The John Hampden School Wendover

Intimate Care Policy

Date policy last reviewed: May 2026
Date policy to be reviewed: May 2027

Signed:

_____ Head Teacher Date _____

_____ Chair of Governors Date _____

Contents:

INTIMATE CARE POLICY

1. Introduction

The pastoral care of our pupils is central to the aims, ethos and teaching programmes at The John Hampden School Wendover, and we are committed to developing positive and caring attitudes in our children.
This Intimate Care Policy forms part of our safeguarding procedures and should be read in conjunction with our:

- Safeguarding and Child Protection Policy
- Supporting Pupils with Medical Conditions Policy
- SEND Policy
- Health and Safety Policy
- Staff Code of Conduct
- Behaviour Policy

This policy is in line with:

- Keeping Children Safe in Education (2024)
- Working Together to Safeguard Children (2023)
- The Children Act 1989 and 2004
- The Equality Act 2010
- The SEND Code of Practice (2015)
- Health and Safety at Work Act 1974

It is our intention to develop independence in each child; however, there will be occasions when help is required. The principles and procedures in this policy apply to everyone involved in the intimate care of children at The John Hampden School Wendover.

Definition of Intimate Care

'Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.' Intimate Care Policy
In school this may occur on a regular basis (for children with ongoing needs) or during a one-off incident (such as a toileting accident).
The John Hampden School Wendover is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all our children with respect when intimate care is given. **No child should be attended to in a way that causes distress or pain, and adults and staff must be sensitive to each child's individual needs.**

2. Definition of Intimate Care

Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes
2. Changing or washing a child who has soiled him/herself
3. Assisting with toileting issues
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance
6. Providing comfort to an upset or distressed child
7. Feeding a child
8. Providing oral care to a child
9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided Intimate Care Policy

It is important to distinguish between:

- **Routine intimate care** - planned, regular care for children with ongoing needs (e.g., a child with SEND who requires regular changing)
- **Occasional intimate care** - unplanned, one-off incidents (e.g., a child who has a toileting accident)

Both types of intimate care must be conducted in accordance with this policy.
What is NOT considered intimate care for the purposes of this policy:

- Helping a child put on a coat or shoes
- Applying sun cream with parental consent (to exposed skin only)
- Administering medication in accordance with the Supporting Pupils with Medical Conditions Policy
- Basic first aid that does not involve removing clothing or touching intimate areas

3. Principles Of Intimate Care

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has a right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities
- All children have the right to express their views on their own intimate care and to have their views taken into account
- Every child has the right to have levels of intimate care that are appropriate and consistent Intimate Care Policy

Additional principles:

- **Promoting independence** - intimate care should be delivered in a way that promotes the child's independence and does not create unnecessary dependency
- **Partnership with parents** - intimate care arrangements should be developed in partnership with parents and, where appropriate, the child
- **Safeguarding** - intimate care must be delivered in a way that safeguards children and protects staff from allegations
- **Equality and inclusion** - all children, regardless of age, gender, disability, race, religion, or sexual orientation, have the right to appropriate intimate care
- **Professional conduct** - staff must maintain professional boundaries and conduct at all times

4. Roles and Responsibilities

The Governing Body

The Governing Body is responsible for:

- Approving this policy and reviewing it at least every two years
- Ensuring adequate resources and training are available for staff who provide intimate care
- Monitoring the implementation of this policy through the Headteacher's reports
- Ensuring safeguarding is prioritized in all intimate care arrangements

The Headteacher

The Headteacher (Steph Parkinson) is responsible for:

- Ensuring this policy is implemented effectively
- Ensuring all staff who provide intimate care are appropriately trained and vetted (DBS checks)
- Ensuring Individual Intimate Care Plans are in place for children with ongoing needs
- Investigating any concerns or incidents related to intimate care
- Reporting to governors on intimate care arrangements and any safeguarding concerns
- Ensuring parents are consulted and informed about intimate care arrangements

The Designated Safeguarding Lead (DSL)

The DSL is responsible for:

- Providing advice on safeguarding aspects of intimate care
- Receiving and acting upon any concerns related to intimate care
- Ensuring staff understand how to recognize and report safeguarding concerns
- Liaising with external agencies when necessary
- Maintaining records of safeguarding concerns related to intimate care

Class Teachers and Teaching Assistants

Class teachers and teaching assistants are responsible for:

- Implementing this policy when providing intimate care
- Maintaining the dignity and privacy of children at all times
- Communicating with parents about intimate care needs
- Completing Individual Intimate Care Plans for children with ongoing needs (in partnership with parents and SENCo)
- Recording all instances of intimate care in accordance with this policy
- Reporting any concerns to the DSL immediately

