

Jubilee Primary School



Intimate Care Policy

Approved by: Communications and Community Committee

Last Reviewed on: March 2026

Next Review on: March 2028

Jubilee Primary School and Children's Centre

Intimate Care Policy 2026-2028

Jubilee Primary School and Children's Centre School is committed to providing a secure environment for pupils, where children feel safe and are kept safe. It is the responsibility of all adults to adhere to safeguarding protocols and procedures, irrespective of the role they undertake within the school, or whether their role has direct contact or responsibility for children.

We intend to develop independence in each child, there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

'Intimate care may be defined as an activity required to meet the personal care needs of each child in partnership with the parent, carer and the child.' In school, this may occur on a regular basis or during a one-off incident.

We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain, and adults and staff must be sensitive to each child's individual needs.

Intimate care is any care which involves one of the following:

1. Assisting a child to **change his/her clothes**
2. **Changing or washing a child** who has soiled him/herself
3. Assisting with **toileting** issues (appendix 3)
4. Supervising a child involved in **intimate self-care**
5. Providing **first aid** assistance
6. **Providing comfort** to an upset or distressed child
7. **Feeding** a child

8. Providing **oral care** to a child

9. Assisting a child who requires a **specific medical procedure** and who is not able to carry this out unaided. *

* In the case of a specific procedure, only a person suitably trained and assessed as competent should undertake the procedure (e.g. the administration of insulin). Parents have the responsibility to advise the school of any known intimate care needs relating to their child.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has a 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.

All children have the right to be involved and consulted in their own intimate care to the best of their abilities;

All children have the right to express their views on their own intimate care and to have their views taken into account; and

- Every child has the right to have levels of intimate care that are appropriate and consistent.

Assisting a child to change his/her clothes

This is more common in our Foundation Stage. On occasions, an individual child may require some assistance with changing if, for example, he/she has an accident at the toilet, gets wet outside, or has vomit on his/her clothes, etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required, this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

Changing a child who has soiled him/herself

If a child soils him/herself in school, a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child to change. In either circumstance, the child's needs are paramount, and he/she should be comforted and reassured throughout. The following guidelines outline our procedures, but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare uniforms for this purpose. (A supply of clean underwear and spare uniforms are available in the Foundation Stage washing room. Parents are asked to provide spare clothes which are kept at school for children in Nursery or children prone to wetting.
- If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact cannot attend, the school will seek verbal permission for staff to change the child. If none of the contacts can be reached, the Headteacher is to be consulted and the decision taken based on loco-parentis and our duty of care to meet the needs of the child.
- The member of Staff who has assisted a pupil with intimate care will complete the intimate care form (attached to this policy).

Child Protection/Safeguarding Guidelines

- Ensure that the action you are taking is necessary. Get verbal agreement to proceed – **CARE – CONCERN – COMMUNICATE.**

Pastoral Care Procedures

- Ensure the child is happy with who is changing him/her.
- Be responsive to any distress shown. Basic hygiene routines
- Always wear protective disposable gloves and a disposable apron.
- Seal any soiled clothing in a plastic bag for return to parents.

In the case of Foundation Stage children, in order to avoid any unnecessary distress, a member of staff may assist the child, with a colleague in attendance, unless a parent has requested otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

Providing comfort or support to a child

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens, staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that the act cannot be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

If a child touches a member of staff in a way that makes him/her feel uncomfortable, this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is

unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Teacher for Child Protection.

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school. Parental permission must be given before any medication is dispensed in school- this form is also available on our website. A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy, will have an Individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

Management of menstrual care

All staff are sensitive to the fact that:

- Girls at our school may start to menstruate
- While there is no shame or stigma attached to this, those pupils may wish to deal with it discreetly

The school will offer sensitive and practical information to pupils about:

- Where sanitary products are
- How to use and dispose of them correctly

Period products available to pupils can be found in the toilet next to the sunshine, which the pupils can access themselves, and in the medical room, which can be accessed by a member of staff on behalf of
of the pupil.

Products available include sanitary towels

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agreed with parent/carers in an individual care plan due to specific needs. Age-appropriate education on puberty and menstrual hygiene will be provided as part of the PHSE curriculum.

Swimming

Our Year 4 classes participate in a swimming programme in Brixton Recreational Centre. Children are entitled to respect and privacy when changing their clothes; however, there must be the required level of supervision to safeguard young people about health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur. Brixton Recreational centre is organised on a communal by gender, changing basis. This supports effective and discrete supervision and privacy for our children when changing. Where a child needs additional support for changing parental permission will be sought and a personal care plan will be drawn up so as to maintain dignity but increase independence.

Residential Trips

Residential educational visits are an important part of our Key Stage 2 school experience. Particular

care is required when supervising pupils in this less formal setting. As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, Pastoral Care and Positive Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context.

Showering

Children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations, and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore Staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

Night Time Routines

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter. At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

There are occasions when incidents take place during the night and the need arises to:

1. Assist a child to **change his / her clothes**
2. **Change a child** who has soiled him / herself
3. **Provide comfort** to an upset or distressed child
4. Assist a child who requires a specific **medical procedure** and who is not able to carry this out unaided. Guidance as above will be followed with the support of an additional member of staff in attendance.

School Responsibilities

All members of staff working with children must undertake a full DBS disclosure procedure. This includes students on work placement and volunteers who may be left alone with children. Vetting includes criminal record checks and two references.

Only those members of staff who are familiar with the intimate care policy are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. **Only in emergency would staff undertake any aspect of intimate care that has not**

been agreed by parents and school. Parents would then be contacted immediately. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Teacher for Child Protection.

Guidelines For Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard both children and staff.

1. **Involve the child in the intimate care.** Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
2. **Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.** Care should not be carried out by a member of staff working alone with a child.
3. **Make sure practice in intimate care is consistent.** As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
4. **Be aware of your own limitations.** Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
5. **Promote positive self-esteem and body image.** Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
6. **If you have any concerns you must report them.** If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Teacher for Child Protection. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

Working with Children of the Opposite Sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;

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12. **If you have any concerns you must report them.** If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Teacher for Child Protection. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

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Appendix 1 Parent consent

Permission for school to provide intimate care	
Name of child	
Date of birth	
Name of parent/carers	
Address and contact details	
I permit for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact(s) and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact(s), if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carers signature	

Name of parent/carer	
Relationship to child	
Date	

Appendix 2

Where parents/carers feel that a child still requires nappies on entering school, they will be given a Personal Care Plan detailing how changing is to be managed and how both school and parents can work towards increased toileting independence. Where a child has no specific SEND parents will be encouraged to seek additional advice and support from the children's centre health visitors' toilet training programme.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the Care Plan. Children will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.

As a school we will endeavour to support parents with toileting by encouraging children to use the toilets regularly and with increasing independence. We discourage the use of pull-ups for those who have already achieved bowel control. Wet children will be changed calmly, quickly and discreetly by a member of staff. Children will be encouraged to take responsibility for their own dressing and undressing as far as they are able.

Appendix 3: Intimate Care Plan:



Parents/Carers	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	

child	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by

