

Walton Peak Flying High Primary and Nursery Academy



Intimate Care Policy

June 2025-26

The Intimate Care policy has been developed as a result of discussions between Staff and Governors.

Introduction

Walton Peak Flying High Primary and Nursery Academy have developed this policy and associated guidance in line with NCC Children and Young People's Department's Personal and Intimate care policy. Walton Peak Flying High Primary and Nursery Academy is committed to providing personal and intimate care where it has been recognised as an assessed need and indicated in the personal and intimate care plan, in ways that embrace 'Every Child Matters', the Equality Act 2010 and the United Nations Convention on the Rights of the Child. Every child and young person should be encouraged to care for themselves as much as they are able. Walton Peak Flying High Primary and Nursery Academy is committed to ensuring that all employed staff who are 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 when intimate care is given and no child should be attended to in a way that causes distress, embarrassment or pain.

The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to employed members of Walton Peak Flying High Academy staff whom are involved in the intimate care of children.

Please note: The term parent/s is used to refer to parents, carers and legal guardians.

Aims

This policy aims to:

- Ensure that children and young people with either a permanent or temporary disability, have the same rights of access to services as their non- disabled peers.
- To ensure that children and young people are consulted and encouraged to participate in decisions about their personal and intimate care. Particular attention must be given to those children and young people who have disabilities/ conditions who may need additional support to be able to do this.
- To ensure that children and young people's personal and intimate care needs are met with dignity and their right to privacy.
- Ensure good working practice and procedures are followed.
- Provide guidance and reassurance to staff and promote best practice in line with current legislation.
- To safeguard the rights of children and young people, and staff who are involved in their personal and intimate care.
- To ensure there is a system for producing intimate care plans for children and young people who require intimate and personal care.
- To ensure that all staff who are involved in personal and intimate care have access to training enabling them to implement the child and young person's intimate care plan and all relevant procedures.
- To remove barriers to learning and participation, protect from discrimination and ensure inclusion for children and young people.

- To ensure the continuity of care through the sharing of information between parents/ carers/ legal guardians and involved professionals

Principles

This document embraces principles of the Every Child Matters Agenda which is an integral part of Walton Peak's ethos and practices.

Every Child -

- has the right to feel safe and secure
- has the right to be treated as an individual
- has the right to remain healthy
- has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- has the right to information and support that will enable him or her to make informed and appropriate choices
- has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
- (and parent) has the right to information and procedures for any complaint or queries he/she may have regarding intimate care

Definitions of Personal and Intimate Care

Personal Care:

Is defined as those tasks which involve touching, which is more socially acceptable as it is non personal and not intimate. Personal care usually has the function of helping with personal presentation and enhanced social functioning. This includes shaving, skin care, applying external medication, feeding, administering, oral medication, hair care, brushing teeth, applying deodorant, dressing and undressing, washing non personal body parts, prompting to go to the toilet.

Intimate Care:

Is defined as those tasks associated with bodily function, body products and personal hygiene which demand direct or indirect contact or with exposure to the genitals including dressing or undressing, helping with the use of toilet, changing continence pads (faeces and or urine), bathing/ showering. Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself). Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of an insulin injection or an epipen. Washing personal and intimate areas and parts of the body, changing sanitary towels or tampons, inserting suppositories, giving enemas.

As a primary school, we promote and teach many independent skills so that most children can carry out the majority of self-care for themselves, but we also recognise that there are factors that can restrict this such a physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

In most cases, intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure, only a person suitably trained and assessed as competent will undertake the procedure. Any additional training will be provided by the school, in conjunction with outside professional support.

Staff Training

Staff who carry out intimate and personal care will receive training to support individual care plans which will promote:

- Dignity, respect and privacy
- A positive image of the child/ young person's body
- An awareness that intimate tasks must be carried out in an age appropriate way.

Additionally, staff will be required to undertake training in the wider context including:

- Safeguarding
- Health and safety
- Moving and Handling when required.

All staff who provide intimate care will receive training to promote good practice. No one should ever undertake a task unless they have been trained and have read the care plan. Just because staff have done something with their own child/ young person it must not be assumed that they can do it with a child/ young person for who they are providing care.

Where a personal and intimate care plan exists this information may be shared with relevant services in accordance with Walton Peak Flying High Primary and Nursery Academy procedure.

Where a personal and intimate care plan does not exist, Walton Peak will ensure that an assessment and plan are completed upon admission and where the child or young person's needs or circumstances change. There is no legal or contractual duty that required all school staff to undertake personal and intimate care procedures. However, this may already be a specific requirement in an individual job description or staff may formally elect to support children and young people in this way. In these circumstances staff will be informed of the specific types of personal and intimate care that they will be required to carry out and be appropriately trained.

Each child and young person's right to privacy will be respected. Careful consideration will be given to each child and young person's situation to determine how many carers might need to be present and which carers may be involved when a young person needs help with their personal and intimate care.