Parents and Carers

Parents have the responsibility to advise the school of any known intimate care needs relating to their child. Intimate Care Policy

Parents are also responsible for:

- Completing and signing the Parental Permission for Intimate Care form (Appendix 1)
- Providing spare clothing and any necessary equipment (e.g., wipes, nappies, pull-ups)
- Communicating any changes to their child's intimate care needs
- Working in partnership with school to develop their child's independence
- Responding promptly if school contacts them about an intimate care incident

All Staff

All staff are responsible for:

- Treating all children with dignity and respect
- Following this policy and reporting any concerns
- Maintaining confidentiality
- Attending training as required

5. Procedures for Each Type of Intimate Care

A. Assisting a Child to Change Clothes

On occasions an individual child may require some assistance with changing if, for example, he/she has an accident at the toilet, gets wet outside, or has vomit on his/her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the 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.

Procedure:

1. **Encourage independence** - always give the child the opportunity to change themselves first
2. **Provide privacy** - allow the child to change in a private area (e.g., toilet cubicle, screened area)
3. **Two adults** - if assistance is needed, ensure a colleague is in attendance (within sight/earshot but respecting the child's privacy)
4. **Explain** - tell the child what you are going to do and why
5. **Minimal assistance** - only provide the level of help the child actually needs
6. **Respect dignity** - ensure the child is appropriately covered at all times
7. **Spare clothing** - use school spare clothing or the child's own spare clothes (if provided by parents)
8. **Inform parents** - inform parents at the end of the day that their child needed to change (can be done discretely via a note or phone call)
9. **Record** - make a brief note in the class log (date, time, reason for changing, who assisted)

If the child becomes distressed:

- Stop immediately
- Reassure the child
- Contact parents to come and assist
- Report to the DSL if there are any concerns about why the child became distressed

B. Changing a Child Who Has Soiled Themselves

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

Step 1: Assess the Situation

When a child has soiled themselves, staff should:

- Reassure the child calmly and sensitively

- Avoid showing disgust or making the child feel ashamed
- Take the child to a private area (toilet, medical room)
- Assess the extent of soiling and the child's age/ability

Step 2: Decision - Change at School or Contact Parents?
Factors to consider:

- **Age of the child** - younger children (EYFS and KS1) are more likely to be changed at school; older children may prefer a parent to assist
- **Extent of soiling** - minor accident vs. significant soiling
- **Child's medical/SEND needs** - children with ongoing needs should have an Individual Intimate Care Plan
- **Parental preference** - some parents may have requested to be called; others may have given permission for school to change their child
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Step 3A: If Changing at School

• The child will be given the opportunity to change his/her underwear in private and carry out this process themselves.
• School will have a supply of wipes, clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available outside the School Office or in the EYFS wall cupboards).
• If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
• If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
• If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Head Teacher is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.

Additional procedure details:

1. **Encourage self-care** - give the child the opportunity to clean and change themselves (provide wipes, clean clothes, and privacy)
2. **If assistance is needed:**
    - **Two adults present** - one to assist, one to be nearby (within earshot but respecting privacy)
    - **Explain** - tell the child what you are going to do: "I'm going to help you get clean and put on fresh clothes"
    - **Minimal contact** - only provide the level of assistance actually needed
    - **Wear gloves** - always wear disposable gloves
    - **Respect dignity** - keep the child covered as much as possible; do not expose more of the child's body than necessary
    - **Communicate** - talk to the child throughout, explaining what you're doing

    - **Be sensitive** - be aware that the child may be embarrassed or distressed
3. **Hygiene:**
    - Wear disposable gloves
    - Use wipes or warm water and soap
    - Dispose of soiled items in a sealed plastic bag (double-bagged if necessary)
    - Wash hands thoroughly after removing gloves
    - Child should wash hands
4. **Soiled clothing:**
    - Seal in a plastic bag for parents to collect
    - Do not rinse or wash soiled clothing at school (infection control)
    - Return to parents with a note explaining what happened
5. **Inform parents:**
    - Contact parents as soon as practical to inform them of the incident
    - Explain what happened and how it was managed
    - Ask if there are any concerns (e.g., illness, change in toileting pattern)
6. **Record:**
    - Complete the Intimate Care Record (see Recording section below)
    - Note date, time, what happened, who assisted, any concerns

Step 3B: If Contacting Parents to Collect

If the decision is made to contact parents:

1. Call the parent/carer and explain the situation sensitively
2. Ask them to collect the child as soon as possible
3. Keep the child comfortable and reassured while waiting
4. Provide a private, warm space for the child to wait
5. Do not make the child feel ashamed or embarrassed
6. Record the incident

Special Considerations:

- **Children with ongoing toileting needs** should have an Individual Intimate Care Plan agreed with parents
- **Repeated incidents** should be discussed with parents and may indicate a medical issue, SEND, or safeguarding concern

C. Toileting Assistance

Toileting Assistance

Some children may require assistance with toileting, either on an ongoing basis (e.g., children with SEND) or occasionally (e.g., a child who is unwell).

