Holy Trinity C of E Primary Academy & Nursery

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Intimate Care Policy 2026/2027

Date Approved: April 2026

Date to be Reviewed: April 2027

Approved By:

Rob Kenyon - Trust Headteacher — Date: April 2027

Chris Harris - Chair of Local Academy Committee — Date: April 2027

St Chad's Academies Trust

Holy Trinity CE Primary Academy & Nursery

Intimate Care Policy

Principles

1.0 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education' (DfES 2006) to safeguard and promote the welfare of pupils at this school.

1.1 The Governing Body and Trust Headteacher will act in accordance with the supplementary DfES guidance: 'Safer Recruitment and Selection in Education Settings' (2005) and 'Dealing with Allegations of Abuse against Teachers and other Staff' (2005)

1.2 This Academy takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the following

- Keeping Children Safe in Education, 2015
- revised SSCB procedures, 2015
- Working Together 2015
- Ofsted 2015 Safeguarding inspection framework
- Early years and Foundation Stage Guidance 2012

Holy Trinity CE Primary Academy & Nursery's:

- child protection policy
- health and safety policy and procedures
- policy for the administration of medicines
- DCC moving and handling policy
- Special Educational Needs policy
- procedures and policy on use of force and restraint
- staff code of conduct or guidance on safe working practice.

1.5 Holy Trinity CE Primary Academy & Nursery is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 Holy Trinity CE Primary Academy & Nursery recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The views and wishes of a child will be considered in a respectful manner. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers to share information and provide continuity of care.

Definition

2.0 Intimate care: **"**Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with or exposure of sexual parts of the body." It also includes supervision of children involved in intimate self-care These tasks include: dressing and undressing, helping to use the toilet, cleaning and wiping intimate parts of the body.
Personal care: "Although it may not involve touching another person, it is less intimate and usually has the function of helping with personal presentation."
Tasks include: medication, hair, dressing, prompting and supervising going to the toilet.

Best Practice

3.0 Staff who provide intimate care at Holy Trinity CE Primary Academy & Nursery are trained to do so including in child protection and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate in addition to ensuring the changing areas are cleaned after use, as appropriate. Soiled items will be returned in a sealed bag and such occurrences will be communicated with parents.

3.1 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

3.2 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

3.3 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

3.4 All children 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 his/herself as possible.

3.5 Children who require regular assistance with intimate care have written Care Plans agreed by staff, parents/carers and any other appropriate professionals actively involved. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.

3.6 Where a Care Plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or via private message using classroom communication sites.

3.7 Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Adults who assist children one-to-one should be employees of the Academy and be DBS checked at the appropriate level.

3.8 It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

3.9 Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary Academy if no male staff are available. This is safe working practice to protect children and to protect staff from allegations of abuse.

3.10 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

3.11 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

3.12 If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Child Protection

4.0 The Governors and staff at Holy Trinity CE Primary Academy & Nursery recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

4.1 The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

4.2 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but in this Academy best practice will be promoted and all adults will be encouraged to be vigilant at all times.

4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

4.4 If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the a member of the safeguarding team. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

4.5 If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to a member of the safeguarding team. The matter will be investigated at an appropriate level 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 remain paramount. Further advice will be taken from outside agencies if necessary.

4.6 If a child makes an allegation against an adult working at the school, this will be investigated by Trust Headteacher (or a representative of the trust if the concern is about the Trust Headteacher) in accordance with the agreed procedures.

4.7 Any adult who has concerns about the conduct of a colleague at the Academy or about any improper practice will report this to the Trust Headteacher representative of the trust if the concern is about the Headteacher.

Physiotherapy

5.0 Children who require physiotherapy whilst at Academy should have this carried out by a trained physiotherapist. If it is agreed in the care plan that a member of the Academy staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.

5.1 Under no circumstances should Academy staff devise and carry out their own exercises or physiotherapy programmes.

5.2 Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.

5.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

6.0 Children with disabilities might require assistance with invasive or non-invasive medical procedures such as managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the care plan and will only be carried out by staff who have been trained to do so.

6.1 Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Record Keeping

8.0 It is good practice for a written record to be kept in our agreed format every time a child is changed.