Under normal circumstances, one child or young person will be cared for by one adult with an additional adult stood just outside the door, unless there is sound reason for having two or more adults within the room. If this is the case, the reasons must be clearly documented: The United Nations Convention on the Rights of the Child: Article 12 'Children have the right to say what they think should happen, when adults are making decisions that affect them and have their opinions taken into account.'

The number of staff required in the room will be indicated in the child or young person's plan. The number of staff may also be influenced by the preference of the child or young person or specified in a manual handling or behavioural risk assessment.

Provisions will be made for emergencies i.e. Staff absence or sickness.

When undertaking intimate care, staff should convey messages to the child that their body is respected. This approach provides opportunities to teach children about the value of their own bodies, develop

self-confidence and positive self-esteem. Whilst considering the child's age and understanding routine care should be enjoyable, relaxed and fun.

Utilising and role modelling good practice in intimate care experiences can provide personal safety learning for children. Understanding good touch/ care behaviours in childhood can enable a child to differentiate more easily abusive behaviours.

The gender of staff should be taken into account and also how this links in with developmental stage, cultural beliefs, values and views of child. This should be documented in the plan.

From the age of 8 children begin to develop their sexuality both physically and psychologically. At this stage it is even more crucial that they have a voice in deciding who supports their intimate and personal care.

From the age of 8 it is recommended that the same gender staff would be most appropriate. However, if non availability meant no care this good practice could be waived.

Involving a child in their own care:

If a child needs intimate care support they should be encouraged to participate if able. Staff should annotate the process and where able to children should be encouraged to express preferences and make choices.

Terminology for body parts should be agreed. It is the responsibility for all staff involved to check this and understand the method and level of communication. Clear and consistent communication is vital to ensure any indication of fear or discomfort can be picked up quickly.

Any touch which is intended as 'help' should be as enabling and empowering as possible and the child should be permitted to do as much by themselves as possible. Children should always be consulted about their view regarding touch and physical contact. Their understanding and acceptance of touch needs to be explicit.

Our Approach to Best Practice

The management of our young children with intimate care needs is based upon our best practice approach. Our employed staff, who provide intimate care are fully aware of best practice and have attended Safeguarding Training.

Staff will be supported to adapt their practice in relation to the needs of individual children.

The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Each child's right to privacy will also be respected. Careful consideration will be given to each child's situation to determine how many staff might need to be in the actual room when a child is toileted.

The child will be supported to achieve the highest level of independence that is possible given their age and abilities. Staff will encourage each child to do as much for him/her as he/she can. This may mean, for example, giving the child responsibility for washing themselves

Where possible one child will be supported by one trained adult, **with an additional adult standing just outside the door, unless there is a sound reason for having more adults in the actual room.** If this is the case, the reasons will be clearly discussed with parents/carers.

Staff will always discretely inform another member of staff what they are doing and asked them to stand outside the door so that they can hear what is happening.

Staff will informally monitor the number of occasions they may need to toilet the same child and if it becomes a regular occurrence then staff will formally record to ensure precise times to support the child, parents and possibly medical reasons.

Individual intimate care plans may be drawn up for particular children as appropriate to suit the circumstances of the child.

Suitable equipment and facilities are to be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

Working with Parents

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities.

Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met.

Individual intimate care plans may be drawn up for particular children as appropriate to suit the circumstances of the child. This may include involvement with Health Care plans and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

However, information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information that could be accessed by people other than the parent and named staff member.

Writing an Intimate Care Plan

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute, and reviewed on an agreed basis.

In developing the plan the following should be considered;

a) Whole School implications

- The importance of working towards independence
- Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming, etc.
- Ensure that there is enough stock of equipment and medication (within date) such as nappies.
- Who will substitute in the absence of the appointed person.

b) Classroom management

- The child's seating arrangements in class
- A system for the child to leave class without disruption to the lesson
- Avoidance of missing the same lesson all year due to medical routines
- Awareness of a child's discomfort which may affect learning
- Implications for PE e.g. discreet clothing, additional time for changing
- Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child has an odour

All plans will be clearly recorded to ensure clarity of expectation, roles and responsibilities.

They will reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure will also be included to explain how concerns arising from the intimate care process will be dealt with.

c) Links with other agencies

Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well being and development remains paramount. The school nurse will be informed of all children requiring intimate care and provide training to enable the school to fully meet individual needs.

Pupil Voice

In line with safeguarding recommendations, Walton Peak Flying High Academy staff will use the correct terminology for private parts of the body but may also use the child's own language if this is felt to be more appropriate i.e. to support understanding or to promote pupil voice. Professional judgement will be made in regards to the most appropriate terminology for the individual child and this will be recorded in the child's care plan.

It may be possible to determine a child's wishes by observation of reactions to the intimate care. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates. It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing. To ensure effective communication with the child, staff will ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

Recruitment

Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict. Recruitment and selection of candidates for posts will be made following the usual Safeguarding, Criminal Records Bureau checks, equal opportunities and employment rights legislation.

