



Kennett Primary School

# Policy and Guidance for Intimate Care

Version:	3.0
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Approved by:	Advisory Body
Date:	Autumn 2025
Review date:	Autumn 2026

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## **Introduction**

Kennett Primary School is committed to ensuring that all staff responsible for the intimate care of children or young people 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. No child should be attended to in a way that causes distress, embarrassment or pain.

## **What is Intimate Care?**

Intimate care is any personal care that most people usually carry out for themselves. It 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 difficulties or other special needs. 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.

## **Our Approach to Best Practice**

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

Staff who provide this care are trained to do so (including Safeguarding and Child Protection and Moving and Handling Training) and are fully aware of best practice, including having read the Guidance for Safer Working Practice for Adults who Work with Children and Young People in Education Settings (2019). Suitable equipment and facilities can be identified to assist with children who need special arrangements by an assessment from an Occupational Therapist. (OT)

The school is responsible for supporting staff that are carrying out intimate care procedures. Advice can be obtained by contacting the occupational therapy service, school nurse or the Education Safeguarding Team as required. Whenever possible, staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationships education to the children in their care as an additional safeguard to both staff and children involved. If staff are involved, care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.

Children will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will ensure each child does as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans ([Appendix 1](#)) will be drawn up as appropriate and shared and agreed by the child and their parents or carers.

Each child's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the child is being cared for. Where possible, each child's intimate care needs will be managed by one adult. This is the case unless there is a sound reason for having more than one adult present. If this is the case, reasons will be clearly documented and assessed regularly.

Wherever reasonable and practical, staff should only care intimately for an individual of the same sex. However, in certain circumstances, this principle may need to be waived where failure to provide appropriate care would result in negligence, for example female staff supporting boys when there are no male staff or *vice versa*.

When children start at Kennett Primary School, parents and carers are asked to submit a declaration to authorise staff to undertake required intimate care. This covers any intimate care to be carried out by staff in the event of an emergency or more routinely. Within pre-school and reception classes, Kennett Primary School have adopted generic protocol for toilet training and nappy changing ([Appendix 3](#)).

Intimate care arrangements will be discussed with parents and carers on a regular basis and recorded on the care plan. The needs and wishes of children and parents or carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

## **Safeguarding Children**

Cambridgeshire and Peterborough Safeguarding Children Partnership Board (CPSCP) Interagency Procedures will be adhered to alongside the school's safeguarding and child protection policy and procedures.

All children will be taught personal safety skills as part of Personal, Social, Health and Economic (PSHE) education relative to their age, ability and understanding. Research indicates that children with an awareness of personal safety and the ability

to be assertive are more resilient to abuse. These skills will be shared with parents and carers to enable them to be consolidated within the home and community.

If a member of staff has any concerns about physical or behavioral changes in a child's presentation (for example, marks, bruises, soreness or reluctance to go to certain places or people), they will immediately pass their concerns to the Designated Safeguarding Lead for child protection:

DSL: Scott Horsley

DDSL: Michelle Mountford and Nicola Turton

If a child is displaying inappropriate sexual behaviour and/or language, advice should be sought from the Designated Safeguarding Lead who may liaise with the Education Safeguarding Team and/or the Cambridgeshire Sexual Behaviour Service.

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 and 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, following the Interagency Procedures, will be taken from outside agencies as necessary.

If a child makes an allegation against a member of staff, the procedures for Allegations Against Staff will be followed as outlined in the schools' safeguarding and child protection policy. All staff involved in intimate care are required to have read the school's policy and guidance for intimate care and the Guidance for Safer Working Practice as previously mentioned.

This policy will be reviewed annually. This review may be brought forward as required to reflect changes in supporting advice/guidance

*This supplementary guidance document was developed by a multi-agency group from Cambridgeshire County Council CYPS and Health professionals in 2017 and updated by the Education Safeguarding Team in 2020 to reflect the changes to national and local practice.*

## **Part 1 - Guiding Principles**

These three fundamental guiding principles are paramount and should be evident whenever intimate care involving children or young people is considered

### **1<sup>st</sup> Principle**

Every intimate care procedure must be completed within an atmosphere of total respect and dignity both for the individual receiving care and for the person involved in giving the care. Staff will use a 'Body shield' technique: This is where staff should use their bodies to shield a child's privacy from other children while still maintaining a positive view of the entire space where possible for safeguarding purposes.

