Sketty Primary School
Intimate Care Policy

September 2025

Article 23 - A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community.

Erthygl 23 - Mae gan blentyn ag anabledd yr hawl i fyw bywyd llawn a gweddus gydag urddas a, chyn belled ag y bo modd, annibyniaeth ac i chwarae rhan weithredol yn y gymuned.

1. Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. Our intimate care policy has been developed to safeguard children and staff. The principles and procedures apply to everyone involved in the intimate care of children.

There shall be a high awareness of child protection issues throughout the use of intimate care. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

School staff are working within local authority insurance cover; provided that the Intimate Care Policy in conjunction with the pupil's Health Care Plan/Intimate Care Plan are agreed and recorded by the parents, education and health (where required).

Children are generally more vulnerable than adults; and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

Intimate care can be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- physiotherapy, in conjunction with the physiotherapy plan provided by the physiotherapist first aid and medical assistance, in conjunction with the relevant Health Care Plan supervision of a child involved in intimate self-care

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

2. Principles of Good Practice in Intimate Care

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

All children have an educational entitlement irrespective of their difficulties with toileting.

- every child has the 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 such views taken into account; and
- every child has the right to have levels of intimate care that are appropriate and consistent.

Schools should work in partnership with parents and carers in planning for children's intimate care needs and effective toilet training, acknowledging that continence and independent toileting may not be achieved by some children.

3. School Responsibilities

All staff working with children will be subject to the usual safer recruitment procedures. This includes students on work placement and volunteers. Vetting includes DBS checks at an enhanced level and two written references.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are to be involved in the intimate care of children.

Where anticipated; intimate care arrangements are agreed between the school and parents and if appropriate, by the child. Intimate care agreements are signed by the parent and stored in the child's file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

Intimate care arrangements should be reviewed at least six monthly. 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.

4. Guidelines for Good Practice

The school will identify a suitable changing area for pupils, to enable the privacy of pupils to be maintained and to provide sufficient staff to safeguard the pupil. Within our school, intimate care is delivered by one member of staff/two members of staff depending on the needs of the child.

The school should designate a suitable changing area to provide intimate care for a child. Within our school, children will be changed in our First Aid room. Children where possible, should be encouraged to be changed whilst standing up, however if they are required to lay down, a mat on the floor in a toileting area is acceptable as a short term measure. This is not acceptable as a long term solution, and therefore plans need to be put in place (if required) to consider an accessible "changing places" toilet room, with adequate space for the learner and staff member(s) to move and support safely with a changing bed, toilet and sink.

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 additional learning needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

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 children and staff.

1. Involve the child in the intimate care

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child the responsibility for washing themselves. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances.

Where a situation renders a child fully dependent; talk about what is going to be done and provide choices where possible. 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.

As per this policy, intimate care can be delivered by one/two members (depending on the child's needs) of staff if specified within their individual intimate care/health care plan. They should inform a colleague of when and where they are going to carry out this support

3. Make sure practice in intimate care is consistent.

As a child may have multiple assistants, a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent. Issues regarding complex areas would need to be explicit within the pupil's intimate care/ healthcare plan, which must be referred to.

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 body belongs 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 and record in the relevant observation log.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher for child protection. Report and record any unusual emotional or behavioural response from the child. A written record of concerns must be made available to parents and kept in the child's personal file.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs are paramount. Further advice will be taken from outside agencies if necessary.

If a child or parent/carer makes an allegation against a member of staff, all necessary child protection procedures must be followed and the designated teacher must be informed immediately; as will the LA's Child & Vulnerable Adult Safeguarding Officer. (See schools Child Protection Policy for details).

5. Working with Children of the Opposite Sex

There is positive value in both male and female staff being involved with children.

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.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to the designated teacher for child protection and make a written record; and
- Parents must be informed about any concerns.

6. Communication with children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level;
- use simple language and repeat if necessary;
- wait for response;
- continue to explain to the child what is happening even if there is no response; and
- treat the child as an individual with dignity and respect

7. Equipment Provision

Parents should provide clean change of clothing, nappies/ pull ups/ pads, wipes, etc. and parents must be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of waste.

8. Health and Safety

The following procedures are in place for dealing with spillages of bodily fluids for staff to follow when a child wets or soils him/herself, or is sick while on the premises. This includes:

- Staff to wear fresh aprons and disposable gloves while supporting a pupil.
- Soiled nappies securely wrapped and disposed of appropriately.
- Changing area/ toilet to be left clean. Caretaking/ cleaning staff to be informed.
- Hot water and soap available to wash hands as soon as toileting/supporting with intimate care is finished.
- Paper towels to be available to dry hands.
- Specialist biohazard kits for body fluids should be used.