Candidates are made fully aware of what will be required and detailed in their job description before accepting the post.

Staff Professional Development

The following guidelines will be used in training appropriate staff and those identified to support intimate care at our school.

- Staff will receive training in good working practices which comply with Health, Safety and Well Being policy requirements when available.
- All staff will receive Safeguarding training every two years.
- Staff will be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.
- The school and individual staff will keep a dated record of all training undertaken.

Staff members should be able to;

- Ensure that sensitive information about a child is only shared with those who need to know, whether it is parents or members of staff specifically involved with the child. Other personnel will only be given information that keeps the child safe.
- Consult parents about arrangements for intimate care
- Ensure staff are aware of the set procedures, the Child Protection Policy & Health & Safety Policy etc
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Know the whole school approach to intimate care

In addition identified staff members should be able to;

- Access other procedures and policies regarding the welfare of the child e.g. Child Protection
- Identify and use a communication system that the child is most comfortable with.
- 'Read' messages a young child is trying to convey
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when Child Protection Procedures must be followed.

Environmental

Where children have a long - term incontinence or a disability requiring regular intimate care, the school will require specially adapted facilities. Specialist advice from medical or therapy staff will be sought when considering space, heating, ventilation and lighting.

Additional considerations we have in place include:

- Facilities with hot & cold running water
- Protective clothing including disposable protective gloves - provided by the school
- Labeled bins for the disposal of wet & soiled nappies/pads (soiled items being 'double bagged' before being placed in bin)
- Waste for incineration (e.g. needles, catheters etc)
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodoriser's, anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- An effective system should be identified to alert staff for help in emergency

Invasive Procedures

Two adults will always be present when invasive procedures are performed.

The Protection of Children

The schools safeguarding and child protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of ability, development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated senior person for child protection. 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 in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary. If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Multi - Agency Child Protection Procedures for details)

Equality and Diversity

Children and young people with impaired personal development have the same rights of access to services as other children and young people and are protected from discrimination under the Equality Act 2011. This policy has been developed with due regard to these equality rights.

Protection of Pupils and Staff

Walton Peak will ensure that all of their pupil's personal and intimate care needs are met.

Parents/ carers/ legal guardians have the prime responsibility for their child's health and must provide Walton Peak with information about the needs of their child. This information will be incorporated into the children's personal and intimate care plan with review dates.

The personal and intimate care plan will be written in consultation with parents/ carers/ legal guardians, children and young people and appropriate consent given for the procedures within it. Every effort will be made to assist those children and young people who are not able to communicate easily to participate in their care planning.

Vulnerability to abuse

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self worth. Staff should be encouraged to listen.

It is essential that all staff are familiar with the school's Child Protection Policy and procedures.

The following are factors that can increase a child's vulnerability;

- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
- Children with disabilities may have less control over their lives than others
- Children do not always receive sex and relationship education and may therefore be less able to recognise abuse.
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
 - Children may not be able to communicate

If a child is hurt accidentally, he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the designated child protection manager.

Allegations of abuse

Personnel working in intimate situations with children can feel particularly vulnerable. This School policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant, particularly with reference to time spent alone together. It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis. Where there is an allegation of abuse, the guidelines in the Managing Allegations of Abuse Policy will be followed.

Relevant Policies

These guidelines should be read in conjunction with other policies a school:

- Accessibility Policy
- Safeguarding Policy
- Health & Safety Policy
- Staff Recruitment Policy
- The Administration of Medicines in Schools
- Anti-bullying policy

Walton Peak Flying High Primary and Nursery Academy Intimate Care Policy - June 2026



Child's		Date of Birth:	
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Name:			
Completed by:		Staff authorised to carry out the plan:	
Health Care Contacts:		Written/reviewed dates:	

Who I am: <i>(Including relevant conditions)</i>	What I need:	Changing nappy/pull up Cleaning after he/she has emptied his/her bowels Changing sanitary pad Changing her/his clothes Feeding Other:
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Staffing level <i>How many members of staff will be in the actual room (there should always be a member of staff outside the door when someone is carrying out intimate care)</i>	Agreed language to be used –
Management and description of relevant routines: <i>(refer to any toileting plans, dressing or undressing and medical needs)</i>	

Use and disposal of continence products and aids: <i>Include where to locate new/spare equipment (catheters, sanitary pads, etc.) and arrangements for soiled underwear/clothes.</i>

This plan was discussed and agreed with parents/carers on _____

The child's view/voice were sought for this plan on _____

(if not, please state why not):

Signed (Headteacher) _____ Date _____

Signed (Class Teacher) _____ Date _____

Signed (TA, Support staff) _____ Date _____

Signed (TA, Support staff) _____ Date _____

Signed (Parent/carer) _____ Date _____