Intimate Care Policy

Reviewed: June 2026

Next Review: June 2029

Fairfields School

Approved by Governors:4.12.23

Intimate and Personal Care Policy

INTRODUCTION

Fairfields School recognises that there is a need to treat all children with respect when intimate and personal care is given and that the child's welfare and dignity is of paramount importance.

This policy has been written with the following aims:

- To safeguard the rights and promote the welfare of children
- To provide guidance and reassurance to staff whose role includes personal and intimate care and to promote good practice
- To assure parents/carers that staff are knowledgeable about personal care and that their individual concerns are taken into account

We will ensure that our learners are:

- Treated as individuals
- That their right to safety, dignity and privacy is respected
- Involved with and consulted about their personal care as far as they are able
- Provided with consistency of care as far as possible

Definitions

There is a clear difference between personal and intimate assistance, so it is important a clear distinction is made between the two.

Intimate Care

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. The Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear);
- Helping someone use the toilet;
- Changing continence pads (faeces/urine);
- Bathing / showering;
- Washing intimate parts of the body;
- Changing sanitary wear;

In some cases, it may be necessary to administer rectal medication on an emergency basis for example where a child's life is in danger. Effective forward planning and communication with the child and their parents or carers will go some way to mitigating the risks in this eventuality. Please refer to the 'Supporting Children with Medical needs in school' policy for further information.

Personal Care

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting. Although personal care may often involve touching another person, the nature of this touching is less intimate and usually has the function of helping with personal presentation. These tasks do not invade conventional personal, private or social space to the same extent as intimate care.

Those personal care tasks specifically identified as relevant include:

- Skin care/applying external medication;
- Feeding;
- Administering oral medication;
- Hair care;
- Dressing and undressing (clothing);
- Washing non-intimate body parts;
- Prompting to go to the toilet.

BEST PRACTICE – Staff Responsibilities

Staff who provide personal and intimate care are trained to do so and are aware of best practice. All procedures, but particularly Intimate care procedures are covered during induction meetings for new staff and new members of staff are allocated a buddy during their induction period. As part of their role, staff will be aware of and comply with other related school policies including:

- Child Protection
- Staff Code of Conduct
- Health and Safety
- Manual Handling
- Induction
- Conductive Education

All staff are role models and will act as a critical friend if they feel procedures aren't being followed appropriately.

Appropriate apparatus will be provided to assist with personal and intimate care arrangements following assessment from physiotherapists, occupational therapists, CE conductor or manual handling trainers as required. Appropriate spaces will be used for carrying out personal and intimate care tasks. It is the responsibility of staff to keep these spaces clear and tidy.

Where intimate care is carried out related to managing medical needs of children, staff will follow individual health care plans. Please refer to the 'Supporting Children with Medical needs in school' policy for further information.

Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes and medical needs. Staff also need to be aware of any skin intolerances or allergies that children may have. Staff will also be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty and menstruation.

Communication is at the heart of everything we do at Fairfields School. Therefore each child should be supported in their preferred method of communication (verbal, symbolic, signing etc) to discuss their needs and preferences. The child should be aware of each procedure that is carried out and the reasons for it and strong cues will be given that enable the child to anticipate and prepare for events.

Children will be supported to achieve the highest level of independence that is possible, given their abilities, with staff encouraging them to do as much for themselves as they can. This will be maximised by talking to the children throughout and giving them as much ownership of the intimate care process as possible.

Staff need to use appropriate anatomical language for private body parts when talking to one another and to the children. Appropriate language should also be used to refer to bodily functions eg. 'bowel movement', 'soiling'. Staff will provide a narrative of the experience to reassure the child of what is going to happen, allowing them to feel prepared.

Intimate care plans will be drawn up as appropriate to suit the needs of the child. (See Appendix B for sample plan). These plans will be drawn up and reviewed by the class team at the end of each school year as a matter of course, but also as required throughout the year. These are kept in the class green grab file. Plans will include information such as the amount of support needed and details of any equipment or resources to be used. The Bristol Stool Chart helps assess how long the stool has spent in the bowel. Type 1 has spent the longest time in the bowel and type 7 the least time. A normal stool should be a type 3 or 4 and, depending on the normal bowel habits of the individual, should be passed once every one to three days. On some occasions children's stools will not present normally but this will be normal for them. In this situation a Bristol Stool Chart will be attached to the intimate care plan. (Appendix C)

Children's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many members of staff might need to be present when a child needs help with intimate care.
School will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

As part of our infection control measures, staff will wear the appropriate level of PPE for the intimate or personal care task and dispose of any waste in the appropriate way.
Staff training includes awareness of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate, the importance of hand hygiene and donning/doffing procedures.

Supporting the Learner
Staff will communicate carefully with learners, using their usual communication method, to discuss their needs and preferences. Wherever possible the learner's wishes and preferences will be taken into account.

School will take into account the religious views, beliefs and cultural values of the learner and their family as far as possible when undertaking personal care.

