



# OAK TREE SCHOOL

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*Nurturing potential, encouraging independence*

**Oak Tree School  
Intimate Care Policy**

**July 2025  
To be reviewed: July 2026**

## **RATIONALE**

This intimate care policy has been developed to safeguard children, support staff and ensure good practice is followed. At Oak Tree School we are committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner. We believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

### **1. PRINCIPLES**

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance.

1.2 This school takes seriously its responsibilities 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 Equalities Act 2010 which requires that any pupil 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 schools' policies as below (or similarly named):

- Behaviour Policy
- Child Protection Policy
- Health and Safety Procedures
- Whistle blowing and Complaints Policy

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will always undertake their duties in a professional manner. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his / her experience

of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parents / carers and other professionals to share information and provide continuity of care

1.8 Where pupils with complex and / or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this Intimate Care Policy.

1.9 All staff undertaking intimate care must be given appropriate training in child protection and health and safety issues.

1.10 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## **2. CHILD FOCUSED PRINCIPLES OF INTIMATE CARE**

The following are the fundamental principles upon which the Policy and Guidelines are based:

2.1 Every child has the right to be safe

2.2 Every child has the right to be valued as an individual

2.3 Every child has the right to be treated with dignity and respect

2.4 Every child has the right to be involved and consulted in their own intimate care to

the best of their abilities

2.5 Every child has the right to express the views on their own intimate care and to

have such views taken into account

2.6 Every child has the right to have levels of intimate care that are as consistent as

Possible

## **3. DEFINITION**

3.1 Intimate care 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 pupils 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.

3.2 It also includes supervision of pupils involved in intimate self-care.

#### **4. BEST PRACTICE**

4.1 Pupils who require regular assistance with intimate care have written Intimate Care Plans agreed by staff, parents / carers and any other professionals actively involved, such as school nurses or physiotherapists. Any historical concerns (such as past abuse) should be considered.

4.2 Intimate Care Plans should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also consider procedures for educational visits/day trips.

4.3 Where an Intimate 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 (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated sensitively regarding privacy.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has required assistance with intimate care, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

W=wet P=pad change BM=Bowel Movement

4.5 These records will be kept in the child's file and available to parents / carers on request.

4.6 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his / herself as possible.

4.7 Staff who provide intimate care are trained in personal care (e.g. child protection and health and safety procedures) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff who support in swimming should use family changing facilities for younger or more vulnerable pupils. After KS2, girls and boys should be changed separately. There should always be two staff to support undressing/dressing. Once pupils are dressed this can reduce to 1 to allow staff themselves to get changed. Staff should change in a separate cubicle, not in front of children or young people.

4.8 Staff will be supported to adapt their practice in relation to the needs of individual pupils considering development changes such as the onset of puberty and menstruation.

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

4.10 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.11 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and considered.

4.12 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

4.13 The religious views, beliefs and cultural values of children and their families should be considered, particularly as they might affect certain practices or determine the gender of the carer.

4.14 Adults who assist pupils with intimate care are all employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

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

4.16 Health & Safety guidelines should be adhered to regarding waste products.

4.17 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care

## **5. CHILD PROTECTION**

5.1 The Governors and staff at this school recognise that our pupils are particularly vulnerable to all types of abuse.

5.2 The school's child protection procedures will be adhered to.

5.3 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 pupil's body. In this school, best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to always be vigilant, to seek advice where relevant and take account of safer working practice.

5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises etc. s/he will immediately report concerns to the Designated Teacher for Child Protection or Headteacher. A clear written record of the concern will be completed, and a referral made if appropriate, in accordance with the school's child protection procedures. Parents / carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents / carers will be contacted as soon as possible to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if

the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the policy: Allegations of Abuse Against Staff Procedures (MET). It should not be discussed with any other members of staff or the member of staff the allegation relates to.

5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

## **6. MEDICAL PROCEDURES**

Any members of staff who administer first aid should be appropriately trained in accordance with MET guidance. 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.

## **7. GUIDELINES FOR IMPLEMENTATION**

7.1 Prior permission must be obtained from parents / carers before intimate care procedures are undertaken (see Appendix 1). This may include Personal Care plans (see Appendix 2) and any other plans which identify the support of intimate care where appropriate.

7.2 The most appropriate environment should be selected to ensure privacy and dignity at all times. Care should always be undertaken with tact, sensitivity and in an unhurried manner. Gloves and aprons should be worn. A brief record should be kept of dates, times and signed by staff.

7.3 Wherever possible, children should be encouraged to perform their own intimate care and given the necessary support and encouragement to enable them to do this. If washing or showering is required, always use a sponge or flannel (which should be checked regularly, washed & changed) and, where possible, encourage the child to attempt to wash private parts themselves. Emphasis should be on staff providing the minimum level of assistance and intervention, compatible with the particular circumstances and the child's needs

## **8. DEALING WITH TOILET ACCIDENTS**

Accidents and unexpected soiling will sometimes occur. On these occasions there may not be a personalised care plan in place. Children, parents / carers and staff all have responsibilities linked to this issue.

8.1 Children should be encouraged to make their need for the toilet clear and go quickly before an accident arises.

8.2 Parents must keep children who are unwell away from school to reduce the chance of stomach bugs from spreading. They must also come to the school as quickly as possible to care for their child who has become unwell. Pupils must be clear of symptoms for 48 hours before returning to school.

8.3 Staff should encourage children to go to the toilet during playtimes and lunchtimes, so establishing good habits. Staff will always be sympathetic to any child who does have an accident and parents will be informed.

8.4 Where possible, two adults will be present; one to undertake the intimate care and one to ensure the safeguarding of both child and adult.

8.5 A phone call home and/or an advisory note in the home-school communication book will be sent home to advise parents if intimate care support has been provided.