



KING'S OAK PRIMARY SCHOOL

Intimate Care Policy

April 2026

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Policy reviewed and approved by: Teaching and Learning Committee

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This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

Introduction

King's Oak Primary School is committed to ensuring that all adults responsible for the intimate care of children 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 will be attended to in a way that causes distress, embarrassment or pain. This is in line with the guidance from the DFE of Keeping Children Safe in education.

If a child is known to need touch at the school and the caregiver preempt touch as likely and necessary, the school will proactively meet with the pupil and the caregiver, in addition to any relevant professionals, to agree a plan on how the touch will be carried out under what circumstances. This ensures the pupil remains aware of what appropriate and inappropriate touch is.

Physical contact between pupils and staff members should be about meeting the needs of the child. We recognise that safe touch is an important part of child development. Safe touch is defined as physical contact that if otherwise avoided would be potentially emotionally or physically damaging for the pupil. There are circumstances when physical contact will be necessary to de-escalate a situation and for the safety of all pupils and staff - see Positive Handling Policy. All members of staff are responsible for ensuring that no pupil feels threatened or unsafe at our school as a result of inappropriate touch and must be aware of the boundaries involving physical contact. The following are potential examples of instances of safe touch which may occur between staff and pupils - this list is not designed to be exhaustive:

- Comforting an upset or distressed pupil,
- Congratulating or praising a pupil,
- Holding the hand of a pupil to guide them, such as when crossing a road,
- Giving first aid to a pupil,
- Demonstrating exercises or techniques during PE lessons or OT sessions, administering medicine, or when using musical instruments.
- Appropriate support for early years pupils in meeting their needs,
- Supporting a pupil to make appropriate behavioural choices,
- Providing intimate care e.g. changing a nappy,
- Support for pupils with sensory needs e.g. compression.

In order to prevent any allegations of inappropriate physical contact, if a staff member finds themselves in a position whereby their physical contact with a pupil could be misinterpreted or the pupil had an adverse reaction to it, they should report this to the headteacher immediately. The same reporting process applies if another member of staff suspects or witnesses

inappropriate physical contact. Any concerns about the headteacher should be referred to the Chair of Governors.

Definition of Intimate Care

Intimate care encompasses aspects of personal care which most people usually carry out for themselves but some are not able to undertake for themselves, because of their age and maturity or because of developmental delay or disability, such as:

- Dressing and undressing (Appendix 2)
- Supported eating (Appendix 3)
- Washing, toileting and menstruation (Appendix 4)
- Physiotherapy exercise programme/manual handling (Appendix 5)
- Administering medication (see Administering Medicines Policy)
- Changing children in the Early Years (Appendix 6)

Aims

The aims of this policy are:

- To set out procedures that safeguard children and staff through a consistent approach within a framework that recognises the rights and responsibilities of all those involved in providing intimate care for children.
- To safeguard the rights and well-being of children with regard to dignity, privacy, choice and safety.
- To provide appropriate guidance to staff and to ensure safe practice.
- To ensure that parents/carers and children (where appropriate) understand and are actively involved in the development of any agreed Intimate Care Plans (Appendix 1).

Procedures

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

- Staff who provide intimate care are to read the policy (including Safeguarding, Child Protection, Whistleblowing and Confidentiality) and be aware of best practice and their responsibilities. The same professional standards will always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.
- New staff will receive an induction; refresher training will be provided for all staff as necessary.
- A risk assessment will be carried out and relevant and suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment by the relevant health professional.

- On-going intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on an Individual Intimate Care Plan. The needs and wishes of children and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation. This will be reviewed as agreed.
- Unexpected and isolated intimate care needs (e.g. a child soiling him/herself) will be carried out in line with this policy.
- The child will be supported to care for him/herself as far as possible, to encourage independence; children with ongoing intimate care needs will be supported to carry out aspects of intimate care as part of his/her personal and social development.
- Staff will show awareness of and be responsive to the child's reactions, their verbal and non-verbal communication and signifiers.
- Staff will continually monitor and review their practice and ensure they follow the guidance contained in this document.
- Staff will ensure that, where a child works with outside agencies, there is consistency in dealing with aspects of intimate care.
- Staff will always maintain appropriate professional boundaries and will record and report to the Headteacher any incident which may be open to misinterpretation by others.

Good practice in intimate care

It is essential that care is given gently, respectfully and sensitively and that every child is treated as an individual. The religious and cultural values of children and their families will also be taken into account and any personal issues applicable to the child. The following positive approaches will assist in promoting good practice for intimate care:

- Staff should get to know the child well beforehand and be familiar with his/her moods and methods of communication.
- Staff will speak to the child personally by name so that he/she is aware of being the focus of the activity.
- Staff will have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account.
- Staff will enable the child 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 will ensure that the child's privacy and modesty is respected and protected.
- Staff will agree with the child's 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 will always communicate in an age appropriate way taking into account the child's developmental level and his/her preferred communication method.
- Staff will keep records, which note a child's responses to intimate care and any changes in behaviour.
- If a member of staff has concerns about physical changes in a child's presentation, e.g.

unusual anxiety, bruising, soreness etc. they will immediately report their concerns to the CPO.

- An appropriate written plan for on-going intimate personal care will be agreed with the child (where appropriate) and his/her family.

