



# Bridge Hall Primary School

## Intimate Care policy

### The provision of intimate care for children in school

Policy adopted November 2024

<b>Written by</b>	
<b>Ratified by Governors</b>	Spring 2026
<b>Date for Review</b>	Spring 2027
<b>Signed – Chair of Governors</b>	
<b>Signed – Headteacher</b>	
<b>Is this an internal or external policy?</b>	External
<b>Is this based on a model policy?</b>	Yes

## **Introduction**

Children and young people at school often require support in personal care. Children in the early years of school, and those with additional needs may require assistance in managing their personal needs. Some children and young people may also require support because of illness or as a result of an accident. Some pupils may have support staff to assist them through the day at school this may include personal care, others may rely on the support of others in the school community.

Throughout this document, the term “child” includes pupils at all stages of their school career from early years to year 6. The term “assistant” refers to those adults with responsibility for providing intimate care in school, and the term “parent” refers to those with primary responsibility for the child in the home.

## **What is intimate care?**

Intimate care is any practice or offer of assistance that involves touching a child while carrying out a procedure that most children are able to do for themselves, but some are unable to manage without support. This may involve help with eating, drinking, dressing, and matters of personal hygiene such as washing and toileting. In some instances, more specialised intimate assistance may be required for children with physical support needs or medical needs. Specific plans should be formulated and agreed with parents as well as professionals and most importantly the child.

## **Aims**

- The aim of this document is to help schools put in place policies and procedures that:
- Safeguard the dignity, rights, and well-being of our children and young people;
- Provide guidance and support to staff; and
- Promote confidence in parents that their children are appropriately safeguarded and cared for.

## **The child**

- In receiving assistance, every child should feel safe and have a right to dignity.
- The child has the right to feel comfortable with the adult’s assisting them, and to make it known if this is not the case, where there is capacity for this regular consultation with the child should be carried out.
- The child should always be encouraged to engage in care routines, to know what is happening, and give permission at each stage.

- Where possible the child must be encouraged to work towards independence, and be supported to do what they can in caring for themselves, this may need support from services such as the school nurse or a paediatrician.

## **Parents**

- Parents have the right to information regarding school policy and procedures designed to meet the needs of their child.
- The school should work closely with parents to ensure that all aspects of the care procedure are shared and understood.
- Parents have a responsibility to ensure that all relevant information is provided to help the school assist their child in an appropriate way.
- Parents should meet the adult/s who will provide intimate care to the child, and be informed of the school's arrangements in the event of this person/s being absent.
- The school should work with parents and the child as appropriate to agree on how care will be provided.

(See Appendix 2)

## **Staff**

Staff should have adequate appropriate training and support to enable them to competently deliver their duties and to promote the welfare, dignity and independence of each child according to their individual needs.

Staff will understand the school's policies and will not deviate from the agreed plan without the permission of a member of the SLT.

### **School staff should:**

- Create awareness and understanding of good hygiene practice and emphasise the importance of self-care for example: flushing the toilet, washing hands, etc
- Use anti-bacterial soap and disposable paper towels for washing and drying hands
- Ensure a cleaning schedule is in place to maintain children's toilets in a clean and hygienic condition at all times
- Treat the child in a sensitive manner when toileting accidents occur, reassuring and emotionally supporting the child
- Record all accidents and share this information with families in order to help with the toilet training process
- Work closely with the families when a child is toilet training and use a tailored approach for each child
- Use praise and recognition when children are toilet-training to promote self-esteem and a sense of achievement
- If needed, ensure another staff member is always available to provide assistance
- Respect the child's privacy at all times

- Maintain hygiene practices include washing hands after assisting a child, ensuring children wash their hands and cleaning the toilets when required

(See Appendix 5)

### **Toileting**

It is important to understand that for some children the development of the independent skill of toileting can be delayed. In these cases, children should be treated respectfully and sensitively when using the toilet. For children that need ongoing assistance, please remember that dignity and sensitivity remain equally important.