### **2<sup>nd</sup> Principle**

Every plan supporting intimate care must demonstrate how the child can be enabled to develop their independence as far as is reasonably practical for the child.

### **3<sup>rd</sup> Principle**

The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children and staff.

## **Part 2 - Guidance**

### **Context**

The purpose of this guidance is to set out a framework for staff that provide intimate care to children and young people. This acknowledges staff responsibilities and also protects the rights of everyone involved. Children and young people who require intimate care may attend many settings.

Children and young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. It is important to remember that some individuals may choose this line of work to gain access to vulnerable children in order to abuse them. Research has shown that children and young people with disabilities are especially vulnerable to abuse. This supervision should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment.

Adults need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be mindful of the needs of the children and young people with whom they work.

## **Purpose of Guidance**

It is important that all adults working with children and young people understand that the nature of their work and the responsibilities related to it place them in a position of trust. This guidance provides clear advice on appropriate and safe behaviours for all adults working with children in paid or unpaid capacities, in all settings and in all contexts. This guidance aims to:

- keep children and young people safe by clarifying which behaviours constitute safer practice and which behaviours should be avoided;
- assist adults working with children and young people to work respectfully, safely and responsibly and to monitor their own standards and practice;
- support managers and employers in setting clear expectations of behaviour and/or codes of practice relevant to the services being provided;
- support employers in giving a clear message that unlawful or unsafe behaviour is not acceptable and that, where appropriate, disciplinary or legal action will be taken;
- support safer recruitment practice;
- minimise the risk of misplaced or malicious allegations made against adults who work with children and young people;
- reduce the incidence of positions of trust being abused or misused.
- support staff to respectfully and safely teach or consolidate autonomy for the children or young people with whom they work. Staff will enable each child or young person to do as much for themselves as possible.

Employers should be familiar with, and know how to access, their Safeguarding Children Partnership Board's [policy and procedures](#) for managing allegations against staff. Guidance for managing allegations is available in Keeping Children Safe in Education September 2025 Part 4.

## **What is Intimate Care?**

Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some people may be unable to do because of an impairment or disability. Children or young people might require help with eating, drinking, washing, dressing, toileting and helping to deal with menstruation.

## **What is Invasive Care?**

Invasive care is an aspect of personal care where a procedure used for the care of an individual involves a further proximity to a person's body. This is to the point where equipment or medication needs to enter the body space, for example, medication administered anally or by injection. These are medical procedures and can only be undertaken in a school setting by an appropriately trained person. These procedures need to be supported by a clear medical protocol endorsed by the supporting Health Professional.

## **Good Practice in Intimate Care**

Wherever possible, intimate care provided to older children and young people should be carried out by a staff member of the same gender. The religious and cultural values

of children and their families must also be taken into account. The following positive approaches will assist in promoting good practice for intimate care:

- Staff should get to know the child or young person well beforehand and be familiar with his/her moods and methods of communication.
- Staff should speak to the child personally by name so that he/she is aware of being the focus of the activity
- Staff should have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account
- Staff should enable the child or young person to be prepared for or anticipate events while demonstrating respect for her/his body, e.g. by giving a strong sensory or verbal cue such as using a sponge or pad to signal intention to wash or change.
- Staff should ensure that the child or young person's privacy and modesty is respected and protected
- Staff should agree with the child or young person and their family appropriate terminology for private parts of the body and functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts.
- Staff must always communicate in an age appropriate way taking into account the child or young person's developmental level and their preferred communication method.
- Where there are safeguarding concerns pertaining to a young person's response to intimate care or any changes in behaviour, these will be logged on the digital safeguarding platform (MyConcern) and shared with a DSL. Changes in behaviour that are not safeguarding related will be shared with the child's class teacher.
- If a member of staff has concerns about physical changes in a child or young person's presentation, e.g. unusual anxiety, bruising, soreness etc they will immediately report their concerns to the Designated Safeguarding Lead and log them.
- An appropriate written plan for intimate personal care should be agreed with the child or young person and their family.
- Ensure that intimate care is consistent across home, school and other settings as far as possible.
- Staff should be aware of their own limitations, only carrying out procedures they understand and feel competent and confident to carry out. If in doubt staff should ask. Please refer to current protocols.
- Cameras (including mobile phones) must not be taken or used by staff or children in areas where intimate care is carried out.