Links to other policies:

- Positive Handling Policy
- Safeguarding and Child Protection
- Confidentiality
- Whistleblowing

Appendix 1

Developing an intimate care plan

Where a routine procedure is required, an intimate care plan will be agreed in discussion with the child (where appropriate), staff, parents/carers and relevant health personnel. The plan will be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following will be considered:

a) Wider implications:

- 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/bullying particularly if the child has an odour
- Management of the plan: writing it, managing it, handling confidentiality, reviewing it etc.

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 due to routines
- Awareness of a child's discomfort which may affect learning
- Implications for PE, swimming etc. e.g. 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 will be clearly recorded to ensure clarity of expectation, roles and responsibilities.

Links with Other Agencies

Positive links with other agencies will enable 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.

Appendix 1

Intimate Care Plan

Child:		Class	
DOB:		Date:	
Staff			

Nature personal Care
You can help me by...
I can be more independent by...

Parent/Carer	
SENDCo	
Date	
Review Date	

Appendix 2

Dressing/undressing

- Ensure facilities provide privacy and modesty.
- Encouraged to dress/undress themselves independently or to assist as much as possible.
- There should be a clear plan for (un)dressing for those who require assistance.
- Remove lower-body clothing first, and cover the lower body before removing upper-body garments.
- Refer to the moving and handling procedure as necessary.

Appendix 3

Mealtime Positioning & Feeding Support

Children should sit comfortably and securely at the table, with it at the right height (elbows resting easily). Good positioning helps both eating skills and concentration.

- Sit the child close to the table and at the correct height
- Sit on their preferred side if assisting
- Give plenty of time and praise effort
- Encourage proper (but not perfect) use of cutlery
- Cut food into small pieces if needed
- Support hand movements if the child struggles (e.g. guiding or supporting the arm)
- Break tasks into steps (e.g. stab, then cut)
- Practise with different food textures and when there is enough time
- Model good eating skills by sitting with others

Spoon Feeding (if required)

Follow the child's care plan and ensure they are sitting upright with good head alignment.

- Let the child see and smell the food first
- Hold the spoon near their mouth and let them come to it
- Never force feeding—allow the child control
- Support gently if needed, encouraging independence

- Remove the spoon carefully without scraping
- Allow time between bites
- Stop if the child shows they are finished (e.g. closing mouth or turning away)

Appendix 4

Washing, toileting and menstruation

Children should have safe, comfortable, and private toileting facilities. Privacy (e.g. screens for changing) must be provided.

- Provide suitable equipment (e.g. child-sized seats, steps if needed)
- Ensure supplies are available: wipes, toilet paper, soap, paper towels, bins, cleaning materials, and spare clothes
- Staff must be trained in hygiene and safety, including use of gloves, aprons, and handling body fluids

Care and Support

- Follow correct dressing/undressing procedures; use a shower if needed
- For ongoing needs, create an Intimate Care Plan with parents/carers (and the child where possible), based on risk assessment and reviewed regularly
- Respect the child's dignity and preferences (e.g. choice of staff member where possible)

Staffing and Safety

- One staff member may assist if it is safe, recorded, and another staff member is informed
- Record all care provided and share any concerns with parents/carers
- Additional staff or specialist equipment (e.g. hoists) may be required for safety
- Staff must be trained to use any specialist equipment

Appendix 5

Physiotherapy/Exercise Programmes/Manual Handling Procedures

If a child requires physiotherapy or manual handling, an Intimate Care Plan will be in place and this should be followed.

For some children, physiotherapy/exercise and manual handling procedures are advised by qualified physiotherapists and regularly delivered by school staff. Parents/carers and health and education personnel involved should agree to all aspects of the programme. Many exercises involve touch and should be carried out in line with the professional advice. It is recommended that this advice be given in writing.

Regular consultation with all parties is recommended, in order to identify any changes required and ongoing training to be given as and when required. Any agreed moving and handling procedures should be followed at all times. It is the responsibility of individual staff to monitor his/her own safety at all times and continually assess the risks involved.

Appendix 6

Intimate Personal Care for Children in Early Years

- Parents/carers should always be informed if a child is changed.
- It is acceptable for a single member of staff to change a child providing they ensure that:
 - Another member of staff is aware of what is happening.
 - The event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as a bad nappy rash, which may have arisen or been noticed should also be recorded. This should be shared with the parent/carer/ childminder at the end of the session.
 - The task has been risk assessed
- The child's privacy and dignity should be maintained at all times
- The nappy changing area must be separate from food preparation and eating areas. The changing surface should be smooth, non-absorbent and easy to clean.
- If no table changing station is available a changing mat on the floor is acceptable providing the child's privacy is ensured.
- The school will provide gloves and antibacterial wipes and changing mat liners.
- It is the parent's responsibility to provide nappies, nappy liners, wipes and any creams they wish to be used and to clearly label these with the child's name.
 - Place a disposable covering (paper roll) on the area where you will place the child's bottom.
 - Put on gloves after assembling all equipment and preparing the child.
 - Dispose of the soiled nappy into a tightly covered container that is lined with a disposable liner and operated by a foot pedal.

- o If a child needs to be washed completely, use a sink with running water, thoroughly clean and disinfect the sink after use.
 - o Remove gloves after disposing of nappy and cleaning bottom.
 - o Put on clean nappy.
 - o Wipe the mat clean
- Soiled clothes should be double bagged and given to the parent/carer at the end of the session.
- Where possible, parents/carers should provide a spare set of labelled clothing.