



Intimate Care Policy

Updated for:	September 2025
Next review:	September 2026

James Montgomery Academy Trust



Intimate Care Policy

1. Statement of intent

The James Montgomery Academy Trust (JMAT) takes the health and wellbeing of its children very seriously. As described in the Supporting Pupils with Medical Conditions Policy, the school aims to support children with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

JMAT recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any child with an impairment affecting their ability to carry out day-to-day activities must not be discriminated against.

Children will always be treated with care and respect when intimate care is given, and no child will be left feeling embarrassed.

2. Legal framework

This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Keeping Children Safe in Education
- The Children and Families Act 2014
- The Education Act 2011
- The Health Act 2006
- The Equality Act 2010
- Health and Safety at Work 1974

This policy will be implemented in conjunction with the school's:

- Health and Safety Policy
- Business Emergency and Continuity Plan (outbreak of disease)
- Supporting Pupils with Medical Conditions Policy
- Child Protection and Safeguarding Policy
- SEND Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Allegations of Abuse Against Staff Policy

3. Definition

For the purpose of this policy, intimate care is defined as any care which may involve the following:

- Washing
- Changing a child who has soiled themselves
- Providing oral care
- Feeding
- Assisting in toilet issues
- Providing comfort to an upset or distressed child
- Moving and handling children who use a sling and require a hoist.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals.

Examples of intimate care include support with dressing and undressing (underwear), changing nappies (including the application of nappy cream), menstrual hygiene, helping someone use the toilet, or cleaning intimate parts of the body. Children may be unable to meet their own care needs for a variety of reasons and may require regular support.

4. Guiding Principles

Every intimate care procedure must be completed within an atmosphere of total respect and dignity both for the individual receiving care and for the person involved in giving the care

Every plan supporting intimate care must demonstrate how the child can be enabled to develop their independence as far as is reasonably practical for the child. Please see **Appendix 1** for an example template of an Intimate Care Plan.

The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children and staff.

In the instance of infectious disease, this may also include isolating to an appropriate area, and the member of staff taking extra precautionary measures to protect themselves with personal protective measures as appropriate.

5. Good practice in intimate care

Wherever possible, intimate care provided to older children should be carried out by a staff member of the same gender. The religious and cultural values of children and their families must also be taken into account. The following positive approaches will assist in promoting good practice for intimate care:

- Staff should get to know the child well beforehand and be familiar with their behaviours and methods of communication.
- Where possible and appropriate, a second adult may be present, especially where staff or children are vulnerable, unless this would compromise the child's privacy.
- Staff should speak to the child personally by name so that they are aware of being the focus of the activity.
- Staff should have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account.
- Staff should enable the child to be prepared for or anticipate events while demonstrating respect for their body, e.g. by giving an object of reference such as using a sponge or pad to signal intention to wash or change, symbols, Makaton signing, gesture or verbal instruction.
- Staff should ensure that the child's privacy and modesty is respected and protected.
- Best practice in personal safety at work is to use the correct anatomical names for intimate body parts.
- Staff must always communicate in an age-appropriate way taking into account the child's developmental stage and their preferred communication method.
- Staff should keep records, which note a child's responses to intimate care and any changes in behaviour. This information should be recorded on Record My (the school's safeguarding recording system) as part of the child's chronology.
- If a member of staff has concerns about physical changes in a child's presentation, e.g. unusual anxiety, bruising, soreness etc. they will immediately report their concerns to the Designated Person (DSL) for child protection and log them.
- An appropriate written plan for intimate personal care should be agreed with the child and their family.

- Ensure that intimate care is consistent across home, school and other settings as far as possible.
- Staff should be aware of their own limitations, only carrying out procedures they understand and feel competent and confident to carry out. If in doubt staff should ask. Please refer to current protocols.
- Cameras (including mobile phones) must not be taken or used by staff or children in areas where intimate care is carried out.
- In the circumstance of a pandemic, all protocols for appropriate response must be followed by the staff member in order to protect themselves, for example social distancing and providing intimate care only if absolutely necessary.

6. Health and safety

JMAT'S **Health and Safety Policy** lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Any member of staff that is required to assist a child with specific medical requirements will be trained to do so and will carry out the procedure in accordance with the **Supporting Pupils with Medical Conditions Policy**.

Staff must wear disposable aprons and gloves while assisting a child in the toilet, while changing a nappy, or a soiled child. This is extended to include dealing with children showing symptoms of an infectious disease e.g. coronavirus, impetigo, etc.

The following points and guiding principles should be noted by any member of staff who has been asked to support children who need assistance in intimate personal care.

- Children may only be changed by a member of staff.
- If a child wears pants and has 'wet' themselves, they may be changed within the Key Stage toilet area or disabled toilet for more privacy.
- If a child wears nappies or has 'soiled' themselves they should be taken to an appropriate toilet/changing room where there are cleaning materials, should they be required.
- If the intimate care includes the external application of creams/ointments (e.g. nappy cream) then this must be included on the Intimate Care Plan and a medication form must be completed by parents/carers.
- Wipes, nappies, gloves etc. should be placed in a nappy bag and inside another plastic bag and disposed of appropriately in the relevant bin. Wet or soiled pants should be placed in a nappy bag and inside another plastic bag and returned to parents/carers. Heavily soiled pants should be disposed of as with nappies.

7. Staff and facilities

Staff members who provide intimate care will be trained accordingly, appropriately, and should be fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from a physiotherapist or occupational therapist.

