Leigh Academy Rainham

Intimate Care Policy

Version	**1**
Policy Status	
Date of Issue	**June 2025**
Date to be Revised	**June 2026**

Sections

1. Definition

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have the responsibility to advise staff of any intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.
Intimate care can include:
• Feeding;
• Oral care;
• Washing;
• Dressing/undressing - Supporting a pupil with dressing/undressing (Outside the usual support already given for PE lessons or with zips, buttons etc particularly in Nursery and Foundation Stage).

• Toileting - Assisting a pupil who has soiled themself, has vomited or feels unwell, as well as care associated with menstrual management.
• Supervision of a child involved in intimate self-care. Providing comfort or support for a distressed pupil and assisting a pupil requiring medical care, who is not able to carry this out unaided are also considered as intimate care.

2. Purpose of Guidance

This guidance refers to all children, of any age, who may require support for intimate/personal care from an adult on a daily basis and those who may require it occasionally or exceptionally.

As with all developmental milestones, there is a wide variation in the time at which children and young people develop and intimate/personal care may need to be provided at any stage.

Staff who work with children and young people or those with special needs will understand that the issue of intimate/personal care can present as a challenging time for the student and it will require staff to be respectful of the children's needs. Intimate/personal care can be defined as care tasks of an intimate/personal nature, children and young people's dignity would need to be preserved and a high level of privacy, choice and control would need to be provided to them.

Parents or guardians have prime responsibility for their child's health and must provide the school with up-to-date information about their child's intimate/personal needs and any medical conditions.

Upon admission to the school the Principal will agree with parents the support the school is able to provide, after consultation with relevant bodies, e.g., G.P., School Health Service/School Nursing Service.

Schools/settings are committed to ensuring that all staff are responsible for the intimate/personal care of children. Staff will undertake their duties in a professional manner at all times, at the appropriate developmental level and degree of understanding. With this in mind, no child should be supported in a way that causes them distress or pain. This guidance is to help ensure good practice within this area.

The following fundamental principles, which the policy and guidelines of good practice are based upon are:

•All children have the right to feel safe and to be treated with dignity and respect. (These Guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Adhering to these guidelines of good practice should safeguard children and staff.)

• Involve the child in their intimate care - Try to encourage a child's independence as far as possible in his/her/their intimate care. When the child is fully dependent, a reciprocal conversation should take place to explain the process to the child and allow them to have a choice, where possible. If the child has special education needs and/or disabilities (SEND) these will need to be considered and the staff members' approach and choice of wording may need to be adapted to suit the needs of the child and the situation.

• Treat every child with dignity and respect (appropriate to the child's age and situation.) Ensure privacy is paramount at all times, to avoid embarrassment. Respect for the child's dignity will remain a strict priority, even when delivering care in an emergency situation.

• Make sure practice in intimate care is consistent.

3. Legislation

This policy and practice will support staff to overcome any challenges and for them to be confident they are meeting the requirements of the Special Educational Needs and Disability Act (2001), the Disability Discrimination Act (1995), Equality Act (2010) and related legislation. Please see LAR Medical policy link: LAR Medical Policy 2025-26. Children and Families Act 2014 http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
Education Health Care Plans 37 – 50.

The Equality Act (2010) states that the responsible body of a school must not discriminate against a person:

(a) In the arrangements it makes for deciding who is offered admission as a pupil.
(b) As to the terms on which it offers to admit the person as a pupil.
(c) By not admitting the person as a pupil.

It is not acceptable to request a parent/guardian to attend the school to change their child, if a child has a recognised disability, as this is a direct contravention of the Act. Also leaving any child soiled for any length of time is considered a safeguarding issue since it places the child at risk of significant harm.

It is the duty of the LA (Local Authority) to be responsible for the Health and Safety of all staff and persons on the school premises (Health and Safety Act 1974). This includes the procedures for supporting pupils with any intimate/personal or medical needs.

It is the duty of the Health Authority (Section 21 Education Act 2011) to provide help to the LA (Local Authority) for a child with Special Educational Needs (including medical needs). This should be in the form of training and advice to educate staff on procedures for dealing with a pupil with intimate care concerns as well as any medical needs. A health care professional will confirm staff proficiency in all procedures.

4. Intimate care Arrangements

Supporting dressing/undressing
On occasions, it will be necessary for staff to aid a child in getting dressed or undressed, (Outside the usual support already given for PE lessons or with zips, buttons etc particularly in Nursery and Foundation Stage). Staff will always encourage children to attempt undressing and dressing unaided.

Providing comfort or support
Children may seek physical comfort from staff. Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable for the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her/them feel uncomfortable, this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Medical Conditions

If a child has a medical condition which is likely to lead to soiling and subsequent staff intervention, specific medical advice may be sought from outside agencies, such as the school nurse, and the parent/guardian will be asked to sign a permission form which will allow staff to conduct the necessary intimate care duties required to make that child comfortable. If consent is not given, the school will contact the parent/guardian or other emergency contact giving specific details about the necessity for attending to the child's needs. If the parent/guardian or emergency contact are able to arrive promptly, the child should be comforted and discreetly taken to a separate waiting area away from their peers to preserve dignity until their parent/guardian arrives. If parents/guardians cannot be contacted, a senior member of staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing.

Soiling

Staff from LAR will work together in partnership with parents/guardians to support each child in independently using the toilet. If tending to a child who has soiled themselves during the school day, staff will respond sensitively and professionally. If 'accidents' occur the child will change themselves into dry clothing, and wet items will be sent home for washing. The child's independence will be encouraged as far as possible in his/her/their intimate care and reassurance will be given throughout. A record of the incident will be kept in school and the parent/guardian will be informed (by a note home, verbally at home collection time or phone call) and requested to return the borrowed items of clothing when laundered. If there is an occurrence of heavier soiling or vomiting, this may require staff to provide care at a more personal level.
Staff will follow the set procedures for this intimate care:

• If possible, the child should discreetly escorted to a separate waiting area away from their peers to preserve dignity and to avoid a feeling of humiliation;
• If appropriate, the child will be encouraged, through guidance and assistance, to self-clean to make themselves more comfortable.
• Parents/guardians should be contacted as soon as possible;

Staff will be required to provide further intimate care in the following situations:

1. If parents/guardians cannot be contacted - a senior member of staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing.
2. If the parents/guardians are unable to come to school.
3. If the child is very distressed or suffering unduly.
4. Intimate care will be provided at the highest level whilst remaining appropriate for their age and ability. Each situation will be reviewed individually and where it is deemed appropriate that the student is of an age and an understanding, where they are able to manage the required self care with visual and/or verbal prompting and guidance.

If incidents of soiling is a regular occurrence then a pupil care plan will need to be put in place after consultation between the school, the pupils' parents/guardians and if appropriate, other outside agencies.