Procedure:

1. **Individual Intimate Care Plan** - children who require regular toileting assistance must have an Individual Intimate Care Plan agreed with parents (see section below)
2. **Encourage independence** - always encourage the child to do as much as they can for themselves
3. **Privacy** - ensure the child has privacy (close the toilet door, use a disabled toilet if more space is needed for assistance)
4. **Two adults** - if physical assistance is needed, ensure another adult is nearby (within earshot)
5. **Explain** - tell the child what you are going to do
6. **Minimal assistance** - only provide the help the child actually needs (e.g., help with clothing, wiping, handwashing)
7. **Hygiene:**
    - Wear disposable gloves if providing physical assistance
    - Ensure the child washes their hands
    - Staff wash hands thoroughly
8. **Record** - if this is routine care as part of an Individual Intimate Care Plan, record in the child's care log; if it's an unusual incident, record as per the Changing procedure above

D. Medical Procedures

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

Our Supporting Pupils with Medical Needs Policy outlines arrangements for the management of the majority of medications in school. Parental permission must be given before any medication is dispensed in school - this form is also available on our website. A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an Individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

- In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure,

Examples of medical procedures that may constitute intimate care:

- Catheterization
- Stoma care
- Insulin injections (in intimate areas)
- Tube feeding (if it involves removing clothing)

Procedure:

1. **Individual Healthcare Plan** - the child must have an Individual Healthcare Plan developed in partnership with parents, healthcare professionals, and school
2. **Trained staff only** - only staff who have been specifically trained and assessed as competent may carry out the procedure
3. **Parental consent** - written parental consent must be obtained
4. **Two adults** - where possible, two adults should be present (one to carry out the procedure, one to assist/observe)
5. **Privacy and dignity** - ensure the child's privacy and dignity are maintained
6. **Follow medical guidance** - follow the procedure exactly as set out in the Healthcare Plan and as trained
7. **Record** - record each time the procedure is carried out (date, time, who carried it out, any issues)
8. **Emergency procedures** - staff must know what to do if something goes wrong

For full details, see the school's Supporting Pupils with Medical Conditions Policy.

E. Providing Comfort

Providing comfort or support to a child:

There are situations and circumstances where children seek physical comfort from staff (particularly children in EYFS). Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Teacher for Child Protection.

Appropriate comfort and reassurance:

✓ A reassuring hand on the shoulder

✓ A brief side-hug (child-initiated)

✓ Sitting next to a distressed child

✓ Holding a young child's hand

✓ Allowing a distressed EYFS child to sit on your lap briefly (in a public area, not in private)

✓ Verbal reassurance and comfort

Inappropriate physical contact:

✗ Prolonged physical contact
✗ Physical contact in a private area
✗ Kissing a child
✗ Physical contact that the child finds uncomfortable or distressing
✗ Physical contact of an intimate nature

If a child seeks inappropriate physical contact:

- Gently but firmly discourage it
- Explain appropriate boundaries in an age-appropriate way
- Redirect the child to appropriate comfort (e.g., "Let's sit next to each other instead")
- Do not make the child feel rejected or ashamed
- If the behaviour persists or is concerning, discuss with the DSL

If you feel uncomfortable:

- Trust your instincts
- Gently disengage
- Discuss with the DSL in confidence

For full guidance on appropriate physical contact, see the school's Staff Code of Conduct.

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Individual Intimate Care Plans

Some children have ongoing intimate care needs due to medical conditions, disabilities, or developmental delays. These children must have an **Individual Intimate Care Plan** developed in partnership with parents, the child (where appropriate), and relevant healthcare professionals.

Who Needs an Individual Intimate Care Plan?