### **Duty of Care**

The Children Act 2004 places a duty on organisations to safeguard and promote the welfare of children and young people. This includes the need to ensure that all adults who work with or on behalf of children and young people in these organisations are competent, confident and safe to do so. Volunteers and students are not required to carry out intimate care.

All adults who come into contact with children and young people whether working in a paid or unpaid capacity have a duty of care to safeguard and promote their welfare. Children and young people have a right to be treated with respect and

dignity. It follows that trusted adults are expected to take reasonable steps to ensure the safety and wellbeing of children and young people. Failure to do so may be regarded as neglect.

The duty of care is, in part, exercised through the development of respectful and caring relationships between adults and children and young people. It is also exercised through the behaviour of the adult, which at all times should demonstrate integrity, maturity and good judgement.

Employers also have a duty of care towards their employees, both paid and unpaid, under the Health and Safety at Work Act 1974. This requires them to provide a safe working environment for adults and provide guidance about safer working practices. Employers also have a duty of care for the wellbeing of employees and to ensure that employees are treated fairly and reasonably in all circumstances. The Human Rights Act 1998 sets out important principles regarding protection of individuals from abuse by state organisations or people working for those institutions. Adults who are subject to an allegation should therefore be supported and the principles of natural justice applied.

The Health and Safety Act 1974 also imposes a duty on employees to take care of themselves and anyone else that may be affected by their actions or failings. An employer's duty of care and the adult's duty of care towards children should not conflict. This 'duty' can be demonstrated through the use and implementation of these guidelines.

### **One-to-One Situations**

All schools working with or on behalf of children and young people should consider one-to-one situations when drawing up their policies.

Always consider the 3<sup>rd</sup> Guiding Principle: The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully.

It is not realistic to state that one-to-one situations should never take place. It is however; appropriate to state that where there is a need, agreed with the Headteacher and/or parents or carers, for an adult to be alone with a child, certain procedures and explicit safeguards must be in place.

Adults should be offered training and guidance for the use of any areas of the workplace which may place themselves or children in vulnerable situations. This would include those situations where adults work directly with children and young people in unsupervised settings and/or isolated areas.

One-to-one situations have the potential to make children more vulnerable to harm by those who seek to exploit their position of trust. Adults working in one-to-one situations with children may also be more vulnerable to unjust or unfounded allegations being made against them. Both possibilities should be recognised so that when one-to-one situations are unavoidable, reasonable and sensible precautions are taken. Every attempt should be made to ensure the safety and security of children and young people and the adults who work with them.

There are occasions where managers will need to undertake a risk assessment in relation to the specific nature and implications of one to one work. These assessments should take into account the individual needs of the child and the individual worker and any arrangements should be reviewed on a regular basis.

### **Underpinning Values**

- The welfare of the child is paramount.
- It is the responsibility of all adults to safeguard and promote the welfare of children. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with children.
- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct that would lead any reasonable person to question their motivation and intentions.
- Adults should work and be seen to work in a respectful, open and transparent way.
- The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
- Adults should continually monitor and review their practice and ensure they follow the guidance contained in this document.
- Adults should ensure that where a child attends different settings that there is consistency in dealing with this aspect of intimate care.

### **Underpinning Principles**

Intimate care should be a positive experience for both staff and the child. It is essential that care is given gently, respectfully and sensitively and that every child is treated as an individual. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. These principles of intimate care can be put into practice by:

- Enabling the child to indicate if they find a carer unacceptable
- Allowing the child a choice and control over the sequence of care
- Ensuring privacy wherever the intimate care is taking place
- Allowing the child to care for him/herself as far as possible
- Being aware of and responsive to the child's reactions

All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to act as independently as possible. The decision as to whether or not a door is locked when intimate care is taking place needs to be considered. The following are some of the factors that might be taken into account:

- Age, ability and wishes of the child
- Good communication ensuring others know when and where intimate care is taking place
- Location of the facility e.g. school hygiene room, public toilet etc
- Safer working practice of the adult(s) involved

The views of the child should be actively sought, wherever possible, when drawing up and reviewing intimate care plans. As with all individual arrangements for intimate care needs, agreements between the child, parents and carers and the school must be negotiated and recorded.