### **Confidentiality**

Information regarding agreed procedures must be treated confidentially and

- recorded/held only in accordance to these principles. This information should only be shared with those that need to know (those providing the support) and should not be referred to in the presence of other pupils.
- Care should be provided in a way that is consistent with any agreed plan, at the child's request or in response to an agreed sign or signal. It is therefore very important staff should make themselves familiar with the child's communication style, whether verbal, sign or eye contact.
- Appropriate terminology for parts of the body and bodily functions should be clarified between the child, parents, and assistants.

### **Intimate care plan**

Where it has been decided that a child would benefit from an intimate care plan, consideration should be given to the child's safety, privacy, and dignity.

(See Appendix 3).

The plan should include:

- Clear information regarding the assistance to be provided;
- The method of communication to be used by/with the child;
- The named person/s with responsibility to assist the child;
- The timetable, if possible, when assistance will be provided;
- Arrangements in the absence of the named assistant/s;
- Arrangements for school events and activities;
- The means by which the arrangement will be monitored;
- Strategies to prevent or deal with questions/comments from other pupils;
- The maintenance of a record of assistance (Appendix 4).

If it is deemed necessary two members of staff may need to be available for assisting in the care of the child, however this level of resource may not be available, and while the introduction of a second assistant may be perceived as providing protection against allegations of abuse, it can also further erode the child's privacy. Careful consideration and risk assessment must be made in this regard.

If the plan has been agreed and signed by parents, staff, and child if appropriate, it is acceptable to have one assistant unless there are implications regarding safe handling.

When using specialist equipment, it is important that staff are trained and equipment is maintained in accordance with health and safety requirements. Typically, two people are required to assist if a hoist or other specialist equipment is used. Where this is the case, the second person (and others if required) should be identified on the plan to the parents and the child.

Plans for alternative arrangements must be in place to ensure consistent care if named adults are absent. However, the school should be aware and plan for the impact that any changes in staff may create.

Plans should be as specific as possible e.g. Undressing/cleaning the child, changing a nappy, supporting a child in position, etc. Those assisting should talk to the child throughout the procedure e.g. "I am going to help you undress", "I am using a wipe to clean your bottom".

Rehearsing routines with parents will not only help them to understand the plan, it will offer reassurance and allow opportunities for feedback to ensure a personalised approach that can best meet the needs of the child. Changes to the plan should be avoided where possible and should not be made without parental involvement and appropriate support being given to the child. Relevant staff should be aware of the intimate care needs of the individual to allow seamless and discreet support. In accordance with safeguarding or other procedures, the Teacher or colleague in charge of the class should note any child leaving and should also make a note of their return. These staff should be aware of how long a child is typically likely to be absent from the class. The plan should be dynamic and based around the needs of the child, it should be agreed by all involved and reviewed on an agreed basis.

### **Supporting delivery of the policy/plan**

In order to work safely all staff must:

- Have undertaken relevant annual safeguarding training
- have been issued with and understand safer working practice guidance
- know and understand how to escalate concerns about a colleague
- have had relevant training in the use of specialist equipment
- be a permanent, trained member of staff who will have been recruited using safer working principles and will have undertaken a safeguarding induction and relevant

training in the use of equipment. **Casual staff, volunteers and short term contracted staff must not be used to support intimate care.**

Spaces that support the dignity and safety of the child and assistant should be available and appropriately maintained. Staff and child hygiene should be supported through the provision of appropriate personal protective equipment, wipes and refuse disposal facilities and the ability to call for assistance if needed.

### **Building resilience and reducing risk of harm**

Children should be supported to recognise and challenge inappropriate behaviour or behaviour that impacts on their sense of safety.

Research and data evidences that some circumstance may increase a child's vulnerability. These may include:

- Multiple caregivers;
- Not understanding what behaviours are abusive; and
- Communication difficulties

Schools should ensure they develop robust policies and procedures that staff understand and are able to adhere to, along with appropriate training, guidance and staff support to promote a safer culture. In turn this can help to reduce the likelihood of allegations and misunderstandings. It is important to acknowledge that staff members may still harbour concerns or have a sense of vulnerability when providing intimate care. While adults are protected by their adherence to procedure, the following factors may increase their vulnerability or sense of vulnerability, the risk of misunderstanding, accidents or children becoming aroused. It is very important that those engaged in intimate care are given routes to share concerns, experiences and tailored support and guidance to support them in delivering their duties.