Staff should always wear appropriate PPE (e.g. a disposable apron and disposable gloves) when supporting any child with intimate care. Any nappies, pull ups or pads should be placed along with used PPE within a biohazard bin, which has a lid.

9. Recording the use of Intimate Care

Where it is agreed that intimate care might be required for a child an agreement between parents and the school will be completed. This agreement will detail what care is to be provided and by whom. (See appendix 1).

Alongside this parents and the school will work together to complete an individual intimate care plan for the child (see appendix 2)

Where possible, the child will contribute towards the intimate care plan and be involved with the write up of the learner/staff agreement (see appendix 3).

Where there are particular issues which might indicate a need for the intimate care to be delivered by two members of staff; a risk assessment must be completed and retained on the child's record eg: manual handling, safeguarding issues (see appendix 4).

For each use of intimate care staff will record using the personal care intervention log (see appendix 5).

School staff may be asked to undertake a physiotherapy regime (such as assisting children with exercises). School staff must only do this once the technique has been demonstrated by a physiotherapist and the physiotherapist has signed the schools training record (see appendix 6) to agree that the staff member trained is competent to carry out this task within school. The physiotherapist will observe the member of staff undertaking the exercises before signing the staff member as competent. These will be recorded in the pupil's physiotherapy plan and reviewed regularly.

Any concerns about the regime or any failure in equipment will be reported to the physiotherapist. School staff will not devise or carry out their own exercises or physiotherapy programmes

10. Monitoring and Evaluation

This policy will be reviewed annually by the Senior Leadership Team and Governing Body. Feedback from pupils, staff, and parents will inform updates.

Contact Information
For any questions or concerns regarding this policy, please contact:

School Name: Sketty Primary

Address: Llwyn Mawr Close Sketty SA2 9HJ

Phone: 01792 206655

Email: skettyprimaryschool@sketty.swansea.sch.uk

Appendices

Appendix 1

School Name:

Child's Name: *Child's Date of Birth:*

Child's School Year:

Child's Class Teacher & Support Staff:

Partnership Agreement and Consent for

Intimate Care for a Child/Young Person

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is to be provided and that staff have received any appropriate training that may be relevant. Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided a copy; an additional copy is to be retained on the child's file in school and where appropriate a copy is to be provided for the child's medical record.

Reasons why intimate care will be provided:
Who will provide this care (please details names and designation of those staff who will be providing care):
Detail of care to be provided:

Parental Agreement:

I/ We give permission for the school to provide intimate care to my/ our child.

I/ We agree to this plan and consent to procedures identified.

I/ We will inform the school of any changes that may affect my/ our child's intimate care (e.g. if medication has changed or my/ our child has an infection).

I/ We will contact the school immediately if there are any concerns.

Name of Parent/ Carer(s): Relationship to child:

_____ _____

Signature of Parent/ Carer(s):

_____

Date: _____

Schools Agreement:

We agree to inform parents/ carer(s) of any concerns we have with regard to intimate care of their child.

We agree to inform parents/ carers of any changes in staff, procedure or any changes to this plan or our school intimate care policy.

We agree to treat all children with dignity and respect by providing appropriate support with intimate care professionally and with sensitivity.

Name of ALNCo: _____

Signature of ALNCo: _____

Date: _____

A review of this agreement will be made on: _____

Outcome of review: (please detail any changes to the plan moving forward and produce a new
Individual Intimate Care Plan as required):

Appendix 2

Individual Intimate Care Plan

Date of plan: _____

Pupil's name: _____

Year Group: _____

	Details
Arrangements for nappy/pad changing/toileting: *e.g. where, when, arrangements for privacy.*	
Staffing requirements: *e.g. how many, who, when.*	
Method for changing/using toilet *e.g standing up (holding on to what?), laying down on a mat (short term measure online), laying down on a changing bed, what support is required.*	
Equipment *e.g. what equipment is required?*	
Level of assistance needed: *e.g. undressing, dressing, hand washing, washing, drying, application of cream, talking/signing to child/young person.*	
Working towards independence/: *e.g. what can the learner do themselves? What is the learners' current independence target?* *How can staff encourage independence for the learner? How will the learner be encouraged to participate in the procedure?]*	
Infection control: *e.g. wearing disposable gloves, aprons, arrangements for nappy/pad disposal.*	

