The school

- Agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agreeing how often the child would be changed should the child be staying for the full day
- Agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to report should the child be distressed, or if marks/rashes are seen
- Agreeing to review arrangements should this be necessary.

Parents

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs.

Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional will be closely involved in forward planning.

4. 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.

We will work with parents of a child who requires intimate care to establish a preferred procedure for supporting the child.

Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training.

Staff members who are known to the child will take on that responsibility for changing children. 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 and independence that is possible given their age and ability. 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. It is the parent's responsibility to provide nappies, disposal bags, wipes, changing mat.

5. Working with Parents

We believe that our partnership with parents is an essential principle in our setting and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is gained from parents as is prior permission. We acknowledge that cultural 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.

When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record. All information concerning intimate care procedures is recorded and stored securely.

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. 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.

6. 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 follow our safeguarding procedures.

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 Safeguarding and Child Protection Policy and Procedures)

The normal process of changing continence or wet/soiled clothes should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of children with staff employed in our school. If there is a known risk of allegation by a child then a single practitioner will not undertake changing. A student or volunteer on placement will not change a child

unsupervised. Pupils will have key members of staff named on their intimate care plan. This reduces the risk to the child and promotes their dignity. The care plan will outline back up or contingency measures in the event that the named members of staff are not available.

7. Allegations of Abuse

Personnel working in intimate situations with children can feel particularly vulnerable. This school 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.

8. Health and Safety

Guidelines for Changing Children

- If possible, children should be changed standing up or using the variable height changing table, to avoid staff lifting children.
- The child's skin should be cleaned with a disposable wipe.
- Nappy creams/lotions should be labelled with the child's name and used only if prescribed for that child (by their parents) they must not be shared.
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double wrapped in a nappy bag. Soiled nappies should be disposed of into the bin provided. The disposal bin should be lined and emptied daily, replacing the used bin liner.
- Any soiled or damp clothing should be placed in a plastic carrier bag in the bin provided in the hygiene suite.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry.
- Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste.
- Hands should be thoroughly washed afterwards.
- Complete the intimate care record.

9. Monitoring

This policy is reviewed every two years. The may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved

- The SENDco Team, will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families.
- It is the Inclusion Lead's responsibility to ensure that all practitioners follow the school policy.

- Any concerns that staff have about child protection issues will be reported to the Designated Safeguarding Lead (DSL) and subsequently the Headteacher for further referral if appropriate.
- This policy runs alongside other school policies, particularly Safeguarding Children, SEND, and Health and Safety, Complaints Policy.

10. Appendices

Appendix 1	Letter to parents
Appendix 2	Toilet Training / Changing Record
Appendix 3	Intimate Care Plan

Appendix 1 – Letter to Parents

(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,

Headteacher -----

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

I agree to the school carrying out 'intimate care' on my son/daughter when necessary.

Signed: _____

Name: _____

Name of child: _____

Date: _____

Appendix 2 – Toilet Training / Changing Record
(To be completed after each 'intimate care' activity)

Child's Name _____ Class _____

Date	Time	Adult	Comment e.g. what action was taken

Appendix 3 – Intimate Care Plan

Date of Plan	
Child's name and Class	
Child's toileting needs	
Main adults to support with care needs	
Area of the school to use	
Resources/products to use	
Disposal of products	
Communicating with parents e.g. text, phone call	
Recording in intimate care log	
Review date (reviewed annually or before if needs change)	
Review notes	