## **Appendices**

### **Appendix 1**

#### **Bridge Hall Primary School Position Statement in relation to intimate care**

At Bridge Hall Primary School we define intimate care as any act of assistance that involves touching a child while carrying out an activity of support that most children typically can do for themselves, but some are unable to manage without additional help or support. This may include help with feeding, dressing, and matters of intimate hygiene such as washing and toileting. In some instances, more specialised intimate assistance may be needed for children with physical support needs or medical needs. Specific plans will be formulated and agreed with parents and professionals and most importantly the child where they are able to be included.

The aim of this document is to help schools put in place policies and procedures that:

Safeguard the dignity, rights, and well-being of children and young people;

Provide guidance and support to staff; and

Promote confidence in parents that their children are appropriately safeguarded and cared for.

As a school we are fully committed to ensuring that all staff (including volunteers) undertake their duties in a way that promotes the rights, dignity and welfare of the children.

The school is committed to ensuring that staff undertaking intimate care responsibilities are supported by policy, training and reporting systems. All school staff and volunteers receive safeguarding training, staff are expected to support children to feel safe and to do as much as possible for themselves to develop each child's ability to achieve independence as appropriate.

Staff receive training according to their role and are provided with facilities and equipment to ensure safety, privacy and dignity when attending to intimate care.

An intimate care plan is drawn up for each child requiring such assistance and is carefully planned and agreed in consultation with parents and child (whenever possible).

Provision is monitored and regularly reviewed to ensure that policy and procedure is adhered to, and that children, parents and staff remain comfortable with the school's arrangements.

## **Appendix 2**

Parental Consent for Intimate Care (to be used in conjunction with Appendix 3)

Name of Child:

Child DoB:

Address:

Details of Parent/guardian:

Statement of consent -I/we give permission for the assistance detailed overleaf to be provided to my/our child, and will advise the school of any change that may affect this provision.

Signed and dated(parent/career)

Statement of consent from the child where possible - I, the child, give permission for the assistance detailed overleaf to be provided to me.

Signed and dated (child)

### Appendix 3

Intimate Care Plan (to be used in conjunction with Appendix 2)

Child's Name	
Child's DoB	
Need or Medical Diagnosis	
Child's preferred communication method ie verbal, Makaton, communication boards	
Outline of the intimate care needs eg nappy changing, accidents, changing clothes, feeding	
Type of Assistance eg cleaning after a toilet accident, changing a nappy, feeding using knife and fork	
Care Timetable ie when will this take place	
Location of care to be carried out, equipment required and the maintenance of that equipment ie where will this take place, what will be needed	
Named Assistant(s)	
Alternative Named Assistant(s)	
Arrangements for school events and activities	
Location of Record of Assistance (Appendix 4) eg First Aid cupboard, secure online document	



## **Appendix 5**

### Template for building a toileting protocol

Bridge Hall Primary School understands that toileting is a time of learning for children and all children must be treated respectfully and sensitively when using the toilet. We understand that occasionally accidents happen, and we will work to minimise distress to children where this occurs. At Bridge Hall Primary School we aim to ensure that toileting is a positive experience and a high standard of hygiene adhered to at all times.

Create awareness and understanding of good hygiene practice, staff members emphasise the importance of self-care for example: flushing the toilet, washing hands, etc

Use anti-bacterial soap and disposable paper towels for washing and drying hands

Ensure a cleaning schedule is in place to maintain children's toilets in a clean and hygienic condition at all times

Treat the child in a sensitive manner when toileting accidents occur, reassuring and emotionally supporting the child

Accidents will be recorded and shared with families in order to help with the toilet training process

We will work closely with the families when a child is toilet training and use a tailored approach for each child

Use praise and recognition when children are toilet-training to promote self-esteem and a sense of achievement

Ensure another staff member is always available to provide assistance

Respect the child's privacy at all times

Hygiene practices include staff washing hands after assisting a child, ensuring children wash their hands and cleaning the toilets when required

We will follow the safeguarding principles for intimate care as outlined in the school policy/by the DSL