Clapgate Primary School

Inspiring Young Minds

Intimate Care Policy

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Approved by: Headteacher and shared with the Governing Body

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1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and well-being of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are considered
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

2. Introduction

What is intimate care?

Intimate care is a term used to describe activities involved in meeting the personal care needs of a child. It includes providing care which requires direct or indirect contact with, or exposure of, private parts of the body, such as:

- 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).

It can also involve other forms of physical care, sometimes referred to as 'personal care', including:

- feeding
- changing outer layers of clothing
- applying or administering external or oral medication
- hair care
- washing non-intimate body parts
- prompting children to go to the toilet.

Who needs intimate care?

Children of any age might need intimate care either 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 disabilities, special educational or additional needs, or medical conditions.

3. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance outlined in the annually reviewed Keeping Children Safe in Education.

In additional to this, the Early Years Foundation Stage (EYFS) sets out the statutory framework of standards that school and childcare providers must meet for the learning, development and care of children from birth to 5, including safeguarding and welfare requirements. Guidelines around intimate care fall under section 3 of the EYFS: Toileting and Intimate Hygiene.

3.86 Providers must ensure:

• There is an adequate number of toilets and hand basins available - there should usually be separate toilet facilities for adults.

• There are suitable hygienic changing facilities for changing any children who are in nappies.

• Children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting.

• There is an adequate supply of clean bedding, towels, spare clothes, and any other necessary items.

3. Parental Permission

For children who need occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to give permission for intimate care to be carried out in school. They will also be informed of any intimate care carried out at the end of each school day, and a written record of the intimate care given will be held in school.

For children with more complex needs, an intimate care plan will be created in discussion with parents.

Where there isn't an intimate care plan in place, parental permission will be sought before performing any intimate care procedures in school.

If the school cannot contact parents 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 afterwards.

Creating an Intimate Care Plan

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

The school will work with parents 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 child's preferences will also be considered. If there's doubt whether the child can make an informed choice, their parents will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly and whenever a pupil's needs change.

See Appendix 1 for a blank template plan to see what this will cover.

Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will also expect parents to share relevant information regarding any intimate matters as needed.

4. The Role of Staff in School

Staff Responsibility

All school staff working within the Early Years Foundation Stage and in Key Stage One at Clapgate Primary School will be required to carry out some intimate care within their job role, whether this be helping with occasional toileting accidents or providing more complex intimate care to specific children. Other members of staff working higher up the school may be required to support with intimate care procedures for specific children within their care.

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

Visitors and volunteers will not provide any sort of intimate care to children in school.

Staff Training

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.

5. Intimate Care Procedures

Procedures for intimate care relating to occasional toileting accidents will be carried out in the classroom toilets. For more complex intimate care needs, procedures will be carried out in the changing facilities located in the early years.

Whenever possible, children should have a consistent adult who is responsible for their intimate care. This helps give children continuity and protects their dignity. Unless more support is required, only one staff member will carry out the intimate care.

In early years settings every child should have a specific person, referred to in England as their ‘key person’, who is responsible for their care. Children with an intimate care plan should have a named person, or people, who will provide their intimate care set out in their plan. It's best practice for every

child who needs support with intimate care to have a second named person who can provide cover for absences.

When intimate care is being carried out, all children have the right to dignity and privacy. For example, they should be appropriately covered and the door closed.

When carrying out procedures, the school will provide staff with:

- Protective gloves
- Cleaning supplies
- Protective aprons
- Baby wipes
- Spare clothing
- A changing bed
- Sanitary bins

Parents will be asked to provide all other necessary resources, such as nappies, wipes, nappy bags, underwear, and a spare set of clothing, for pupils needing routine intimate care.

Any soiled clothing will be securely contained in a plastic bag and discreetly returned to parents at the end of the school day.

6. Intimate Care Guidelines for Staff at Clapgate Primary School

It is recommended that good practice guidelines be drawn up within the establishment and disseminated to all staff where children require intimate care. These guidelines should be viewed as expectations for staff, designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this constructively.

Staff should be advised that if they are uncomfortable with any aspect of the agreed guidelines, they should seek advice within the establishment. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements should be considered. For example, it may be possible to have a second staff member in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

Good Practice Guidelines

- **Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation.**

Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. Clapgate Primary believes this practice should be actively supported unless the task requires

two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people are present – quite apart from the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the child or young person - organised abuse by several perpetrators can and does take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. Where possible, the staff member providing intimate care should remain consistent for the child. For older children (aged eight and above), it is preferable that the staff member is of the same gender as the young person. However, this may not always be feasible in practice.

- **Involve the child as much as possible in his or her own intimate care.**

Try to avoid doing things for a child that they can do alone, and if a child is able to help, ensure that they are given a chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

- **Be responsive to a child's reactions.**

It is appropriate to "check" your practice by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"; "Can you wipe there? "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try to find out why. Conversely, if you are concerned that a child has a 'grudge' against you or dislikes you, ensure your line manager is aware of this.

- **Make sure practice in intimate care is as "carefully planned" as possible.**

Line managers are responsible for ensuring their staff have a "carefully planned" approach. This means that there is a planned approach to intimate care across the school, but it is also flexible enough to be planned to meet the specific needs (and wishes as appropriate) of individuals. It is important that approaches to intimate care are not markedly different between individuals but also reflect individual needs and wishes. See Appendix 3: Routine Intimate Care Procedure.

- **Never do something unless you know how to do it.**

If you need help with how to do something, ask. If you need to be shown more than once, ask again. Certain procedures must only be carried out by staff who have been formally trained and assessed as competent.