When the plan is completed, consideration should be made as to whether the underpinning values and principles are reflected.

Given the right approach, intimate care should provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Whenever children can learn to assist in carrying out aspects of their own intimate care they should be encouraged to do so.

### **Confidentiality**

Adults may have access to confidential information about children in order to undertake their responsibilities. In some circumstances they may have access to or be given highly sensitive or private information. These details must be kept confidential at all times and only shared when it is in the interests of the child to do so. Such information must not be used to intimidate, humiliate, or embarrass the child concerned.

If an adult who works with children is in any doubt about whether to share information or keep it confidential he or she should seek guidance the Designated Safeguarding Lead for child protection. Any actions should be in line with locally agreed information sharing protocols

The storing and processing of personal information about children is governed by the Data Protection Act and General Data Protection Regulations, 2018. Employers should provide clear advice to adults about their responsibilities under this legislation.

Whilst adults need to be aware of the need to listen and support children, they must also understand the importance of not promising to keep secrets. Neither should they request this of a child under any circumstances.

Additionally, concerns and allegations about adults should be treated as confidential and passed to the Headteacher without delay. However, if this is an allegation against the Headteacher the accounting officer should contact the Named Senior Officer for Education as outlined on the back of the school's safeguarding and child protection policy.

It is important that the child and their family have a copy of the intimate care plan and any other linked documentation e.g. star chart.

### **Making a Professional Judgement**

These guidelines cannot provide a complete checklist of what is, or is not appropriate behaviour for adults in all circumstances. There may be occasions and circumstances in which adults have to make decisions or take action in the best

interests of the child which could contravene this guidance or where no guidance exists. Individuals are expected to make judgements about their behaviour in order to secure the best interests and welfare of the children in their charge. Such judgements, in these circumstances, should always be recorded and shared with a senior manager. In undertaking these actions individuals will be seen to be acting reasonably.

Adults should always consider whether their actions are warranted, proportionate and safe and applied equitably.

### **Power and Position of Trust**

As a result of their knowledge, position and/or the authority invested in their role, all adults working with children are in positions of trust in relation to the young people in their care. Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship.

A relationship between an adult and a child cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.

Where a person aged 18 or over is in a specified position of trust with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity.

### **Targeting and Grooming**

Part of creating a protective ethos involves raising awareness among staff and children about the process of targeting and grooming used by sex offenders.

**Targeting:** the process offenders use to identify a victim. Children most likely to be targeted are those in groups identified as “vulnerable”. They may fall into one of some of the categories below:

- Children with troubled or unsettled lives
- Children with identified behavioural or emotional problems at school
- Children who are separated from parents
- Children who are known to have been previously abused
- Insecure children with low self esteem
- Isolated children, socially or geographically
- Children with disabilities or SEN

**Grooming:** the process by which an offender manipulates the environment in order

to increase the likelihood of offending without being caught. Some areas to consider in relation to grooming are listed below:

- It involves adults and children
- The more protective adults a child has in their network the less likely they will be successfully targeted
- It is subtle and it may be carried out in such a way as to have an “innocent” explanation
- It is manipulative and deliberate
- It may be seen as warmth and helpfulness making the person extremely plausible
- It can be a slow process
- Children become entrapped and feel responsible and guilty
- Children are coerced to keep secrets

Staff need to know that if they have concerns about the behaviour of a member of staff or volunteer within the school they must report their concerns immediately to the Headteacher. If the concerns are about the Headteacher they should speak immediately to the accounting officer, Duncan Cooper.

### **Whistleblowing**

Whistleblowing is the mechanism by which adults can voice their concerns, made in good faith, without fear of repercussion. The Staploe Education Trust has a clear and accessible whistleblowing policy that meets the terms of the Public Interest Disclosure Act 1998. Adults who use whistleblowing procedure should be made aware that their employment rights are protected.

Adults should acknowledge their individual responsibilities to bring matters of concern to the attention of senior management. This is particularly important where the welfare of children may be at risk.

### **Developing an Intimate Care Plan (see Appendix 1)**

Where a routine procedure is required, an intimate care plan should be agreed in discussion with the child, school staff, parents and carers and – where appropriate - relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis. A six-monthly review would be recommended but this would need to be more frequent if the circumstances are changing.

