Crawshawbooth Primary School

Intimate Care Policy

September 2026

Mrs Holden

Intimate Care Policy

The Governing Body will act in accordance with Keeping Children Safe in Education 2026 and other relevant Child Protection and Safeguarding policies which promote the welfare of pupils at this school.

At Crawshawbooth Primary School, a high quality of care is provided for pupils with physical and sensory needs to ensure their emotional and physical wellbeing. Procedures are complemented by guidance for the staff undertaking duties of care and for the protection of both the staff and the pupils themselves.

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 his/her ability to carry out day-to-day activities must not be discriminated against.

This Intimate Care policy should be read in conjunction with the schools' policies listed below:

- Safeguarding policy and child protection procedures;
- Staff code of conduct and guidance on safer working practice;
- 'Whistle-blowing' and allegations management policies;
- Health and safety policy and procedures;
- Special educational needs and disabilities policy;
- Policy for the administration of medicines.

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.

We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long-term health conditions have an Educational Health Care Plan (EHCP) in place, the plan should, where relevant, consider the principles and best practice guidance in this Intimate Care policy.

Crawshawbooth 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. It is acknowledged that these adults are in a position of great trust. This Intimate Care policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical or sensory needs, or other special educational needs or disabilities.

Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of children involved in intimate self-care.

Equipment Provision

Where a child is in nappies or pull-ups, parents/carers will be responsible for ensuring that the school has a supply of nappies, wipes and nappy bags. Parents of children who regularly soil themselves will be required to provide a change of clothes in a named bag on a daily basis. Parents will be supported with toilet training by school staff and the school nurse.

The school will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any soiled nappies on site.

Record Keeping

Pupils who require regular assistance with intimate care will have a written EHCP or intimate care plan agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff are present. The pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be considered. The plan 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). They should also consider procedures for educational visits/day trips.

Where an intimate care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). Information on intimate care should be treated as confidential and communicated in person at handover or by telephone.

Accurate records should be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full dates, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept in the intimate care file and be made available to parents/carers on request.

Intimate Care Procedures

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 him/herself as possible.

Staff who provide intimate care are trained in personal care (e.g. Health and Safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff must explain the intimate care procedure to the child in a way that is appropriate to their age, understanding and communication needs. The child's wishes, feelings and preferences must be respected wherever possible.

Staff should seek the child's agreement before providing care and support them to participate as independently as possible. If a child resists or becomes distressed, staff should pause where it is safe to do so, reassure the child and consider the reason for their distress. Any concerns must be discussed with the appropriate member of staff and, where necessary, the DSL.

Where essential care cannot be delayed, staff must act in the child's best interests, following the agreed care plan and safeguarding procedures, while maintaining the child's dignity and minimising distress.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and considered.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care. Two trained persons are required to assist if a hoist is being used.

The religious views, beliefs and cultural values of children and their families should be considered, particularly as they might affect certain practices or determine the gender of the carer.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health and Safety guidelines should be adhered to regarding waste products, regular collection of clinical waste is undertaken and the appropriate receptacles must be used. If waste product bags are to go in a nappy bin with liner, then these only need single bagging. Any bagging of clothes etc. should be double bagged.

Child Protection

The Governors and staff at Crawshawbooth Primary School recognise that children with special educational needs and disabilities are particularly vulnerable to all types of abuse.
The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but best practice will be promoted and all adults will be encouraged to be vigilant at all times.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will report concerns promptly to the DSL or deputy, following the school's safeguarding procedures. A referral must not be delayed while seeking parental consent. Parents should be informed where appropriate and safe to do so, in consultation with the DSL and relevant safeguarding professionals.

Any allegation or concern regarding the conduct of an adult working at the school must be reported and managed in accordance with the school's safeguarding and allegations procedures. Concerns must be reported promptly to the Headteacher, or to the Chair of Governors if the concern relates to the Headteacher. Where the criteria are met, the Local Authority Designated Officer (LADO) must be contacted for advice and guidance. Allegations must not be investigated internally without following the appropriate procedures and seeking advice from the relevant safeguarding professionals where required.

All staff have a responsibility to report any concerns about the conduct of a colleague or any suspected improper practice. Concerns must be raised without delay in accordance with the school's safeguarding, whistleblowing and allegations procedures.

Medical Procedures

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the care plan and will only be carried out by staff who have been trained to do so.
Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Massage/Brushing

Massage or brushing may be used with children with complex needs to support sensory awareness, tolerance to touch and relaxation. Staff at Crawshawbooth Primary School may deliver aspects of programmes recommended by relevant qualified professionals.

These activities must be based on the individual child's assessed needs and carried out in accordance with the advice and guidance provided by the relevant professional. Parents/carers must be consulted and their agreement obtained before a programme is introduced. Staff must receive appropriate instruction and guidance before delivering any massage or brushing activities.

The child's dignity, privacy, comfort and individual needs must be respected at all times. Staff must explain the activity in a way that is appropriate to the child's age, understanding and communication needs, and seek the child's agreement wherever possible. The child's responses, wishes and feelings must be monitored throughout, and the activity stopped if the child becomes distressed, uncomfortable or indicates that they do not wish to continue.

Any concerns about the child's response to the activity must be recorded and shared with the appropriate staff member, parents/carers and relevant professional, as necessary. Programmes must be reviewed regularly to ensure they remain appropriate for the child's needs and wellbeing.

This policy was written in November 2010.

It was approved and adopted by the governors in February 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021. 2022, 2023, 2024, 2025.

Reviewed September 2026

It will be reviewed annually or when necessary.