- **If you are concerned that during the intimate care of a child**:

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)

Report any such incident to your line manager as soon as possible and make a brief written note on CPOMS. This is for two reasons: first, because some of these could be a cause for concern, and second because the child or another adult might misconstrue something you have done. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted on CPOMS and discussed with your designated safeguarding lead.

- **Encourage the child to have a positive image of his or her body.**

Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, your approach to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

7. Safeguarding Concerns

Intimate care is, to some extent, individually defined and varies according to personal experience, cultural expectations, and gender. Clapgate Primary School recognises that children who experience intimate care may be more vulnerable to abuse: -

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years.
- Children who are dependent or over-protected may have fewer opportunities to make decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless.
- Increased numbers of adult carers may increase the child's vulnerability, either by increasing the possibility of a carer harming them or by adding to their sense of lack of attachment to a trusted adult.
- Physical dependency in basic care needs, for example, toileting, bathing, and dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately.

- Repeated “invasion” of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them.
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

If a staff member carrying out intimate care has any concerns about physical changes in a child’s appearance (e.g. marks, bruises, soreness), they will report this on CPOMS and they will follow the school’s safeguarding procedures.

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 their line manager and record it on CPOMS.

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 recorded and it will be investigated according to the school’s safeguarding procedures.

8. Monitoring Arrangements

This policy will be reviewed by Sadie Procter (EYFS Leader) annually. At every review, the policy will be approved by headteacher and will shared with the governing body.

9. Links with Other Policies

This policy links to the following policies and procedures:

- Accessibility plan
- First Aid Policy
- Early Years Foundation Stage Policy
- Child Protection and Safeguarding
- Health and Safety
- SEND
- Supporting Pupils with Medical Conditions

Appendix 1: Intimate Care Plan Template

Intimate Care Plan and Parental Consent Form

Name:	
DOB:	
Class /teacher name:	
Care required and how often during the day:	
Member(s) of staff who will carry out the tasks – All staff need to be fully aware of toileting/intimate care plan procedures in place.	
Name (s):	
Signature:	
Where will the tasks be carried out:	
What equipment/resources will be required to safely carry out the procedures:	
Infection Control and Disposal Procedures in place:	
Actions that will be taken if any concerns arise:	
Parent's responsibility to provide:	
How will the intimate care be recorded?	
Other Professionals involved in care/advisory role: (School Nurse, Health Visitor, etc)	
How will procedures differ if taking place on a trip or outing?	

Additional Information:	
Parent/Carer Consent:	
I have read the Intimate Care/Toileting Policy provided by Clapgate Primary School. I give permission for the named member(s) of staff to attend to the care needs of my/our child and I am in agreement with the procedures proposed.	
Name of parent/carer:	
Signature:	
Name and signature of a senior member of staff in school responsible for overseeing the care:	
Date:	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2: Parent/carer consent form (to be sent out in the admissions pack)

Permission For School to Provide Intimate Care

Name of child:	
Date of birth:	
Name of parent/carer:	
Address:	

I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	□
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	□
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns.	□
I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). *Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).* *I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.*	□

Parent/carer signature:	
Name of parent/carer:	
Relationship to child:	
Date:	

Appendix 3: Routine Intimate Care Procedure Checklist (Updated September 2025)

Preparation for Changing / Hygiene

- Aprons and gloves must be worn.
- Use the children's own nappies and wipes. Ensure you have the child's nappy before placing the child on the nappy change.
- Ensure the nappy changing area is sprayed with antibacterial spray and wiped clean.
- Make sure you have everything you need BEFORE the child is on the mat e.g., wipes, nappy bag, etc.

Safety

- Always ensure the steps are secure when the child is climbing up onto the changing bed and support the child by holding their hand.
- Avoid lifting the child.
- Encourage the child to remain laid down throughout.

Cleaning a child

- Use the provided wipes to clean the child.
- Always leave the door slightly ajar to protect the child's privacy, ensuring the changing unit is not visible from outside. This will allow you to be heard by others if support is needed.
- There may be specific instructions for an individual child regarding how they should be changed or cleaned. Please ensure you have read the child's intimate care plan before changing them if you have not done so previously. If no plan is in place, speak to the child's class teacher. Always be mindful of cultural differences.

Applying Nappy Cream

- DO NOT apply cream unless the parent has completed a medication form.
- Nappy creams should only be provided by the parent.

Disposal of nappies and clothes

- There is a sanitary bin provided. This bin should be used for all nappies and toileting wipes.
- Any change of clothes from nappies must be placed inside a plastic bag and stored in the child's bag.
- Children should be changed into their own spare clothes where possible. If they do not have them, school spares should be used.

Records and Reporting

- All intimate care changes in EYFS should be recorded in the class intimate care book. Staff should state which child, the date, time, which staff member, whether they were soiled or wet, and any general comments.
- Children from reception upwards who receive routine intimate care will have their own record book.
- Any cause for concern must be reported to a Designated Safeguarding Lead and recorded on CPOMS.

After changing a child

- Ensure the nappy changing area is sprayed with antibacterial spray and wiped clean.
- Wash your hands and the child's hands with soap and water.
- Encourage the child to turn around on to their tummy before stepping down off the table.

Supporting the child

- Only staff that are familiar to the children should change their nappies. Visitors and volunteers should not take part in intimate care procedures.
- Talk to the child and tell them what you are doing, put them at ease, and communicate with them whilst they are being changed.

You must never

- Never leave the child unattended on the changing station at any time.
- Never have your mobile phone or any other electronic device with you.