Children who require an Individual Intimate Care Plan include those who:

- Are not yet toilet trained (beyond the expected age)
- Require regular assistance with toileting due to physical disability
- Require catheterization, stoma care, or other medical procedures
- Require regular changing due to incontinence
- Require assistance with menstrual care
- Have other ongoing intimate care needs

Developing an Individual Intimate Care Plan

The plan should be developed by:

- The child's class teacher or key worker
- The SENCo
- The child's parents/carers
- The child (where age and understanding allow)

- Relevant healthcare professionals (e.g., school nurse, occupational therapist, physiotherapist)

The plan should include:

- **The child's specific needs** - what intimate care is required and why
- **The child's level of ability** - what the child can do independently and where they need help
- **Preferred terminology** - what words the child and family use for body parts and bodily functions
- **Procedure** - step-by-step procedure for providing the care
- **Who will provide care** - named staff members (and what happens if they are absent)
- **Where care will be provided** - location (e.g., disabled toilet, medical room)
- **Equipment needed** - what equipment, products, or resources are required and who provides them
- **Number of staff** - whether one or two staff members should be present
- **Communication** - how to communicate with the child during care
- **Privacy and dignity** - how the child's privacy and dignity will be maintained
- **Child's preferences** - any specific preferences the child has
- **Safeguarding** - any specific safeguarding considerations
- **Moving and handling** - if the child needs physical assistance (e.g., hoist), this must be risk assessed
- **Hygiene** - hygiene procedures (gloves, handwashing, disposal of waste)
- **Recording** - how and where intimate care will be recorded
- **Emergency procedures** - what to do if something goes wrong
- **Review arrangements** - when the plan will be reviewed

Parental Consent

Parents must give written consent for intimate care to be provided in accordance with the Individual Intimate Care Plan. The consent form should be signed and dated and kept with the plan.

Staff Training

All staff named in the Individual Intimate Care Plan must:

- Read and understand the plan
- Receive training if a specific procedure is required (e.g., catheterization)
- Be assessed as competent before providing care independently
- Receive refresher training as needed

Review

Individual Intimate Care Plans should be reviewed:

- **At least termly** (or more frequently if needs change)
- **When the child's needs change**
- **When there are concerns or incidents**
- **At transition points** (e.g., moving to a new class or key stage)

Reviews should involve parents, the child (where appropriate), and relevant staff. The SENCo is responsible for coordinating Individual Intimate Care Plans

6.Safeguarding Considerations

Intimate care can make children vulnerable to abuse. It is essential that all staff are vigilant and follow safeguarding procedures.

Protecting Children

To protect children, staff must:

- Always maintain professional boundaries
- Never provide intimate care in a way that could be misconstrued
- Ensure another adult is nearby (within sight/earshot) when providing intimate care
- Never take photographs of children during intimate care
- Report any concerns immediately to the DSL
- Follow this policy at all times

Staff must be alert to signs that a child may be being abused:

- Unexplained injuries, particularly in intimate areas
- Child appears fearful of intimate care or of a particular adult
- Child displays sexualized behaviour inappropriate to their age
- Child discloses abuse
- Regression in toileting (a previously toilet-trained child starts having frequent accidents)
- Child becomes distressed during intimate care without clear reason
- Unusual marks, bruising, or soreness in intimate areas

If you have any concerns, report them immediately to the DSL.

Protecting Staff

Intimate care can also leave staff vulnerable to allegations. To protect staff:

Staff must:

- Follow this policy at all times
- Ensure another adult is nearby when providing intimate care
- Maintain professional boundaries
- Avoid being alone with a child in a private area
- Record all intimate care provided
- Report any unusual incidents or concerns immediately

If a child makes an allegation against you:

- Remain calm
- Do not discuss the allegation with the child or parents
- Report to the Headteacher immediately
- Make detailed notes of what happened

- The Headteacher will follow the school's Allegations Against Staff procedures and contact the Local Authority Designated Officer (LADO)

If you witness concerning practice by a colleague:

- Report to the DSL or Headteacher immediately
- Do not confront the colleague
- Make detailed notes

Allegations Against Staff

If an allegation is made against a member of staff in relation to intimate care:

- The Headteacher will be informed immediately
- The Headteacher will contact the Local Authority Designated Officer (LADO)
- The school's Allegations Against Staff procedures will be followed
- The member of staff may be suspended pending investigation
- The matter may be referred to the police and/or Children's Social Care
- The staff member will be supported throughout the process

For full details, see the school's Safeguarding and Child Protection Policy and Allegations Against Staff procedures.

1. Working with Children of the Opposite Gender

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current staffing profile means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite gender with the following provisions: When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;

If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;

Report any concerns to the Designated Teacher for Child Protection and make a written record;

Parents must be informed about any concerns.

2. Communication with Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc.

To ensure effective communication:
• Make eye contact at the child's level
• Use simple language and repeat if necessary
• Wait for response
• Continue to explain to the child what is happening even if there is no response; and treat the child as an individual with dignity and respect.

