POLICY DOCUMENT	Intimate Care
Policy Number	23
Type of Policy –	Statutory/LA
Governor Committee	Full Governing Body
Approval Date	September 2026
Review Frequency	Annual
Date of next review	October 2027
Publication Date	October 2026
Chair of Governing Body signature	
Publish on School Website	Yes
Purpose of Policy	
Supporting documents if applicable	
Chair of Governing Body signature	
Date	

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FENLAND
SCHOOLS FEDERATION

Intimate Care Policy

Introduction

Fenland Schools Federation is committed to ensuring that all staff responsible for the intimate care of children or young people will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children/young people with respect when intimate care is given. No child/young person should be attended to in a way that causes distress, embarrassment or pain.

What is Intimate Care?

Intimate care encompasses areas of personal care, which most people usually carry out for themselves, but some people may be unable to do because of an impairment or disability. Children or young people might require help with eating, drinking, washing, dressing, toileting and helping to deal with menstruation.

Our Approach to Best Practice

The management of all children/young people with intimate care needs will be carefully planned and should be a positive experience for all involved. The child/young person who requires intimate care is treated with respect at all times; the child's welfare and dignity are of paramount importance.

Staff who provide this care are trained to do so (including Safeguarding and Child Protection and Moving and Handling Training) and are fully aware of best practice, including having read the Guidance for Safer Working Practice for Adults who Work with Children and Young People in Education Settings (2022). Suitable equipment and facilities can be identified to assist with children/young people who need special arrangements by an assessment from an Occupational Therapist. (OT)

It is the school/setting's responsibility to support staff that are carrying out intimate care procedures. Advice can be given by contacting the occupational therapy service, school nurse or the Education Safeguarding Team as required. Whenever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of relationships and sex education to the children/young people in their care as an additional safeguard to both staff and children involved. If staff are involved, care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.

Children/young people will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will ensure each child/young person does 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 as appropriate and shared and agreed by the child/young person and their parents/carers.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the child/young person is being cared for. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. In this case, the reasons should be clearly documented and reassessed regularly.
Wherever reasonable and practical 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 when there are no male staff.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of children/young people and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Safeguarding Children

Cambridgeshire and Peterborough Safeguarding Children Partnership Board Interagency Procedures will be adhered to alongside the school/setting's safeguarding and child protection policy and procedures.

All children/young people will be taught personal safety skills as part of Personal Social and Health Education (PSHE) relative to their age, ability and understanding. Research indicates that children with an awareness of personal safety and the ability to be assertive are more resilient to abuse. These skills will be shared with parents/carers to enable them to be consolidated within the home/community.

If a member of staff has any concerns about physical or behavioural changes in a child/young person's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the Designated Safeguarding Lead in their school/setting.

If a child/young person is displaying inappropriate sexual behaviour/language, advice should be sought from the appropriate source (e.g. in schools this might be: Designated Safeguarding Lead, School Nurse, Social Care, Education Safeguarding Team, Cambridgeshire Sexual Behaviour Service)

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. Staffing schedules will be altered until the issue/s are resolved so that the child/young person's needs remain paramount. Further advice, following the Interagency Procedures will be taken from outside agencies as necessary.

If a child makes an allegation against a member of staff the procedures for Allegations Against Staff will be followed as outlined in the school's Safeguarding and Child Protection policy. All staff involved in intimate care are required to have read the School's Policy and Guidance for Intimate Care and the Guidance for Safer Working Practice as previously mentioned. Be aware of the need to refer to other policies the school/setting may have in place for clarification of practices and procedures.

This policy was developed by consultation between staff, the governing body parents and children/young people

Intimate Care Log

Child's Full Name : ……

Date dd/mm/yy	Time Started	Time finished	Wet/Soiled/Dry	Comments (Do you need to log a concern?)	Staff Initial

Intimate Care Plan

Child/Young Person:				School/Setting:	
DOB:		Male/Female		Date:	
Description of Intimate Care Needs					
Task: If practical, it may be possible to identify one part of the intimate care procedure which gives the child/young person an opportunity to have a little more independence. If so, the plan can then assist in the development of this part of the whole task.					

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Action Plan – Describe the steps needed to achieve this task
1. 2. 3. 4.

The following people will be assisting in the above activities:

Named Person: ……..

……

……

Additional people who may be involved to cover when the named people are absent:

……

……

I am in agreement with the above procedures being undertaken: (Please sign as appropriate)

Child's Name ……

Parent/Carer ……..…….

SENDCO/Inclusion officer ……..

Teaching Assistant(s) …… Teaching Assistant (s) ……

Date …….. Date for review ……

Intimate Care Plan - Guidance for Use

The plan is an individualised protocol to ensure that the process of giving and receiving care is respectful, tailored to the individual needs of a child or young person and promotes safety for those receiving and administering the care.

It is recommended that where intimate care is required, an individual plan is drawn up and updated regularly. A six-monthly review would be good practice. It is advisable to have a named person who takes the lead and this needs to be identified on the plan.

As far possible, one plan can be usable across different settings such as school, short breaks, link care etc. Discretion needs to be used as to whether it is appropriate for home use.

This plan should highlight particular areas of risk and sensitivity.

The child/young person's choices and preferences need to be considered and incorporated into the plan as far as possible.

Description of the child/young person's Intimate Care Needs

Use this space to describe the needs of the child/young person and record the best method agreed for providing the intimate care.

e.g. *Child/young person* needs full assistance for their toileting needs. They do not indicate a need to go to the toilet or when wet or soiled. *Child/young person* needs assistance to transfer onto a changing table using a hoist and sling from the wheelchair. *Child/young person* can assist with cleaning their hands by sitting at the wash basin in the wheelchair and placing their hands under the running water and rubbing them with soap.

Task

Select a part of the whole intimate care process, which could be developed to encourage the child/young person's independence. This may be only one stage of the whole process, but more can be added. If possible, involve the child/young person in selecting which part of the task to focus on.

e.g *Child/young person* will assist in taking the wipe and assist in their own personal cleaning

Action Plan

A detailed plan of what is needed for child to be able to achieve the selected task, e.g.:

1. 2 staff members will assist "N" to move from wheelchair to the changing bench (using a hoist and sling as demonstrated).

2. When “child” is lying on the bench give a verbal/visual cue that the pad will be removed.

3. Undo tapes and remove and dispose of pad.

4. Give a verbal/visual cue that a wipe is to be used.

5. Assist “child” in taking the wipe and prompt verbally/visually for him/her to complete the cleaning as required.

6. If additional cleaning is required, explain this to “child” and staff member to complete the task.

7. Give verbal/visual prompt to say that you are now going to put on a clean pad.

8. Replace clothing and transfer back to wheelchair (using equipment as before).

The frequency of review will depend on the complexity of the task and progress of the individual. Circumstances may change which require more frequent review. This will work best if all people involved feel that they have some influence in the progress.