School will work with the learner to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

Toilet Training
We will work with parents/carers to promote toilet training, unless there are medical reasons why this is not appropriate. Some children with complex additional needs may never achieve continence. However, even children with significant learning, mobility or communication difficulties can achieve a good level of continence. Every child has the right to be helped to achieve their best possible level and to maintain their dignity.
Even if a child is unable to achieve full continence, a healthy bladder and healthy bowels should be promoted at all times.
Support toward continence can be sought through the Specialist school nursing team and the Continence service.
There are a number of documents that can help us understand toileting habits and assess when it is the right time to start toilet training. These include:

- A bladder/bowel assessment - to ascertain whether or not a child's bladder and bowels are emptying at appropriate intervals and to see if there is any pattern to when they wee and poo
- A Toilet Readiness assessment – to look at all the areas around toileting, including behaviour and communication to decide if the child is ready

Once it has been agreed by all parties, toilet training can begin. This needs to be a consistent approach between home and school, with an initial time frame being identified for the review and check if progress is being made. Parents need to ensure plenty of underwear, socks and spare clothes are sent into school. In the event that the child is having multiple soiling episodes throughout the day, the class team may make the decision for a continence pad to be used. As a school we believe it is best for Toilet Training to be tried during the Spring and Summer months.

There are other factors that may make continence more of a challenge for pupils with SEN. This includes:

- Constipation
- Stool withholding
- Toilet avoiding/only using a continence pad for a bowel movement
- Sensory challenges

There is lots of advice through ERIC, The Children's Bladder and Bowel Charity https://eric.org.uk/children-with-additional-needs/

Sun Cream
Fairfields is committed to ensuring that all children and adults caring for them are fully protected from the dangers of too much sun. No matter what colour a child's skin they can still be overcome by heat, especially if they get sweaty or dehydrated. The sun is at its hottest between the hours of 11.00am to 3.00 pm so it is important to seek shade, drink plenty of fluids and have breaks from direct sunlight during these times. At Fairfields we have outdoor covered play areas for all age ranges and there are sunshades and canopies erected in the garden areas. These provide a number of shaded areas to enable outside play provision to continue.
Children must have a sun hat, preferably legionaries design or wide brimmed, which will be worn at all times whilst outside in sunny weather.
We ask parents to supply sun cream suitable for their child. Our recommendation is at least factor 30 with a 5-star UVA rating. Consent will be sought from parents for staff in school to apply suncream to their child. Appropriate PPE will be worn to administer this. (Appendix D)

Links to the Curriculum
Personal/Intimate Care has clear links with our personal development curriculum, and each pupil's EHC Plan. The approaches used in school will link to learning taught through the Protective Behaviours approach and our PSHE curriculum. For more information, please see our PSHE policy and Quality of Education Policy.

Educational Visits
It is essential that changing facilities are considered when planning an educational visit. Ideally an appropriate 'changing spaces' or Disabled Toilet facility would be the most appropriate facility to use for our children. If no changing bed is available, a mat may be used on the floor.
Intimate care supplies and cleaning supplies must be taken and used to ensure hygiene standards remain high.
In extreme circumstances, where a child has soiled themselves and a changing facility is not available and the child is not close to school e.g. on the way to a residential visit, intimate care could be carried out using an alternative, dignified space e.g. the back of the school minibus. A dynamic risk assessment would need to be made regarding the safety of the individual and the rest of the group, along with ensuring the appropriate supplies are used to ensure hygiene standards remain high.

Governor responsibilities
To ensure that sufficient staff are trained to meet the needs of their learners.

The governing body will ensure that this policy is monitored and reviewed at least every three years.

Parent/carer responsibilities
Parents/carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved, including specialist nurses, as well as any changes in their medication, care or condition.

Parents/carers must ensure that they work towards their child achieving the maximum possible level of independence at home, helping ensure the same approach is being used in both settings.

Parents/carers should work with school to develop and agree an intimate care plan for their child.

Parents will send children in clothes that are easy to remove for intimate care or that allow children to be as independent as possible e.g. no jeans

Parents/carers must make sure that school always has the required equipment available for their child's intimate care or toileting needs. This included nappies/continence pads, wipes and cream. This also includes equipment for enteral feeds e.g. giving sets, syringes. Consent from parents will be sought regarding personal and intimate care in school. (Appendix D)

Parents/carers must ensure that school always has their emergency contact details.

The needs and wishes of children and parents will be carefully considered alongside any possible constraints; eg staffing and equal opportunities legislation.
Only in an emergency would staff undertake intimate care that has not been agreed with the parents/carers. This act of care would be reported to a senior member of school staff and to the parents/carers as soon as possible after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

Learner responsibilities – where appropriate
To be as involved as possible in their intimate care and with their care plan.
To let school staff know when they are aware that they need assistance.
To let their parent/carer or a trusted member of school staff know if they have any concerns or feel uncomfortable at any time.

SAFEGUARDING
All staff at Fairfields have an enhanced DBS check in place. In line with school policy and practice there should be a high awareness of Child Protection issues where intimate care is provided.