Additional communication strategies:

- **Use the child's preferred terminology** - use the words the child and family use for body parts and bodily functions (as agreed in the Individual Intimate Care Plan)
- **Explain what you are going to do** - before you do it: "I'm going to help you take off your trousers now"
- **Give choices where possible** - "Would you like to try yourself first, or would you like me to help you?"
- **Respect the child's responses** - if the child says "no" or appears distressed, stop and reassess
- **Use visual supports** - for children with communication difficulties, use visual schedules, symbols, or social stories to explain what will happen
- **Be patient** - allow time for the child to process and respond
- **Respect cultural and religious sensitivities** - be aware that some families may have specific preferences about intimate care (e.g., same-gender care, specific washing rituals)

Listening to children:
Children have the right to express their views about their intimate care. Staff should:

- Ask children (age-appropriately) about their preferences
- Listen to and respect children's views
- Involve children in decisions about their care where possible
- Take seriously any concerns children express
- Never dismiss or ignore a child who says they are uncomfortable or unhappy with intimate care arrangements

9. Staff Training and Competence

All staff who provide intimate care must be appropriately trained.

Induction Training

All staff must receive training on this Intimate Care Policy as part of their induction, covering:

- The principles of intimate care
- Safeguarding considerations
- Procedures for different types of intimate care
- How to maintain dignity and privacy
- Communication with children
- Recording and reporting
- What to do if there are concerns
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Ongoing Training

Staff who regularly provide intimate care should receive refresher training:

- **Annually** - review of this policy and procedures
- **When the policy is updated**
- **After any incidents or concerns**

Specialist Training

Staff who provide specialist intimate care (e.g., catheterization, stoma care) must receive:

- **Specific training** from a qualified healthcare professional
- **Competency assessment** before providing care independently
- **Refresher training** as required (typically annually or as specified by the healthcare professional)

Training Records

The school will maintain records of all intimate care training, including:

- Who has been trained
- Date of training
- Type of training
- When refresher training is due
- Competency assessments (for specialist procedures)

The Headteacher or SENCo is responsible for coordinating intimate.

10. Recording and Reporting

All intimate care must be recorded to:

- Provide transparency and accountability
- Protect children and staff
- Identify patterns or concerns
- Inform parents

What to Record

For routine intimate care (as part of an Individual Intimate Care Plan):

Record in the child's Intimate Care Log:

- Date and time
- Type of care provided
- Who provided the care
- Any issues or concerns
- Child's response

For occasional incidents (e.g., toileting accident):

Record in the class log:

- Date and time
- What happened (e.g., "Child A had a toileting accident")
- Who assisted
- Whether parents were informed
- Any concerns

For concerns or unusual incidents:

Complete a more detailed report and inform the DSL:

- Full details of what happened
- Any safeguarding concerns
- Actions taken
- Who was informed

How to Record

- **Be factual** - record what happened, not opinions or judgments
- **Be specific** - include dates, times, names
- **Be professional** - use appropriate language
- **Respect privacy** - store records securely and confidentially

Informing Parents

Parents should be informed:

- **Discretely** - at the end of the day, via a note, or by phone call
- **Sensitively** - avoid embarrassing the child
- **Factually** - explain what happened and how it was managed
- **Routinely** - for children with Individual Intimate Care Plans, parents should receive regular updates (frequency agreed in the plan)

Retention of Records

Intimate care records should be retained in accordance with the school's Data Retention Policy:

- **Routine intimate care logs** - retained until the child leaves the school, then for 6 years
- **Individual Intimate Care Plans** - retained with the child's SEND records
- **Safeguarding concerns** - retained until the child turns 25 (or longer if serious concerns)

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11. Partnership with Parents

Intimate care should be delivered in partnership with parents.

Parental Consent

All parents must complete and sign the Parental Permission for Intimate Care form (Appendix 1) when their child starts school.

This gives general consent for staff to provide occasional intimate care if needed (e.g., changing after a toileting accident).

For children with ongoing intimate care needs, parents must also:

- Be involved in developing the Individual Intimate Care Plan
- Give specific written consent for the intimate care outlined in the plan
- Be consulted about any changes to the plan

Communication with Parents

The school will:

- Inform parents if their child has needed intimate care (unless it's routine care as part of an agreed plan)
- Consult parents about their child's intimate care needs and preferences
- Involve parents in reviewing Individual Intimate Care Plans
- Inform parents of any concerns or changes in their child's intimate care needs
- Respect parents' cultural and religious preferences where possible

Parental Responsibilities

Parents are responsible for:

- Informing school of their child's intimate care needs
- Providing spare clothing, wipes, nappies/pull-ups, or other equipment as needed
- Working with school to promote their child's independence
- Responding promptly if school contacts them about an intimate care incident
- Attending review meetings for Individual Intimate Care Needs

12. MONITORING AND REVIEW

Monitoring Implementation

The Headteacher is responsible for monitoring the implementation of this policy through:

