FARMILO PRIMARY SCHOOL

Personal and Intimate Care in Educational Settings Policy

Head Teacher:	S Tryner
Date Adopted:	Sept 2025
Review Date:	Sept 2026

Ratified & approved by:	
Date:	

Contents

Policy Statement 3
Risk assessments 4
The involvement of parents and carers 4
The child's or young person's voice 4
Safeguarding 4
Implementing best practice for personal and intimate care at [NAME OF SCHOOL] 5
Intimate Care and Health Plans 6
Staffing 7
Staff Training 8
Appendix 1: Intimate Care and Health Plan 9
Appendix 1 – Intimate Care and Health Plan 9

Policy Statement

Farmilo Primary School is committed to support all children and young people with their personal and intimate care needs to ensure they have full access to 'school' life, including trips and PE.

This policy provides guidance and support to school staff at Farmilo Primary School on the effective management of the personal and intimate care needs of individual children and young people.

The **aims of this Policy** are:

- To safeguard the dignity, rights and well-being of children and young people.
- To ensure that children and young people are treated consistently when they experience intimate personal care.
- To provide guidance to head teachers and reassurance to staff.
- To ensure that parents / carers are involved in planning the intimate care of their child and are confident that their concerns and the individual needs of their child are considered.
- To reassure parents that staff are knowledgeable about intimate care.
- To ensure that staff are well supported and are appropriately trained.

The **EYFS Framework 2025** emphasizes protecting children's **privacy** and **dignity** during intimate care. At Farmilo Primary School, staff who may be required to change a child complete the National College certificate in personal and intimate care. Staff understand that they must use discreet areas for nappy changes and toilet care whilst maintaining constant adult visibility and hearing of other children. In EYFS particularly Nursery, children's independence, recognizing their feelings, and ensuring they have adequate, separate toilets and hand basins is a priority.

The **Equality Act 2010** provides protection in law for anyone who has a 'physical or mental impairment that has a substantial, long term and adverse effect on their ability to carry out normal day to day activities'.

A disabled child or young person must not be put at a substantial disadvantage compared with his non-disabled peers, and the school has a legal duty to make reasonable adjustments to ensure less favourable treatment does not occur.

The 2011 Equality Duty requires public organisations including schools and other educational settings to promote positive attitudes towards and eliminate harassment of disabled people. Establishing good practice in areas such as personal and intimate care procedures will help a school meet its duties under the Equality Act and Equality Duty.

The **principles** underpinning this Policy are:

- Children and young people should be encouraged to express choice and to have a positive image of their body
- Children and young people have the right to feel safe and secure
- Children and young people have the right to remain healthy
- Children and young people should be respected and valued as individuals

- Children and young people have a right to privacy, dignity and a professional approach always from staff when meeting their needs
- Children and young people have the right to information and support to enable them to make appropriate choices
- Children and young people have the right and know how to complain about their personal and intimate care and have their complaint dealt with effectively by the school.

Risk Assessments

The school will have in place and keep risk assessments up to date covering both personal and intimate care. Staff should be consulted to obtain their views, to ensure that they fully informed and understand, and training provided where identified and as required.

The involvement of parents and carers

The school believes It is important that parent / carers are involved in appropriate discussions with the school regarding the personal and intimate care whilst in school. Parents and carers have information to make the process as comfortable as possible, and knowledge and understanding of any personal, religious/cultural sensitivities.

The Head Teacher will therefore consult with children and young people, and their parents, when drafting policies and implementing child / young person specific health and care plans, as they will know what works well and what does not.

Exchanging information with parents is essential via telephone, remote meeting technology, personal contact, or correspondence, though no information about intimate care should be recorded in home/school books.

The child's or young person's voice

The school believes it is important that the child or young person, subject to their understanding, can express a preference regarding their intimate care. Terminology for private parts of the body and functions to be used by staff should be agreed. It is the responsibility of all staff caring for a child or young person to be aware of the method and level of communication used. This could include signs, symbols, eye pointing or vocalisations.

Safeguarding

The school recognises that disabled children and young people are particularly vulnerable to abuse and discrimination. It is critically important that all school staff are familiar with Farmilo Primary School Safeguarding and Child Protection policy and procedures. The Head Teacher must ensure that all staff working with children and young people have been through the schools' safer recruitment process.

Disabled children / young people can be more vulnerable to abuse because:

- They often have less control over their lives than their peers and may have fewer opportunities to take decisions for themselves and may have limited choices. The child or young person may come to believe they are passive and powerless.;

- They do not always receive appropriate sex and relationships education, or if they do may not understand it, so are less able to recognise abuse.
- They may have multiple carers through residential, foster or hospital placements which may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.
- The physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately.
- Changes in appearance, mood or behaviour may be attributed to the child's disability rather than abuse.
- They may not be able to communicate what is happening to them.

Personal and intimate care may leave staff more vulnerable to accusations of abuse than in other educational settings. It is unrealistic to eliminate all risk, but the vulnerability places an important responsibility on school leaders to ensure their staff understand how to work in accordance with agreed procedures, and where possible and appropriate for children, young people and / or parents / carers to be involved in the development of the child's or young person's health and care plan.

The school will ensure through inductions of new staff and through regular updates for all staff that everyone working in the school clearly understands to whom and how they should report issues or concerns. There should also be clear escalation routes should a practitioner, parent/carer or child or young person believe that personal and intimate care is not being undertaken in line with the school's intimate care policy, the individual's health and care plan, or with dignity and respect.