In developing the plan, the following should be considered:

- a) Implications for settings
  - The importance of working towards independence
  - Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming etc.
  - Who will substitute in the absence of the appointed person/s
  - Strategies for dealing with pressure from peers e.g. teasing and/or bullying
  - Time required to implement and manage the plan
- b) Classroom management

- Consider the child's seating arrangements in class so that they can leave class with minimal disruption to the lesson
- Avoidance of missing the same lesson due to routines
- Awareness of a child's feelings about their own intimate care needs which could affect learning
- Implications for PE, swimming etc., for example, discreet clothing, additional time for changing

Intimate care plans will be available to the member of staff giving the care and not displayed for all to view, thus helping to support the child's dignity

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

### **Environmental Considerations**

Consideration needs to be given to the most appropriate space and facilities for the intimate care to take place. Under the Equality Act 2010, all public buildings must have an accessible toilet, but in many instances, these are not adequate for children who need additional equipment such as changing benches or hoists.

Advice can be sought as to how to provide a suitable environment which takes into account the needs and choices of the child and of other users of the building. It is necessary to look at issues such as proximity to the classrooms, how to ensure privacy and dignity, the types of equipment needed, how to alert for assistance if required etc. Environmental advice pertinent to a child can be gained by contacting the Occupational Therapist (OT) who supports the child in the school.

### **Moving and Handling**

Assisting personal care tasks may present challenges for moving and handling. At all times, the child's wishes and choices must be considered, but procedures must also take into account the safety of the people who are assisting.

Manual handling risks need to be assessed and identified and measures put in place to reduce the risk as required. This may involve small items of equipment, such as grab rails or steps, or may be more complex equipment such as mobile or ceiling track hoists and electric height adjustable changing benches.

Advice as to the best moving and handling procedures to support an individual can be requested via the Occupational Therapy (OT) and Physiotherapy (PT) service specifically addressing the needs of the individual who requires the assistance. If the individual is not known to the children's OT or PT service, a referral can be made. For children in mainstream education it is possible to request formal moving and handling training for staff involved with an individual child via the caseworker within the Statutory Assessment and Resources Team (START); schools are responsible for providing training for staff who deliver moving and handling.

In the same way as an intimate care plan is required, there also needs to be a clear protocol for the moving and handling procedures identified for the task. This should

clarify who and how these procedures are to be undertaken. This also needs regular review due to changing circumstances. At minimum, annual training is needed and more frequently in the event of changing staff or circumstances.

### **The Intimate Care Plan**

Having identified (as far as possible and with the child) the most appropriate procedures and methods to ensure that personal care needs are met, it is advised to produce an Intimate Care Plan ([Appendix 1](#)). This is a signed record of agreed procedures and persons who are engaged in the task. It states the aims and purpose of the activity and how this is to be met. As situations are subject to change, this needs to be reviewed on a six-monthly basis. In some instances, review will need to be made on a more frequent basis.

It is good practice to maintain a written record each time a child requires assistance with intimate care ([Appendix 2](#)), including: the date, times and pertinent comments (such as changes in the child's behaviour). Where accidents are more frequent each child will have their own record sheet to record patterns in toileting and if required to share parents or carers, the child's GP or the school nurse.

### **Links with Other Agencies**

Positive links with other agencies will enable school plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's wellbeing and development remains paramount.

It is recommended good practice for settings to know what agencies are involved with the child, to seek advice, involve parents and carers or the person who knows the child best and also to consult a relevant health professional such as the school nurse, Occupational Therapist (OT), or Physiotherapist.

### **Staff Development**

- All staff should have read the Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings. Every member of staff, paid or unpaid, must receive safeguarding and child protection training which is regularly updated. In addition, all staff should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, and at least annually.
- Individual staff must be supported in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines.
- Where appropriate staff must receive Moving and Handling training at least every year.
- Newly appointed staff should be closely supervised until completion of a successful 'probationary' period.
- Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.
- School and individual staff must keep a dated record of all training undertaken.

The following guidelines should be used in training staff identified to support intimate

care.

