Old Palace & Children's House Federation

Intimate Care Policy

ADOPTED AUTUMN 2025

Intimate Care Policy

The federation 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 and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Staff who provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide specific intimate care are trained to do so (including Child Protection and Moving and Handling if necessary) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from outside professionals, e.g. physiotherapist, health visitor or occupational health. Staff will be supported to adapt their best practice in relation to the needs of individual children.

The child 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 him/herself as he/she can.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many members of staff will need to be present when intimate care is administered. Where possible, one child will be catered for by one adult, however another adult will always be present in the room. Specific intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Where pupils are not toilet trained, it is the **responsibility of the parents to ensure the school is provided with the appropriate nappies/ pull-ups and wipes needed by their child.**

Nursery Provision

We encourage all parents to toilet train their child before starting nursery, however we understand that there may be reasons why a child is not fully trained when they start nursery. In this instance we ask that parents provide their child with "pull ups" rather than a nappy as these allow the child greater independence.

At the admissions interview, parents/carers should inform the Nursery that their child is not toilet trained or has issues related to incontinence. The parents/carers will be provided with information of the policy and practice in Children's House Nursery and asked to sign a simple agreement form.

They will also be asked to help staff complete an Intimate Care Plan which will be used to inform practice if/when intimate care is required.

We request that a spare set of clothes is provided for all the children. Should a child have an accident during the school day, we will telephone their parent/carer to inform them of the situation. With their permission intimate care can be provided or if the parent/carer is able to get to the school in a short period of time, they may prefer to come and change the child themselves. If contact cannot be made, the child will be changed and the parent/carer will be informed discretely at the end of the school day.

Provision at Old Palace Primary School

Children are usually toilet trained by the time they begin Reception. However, young children often have accidents from time to time and we are aware that for some children, for example those children with SEN and/or disabilities, achieving continence is not possible.

During the admissions meeting, parents/carers highlight any issues related to continent or toilet training. If a child is starting school without having achieved continence, it is essential they have an assessment by a school nurse or health visitor to identify the cause and what support the child and family need. The school can help to arrange this. We may also need to contact other services in Tower Hamlets to ensure the child and their family are receiving necessary support with the child's toileting needs.

We request that parents of children in Reception, as well as those with toileting issues ensure that the child has a spare set of clothes in school. Should a child have an accident during the school day, we will telephone their parent/carer to inform them of the situation. With their permission intimate care can be provided or if the parent/carer is able to get to the school in a short period of time, they may prefer to come and change the child themselves. If contact cannot be made, the child will be changed and the parent/carer will be informed discretely at the end of the school day.

If toileting accidents happens more than three times in a half term, the teacher will alert the SENDCo who will then arrange a meeting with the child's parents/carers.

For children who may need more regular intimate care, a Parent Agreement Form and Intimate Care plan will need to be completed.

Teachers are responsible for facilitating, supporting and releasing teaching assistants to provide intimate care. This duty should be shared out fairly amongst the teaching assistants based in Reception and Key Stage 1, who have received appropriate training.

The Protection of Children

Safeguarding and Child Protection Procedures will be adhered to.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. he/she will immediately report concerns to the designated safeguarding lead.

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. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount.

Physiotherapy

Children who require physiotherapy whilst at school should have this carried out by trained physiotherapists. If it is agreed in the individual education plan or health care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.

In no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes. Any concerns about the programme or any failure in equipment should be reported to the physiotherapist.

Record Keeping

At both schools a written record will be kept in the agreed format every time a child requires assistance with intimate care or has physiotherapy. These records will be available to parents/carers on request.

Health and Safety

To comply with health and safety requirements the following applies:

- staff should wear disposable gloves and aprons while administering intimate care
- soiled nappies/ underwear should be double wrapped and disposed of correctly
- Wet wipes should be disposed of correctly and not flushed down toilets
- the changing area should be cleaned and sanitized after use
- hot water and liquid soap or hand sanitiser should be available to wash hands
- paper towels should be available for drying hands.

Appendix 1

Intimate Care Plan **School:**

Name of child: **Class:**

Key Person:

Date of Plan: **Review Date:**

Area of need:	
Equipment required:	
Location of suitable area/facilities	
Support required	**Frequency of support**

Working towards independence

School will	**Parents/Carers will**	**Child will try to**

Review notes/targets achieved (with dates)

Parents/Carers signature:

Staff signature:

Child signature if appropriate

Appendix 2

Intimate Care Risk Assessment

Child's Name: **School:**

Date of Risk Assessment:

Area of risk	Yes	Actions to reduce/prevent risk
Does the weight/size/shape of the pupil present a risk?		
Does communication present a risk?		
Does the child's comprehension present a risk?		
Is there a history of child protection concerns?		
Are there any medical considerations including pain/discomfort?		
Has there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Does behaviour present a risk?		
Is staff capability a risk? (back injury/pregnancy)		
Are there any risk concerning individual capability (pupil) General Fragility Fragile bones Head control Epilepsy Other		
Are there any environmental risks? E.g. heat/cold		

Date:

Signed: **Name:**

Record of intimate care intervention

Name of Pupil: **School:**

Names of staff usually involved:

Date	Time	Procedure	Name of staff present and signature	Second signature

Record of Intimate Care **School:**

Date	Time	Name of child	Procedure carried out	Staff present and signature	Second signature