Should a child or young person disclose abuse or harm, as a result of intimate care, this should be responded to in line with the school's child protection procedures.

Any allegations against a member of staff should be considered in line with the school's safer working and LADO procedures. In specific situations where there have been accusations or incidents of abuse in the past, or the school has assessed risk of accusation as high, then it is strongly advised that two staff should be present, one providing oversight, during intimate care procedures.

Implementing best practice for personal and intimate care at Farmilo Primary School

To ensure best practice the school and its staff are committed to:

- Getting to know the child / young person before working with them
- Being aware of any personal, cultural or religious sensitivities related to aspects of intimate care
- Speaking to the child / young person by name and ensuring that they are aware of what intimate care is to take place
- Addressing the child / young person in an age appropriate manner
- Agreeing terminology for parts of the body and bodily functions that will be used by all
- Respecting a child's or young people's preference for a sequence of care

- Giving clear prompts in an appropriate way to allow the child or young person to anticipate and prepare for events e.g. show a clean nappy to indicate the intention to change, or a sponge for washing
- Encouraging the child or young person to do as much as possible for themselves
- Always seeking the child's or young person's permission to carry out a task
- Providing facilities that allow dignity and privacy
- Keeping records as required and updating and communicating any changes to Intimate Care and Health Plans.

The school will also ensure that there is always a suitable environment for personal and intimate care to take place including ensuring:

- A fully accessible changing area
- The availability of hot and cold running water
- Personal Protective Equipment (PPE) such as aprons and gloves, where required
- Nappy disposal bags
- Supplies of nappies (provided by family)
- Wipes and cleaning cloths
- Labelled bins for the disposal of wet and soiled nappies. (Soiled items should be double-bagged.)
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials, anti-bacterial sprays and handwash for example
- Appropriate clean clothing (preferably the child's own)
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls.

Intimate Care and Health Plans

Farmilo Primary School will complete an individual intimate care plan for all children and young people who require regular personal and intimate care whilst attending school. The individual intimate care plan must be drawn up at a meeting (preferably prior to admission), involving the child or young person, their parents/carers/legal guardian, the school or setting, so that support procedures can be agreed and consented to. If required advice will be sought from a relevant health professional. The school will make every effort must be made to assist those children and young people who are not able to communicate easily to participate in their care planning.

The school will consider the following when writing an individual intimate care plan:

- The importance of working towards independence and the monitoring of progress towards this
- Arrangements for home/school transport, sports days, school visits, swimming etc
- Substitutes in case of staff absence, including the training and support for substitutes
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption

- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc)
- Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with.

Intimate Care and Health Plans will be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. Intimate Care and Health Plans can be appended to or incorporated into an EHC Plan.

An example an individual imtimate care plan can be found as appendix 1.

Staffing

All Teaching Assistants' job descriptions (all grades and both primary and special schools), include key responsibilities relating to personal and intimate care. The job evaluation of all teaching assistant job descriptions includes the following factor:

Duties involve regular contact with children; there is also some exposure to abuse and /or aggression from pupils and /or adults; assisting pupils with toileting and dealing with bodily fluids.

The school will ensure that all staff must be appropriately trained to undertake these responsibilities.

Other postholders may also have more specific responsibilities set out in their job descriptions.

Each child's and young person's right to privacy must be respected. Wherever possible, staff should work with children and young people of the same sex in providing intimate care, respecting their personal dignity always. It is recognised that there are more female than male support staff in schools meaning that boys will often be supported by a female adult. Male adults should not normally be involved in providing intimate care for girls. Religious and cultural values must always be considered.

School leaders must consider each child and young person's situation to determine how many carers might need to be present and which carers may be involved when a child or young person needs help with personal and intimate care.

As stated above, in specific situations where there have been accusations or incidents of abuse in the past, or the school has assessed risk of accusation as high, then it is strongly advised that two staff should be present, one providing oversight, during intimate care procedures. For the safety of the child, young person and staff, school leaders should identify situations where it is appropriate for two members of staff to be present wherever practical with personal and intimate care with one colleague being able to at least hear and have oversight, whilst the other member of staff delivers the care.

Other factors determining the number of staff to be involved include: safeguarding concerns; previous complaints, concerns or allegations; the preference of the child or young person or advice specified in a Moving and Handling or behavioural risk assessments. The number of carers including the reasons must be clearly documented in the child's or young person's intimate care plan.

Where the need for a risk assessment is required staff should be consulted and training provided where identified.

Staff Training

The school will ensure that all staff engaged in personal and intimate care receive appropriate training and this is reviewed and updated regularly as part of the school's overall plan for all staff Continuous Professional Development. The requirements for training will be influenced and determined by the needs of individual children and young people. Designated staff may require training in safe moving and handling when undertaking personal and intimate care. Training should form part of, but not exclusively to, the discussion in relation to staff appraisal and or supervision arrangements.

Appendix 1: Intimate Care and Health Plan

Appendix 1 – Intimate Care and Health Plan

Name of School / Setting:	
Child's / young person's name:	
Date of Birth:	
Class Name / Tutor Group:	
Child's Address:	
SEN Primary Need if applicable	
Medical Diagnosis or Condition:	
Date:	
Review Date (at least every 12 months):	

Contact Information

Contact 1		**Contact 2**	
Name		Name	
Relationship to Child		Relationship to Child:	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic / Hospital Contact		**GP**	
Name		Name	
Phone No.		Phone No.	

Arrangements

Describe medical needs and give details of child's symptoms:
Daily care requirements (e.g. before sport / at lunchtime):
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if there is different for off-site activities):