Intimate Care Policy

Statement of intent:

At Burley Oaks Primary School, we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Burley Oaks Primary School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

The main priority is to prevent an emergency from occurring in the setting; however, this is sometimes, unfortunately, out of the hands of the school. In an emergency, staff members at Burley Oaks Primary School will endeavour to take all reasonable actions in order to ensure the safety of pupils.

The procedures outlined in this policy aim to minimise disruption to the learning environment whilst ensuring the safety of all pupils, staff members and visitors.

This policy was agreed in June 2026 and will be reviewed in June 2029

Chair of Governors **Date: 9th June 2026**

Headteacher **Date: 9th June 2026**

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1. Legal Framework

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

- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- Equality Act 2010
- DfE (2025) 'Keeping children safe in education'

This policy operates in conjunction with the following school policies:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Child Protection and Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Managing Medicines Policy
- Inclusion & Equal Opportunities
- SEND Policy

2. Context

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas. Examples include care associated with continence and menstrual management.

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage. The normal range of development for this group of children indicates that they may not be fully toilet trained. Due to other associated issues, it may be that some may not even have commenced toilet training at this age.

In addition to this, there are other vulnerable groups of children and young people that may require support with personal care on either an emergency, short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment. This could include:

- children and young people with limbs in plaster
- children and young people needing wheelchair support
- children and young people with pervasive medical conditions
- children and young people who have SEN or disability which impairs their ability to care intimately for themselves
- children who have become ill during school or have had an unexpected toileting accident

3. Aims

- Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them.
- Burley Oaks Primary School 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 children with respect when intimate care is given.
- Staff that provide intimate care to children have a high awareness of child protection issues.
- Staff behaviour is open to scrutiny and staff at Burley Oaks Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

4. Our Approach to Best Practice

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child’s needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Each child's right to privacy will be respected at all times.

The family’s cultural practices will always be taken into account for cases of intimate care and, where required, only same-sex intimate care will be carried out.

Parents will be contacted if the pupil 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.

5. Role of parents/carers

5.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the consent form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

5.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (where possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed annually in line with ILP reviews, even if no changes are necessary, and updated whenever there are changes to a pupil's needs.

See appendix 1 for a template plan.

The school will share information with parents/carers as needed to ensure a consistent approach. Parents/carers are expected to also share relevant information regarding any intimate matters as needed.

6. Role of staff

6.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their contract or job description. This includes Teachers, Teaching Assistants and other support staff.

All staff who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

The Designated Safeguarding Lead will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans which will be developed by the SENDCO and Class teacher.
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

6.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

7. Intimate care procedures

During nappy changes, toileting and any intimate care procedure, school will balance children's privacy with safeguarding and support needs.

7.1 Staffing

In general, 1 member of staff will be present with each child, except for circumstances where:

2 members of staff are needed to:

- Safely handle a child who needs to be assisted
- Use of specialist equipment such as a hoist
- There is a known risk of false allegations by the pupil

The same child will be cared for by a key person within a wider team; there will be named staff members known to the child who may take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different staff.

Members of staff will react to accidents in a calm and sympathetic manner. Accurate records of times, staff, and any other details of incidents of intimate care will be recorded on CPOMS where these are irregular events. Where intimate care is a regular part of a child's IHCP then in their plan it will be detailed how this care is recorded and communicated to parents/carers.

7.2 Arrangements

Procedures that require a high degree of privacy will be carried out in either the large single toilet across from the Staff room or the disabled toilet in KS2. If straight forward care is required for a child in Reception, changing can take place in the toilet area of the classroom.

Before going to perform intimate care on a child, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.

When carrying out procedures, the school will provide staff with gloves, cleaning supplies, changing mats and disposal bin as required.

For pupils needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents/carers at the end of the day.

7.3 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), he/she will immediately report concerns to the Safeguarding Lead (Anna Greenwood) or Deputy Safeguarding Lead (Emma Learmonth). A clear record of the concern will be completed and appropriate action taken.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Safeguarding Lead.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures immediately.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the child to discuss why this might be occurring, and how to help the child. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

7.4 Specific procedures for toileting accidents

Where pupils are starting school without having been toilet-trained, staff will work with the pupil's parents/carers to agree on a care plan.

The school will record the number of soiling incidents in school, and liaise with the pupil's parent/carers about:

- The outcomes of relevant medical appointments attended by the child
- Whether there is a change in the pattern of soiling incidents, at home or at school
- Whether the current plan is working

7.5 Management of menstrual care

All staff will be sensitive to the fact that:

- Girls at our school may start to menstruate
- While there is no shame or stigma attached to this, those pupils may wish to deal with it discreetly The school will offer sensitive and practical information to pupils about:
- Where the sanitary products are
- How to use and dispose of them correctly

Period products available to pupils can be found in the disabled toilet in KS2 - pupils are able to access themselves, and staff can also access discreetly on behalf of pupils, or when needing to access them to support with intimate care.

Products available include sanitary towels & tampons.

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agreed with parents/carers in an individual care plan due to specific needs.

Age-appropriate education on puberty and menstrual hygiene will be provided as part of the PSHE curriculum.

8. Swimming

Pupils in KS2 regularly participate in swimming lessons at a local pool. During these lessons, pupils are entitled to privacy when changing; however, some pupils will need to be supervised during changing. Parental consent will be obtained before assisting any pupils in changing clothing before and after swimming lessons. Details of any additional arrangements will be recorded in the pupil's individual intimate care plan.

9. Residentials and trips

Where additional care will be required off site this will be discussed with parents and included in the planning of any trip. A child's IHCP would be altered where required to detail this care and known adults would provide this care.

10. Review

This policy is reviewed by the governing body every 3 years.