Senior staff members must:

- Ensure staff have had appropriate external checks (e.g. Enhanced DBS) and that the setting has a protective ethos and all staff are aware of the whistleblowing Policy;
- Ensure staff know of the whole setting approach to intimate care;
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation;
- Ensure that sensitive information about a child is only shared with those who need to know, such as parents and carers and members of staff specifically involved with the child. Other staff should only be given information that keeps the child safe;
- Consult with parents and carers and the child about arrangements for intimate care;
- Ensure that appropriate personal safety skills are taught to all children so that they understand:
  - About the concept of privacy and the implications of it for both children and adults - including that it is not right to keep secrets if they relate to being safe;
  - that a person's body belongs to them and the differences between appropriate and inappropriate or unsafe physical, and other, contact;
  - how to recognise and report feelings of being unsafe or feeling bad about an adult;
  - how to ask for help for themselves or others, and to keep trying until they are heard;
  - how to report concerns about abuse, and the vocabulary and confidence needed to do so.
- Ensure staff are aware of relevant procedures, including the safeguarding and child protection policy and the health and safety policy;
- 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 are aware of and have training in the communication system(s) that the child they are working with uses;
- Wherever possible, avoid using staff involved in intimate care, in the delivery of relationships and sex education, as an additional safeguard to both staff and children involved.

In addition, identified staff should be able to:

- Access other procedures and policies regarding the welfare of the child, for example, safeguarding and child protection, behaviour regulation, anti-bullying, positive handling etc;
- Understand their duty of care and know how to log and pass on concerns to the Designated Safeguarding Lead within the setting;

- Identify and use a communication system with which the child is most comfortable.
- ‘Read’ messages a child is trying to convey;
- Communicate with and respectfully involve the child in the intimate care process;
- Offer choices, wherever possible;
- Ensure greater independence with the procedure of intimate care;
- Maintain confidentiality with the child when discussing elements of their intimate care unless it is a child protection issue when Child Protection Procedures must be followed.

### **Sharing Concerns and Recording Incidents**

Individuals must be aware of who their organisation’s Designated Safeguarding Lead is, where the safeguarding and child protection policy and procedures are kept, including procedures for dealing with allegations against adults. All allegations must be taken seriously and investigated in accordance with local procedures and statutory guidance. Adults who are the subject of allegations are advised to contact their professional association.

In the event of any allegation being made, information should be clearly and promptly recorded and reported to the headteacher who should then follow the allegations procedures.

Adults should always feel able to discuss with their line manager any difficulties or problems that may affect their relationship with children and young people so that appropriate support can be provided or action can be taken, including opportunities for discussion during formal EYFS supervisions.

It is essential that accurate and comprehensive records be maintained wherever concerns are raised about the conduct or actions of adults working with or on behalf of children and young people.

### **Visits and “Out of School” Activities**

A school may have robust procedures and plans in place for the day-to-day intimate care needs of a child, but further consideration will need to be taken in good time before a trip or for an out of school activity. Schools need to consider whether the intimate care needs of the child are included in their generic risk assessment. Advice can be requested from the Occupational Therapist who supports the child in school if required.

### **Useful Reference Documents**

Guidance for Safer Working Practice for those working with children and young people in education settings, Safer Recruitment Consortium, May 2022.

- Particularly:
  - Part 13: Physical contact (page12)
  - Part 14: Other activities that require physical contact-Intimate care (pages 14-15)

Keeping Children Safe in Education, DfE, September 2024.

Relationships Education, Relationships and Sex Education (RSE) and Health Education- Statutory guidance, DfE, 2019.

Supporting pupils at school with medical conditions: DfE, December 2015

[Cambridgeshire and Peterborough Safeguarding Partnership Board](#)

# Appendix 1: Intimate Care Plan



## Intimate Care Plan

Child:		School:	
DOB:	Male/Female	Date:	

### Description of Intimate Care Needs

Task: If practical, it may be possible to identify one part of the intimate care procedure which gives the child an opportunity to have a little more independence. If so the plan can then assist in the development of this part of the whole task.

### Action Plan: Describe the steps needed to achieve this task

- 1.
- 2.
- 3.
- 4.

The following people will be assisting in the above activities:

Named Person: .....  
.....  
.....

Additional people who may be involved to cover when the named people are absent:

.....  
.....

I am in agreement with the above procedures being undertaken: (Please sign as appropriate)

Person for whom the plan is .....

Parent or Carer .....

SENDSCO .....

Class Teacher .....

Teaching Assistant(s) ..... Teaching Assistant(s) .....

Date ..... Date for review .....