This may include the following:

- Adjustable bed
- Hoists
- Moving and handling equipment including transfer boards
- Slings
- Changing mat

- Non-slip step
- Cupboard
- Adapted toilet seat or commode seat
- Disposable gloves/aprons
- Nappies, pads
- Tissue rolls (for changing mat/cleansing)
- Supply of hot water
- Soap
- Barrier creams
- Antiseptic cleanser for staff
- Antiseptic cleanser for the changing bed/mat
- Clinical waste bag
- Spillage kit

8. School responsibilities

Arrangements will be made with a multi-agency to discuss the personal care needs of any child prior to them attending the school.

In liaison with the child and parents/carers, an individual intimate care plan will be created to ensure that reasonable adjustments are made for any child with a health condition or disability, in conjunction with the SEND Policy.

Regular consultations will be arranged with all parents/carers and children regarding toilet facilities.

The privacy and dignity of any child who requires intimate care will be respected at all times.

A qualified member of staff will change the child, or assist them in changing themselves if they become wet, or soil themselves.

Any child with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, nappies, pads, etc., as provided by the parents/carers.

Members of staff will react to accidents in a calm and sympathetic manner.

The family's cultural practices will always be taken into account for cases of intimate care.

Parents/carers will be contacted if the child refuses to be changed, or becomes distressed during the process.

Excellent standards of hygiene will be maintained at all times when carrying out intimate care.

A relationship between an adult and a child or young person cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.

All concerns regarding intimate care of safeguarding should be directed to the Designated Safeguarding Lead without delay.

8.1 Data protection and record keeping

The school will ensure that any personal and sensitive data relating to intimate care (including care plans, incident logs, and medical records) is processed in accordance with the UK General Data

Protection Regulation (UK GDPR) and the Data Protection Act 2018. All records will be stored securely and shared only with appropriate members of staff or relevant professionals, with parental consent where required. Parents/carers have the right to access their child's personal data and can request amendments if it is inaccurate.

9. Intimate care plans (Appendix 1)

JMAT and its schools will:

- Have written care plans in place for any child who could be expected to require intimate care.
- Ensure all relevant details are included on the care plan, including named medication, and that other relevant documentation is completed in line with the care plan e.g. medication consent forms.
- Update care plans in writing where appropriate; e.g. because there are changes to staff rotas, etc.
- Ensure that children are actively consulted about their own care plan.
- Ensure that intimate/personal care is provided by staff known to the child.
- Ensure that only individuals that have been checked against the relevant DBS barred list are permitted to engage in intimate or personal care.

Any changes to the care plan should be made in writing and without delay, even if the change in arrangements is temporary; e.g. staff shortages, changes to staff rotas during a pandemic, etc.

10. Parental responsibilities

Parents/carers will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.

Parents/carers will provide spare nappies, wet wipes and a change of clothing in case of accidents.

A copy of this policy will be read and signed by parents/carers of children with a health condition or a disability who require an individual intimate care plan to ensure that they understand the policies and procedures surrounding intimate care. (**Appendix 2**)

Parents/carers will inform the school should their child have any marks/rashes.

Parents/carers will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing.

11. Underpinning principles

Intimate care should be a positive experience for both staff and the child. It is essential that care is given gently, respectfully and sensitively and that every child is treated as an individual. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of their own body.

These principles of intimate care can be put into practice by:

- Ideally allowing the child, whenever possible to choose who provides their intimate care which should be age appropriate.
- Enabling the child to indicate if they find a carer unacceptable.
- Allowing the child a choice and control over the sequence of care.
- Ensuring privacy wherever the intimate care is taking place.
- Allowing the child to care for themselves as far as possible
- Being aware of and responsive to the child's reactions.

All children have a right to safety, privacy, respect and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to act as independently as possible. The decision as to whether or not a door is locked when intimate care is taking place needs to be considered.

The following are some of the factors that might be taken into account:

- Age, ability and wishes of the child.
- Good communication ensuring others know when and where intimate care is taking place.
- Location of the facility e.g. school hygiene room, public toilet etc.
- Safer working practice of the adult(s) involved.

The views of the child should be actively sought, wherever possible, when drawing up and reviewing intimate care plans. As with all individual arrangements for intimate care needs, agreements between the child, parents/carers and the school/setting must be negotiated and recorded. When the plan is completed, consideration should be made as to whether the underpinning values and principles are reflected.

Given the right approach, intimate care should provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Whenever children can learn to assist in carrying out aspects of their own intimate care they should be encouraged to do so.

12. Swimming

Children who participate in swimming lessons: during these lessons, children are entitled to privacy when changing; however, some children will need to be supervised during changing.

Parent/carer consent will be obtained before assisting any children in changing clothing before and after swimming lessons.

Special consideration will be taken to ensure that cases of bullying or teasing do not occur.

Details of any additional arrangements will be recorded in the child's individual intimate care plan.

13. Offsite visits

Before offsite visits, including residential trips, the child's individual intimate plan will be amended to include procedures for intimate care whilst off the school premises.

Staff will apply all the procedures described in this policy during residential and off-site visits.

Consent from a parent/carer will be obtained and recorded prior to any offsite visit.

14. Monitoring, evaluation and policy review

The use of PPE equipment will be monitored through both safeguarding and health and safety audits throughout the year.

The policy will be promoted and implemented throughout the JMAT schools.

This policy will be assessed for its implementation and effectiveness annually in July.

15. Document history

Previous versions now deleted from system

Issue	Author/ Owner	Date Reviewed	Reviewed by	Approved by A&R Committee (date)	Comments/ Changes
V1	JMAT	July 2025	PRG	08/07/25	<ul style="list-style-type: none"> Section 5 – additional bullet point added (second one) re second adult Addition of a section 8.1 Data protection and record keeping.

Key:

PRG – Policy Review Group

A & R Committee – Audit and Risk Committee