

Jennett's Park CE Primary

Intimate Care Policy



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1) Definitions

The NSPCC defines intimate care as, “activities involved in meeting the personal care needs of a child.”

Intimate care:

Intimate care is care which requires direct or indirect contact with, or exposure of, private parts of the body. Children of any age might need intimate care, occasionally or on a regular basis. The type and level of care a child needs depends on a number of factors, including: age; stage of development; and whether the child has any physical disabilities, special educational or additional needs, or medical conditions. Intimate care may include:

- changing nappies, underwear, continence pads or sanitary wear
- helping a child use the toilet
- bathing, showering or washing
- providing some forms of specialist medical care (such as inserting suppositories or pessaries).

Personal care

Intimate care may also involve other forms of physical care, referred to as ‘personal care’. Younger children will require a higher level of personal care as part of their usual day-to-day routine due to their stage of development. Personal care may include:

- feeding
- changing outer layers of clothing
- hair care
- washing non-intimate body parts
- prompting children to go to the toilet.

Any organisation responsible for providing intimate care of children should have a policy in place which sets out how they will meet children’s needs whilst protecting their safety, dignity and privacy. All staff should be familiar with and feel confident in following this policy. It should also be shared with parents and carers.

2) Principles

2.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils at this school.

2.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

2.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

2.4 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2.5 This intimate care policy should be read in conjunction with the schools' policies as below:

- Safeguarding and Child Protection policy
- Staff code of conduct
- 'Whistle-blowing'
- Health and Safety policy and procedures
- SEND policy
- Single Equality Policy
- First Aid and Health Care Policy
- Appendix 1 and Appendix 2 at the end of this policy

2.6 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

2.7 Staff will communicate sensitively with any pupil who requires intimate care. Intimate care arrangements will be discussed with parents/carers on a regular basis, including during EYFS transition meetings and during a child's annual review if relevant.

2.8 Where pupils require a health care plan/intimate care plan, particularly where there are more complex and/or long-term health conditions involved, the plan should consider the principles and best practice guidance in this intimate care policy.

2.9 Members of staff should be given the choice as to whether they are prepared to provide intimate care.

2.10 All staff undertaking intimate care must read the school's Intimate Care Policy. Staff should speak to their Line Manager if they have questions/concerns. Staff will receive appropriate training where relevant.

Child-focused Principles of Intimate Care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the 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.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views considered.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3) Best Practice

3.1 Adults who assist children with intimate care should be employees of the school and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. Bank staff and long-term supply staff employed by the school may be risk assessed by the headteacher, or other delegated member of staff, to be an appropriate person to carry out intimate care. Students and volunteers must not support children with intimate care.

3.2 Information relating to any intimate care will be treated as confidential. Sensitive information will be shared only with those who need to know. In most cases, information will be communicated with parents/carers via the school's Meditracker electronic system, but staff will remain sensitive to privacy concerns if speaking to a parent/carer around others.

3.3 During intimate care, all pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for themselves as possible.

3.4 Staff will be supported to feel confident offering intimate and personal care to children. Staff are encouraged to speak with their Line Manager if they have any worries or concerns about offering intimate or personal care to pupils at the school. Staff will be supported to adjust and adapt their practice in relation to the needs of individual pupils. This includes medical training where appropriate and also consideration of developmental changes, such as the onset of puberty and menstruation.

3.5 Intimate care in the EYFS: It is developmentally appropriate that children in the EYFS classes may have toileting accidents and need support for intimate care or personal care activities. As such, staff working in the EYFS regularly attend to children's intimate and personal care needs. This is discussed with parents/carers during transition meetings and written records are kept to inform staff of parent/carer preferences and individual children's needs. All intimate care is recorded on Meditracker and shared with parents the same day. Children's intimate care needs are reviewed regularly, but particularly so in the final term of Reception.

3.6 Incidental intimate care: Sometimes children of any age may require stand-alone intimate care, for example, because they have had an 'accident' and wet or soiled themselves. In these situations, intimate care should be provided in the same manner as for a child who receives regular intimate care. The intimate care provided should be recorded on Meditracker and parents/carers should be informed the same day, either via an Meditracker email or in person.

3.7 Written plans for intimate care will be developed as soon as it is apparent there are specific reasons for needing one. For example:

- Pupils who require invasive or non-invasive medical intervention.
- Pupils who are under the hospital or doctor for a known medical condition.
- Pupils who are under treatment for constipation and who are, for example, taking laxatives.
- Pupils in Key Stage 1 or 2 who are known to require regular assistance with intimate care.
- Pupils in the summer term of Reception, who still require regular intimate care.

3.8 Written intimate care plans may be recorded within a wider health care plan or created as a single stand-alone document if required. The plan should be agreed by parents/carers, staff, the child if appropriate, and any other professionals actively involved, such as school nurse.

3.9 When writing intimate care plans, the religious views, beliefs and cultural values of children and their families should be considered, This is particularly key if these may affect certain practices or determine the gender of the carer, for example.

3.10 Intimate care plans should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes where the staff member concerned is providing intimate care. Plans should also consider procedures for educational visits/day trips.

3.11 It is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions. This vocabulary should be noted in the child's plan.

3.12 Accurate written records must be kept every time an adult provides intimate care. This record should reflect what happened and who was present during the intimate care. Staff should record this information on Meditracker under 'Intimate Care'. These records can be shared with parents/carers by email.

3.13 In relation to record keeping, a written record should be kept every time a child has an invasive medical procedure, e.g. support with catheter usage.

3.14 Staff may decide to keep a written record of personal care given to individuals, particularly so if this is considered relevant information to a child's ongoing personal circumstances. This will be decided on a case-by-case basis.

3.15 Staff who provide intimate care should be fully aware of Safeguarding and Health and Safety requirements, including that they:

- must not carry a mobile phone, camera, tablet or similar electronic recording device whilst providing intimate care.
- should confirm they understand best practice regarding infection control, including the requirement to wear disposable gloves, and aprons where appropriate.
- should ensure Health & Safety guidelines regarding waste products are adhered to.

3.16 Where the pupil is of an appropriate age and level of understanding permission should be sought before starting intimate care.

3.17 Staff who provide intimate care should speak to the child personally, using their name and explaining what they are doing. Staff should communicate with the child throughout the intimate care process, discussing their needs and preferences in a way that reflects the child's age and understanding, and in line with their preferred means of communication (verbal, Makaton etc).

3.18 Every child's right to privacy, modesty and dignity will be respected. Careful consideration will be given to each pupil's situation to determine who and how many adults might need to be present during intimate care. Wherever possible, the pupil's wishes and feelings will be sought and considered.

3.19 Reducing the numbers of staff involved in intimate care can help to preserve a child's privacy and dignity. However, staff must ensure they take measures to safeguard themselves in this situation and only undertake lone working if it is safe to do so. A member of staff planning to assist a child alone with intimate care must take the following precautions:

- Must ensure there are no known medical risks or safety concerns associated with the child.
- Must ensure another member of staff knows they are due to assist a pupil alone with intimate care, and should indicate where and how long they will be.
- Wherever possible, should remain in sight and/or hearing of another member of staff and must always remain in shouting distance of another member of staff.
- Must record any concerns that arise during the intimate care immediately and share with their Line Manager and the DSL if necessary.

3.20 There may be occasions where there is a good reason not to work alone with a pupil, for example, if there is a risk of a medical emergency, if there are safety concerns or if there are safeguarding measures in place that dictate two members of staff should always be present. If this is the case, then staff should take extra care to maintain the privacy, modesty and dignity of the child they are working with.

3.21 The school supports the notion that there is value in both male and female staff providing intimate care. The school also recognises that parents/carers and children may have strong preferences regarding the sex of the person providing the intimate care. The Sex Discrimination and Equalities Act 2010 prohibits discrimination based on sex, so it's important to ensure that requests for specific staff are not used as a basis for discriminatory practices. Open communication between staff, parents, and children is crucial to ensure everyone feels comfortable and safe.

4) Child Protection

- 4.1 The Governors and staff at this school recognise that pupils with additional needs (e.g. pupils with SEND, pupils with medical needs, pupils with physical disabilities) are particularly vulnerable to all types of abuse.
- 4.2 The school's child protection procedures will be adhered to during any intimate care.
- 4.3 From a safeguarding perspective, it is acknowledged that intimate care involves risks for both children and adults; intimate care may involve staff seeing, touching or cleaning private parts of a pupil's body. Best practice will be promoted and all adults (ie. those involved in the intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 4.4 Where appropriate, pupils will be encouraged and taught to complete aspects of intimate care themselves, under staff guidance as required. An awareness of personal safety, matched to the child's level of development and understanding, should also be developed, for example, through the NSPCC PANTS rules.
<https://learning.nspcc.org.uk/research-resources/schools/pants-teaching>
- 4.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc they will immediately report concerns to the Designated Safeguarding Leader. A clear written record of the concern will be completed and uploaded to MyConcern. A referral will be made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures.
- 4.6 If an adult involved in intimate care observes evidence of female genital mutilation (FGM) they must follow guidelines within 'Keeping Children Safe in Education' immediately. This involves the staff member informing the police immediately where there is visible evidence or direct disclosure. Any other concerns need to be reported to the Designated Safeguarding Lead.
- 4.7 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher, SENDCO or Headteacher. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 4.8 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer (LADO) in accordance with Bracknell Forest guidelines. The allegation should not be discussed with any other member of staff or the member of staff the allegation relates to.
- 4.9 Similarly, if an adult has any concerns about the conduct of a colleague at the school or about any improper practice, they should report their concerns to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

5) **Medical Procedures**

- 5.1 Some pupils may require assistance with invasive or non-invasive medical procedures, for example, the administration of rectal medication, the managing of catheters or colostomy bags or the use of a feeding tube. In these circumstances, the medical procedure, the child's level of independence, and, the support the child requires will be discussed fully with parents/carers, and also medical professionals where appropriate.
- 5.2 Any intimate care agreed that links to an invasive or non-invasive medical procedure should be documented in a health care plan or individualised education plan and should only be carried out by staff who have been trained to do so.
- 5.3 It is particularly important in these circumstances that staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

6) Deep Pressure and Massage

- 6.1 Deep pressure and massage involves applying a firm touch (such as a controlled squeeze or hug) or a weight (such as a weighted blanket or vest) to the body to create a calming and grounding effect. It may be used to support sensory processing, support regulation and proprioception development and to promote relaxation with pupils. This can be a particularly effective strategy to support children who have additional needs.
- 6.2 The use of deep pressure and massage as a strategy should be discussed with parents/carers prior to it taking place. This is particularly key where children have bespoke medical needs as this may mean further medical advice must be sought before
- 6.3 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet, shoulders, back and head in order to safeguard the interest of both adults and pupils.
- 6.4 Any adult undertaking massage for pupils must be suitably informed (either trained themselves or taking advice from another qualified staff member, such as an Occupational Therapist, SENDCo or Autism Support Assistant) and should demonstrate an appropriate level of competence.
- 6.5 If a child who is receiving deep pressure or massage indicates they are uncomfortable or do not wish to continue, the adult should stop the session. Records should be kept in order to identify any patterns in behaviours.

Appendix 1

EQUIPMENT GUIDELINES TO BE USED IN LINE WITH THE INTIMATE CARE POLICY

Personal Protective Equipment (PPE)

- When changing a child's nappy, pad, sanitary wear or soiled clothing, the member of staff should always wear protective gloves. These are available from the Nursery and the main school office.
- Plastic aprons are also available if required. These are available from the Nursery and the main school office.
- Adults and children should always wash their hands thoroughly, using soap, following the delivery or support of any intimate care.

Intimate Care Items

- Where the child is known to need regular intimate care, parents/carers should provide wet wipes, nappies and pull ups, pads, sanitary wear, spare underwear and a change of clothes. Children should in the first instance be treated using items provided by their parent/carer.
- If there are no items provided from home for any reason, items provided by the school will be used.
- School provides soap and has wet wipes and nappy bags available to be used if necessary. School will hold a small number of spare nappies and pull-ups although cannot guarantee to have the correct brand or size available. School will ensure there is a range of spare clothing, including underwear available.
- Staff should telephone parents to make them aware if less suitable items have had to be used temporarily (e.g a nappy instead of a pull up, or, if the child is wearing incorrect size of clothing.)

Disposal of Items

- When nappies or pull ups are changed, they should be sealed in a nappy bag and disposed of responsibly in the designated nappy bins.
- Pads and sanitary wear should be disposed of in the designated sanitary bins.
- All clothing deemed to be suitable for the laundry will be sent home. Soiled clothes will be placed in a bag and, where possible, double bagged. Clothes which are significantly soiled may be disposed of rather than sent home; this is at the discretion of the member of staff carrying out the intimate care.

Cleaning

- Absorbent crystals can be used to enable the non-toxic clean-up of bodily fluids such as vomit, urine and blood.
- Any bodily fluid spillage should be cleaned using a designated dustpan and brush and/or mop and bucket. These items can be identified by their colour - red.

Appendix 2

PRACTICE GUIDELINES TO BE USED IN LINE WITH THE INTIMATE CARE POLICY

Treat every child with dignity and respect and ensure privacy, appropriate to the situation.

Don't make assumptions about how things are done with a child. Families all have their own way of doing things, their own names for body parts etc. Cultural, ethnic and religious differences may affect what is or is not appropriate. Ask the child and parents/carers and respect their wishes. Check with your line manager if you are unsure about the appropriateness of anything you are asked to do.

Involve the children as far as possible in their own intimate care.

Try to avoid doing things for a child that they can do alone. If the child is able to help, ensure that they are given the chance to do so. Support the child in doing all they can for themselves. If a child is fully dependant on you, talk with them about what you are doing and give them choices wherever possible.

Be responsive to a child's reactions and make sure that intimate care is as consistent as possible.

You will have opportunities to talk with parents/carers and learn from them how they undertake intimate care tasks. You should also, whenever possible, check things out by asking the child, e.g.: "Is it OK to do it this way?", "Can you wash there?", "How does Mummy do this?", "Does that feel comfortable?"

Don't allow yourself to be rushed into taking on intimate care tasks.

If you feel unsure about how to do something, ask the parents/carers to tell you how they do it. If you are still unclear, talk to your line manager who will look with you at ways of getting training and support you in delaying taking on responsibility for these tasks until you feel confident about doing so.

If you are concerned, let us know.

If, during intimate care, the child seems unusually sore or tender in the genital area, appears to misunderstands or misinterprets something, or has a very emotional reaction without apparent cause, let your line manager know as soon as possible and make a brief written note of it.

Encourage the child to have a positive image of its own body.

Confident, assertive children who feel their bodies belong to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to the child's intimate care can convey lots of messages to them about what their body is "worth". Your attitude to the child's intimate care is therefore very important. Keeping in mind the child's age, routine care should be enjoyable, relaxed and fun.