CUBITT TOWN PRIMARY SCHOOL

Intimate Care Policy

Every child grows • Every voice matters • Every day counts

This policy applies to staff, pupils, parents and carers, volunteers and governors

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1. Our vision and values

At Cubitt Town Primary School, **together we strive for excellence**. We want every child to reach their full potential in an environment that supports both their learning and their wellbeing – a school where everyone feels included, supported and able to flourish. Some children need help with intimate care, and how we give that help says a great deal about how much we value them. Our promise to every child shapes this policy:

Every child grows	Every voice matters	Every day counts
We help every child become as independent as they can be in caring for themselves, at their own pace – and needing help with toileting never stops a child from joining in or starting school.	Children are asked, listened to and given choices about their care, in words, signs, pictures or PECS. Parents and carers help to plan their child's care.	Care is given promptly and consistently every day, so that children stay comfortable, keep learning and do not miss out.

Our 6C values in intimate care

Value	What it means for intimate care
Care	Every child is treated with warmth, dignity and respect. Their privacy, comfort and safety always come first.
Communication	Adults explain what they are doing, ask the child's permission, and use each child's preferred way of communicating. We talk openly with parents and carers.
Collaboration	Staff, parents and carers, the child and health professionals plan care together, and staff support each other.
Curiosity	Adults notice changes in a child's body, mood or behaviour and ask why, reporting any worry straight away.
Challenge	We encourage every child to do as much as they can for themselves, and we challenge any practice that does not respect a child's dignity.
Commitment	Staff follow this policy and each child's plan consistently, are properly trained, and keep clear records.

2. Introduction and aims

Cubitt Town Primary School is an inclusive school for children aged 3 to 11. Many of our youngest children in Nursery and Reception are still learning to use the toilet independently, and some children, including those with SEND or medical conditions, need help with intimate care throughout their time with us. Children of any age may also occasionally need help after an accident or illness.

This policy aims to:

- make sure every child who needs intimate care receives it safely, with dignity and respect, and in a way that meets their individual needs;
- promote each child's independence, self-esteem and a positive image of their own body;
- protect children from abuse, and protect staff from unfounded allegations, through clear, consistent procedures;
- make sure parents and carers are fully involved and know what to expect;
- make sure no child is disadvantaged or excluded because they need intimate care.

3. Legislation and guidance

This policy has regard to:

- the Equality Act 2010 – children must not be refused admission, excluded or treated less favourably because they are not yet toilet trained or need intimate care because of a disability or medical condition, and the school must make reasonable adjustments;
- the Early Years Foundation Stage statutory framework (effective September 2026), including the requirements for a key person, for hygienic changing facilities and for children's privacy during nappy changing and toileting;
- Keeping Children Safe in Education 2026 and the London Child Protection Procedures and Tower Hamlets Safeguarding Children Partnership (THSCP) guidance;
- section 100 of the Children and Families Act 2014 and the DfE statutory guidance Supporting pupils at school with medical conditions;
- the SEND Code of Practice: 0 to 25 years;
- the Health and Safety at Work etc. Act 1974 and guidance on infection control in schools (UK Health Security Agency).

It should be read alongside our Safeguarding and Child Protection Policy, Staff Code of Conduct, SEND Policy, Supporting Pupils with Medical Conditions and First Aid Policy, Accessibility Plan, EYFS Policy, Health and Safety Policy, Whistleblowing Policy and Equality and Diversity Policy.

4. Definitions

Intimate care is any care task of an intimate nature associated with bodily functions, bodily products and personal hygiene which involves direct or indirect contact with, or exposure of, the private parts of the body. It includes:

- helping a child to use the toilet, and cleaning them afterwards;
- changing nappies, pull-ups or continence pads;
- changing underwear and clothing after a toileting accident;
- washing intimate parts of the body, bathing or showering;
- helping with sanitary products during a period;
- care for a catheter, stoma, colostomy or ileostomy bag, or other appliance, and other medical procedures agreed in a child's healthcare plan.

Personal care involves touching that is less intimate, such as helping a child to dress or undress (outer clothing), wash their hands or face, eat, apply cream to exposed skin or take oral medication, or prompting them to go to the toilet. The same principles of dignity, respect and consent apply.

What feels 'intimate' can vary between children, families, cultures and faiths, and we take particular care to respect these differences.

5. Principles of intimate care

Every child has the right to:

- be safe, and to be treated with dignity, respect and privacy appropriate to their age and the situation;
- be involved in their own care as far as they are able, and to have their views, wishes and feelings listened to;
- have their cultural and religious beliefs respected, and routines that reflect home where possible;

- consistent care from a small number of familiar, trained and checked adults;
- have any worry about their care listened to and acted on.

6. Roles and responsibilities

The Governing Body

Makes sure this policy is in place, is followed and is reviewed, and that suitable facilities and resources are available.

The Headteacher and Assistant Headteacher (Inclusion)

- Make sure staff understand and follow this policy and receive appropriate training.
- Make sure intimate care is included in job descriptions for relevant roles, and that enough trained staff are available.
- Make sure intimate care plans are in place, shared with the right staff and reviewed.

The SENDCo, class teachers and Early Years key persons

- Work with parents, carers and health professionals to write and review intimate care plans.
- Make sure staff working with the child know the plan and follow it.

Staff who carry out intimate care

- Follow this policy, the child's plan and our safeguarding procedures at all times.
- Only carry out intimate care if they are an employee with an enhanced DBS check, have been trained, and it is part of their role. Students, volunteers and visitors never carry out intimate care.
- Tell a senior leader if they are not comfortable with any part of the care, so that other arrangements can be made.

7. Working with parents and carers

Parents and carers are partners in their child's care. We will:

- talk with parents and carers before a child starts, or as soon as a need is identified, about their child's toileting and care needs, and agree how these will be met;
- ask parents and carers to sign an agreement (Appendix 3) giving permission for staff to change and clean their child when needed;
- involve parents, carers and the child in writing and reviewing any intimate care plan, and give them a copy;
- tell parents and carers the same day, in a sensitive way, if their child has needed intimate care that is not part of their normal routine, or if we notice anything that concerns us;
- respect cultural and religious preferences, including preferences about who provides care, wherever this is possible.

We ask parents and carers to:

- tell us about their child's needs, routines and the words or signs their child uses;
- provide nappies, wipes, spare clothes and any specialist equipment their child needs
- work with us on toilet training, so that home and school use the same approach;
- tell us about any changes in their child's needs or health.

We will never send a child home, ask a parent or carer to come in to change their child, or stop a child taking part in any activity, simply because they need help with toileting. We may, however, contact parents if a child is unwell (for example, with diarrhoea or vomiting, in line with infection control guidance).

8. Intimate care plans

A child who needs regular intimate care – for example because of SEND, a medical condition or continence needs – will have an **intimate care plan** (Appendix 1). The plan is agreed with the child (as far as possible), parents and carers, school staff and any health professionals, and sets out:

- what care the child needs, when, where and how often;
- who will provide the care, and who will cover if they are absent;
- what the child can do for themselves, and how we will build their independence;
- the words, signs, symbols or PECS the child uses;
- equipment and products needed, and who provides them;
- any cultural, religious or personal preferences, including the gender of the adult;
- any medical procedures, and the training staff need to carry them out;
- how the plan will be reviewed.

Plans are reviewed at least once a year, and sooner if the child's needs change. Any changes are shared with staff, the child and parents and carers. Where a child also has an EHCP or individual healthcare plan, the intimate care plan links to it.

9. Toileting in the Early Years and Key Stage 1

Learning to use the toilet is a normal part of development, and children do this at different ages. We support every child with patience and encouragement, and never with criticism or punishment.

- Each child in Nursery and Reception has a **key person**, who works with parents and carers on toileting.
- We share a consistent toilet-training approach with families, using visual toileting sequences, simple language and praise.
- Children are reminded to use the toilet at regular times, and can go whenever they need to.
- After an accident, the child is changed promptly, kindly and in private, in our changing area, using spare clothes. Soiled clothes are double-bagged and sent home, and parents and carers are told at the end of the day.
- In line with the EYFS framework, children's privacy is respected during nappy changing and toileting, while making sure they are safe. The changing area is hygienic and has a supply of hot and cold water.
- Children in Key Stage 1 who have an accident are supported in the same way, and encouraged to change themselves as far as they can.

10. Carrying out intimate care

- Intimate care is usually carried out by **one** trained member of staff, which respects the child's privacy. That member of staff **tells another adult** when they are taking a child for care and when they have finished. Two members of staff will be present where the task requires it (for example, lifting or using the hoist) or where the child's plan says so.

- If a member of staff does not wish to carry out care on their own, they should discuss this with a senior leader – for example, another adult may be nearby without compromising the child's privacy.
- Care takes place in a designated private area, such as the changing area or the accessible toilet, with the door closed but **not locked**.
- Wherever possible, the child is cared for by adults they know and trust, and the child's preferences are respected, including about the gender of the adult where this is practical – especially for older children.
- Adults explain what they are going to do, ask the child's permission ('Is it OK if I help you with…?'), and talk to the child throughout, using their preferred communication.
- Children are encouraged to do as much as they can for themselves, such as pulling down their own clothes or wiping themselves.
- Adults use wipes or a flannel, not bare hands, to clean a child, and never do anything they have not been trained to do.
- Staff watch for, and respond to, the child's reactions. If a child is upset by or objects to a particular adult, this is recorded, discussed with a senior leader and another adult provides care.
- **Mobile phones, cameras and any recording devices are never used or taken into toilets or changing areas.**
- Care is recorded on the child's intimate care record (Appendix 2) each time, for children with a plan.

11. Periods and menstruation

Some children in upper Key Stage 2 may start their periods while at primary school. We will:

- make sure that girls in Years 5 and 6 know, through our Relationships and Health Education curriculum, that they can ask any trusted adult for help;
- keep free period products available discreetly in Year 6 toilets or school office through the government's free period products scheme;
- provide a sanitary bin in the relevant toilets;
- support any child who starts their period unexpectedly with kindness and privacy, and let their parents or carers know.

12. Medical procedures and training

Some intimate care tasks, such as catheter or stoma care or the administration of rectal medication in an emergency, may only be carried out by staff who have been **formally trained and assessed as competent** by an appropriate health professional, and in line with the child's individual healthcare plan. Intimate examinations must never be carried out by school staff. All staff who carry out intimate care receive training on this policy, dignity and safeguarding, moving and handling (including using the hoist, where relevant), and infection control. Training is recorded and refreshed regularly.

13. Hygiene and facilities

- Staff wear disposable gloves and aprons, which are changed for each child.
- Waste such as nappies, pads and wipes is bagged and disposed of in the designated clinical or hygiene waste bin.
- Changing surfaces are cleaned after each use, and staff and children wash their hands afterwards.
- Spare clothes, nappies, wipes and PPE are kept in each Early Years and KS1 area – in the uniform cupboard and upstairs by the SENDCO office

- Our **accessible toilet on the ground floor** has a changing station, toilet, hoist and shower, and can be used by pupils, visitors and staff. Nursery and Reception/KS1 toilets are reached directly from the classrooms.

14. Trips, PE, swimming and residentials

- Intimate care needs are planned for in the risk assessment for every trip and residential, including who will provide care and where.
- Children with an intimate care plan are accompanied by trained staff who know them, with the right equipment and products.
- When children change for PE or swimming, adults supervise from a respectful distance, respect privacy, and never take photographs.
- On residential trips, arrangements for washing, showering and changing are agreed with parents and carers in advance.

15. Safeguarding and vulnerability to abuse

Children who need intimate care may be more vulnerable to abuse because:

- they may be used to doing what adults tell them, and have fewer chances to make their own choices;
- being cared for by many different adults can increase risk and make it harder to form a trusted relationship;
- physical dependency gives more opportunity for someone to justify touching a child inappropriately;
- repeated care can make a child feel that their body does not belong to them;
- they may find it harder to tell someone, or fear losing the care they depend on.

We reduce these risks by following this policy and each child's plan, limiting care to a small number of trained and checked adults, involving children and parents, and teaching every child – through our PSHCE curriculum and the NSPCC's PANTS rule – that their body belongs to them, which parts are private, and that they can always tell a trusted adult if something feels wrong. Confident children who feel their body belongs to them are less vulnerable to abuse.

Because intimate care involves close contact, staff may also be more vulnerable to allegations. Following this policy, telling another adult, and keeping records protects both children and staff.

16. Recording and reporting

Staff must report **immediately** to a Designated Safeguarding Lead, and record on CPOMS, if during intimate care:

- they accidentally hurt the child;
- the child seems sore, or has any unexplained mark, injury or discharge in the genital area;
- the child appears sexually aroused, or behaves in a sexualised way;
- the child misunderstands or misinterprets something;
- the child has a very emotional reaction without an obvious cause, or their demeanour changes after care;
- they suspect that female genital mutilation (FGM) has taken place.

Parents and carers will normally be informed of any accident or injury, unless the DSL decides this could put the child at risk. **Teachers have a mandatory duty to report to the police** if they discover that FGM appears to have been carried out on a girl under 18, and must also tell a DSL.

If a child discloses abuse, staff follow our Safeguarding and Child Protection Policy. If anyone has a concern about the way another adult is carrying out intimate care, they must report it to the Headteacher (or to the Chair of Governors if it concerns the Headteacher), who will seek advice from the Local Authority Designated

Officer (LADO) where appropriate. Staff can also use our Whistleblowing Policy. Parents, carers and children who are unhappy with how care has been provided can raise this with the class teacher, the Assistant Headteacher (Inclusion) or through our Complaints Procedure.

17. Monitoring and review

The Assistant Headteacher (Inclusion) monitors how this policy is working, including by checking intimate care plans and records and talking to staff, children and families. The policy will be reviewed every two years by the Governing Body, or sooner if legislation or guidance changes.

Appendix 1: Intimate care plan

Child's name	
Date of birth and class	
Parent/carer name(s) and contact	
Reason intimate care is needed	
Care needed (what, when, how often)	
Where care will take place	
Staff who will provide care (and cover)	
What the child can do independently, and next steps for independence	
How the child communicates (words, signs, symbols, PECS)	
Equipment and products needed, and who provides them	
Cultural, religious or personal preferences (including gender of adult)	
Medical procedures and staff training required	
Child's views	
Review date	

Agreed by:

Name	Signature	Date
Parent/carer		
Child (where appropriate)		
School (SENDCo / class teacher)		
Health professional (if involved)		

Appendix 2: Intimate care record

Child's name: _____ Class: _____

Date	Time	Care provided	Staff member	Adult informed	Initials

Any concerns must be recorded on CPOMS and reported immediately to a DSL.

Appendix 3: Parent/carer agreement for intimate care

At Cubitt Town Primary School, we support children who need help with toileting or personal care with kindness, dignity and respect, in line with our Intimate Care Policy (available on our website or from the school office).

I give permission for trained members of staff at Cubitt Town Primary School to:

- help my child to use the toilet and to clean them if needed;
- change my child's nappy, pull-up or clothing after an accident, using wipes and a change of clothes;
- provide any other intimate care set out in my child's intimate care plan (if they have one).

I understand that care will be given privately and respectfully, that another member of staff will be told, and that I will be informed the same day. I agree to tell the school about my child's needs and any changes, and to provide nappies, wipes and spare clothes where needed.

Child's name	
Class	
Words or signs my child uses for the toilet	
Any preferences (including cultural or religious)	
Parent/carer name	
Signature	
Date	