Resources needed from parents:

e.g. wipes, cream, nappies/pull ups/pads, disposable sacks, change of clothes etc.	
Resources provided by the school: *e.g. antibacterial spray, disposable hygiene roll, bio-hazard bin liners, step, paper towel, hand wash,*	
Disposal arrangements *e.g. where to staff place used nappies, PPE, etc. immediately after use and at the end of the day.*	
Communication *e.g. can the learner communicate that they need support with intimate care? How? What signs do staff need to look out for?* *How will staff communicate with the learner that it is time to go to the toilet/changing room? Any code words to use/words to avoid?*	
How often? *e.g. how often in the morning/afternoon/timed intervals/agree the limited amount of times to support with intimate care per day.*	
Procedure for wet/soiled clothing: *e.g. where do staff place wet/soiled clothing.*	
Method of recording when intimate care is carried out: *e.g. where will information be recorded/shared when required.*	
Sharing Information: *e.g. how will staff inform parents if child/young person has a nappy rash or any marks etc.*	
Encouragement/Reassurance: *e.g. how will staff positively encourage/reassure learners whilst meeting their intimate care needs/ any rewards used?* *What the member of staff will do if the child is unduly distressed?*	
Consideration for off site visits:	

<u>Procedure to report any marks/injuries:</u> *What the member of staff will if marks or injuries are noticed?*	
Any other comments/ important information: *e.g. medical information, learners own views/preferences/specific names for body parts.*	
Parent/ Carer(s) Name	
Parent/ Carer(s) Signature	
Staff who will complete intimate care Name(s)	
Staff Signature(s)	
Review Date	

Appendix 3

Agreement between learner and staff supporting with intimate care

Child's Name _____ Year _____

Name(s) of Support Staff Involved _____

Date _____ Review Date _____

Support Staff

As the member of staff helping you in the toilet/changing room, you can expect me to do the following:

- I will be professional at all times when supporting you with intimate care.
- When I am the identified person I will stop what I am doing to help you with intimate care. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission/ explain before touching you or your clothing.
- I will check that you are as comfortable as possible, both physically and emotionally.
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will look and listen carefully if there is something you would like to change about your intimate care plan.
- I will value how you feel and ensure I communicate with you professionally.

Learner

As the pupil who requires help with intimate care, you can expect me to do the following:

- Use my own way to communicate that I need support with intimate care, if possible.
- Where appropriate - I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me.
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I know that how I feel is important and is valued by staff. I will communicate with staff about how I feel using my own way to communicate, e.g. speech, body language, facial expressions.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

Signed _____ Member of Staff

Signed _____ Child (if appropriate)

Appendix 4

Risk Assessment Form

Activity to be Assessed	Assessment Number

Persons undertaking or affected by the activity

☐ Employees	☐ Contractor	☐ Public	☒ Pupil	☐ Service User

☐ Other Students…….

	Identified Hazards and Associated Risks	Likelihood	Severity	Risk Level
1				
2				
3				
4				
5				
6				
7				
8				

	Existing Control Measures / Additional Control Measures Required
1	
2	
3	
4	
5	
6	
7	
8	

	Reassessment of Activity Hazards	Likelihood	Severity	Risk Level
1				
2				

3				
4				
5				
6				
7				
8				

Name: Position:	Date:	Verified:

Reviews	Key	
Review Date :	Likelihood	Severity
Reviewed by:		
Review Date :		
Reviewed by:	1 Very unlikely 2 Unlikely 3 Likely 4 Very likely 5 Certainty	1 Nuisance 2 Minor 3 Medical treatment 4 Major 5 Fatal
Review Date :		
Reviewed by:		

Severity of Injury						
	5	5Y	10R	15	20	25
	4	4	8	12	16	20
	3	3	6G	9	12	15
	2	2	4	6Y	8	10Y
	1	1	2	3	4	5G
	0	1	2	3	4	5
		Likelihood of Injury				

	Low Risk		Medium Risk	High Risk

Appendix 5

Record of Intimate Care Provided

Pupil's Name _____ Class/ Year Group _____

Name of Support Staff Involved _____

Date	Time	Support provided	Staff signature	Second signature (if required)

Physiotherapy Training Record

Child's name: **School's name:**

Please keep this training record with the physiotherapy programme and guidance for staff.

Please record below all staff who have been trained by the physiotherapist to carry out physiotherapy on the above pupil.

The physiotherapist is certifying that the below members of school staff have been trained and are competent to deliver the physiotherapy programme within school to the above pupil.

If the pupil's physical ability changes or staff have any concerns carrying out physiotherapy, the school should contact the physiotherapy department at Hafan Y Mor immediately on 01792 200400.

Date	**Staff Member Name**	**Physiotherapist Name**	**Physiotherapy Signature**	**Comments** *(if necessary)*