Regular Monitoring Activities

- **Reviewing intimate care records** - checking that intimate care is being recorded appropriately and consistently

- **Reviewing Individual Intimate Care Plans** - ensuring plans are in place for children with ongoing needs and are being followed
- **Staff feedback** - seeking feedback from staff on the effectiveness of procedures and any concerns
- **Parent feedback** - seeking feedback from parents on their experience of intimate care arrangements
- **Incident review** - reviewing any incidents or concerns related to intimate care and identifying lessons learned
- **Safeguarding oversight** - ensuring the DSL is informed of any safeguarding concerns arising from intimate care

Annual Monitoring Report

The Headteacher will provide an annual report to the Governing Body on intimate care, covering:

- **Number of children receiving intimate care** - how many children have ongoing intimate care needs (with Individual Intimate Care Plans) and how many occasional incidents occurred
- **Types of intimate care provided** - breakdown of the types of intimate care (changing, toileting assistance, medical procedures, etc.)
- **Staff training** - summary of staff training on intimate care, including any gaps
- **Incidents and concerns** - any incidents, safeguarding concerns, or complaints related to intimate care (anonymized)
- **Actions taken** - actions taken to address any issues or improve practice
- **Policy compliance** - confirmation that the policy is being followed
- **Recommendations** - any recommendations for changes to policy or practice

Quality Assurance

To ensure high standards of intimate care, the school will:

- **Observe practice** - senior leaders may observe intimate care practice (with appropriate notice and consent) to ensure procedures are being followed
- **Review records** - regularly review intimate care records for completeness and appropriateness
- **Seek feedback** - ask children (age-appropriately), parents, and staff about their experiences
- **Benchmark against best practice** - compare our practice with guidance from local authority, health professionals, and other schools
- **Learn from incidents** - investigate any incidents or concerns thoroughly and identify improvements
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Responding to Concerns

If monitoring identifies concerns about intimate care practice, the Headteacher will:

1. **Investigate immediately** - gather full details of the concern
2. **Take immediate action** - if a child is at risk, take immediate safeguarding action
3. **Follow safeguarding procedures** - if the concern relates to staff conduct, follow the school's Safeguarding and Child Protection Policy and Allegations Against Staff procedures
4. **Support staff** - provide additional training or support if the concern relates to lack of knowledge or confidence
5. **Review procedures** - consider whether procedures need to be changed
6. **Report to governors** - inform governors of any serious concerns
7. **Learn lessons** - identify and implement improvements to prevent recurrence

Policy Review

This policy will be reviewed:

- **At least every year**
- **After any serious incident** involving intimate care
- **When there are changes to legislation or guidance** (e.g., updates to Keeping Children Safe in Education, SEND Code of Practice)
- **When there are changes to school circumstances** (e.g., new types of intimate care needs, new staff, changes to premises)
- **Following feedback from staff, parents, or children** that suggests the policy needs updating

Review Process

The review will involve:

1. **Consultation with staff** - seeking feedback from staff who provide intimate care on the effectiveness of procedures and any challenges
2. **Consultation with parents** - seeking feedback from parents of children who receive intimate care
3. **Consultation with children** - where appropriate, seeking feedback from children (age-appropriately)
4. **Review of incidents and concerns** - analysing any incidents, concerns, or complaints related to intimate care
5. **Review of best practice** - considering updated guidance from the DfE, local authority, health professionals, and other schools
6. **Review of legislation** - ensuring the policy remains compliant with current legislation

7. **Drafting revisions** - the Headteacher (or designated person) will draft any necessary revisions
8. **Consultation on draft** - staff and parents will be consulted on any significant changes
9. **Approval by governors** - the revised policy will be presented to the Governing Body for approval
10. **Communication** - the revised policy will be shared with all staff and published on the school website

Responsibility for coordinating the review: Headteacher, SENCo
Next review date: May 2027

13. LINKS TO OTHER POLICIES

This Intimate Care Policy should be read in conjunction with the following school policies:

Safeguarding and Child Protection

- **Safeguarding and Child Protection Policy** - procedures for identifying, reporting, and responding to safeguarding concerns, including concerns arising from intimate care
- **Allegations Against Staff Policy** - procedures for managing allegations against staff, including allegations related to intimate care
- **Staff Code of Conduct** - professional standards and boundaries for all staff, including appropriate physical contact with children
- **Whistleblowing Policy** - procedures for staff to raise concerns about colleagues' practice

Health, Safety, and Medical

- **Health and Safety Policy** - overall health and safety responsibilities and procedures, including risk assessment
- **Supporting Pupils with Medical Conditions Policy** - procedures for managing pupils' medical needs, including administering medication and medical procedures that may constitute intimate care
- **First Aid Policy** - procedures for providing first aid, which may involve intimate care in some circumstances