All staff attend Child Protection training and this training is regularly updated. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. they should immediately report concerns to one of the Designated Safeguarding Leads and submit a concern on My Concern (refer to Child Protection policy or staffroom safeguarding noticeboard).
If a child shows distress or anxiety about being cared for by a particular member of staff, the matter will be looked into and a resolution found which is in the best interest of the child.
If a child or colleague makes an allegation against a member of staff, the procedure set out in the Child Protection policy will be followed.

Cultural Sensitivities
A child's intimate care plan is written in consultation with the parents/carers and, where appropriate, the pupil. We actively consult pupils about their own care plans and get the views of parents/carers when writing the arrangements.

Under the Equality Act 2010, we must not discriminate against pupils or staff on the basis of protected characteristics, which include:

- Religion or belief
- Sex (gender)
- Race
- Other protected characteristics

As part of our duties under the Equality Act 2010, we respect the religious and cultural beliefs of our families and will work with them to accommodate their preferences where possible.

When developing care plans, we recognise that different families may have specific religious or cultural beliefs about intimate care, including:

- **Modesty requirements** - Some religions and cultures have specific expectations about physical contact between males and females, particularly after certain ages
- **Gender preferences for care** - Some families may prefer same-gender care providers for their children based on religious or cultural values
- **Privacy expectations** - Different cultural backgrounds may have varying expectations about privacy and what constitutes appropriate intimate care

Working with Families
When developing a care plan, we will ask families if they have any cultural or religious considerations that should be taken into account. Families can also raise these at any time with the class teacher or a member of the leadership team, and we will update the care plan accordingly.
We must obtain written permission from parents/carers to provide intimate care for their child, and we will seek their agreement on how we plan to support their child.
We will not make assumptions about families' cultural or religious preferences based on their ethnicity, religion, or background. We will always ask individual families about their specific preferences.

Balancing Different Needs
We will work with families to accommodate cultural and religious preferences wherever reasonably possible. Where we are unable to fully accommodate a specific request due to staffing or practical constraints, we will discuss alternative approaches with the family to find a solution that respects their beliefs while ensuring their child receives appropriate care.

In all cases, we will balance the needs and rights of individual pupils with our safeguarding responsibilities and our duties under the Equality Act 2010 to all members of our school community.

Staff Cultural and Religious Considerations

We recognise that staff members may also have cultural or religious beliefs that affect their ability to provide intimate care in certain circumstances. Under the Equality Act 2010, we must not discriminate against staff on the basis of protected characteristics including religion or belief.

Staff who have concerns about providing intimate care due to genuine religious or cultural beliefs should discuss this with a member of the Senior Leadership Team. We will work to accommodate these concerns where possible while ensuring we can meet the needs of all pupils requiring intimate care.

Intimate care responsibilities are specified in relevant job descriptions and contracts, and these duties are discussed during the recruitment process.

APPENDIX A

Fairfields School
Inspiring everyone to shine

Bathroom Procedures

- Ensure you have enough supplies (aprons, gloves, child's pads & wipes, nappy sacks and white roll) before toileting/changing a pupil.
- If using the changing bed or potty chair, clean before use using spray provided and lay down paper roll on changing bed.
- Put on gloves and an apron. These items need to be changed for each child.
- Place child on the bed or potty chair following their manual handling plan. NEVER LEAVE A CHILD UNATTENDED.
- Dispose of used pad, gloves, wipes, white roll and apron in a nappy sack and place in nappy bin with yellow sack. DO NOT PUT WIPES DOWN THE TOILET.
- If using the changing bed, clean using the spray provided. Potties should be emptied and then cleaned using the spray.
- Always encourage children to wash their hands when they've finished in the bathroom. This includes wiping the hands of those children changed on the change beds, as it promotes good hygiene practices.
- Wash your hands after removing your gloves.
- Check and restock supplies as required.

APPENDIX B

Fairfields School
Inspiring everyone to shine

Intimate Care Plan

NAME OF PUPIL: **CLASS:** **DATE OF PLAN:**

WHERE: ***(location of frequently used bathroom/hygiene room)***

WHEN: ***(times/frequency)***

HOW: ***(procedure, support needed, number of staff)***

RESOURCES NEEDED:

Appendix C

Fairfields School
Inspiring everyone to shine

Bristol Stool Chart

Since it can be difficult to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed. On some occasions children's stools will not present normally but this will be normal for them. This chart helps staff recognise what is 'normal' for the individual child.

Child's Name:

Reference		Description
Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces, entirely liquid

Additional Information:

Appendix D

Fairfields School
Inspiring everyone to shine

Intimate & Personal Care Consent Form

Child's Name

I/We have read and understood the Intimate and Personal Care policy

I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)

I//We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

I wish, the following to be taken into consideration by staff when administering intimate care to my child:

I wish for the following cultural or religious beliefs be considered when providing intimate care to my child. I understand that this will be discussed prior to being included in my child's intimate care plan.

It is my responsibility to ensure the correct equipment, suitable for my child, is provided to school including incontinence pads, wipes and cream

I give permission for a member of staff in school to apply the barrier cream and sun cream I have provided, to my child, at any time they feel appropriate.

I understand that this consent will be for the length of time my child is at school. If there are any changes, I will keep the school updated.

Signature

Name:

Relationship to child:

Date: