Backworth Park Primary School

Intimate Care Policy

Statement of intent

Backworth Park Primary School understands the importance of its responsibility to safeguard and promote the welfare of children.

Pupils may require assistance with intimate care as a result of their age or due to having SEND. In all instances, effective safeguarding procedures are of paramount importance.

This policy has been developed to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times and treat children with sensitivity and respect.

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can.
- Protect the rights of all others involved.

1. Legal framework

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

- Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Childcare Act 2006
- Education Act 2002
- Education Act 2011
- The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)
- DfE (2025) 'Keeping children safe in education'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Complaints Procedures Policy
- Child Protection and Safeguarding Policy
- Whistleblowing Policy
- Allegations of Abuse Against Staff Policy

2. Definitions

For the purpose of this policy, **"intimate care"** is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.

Intimate care includes the following:

- Helping a child with eating and drinking for reasons of illness or disability
- Body bathing other than to the arms and face, and to the legs below the knee
- Application of medical treatment other than to the arms and face, and to the legs below the knee
- Toileting, wiping and care in the genital and anal areas
- Dressing and undressing

3. Roles and responsibilities

The headteacher is responsible for:

- Ensuring that intimate care is conducted professionally and sensitively.
- Ensuring that the intimate care of all children is carefully planned, including the creation of individual plans following discussions with the parent and the child, with input from the SENCO.
- Communicating with parents in order to establish effective partnerships when providing intimate care to children.
- Handling any complaints about the provision of intimate care in line with the school's Complaints Procedures Policy.
- Organising training for the provision of intimate care.

All members of staff who provide intimate care are responsible for:

- Undergoing training for the provision of intimate care.
- Undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.

Parents are responsible for:

- Liaising with the school to communicate their wishes in regard to their child's intimate care.
- Providing their consent to the school's provision of their child's intimate care.
- Adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy.

4. Procedures for intimate care

Staff who provide intimate care will have a list of personalised changing times for the children in their care, which will be adhered to at all times and will be shared with parents daily.

Staff will only be required to administer intimate care if it is listed in their job description or contract of employment.

Staff who provide intimate care will conduct intimate care procedures in addition to the designated changing times if it is necessary; no child will be left in wet/soiled clothing or nappies.

If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff will change the child, adhering to the arranged times.

Each child using nappies will have a clearly labelled bag allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary.

Before changing a child's nappy, members of staff will put on disposable gloves and aprons, and the changing area will be cleaned appropriately using appropriate cleaning equipment.

The changing areas are warm and comfortable for the children and are private from others.

Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy; the changing area will also be cleaned appropriately after use using cleaning equipment.

The changing area has a hot air dryer and paper towels available for members of staff to dry their hands.

Any soiled clothing will be placed in a tied plastic bag in the child's personal bag and will be returned to parents at the end of the school day.

Any used nappies will be placed in a tied plastic bag and disposed of in accordance with local waste disposal procedures.

Any bodily fluids that transfer onto the changing area will be cleaned appropriately.

If a pupil requires cream or other medicine, such as for a nappy rash, this will be provided in accordance with the Administering Medication Policy, and full parental consent will be gained prior to this.

Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet.

Members of staff will use the Toilet Introduction Procedures, as outlined in the appendices of this policy, to get children used to using the toilet and encourage them to be as independent as possible.

Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

5. Parental engagement

The school will liaise closely with parents to establish individual intimate care programmes for children who need daily support, which will set out the following:

- What care is required
- Number of staff needed to carry out the care
- Any additional equipment needed
- The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
- The child's level of ability, i.e. what procedures of intimate care the child can do themselves
- Any adjustments necessary in respect to cultural or religious views
- The procedure for monitoring and reviewing the intimate care plan

The information concerning the child's intimate care plan will be stored confidentially in the school office, and only the parents and the designated member of staff responsible for carrying out the child's intimate care will have access to the information.

The parents of the child are required to sign a consent form to provide their agreement to the plan; no intimate care will be carried out without prior parental consent.

In respect of the above, if no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents will be contacted by phone in order to gain consent.

Any changes that may need to be made to a child's intimate care plan will be discussed with the parents to gain consent and will then be recorded in the written intimate care plan.

Parents will be asked to supply the following items for their child's individual bag:

- Spare nappies
- Wipes, nappy sacks, etc.
- Spare clothing
- Spare underwear

6. Safeguarding procedures

The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.

Intimate care is classified as regulated activity; therefore, the school will ensure that all adults providing intimate care have undergone an enhanced DBS check, which includes barred list information, enabling them to work with children.

Staff members working directly with children will receive safeguarding training as part of their mandatory induction, in line with the Child Protection and Safeguarding Policy.

All members of staff will receive safeguarding training on an annual basis, and receive child protection and safeguarding updates as required, but at least annually.

All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the DSL in accordance with the school's Whistleblowing Policy.

Any concerns about the correct safeguarding of children will be dealt with in accordance with the Child Protection and Safeguarding Policy and the Allegations of Abuse Against Staff Policy.

7. Monitoring

All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Toilet Introduction Procedures

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and can alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child displays when they need the toilet, e.g. facial expressions.

Staff will implement the following strategies to get children used to using the toilet and being independent:

- Familiarise the child with the toilet, washing their hands, flushing the toilet and referencing other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
- Ensure that the child can reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise
- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet and use positive language and praise to encourage.