SEND and Inclusion

- **SEND Policy** - supporting pupils with special educational needs and disabilities, many of whom may require intimate care
- **Accessibility Plan** - ensuring the school is accessible to all pupils, including those with physical disabilities who may require intimate care
- **Equality Policy** - ensuring all pupils are treated fairly and with respect, regardless of protected characteristics

Behaviour and Pastoral Care

- **Behaviour Policy** - managing pupil behaviour, including the use of physical intervention in some circumstances
- **Anti-Bullying Policy** - preventing and responding to bullying, including bullying related to intimate care needs

Data Protection and Privacy

- **Data Protection Policy** - handling and storing personal and sensitive information, including intimate care records
- **Privacy Notices** - informing parents and pupils about how their personal information is used

Other Relevant Policies

- **Attendance Policy** - managing attendance, which may be affected by medical conditions requiring intimate care
- **Educational Visits Policy** - managing intimate care needs on educational visits
- **Recruitment and Selection Policy** - safer recruitment procedures, including DBS checks for all staff
- **Staff Training and Development Policy** - ensuring staff receive appropriate training, including intimate care training

All policies are available:

- On the school website
- On The Staff TDrive

Appendix 1

I give consent for intimate care to be provided in accordance with this policy

I will inform the school immediately of any changes to my child's intimate care needs

I understand that I can withdraw this consent at any time by informing the school in writing.

Signed: _____

Name: _____ (please print)

Relationship to child: _____

Date: _____

For school use only:
Form received by: _____
Date: _____
Individual Intimate Care Plan required: [ ] Yes [ ] No
If yes, plan completed by: _____
Date: _____

Appendix 2: Individual Intimate Care Plan

THE JOHN HAMPDEN SCHOOL WENDOVER INDIVIDUAL INTIMATE CARE PLAN

This plan should be completed for any child who has ongoing intimate care needs.

SECTION 1: PUPIL DETAILS

Pupil Name:	
Date of Birth:	
Class/Year Group:	
Date Plan Created:	
Date Plan Reviewed:	
Next Review Date:	

SECTION 2: INTIMATE CARE NEEDS

What intimate care does this child require? (tick all that apply)

- ☐ Toileting assistance
- ☐ Changing (nappies/pull-ups)
- ☐ Assistance with clothing
- ☐ Catheterization
- ☐ Stoma care
- ☐ Medical procedure: _____
- ☐

- ☐ Feeding assistance
- ☐ Oral care
- ☐ Other: _____

Describe the child's specific needs:

Why is intimate care required?
(e.g., medical condition, disability, developmental delay)

SECTION 3: CHILD'S LEVEL OF ABILITY

What can the child do independently?

Where does the child need assistance?

What is the goal for increasing independence?

SECTION 4: PREFERRED TERMINOLOGY

What words does the child and family use for:

Body parts:	
Bodily functions:	
Intimate care activities:	

SECTION 5: PROCEDURE

Step-by-step procedure for providing intimate care:

(Be specific - this should be detailed enough that any trained member of staff could follow it)

Step 1:

Step 2:

Step 3:

Step 4:

Step 5:

(Add additional steps as needed)

SECTION 6: STAFF AND LOCATION

Who will provide intimate care?

Primary carer:	
Secondary carer(s):	
What happens if they are absent:	

Where will intimate care be provided?
(e.g., nappy changing area, toilet, medical room)

Should two members of staff be present?
[ ] Yes - two staff members required
[ ] No - one staff member is appropriate
If yes, explain why:

SECTION 7: EQUIPMENT AND RESOURCES

What equipment or resources are needed?

Item	Who provides it?

Where is equipment stored?

SECTION 8: COMMUNICATION

How should staff communicate with the child during intimate care?
(e.g., verbal explanation, visual schedule, signs, symbols)

Does the child have any specific communication needs or preferences?

SECTION 9: PRIVACY AND DIGNITY

How will the child's privacy and dignity be maintained?
(e.g., door closed, curtains drawn, child appropriately covered)

Does the child have any specific preferences?
(e.g., same-gender care, specific staff member)

SECTION 10: CULTURAL AND RELIGIOUS CONSIDERATIONS

Are there any cultural or religious considerations?
(e.g., specific washing rituals, modesty requirements, same-gender care)

SECTION 11: SAFEGUARDING

Are there any specific safeguarding considerations for this child?
(e.g., child protection plan, previous abuse, vulnerability to exploitation)

If yes, what additional safeguards are in place?