## **Intimate Care Plan - Guidance for Use**

The plan is an individualised protocol to ensure that the process of giving and receiving care is respectful, tailored to the individual needs of a child and promotes safety for those receiving and administering the care.

It is recommended that where intimate care is required, an individual plan is drawn up and updated regularly. A six-monthly review would be good practice. It is advisable to have a named person who takes the lead and this needs to be identified on the plan.

As far possible, one plan can be usable across different settings such as school, short breaks, link care etc. Discretion needs to be used as to whether it is appropriate for home use.

This plan should highlight particular areas of risk and sensitivity.

The child's choices and preferences need to be considered and incorporated into the plan as far as possible.

### **Description of the child's Intimate Care Needs**

Use this space to describe the needs of the child and record the best method agreed for providing the intimate care.

(e.g. "N" needs full assistance for his toileting needs. He does not indicate a need to go to the toilet or when wet or soiled. "N" needs assistance to transfer onto a changing table using a hoist and sling from the wheelchair. "N" can assist with cleaning his hands by sitting at the wash basin in the wheelchair and placing their hands under the running water and rubbing them with soap.

### **Task**

Select a part of the whole intimate care process, which could be developed to encourage the child's independence. This may be only one stage of the whole process, but more can be added. If possible, involve the child in selecting which part of the task to focus on.

(e.g. "N" will assist in taking the wipe and assist in their own personal cleaning)

### **Action Plan**

A detailed plan of what is needed for "N" to be able to achieve the selected task, for example:

1. Two staff members will assist "N" to move from wheelchair to the changing bench (using a hoist and sling as demonstrated).
2. When "N" is lying on the bench give a verbal/visual cue that the pad will be removed.
3. Undo tapes and remove and dispose of pad.
4. Give a verbal/visual cue that a wipe is to be used.

5. Assist "N" in taking the wipe and prompt verbally/visually for him to complete the cleaning as required.
6. If additional cleaning is required, explain this to "N" and staff member to complete the task.
7. Give verbal/visual prompt to say that you are now going to put on a clean pad.
8. Replace clothing and transfer back to wheelchair (using equipment as before).

The frequency of review will depend on the complexity of the task and progress of the individual. Circumstances may change which require more frequent review. This will work best if all people involved feel that they have some influence in the progress.





## Appendix 3: Toilet Training & Nappy Changing Protocol

- Staff will check all non or recently toilet trained children around mid-morning, lunchtime and mid-afternoon; more regularly if any signs of soiling and/or wetting are presented.
- Young children - from two years of age - should wear pull-ups or other types of trainer pants as soon as they are comfortable with these and their parents or carers agree.
- Parents and carers will provide pull-ups, baby wipes and cream for exclusive use by their own child.
- Key persons will undertake the changing of young children within their key groups; back up key persons will change children if the nominated key person is absent.
- Changing areas are warm and there are safe areas to lay young children if they need to be cleaned.
- Gloves and aprons are put on before changing starts and the changing area is prepared.
- A fresh paper towel is placed on the changing mat for each child.
- All staff are familiar with hygiene procedures and carry these out when changing nappies.
- Key persons explain fully each task that is carried out, and the reason for it.
- Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.
- Nappies and pull-ups are disposed of hygienically. Any faeces in nappies or pull-ups is flushed down the toilet and the nappy or pull-up is double bagged and placed into the bin.
- Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for the parent or carer to take home.
- If young children are left in wet or soiled nappies or pull-ups in the setting, this may constitute neglect and will be a disciplinary matter. Settings have a 'duty of care' to ensure that each child's personal needs are met.
- We ask parents and carers to bring in a spare set of clothes for their child to use in the event of an accident; spare clothes are stored in a bag on each child's peg. If clothes have been donated by a parent, they will be labelled on the inside with an indelible 'S' to ease identification.
- When toilet training children, staff hold high expectations and approach the subject in a calm manner - underpinned by a blame-free culture. Little attention is given to continual wetting or soiling and positive reinforcement is given when the child manages to use the toilet or stay dry.

- Simple explanations are given to the child about why it is so good to stay clean and dry. These principles may be shared with parents and carers that may need support in this area.
- Staff will maintain an open dialogue with regarding aspects of toilet training with parents and carers - at all stages - to ensure that they are informed of progress, routines or concerns at school.
- Parents and carers will be called where extensive cleaning of their child is required, as a result of soiling.