SECTION 12: MOVING AND HANDLING

Does the child require physical assistance (e.g., lifting, transferring)?

[ ] Yes
[ ] No

If yes:

- ☐ Moving and handling risk assessment completed
- ☐ Staff trained in moving and handling
- ☐ Equipment required:

SECTION 13: HYGIENE

Hygiene procedures:

- ☐ Staff must wear disposable gloves
- ☐ Staff must wash hands before and after
- ☐ Child must wash hands after
- ☐ Soiled items disposed of in: _____
- ☐ Other: _____

SECTION 14: RECORDING

How will intimate care be recorded?

- ☐ In the child's Intimate Care Log
- ☐ In the class log
- ☐ Other: _____

Where is the log kept?

How often will parents be updated?

- ☐ Daily
- ☐ Weekly
- ☐ When there are concerns
- ☐ Other: _____

SECTION 15: EMERGENCY PROCEDURES

What should staff do if:

The child becomes distressed:

The child refuses care:

Staff notice injuries, marks, or other concerns:

There is a medical emergency:

SECTION 16: TRAINING

What training have staff received?

Staff Member	Training	Date	Expiry/Refresh Date

SECTION 17: REVIEW ARRANGEMENTS

This plan will be reviewed:

- ☐ Termly
- ☐ When the child's needs change
- ☐ When there are concerns or incidents
- ☐ At transition points (e.g., new class, new key stage)
- ☐ Other: _____

SECTION 18: AGREEMENT AND SIGNATURES

This plan has been developed in partnership with:

Parent/Carer Name:	**Signature:**	**Date:**
Child (if appropriate):	**Signature:**	**Date:**
Class Teacher:	**Signature:**	**Date:**
SENCo:	**Signature:**	**Date:**
Healthcare Professional (if applicable):	**Signature:**	**Date:**
Headteacher:	**Signature:**	**Date:**

Copies of this plan held by:

- ☐ Parent/carer
- ☐ Class teacher
- ☐ SENCo
- ☐ School office
- ☐ Other: _____

Appendix 3: Intimate Care Record/Log Template

THE JOHN HAMPDEN SCHOOL WENDOVER

INTIMATE CARE RECORD

This log should be used to record all instances of intimate care for a child with ongoing needs.

Pupil Name: _____
Class: _____
Academic Year: _____

Date	Time	Type of Care	Staff Member	Notes/Concerns	Parent Informed?

Key for "Type of Care":

- T = Toileting assistance
- C = Changing (nappy/pull-up)
- M = Medical procedure
- O = Other (specify in notes)

Key for "Parent Informed":

- Y = Yes
- N = No
- N/A = Not applicable (routine care as per plan)

Instructions:

- Complete this log every time intimate care is provided

- Be factual and specific
- Note any concerns or unusual incidents
- Inform the DSL immediately of any safeguarding concerns
- Store this log securely and confidentially

Appendix 4: Intimate Care Incident Report Template

THE JOHN HAMPDEN SCHOOL WENDOVER

INTIMATE CARE INCIDENT REPORT

This form should be completed for any unusual incident or concern related to intimate care.

PUPIL DETAILS

Pupil Name:	
Class:	
Date of Incident:	
Time of Incident:	

INCIDENT DETAILS

What happened? (Be factual and specific)

Where did it happen?

Who was present?

What type of intimate care was being provided?

CONCERNS

What concerns were identified? (tick all that apply)

- ☐ Child became distressed
- ☐ Child refused care

- ☐ Injuries/marks observed
- ☐ Safeguarding concern
- ☐ Staff member felt uncomfortable
- ☐ Allegation made against staff
- ☐ Equipment failure
- ☐ Other: _____

Describe the concern in detail:

IMMEDIATE ACTIONS TAKEN

What actions were taken immediately?

Who was informed?

- ☐ Parent/carer - Date/Time: _____
- ☐ Headteacher - Date/Time: _____
- ☐ DSL - Date/Time: _____
- ☐ Other: _____ - Date/Time: _____

FOLLOW-UP ACTIONS

What follow-up actions are required?

Action	Who is Responsible	Deadline	Completed

LESSONS LEARNED

What can be learned from this incident?

Do any procedures need to be changed?
[ ] Yes - details: _____
[ ] No

REPORT COMPLETED BY

Name: _____
Role: _____
Signature: _____
Date: _____

This report should be filed securely and a copy provided to the DSL and Headteacher.

END OF INTIMATE CARE POLICY

Policy Approved by: Finance, Buildings, Health & Safety Committee
Date Approved: [PERSONALISE: Insert date - April/May 2026]
Signed (Chair of Committee): _____
Signed (Headteacher): _____
Next Review Date: May 2027
