



Intimate Care Policy

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Bearwood Primary and Nursery School

Intimate Care Policy

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1) Intimate care is part of Child Protection and Safeguarding

Intimate care is an element of our 'Safeguarding' work. This intimate care policy is also included within our broader Child Protection and Safeguarding Policy. This policy has been prepared for the support of all teaching and support staff who come into contact with pupils who may need assistance and intimate care.

2) Rationale

It is our intention to develop independence in each child; however, there will be occasions when additional help is required. Our Intimate Care Policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our provision of pastoral care. The principles and procedures apply to everyone involved in the intimate care of children.

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 may 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 include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- the 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.

Bearwood Primary and Nursery school is a Rights Respecting School. This school takes seriously the rights of our children and our 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.

The school 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.

This intimate care policy should be read in conjunction with the schools' policies:

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- Health and safety policy and procedures
- Special Educational Needs policy

3) Principles of Intimate Care

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

- 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.
- Every child has the right to have levels of intimate care that are appropriate and consistent.

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.

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

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. Where procedures require specialist training, staff undertaking intimate medical care will be given this.

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

4) Intimate Care Plans

Pupils who need regular intimate care will have an intimate care plan. This is a written document (see attached to this policy) that explains what will be done, when and by whom. It will be written with input from the pupil (where possible), parents/carers, school staff and other professionals, such as a school nurse or physiotherapist. Ideally, this will take the form of a meeting. Any historical concerns will be taken into account.

If needed, we will agree appropriate terminology for private parts of the body and functions and note this in the plan. The religious views, beliefs and cultural values of pupils and their families will be taken into account.

The child's right to privacy and modesty will be respected. The meeting will consider carefully who will support the pupil with intimate care and if this needs to be more than one person. As far as possible, each pupil will have a choice about who supports them. We will take into account safer working practice and make sure our processes are transparent.

The plan will be reviewed as necessary, but at least annually. In some cases, the support for pupil's intimate care needs will be written into their Education, Health and Care (EHC) plan or their SEN support plan (or equivalent document) rather than an intimate care plan or individual healthcare plan.

5) School Responsibilities

All staff working with children are subject to the appropriate Disclosure and Barring Checks as part of safer recruitment process. This includes student teachers on work placement and volunteers.

Only those members of staff who are familiar with the intimate care policy are 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.

Consent forms 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 Safeguarding Lead (DSL)/Headteacher.

6) Equipment Provision

Where a child is in nappies, parents/carers will be responsible for ensuring the school has a supply of nappies, wipes and nappy bags. Parents of children who regularly soil themselves will be required to provide a change of clothes. Parents will be supported with toilet training by school staff and the school nurse.

The school will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any soiled nappies on site. Nappy changes should not be routine for pupils who are in the setting for less than 3 hours and should be based on the needs and comfort of the child. It is recommended that information on intimate care should be treated as confidential and communicated in person at handover or by telephone.

7) Guidelines for Good Practice

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 special 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:

- Involve the child in the intimate care.
- Try to encourage a child's independence as far as possible in his or her intimate care.
- Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible.
- Seek the permission of the pupil before starting an intimate care procedure, according to the pupil's age and level of understanding.
- Be aware of best practice regarding infection control, including the requirement to wear disposable gloves.
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Care should not be carried out by a member of staff working alone with a child. Two staff members should always be present.

- Make sure practice in intimate care is consistent. As a child may have multiple carers and a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Ensure any incidents where a child has received intimate care are reported to parents.
- If the intimate care is a regular, planned event there should be regular communication between home and school. This may be in the form of a home-school communication book or a more formal record kept in the case of pupils with specific medical needs. In this care the school nursing team will be involved and may support staff and parents by advising what sort of information should be recorded and monitoring the provision in school.
- 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.
- 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.
- If you have any concerns, you must report them. If you observe any unusual markings, discolouration or swelling, report it immediately to the DSL or DDSL.
- 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 a DSL or a member of the Safeguarding Team.
- Report and record any unusual emotional or behavioural response by the child through logging on My Concern.

8) Working with children of the opposite sex

There is a positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a female member of staff.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- Two members of staff must be present.
- 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 immediately stop. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to the DSL or DDSL.
- Parents must be informed about any concerns.

9) 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

- Treat the child as an individual with dignity and respect.

10) Offsite Trips and Visits

Where a child has an intimate care plan, consultation with colleagues should take place where any deviation from arrangements is anticipated e.g. on a school trip or visit as the same standard and level of facilities may not be available off site. Any deviation from the agreed plan will be documented and reported with parents.

Monitoring and review

This policy should be reviewed every two years in conjunction with the EYFS Team, Designated Safeguarding Lead (DSL) and the Safeguarding Governor.



Bearwood Primary and Nursery School

Intimate Care Plan

Parental Permission for Regular Intimate Care

Parents are welcome to come and look at the changing facilities.

Please feel free to discuss any aspect of this care with your child's teacher or teaching assistant as you drop off or collect, or if you feel a longer or more private discussion would be helpful please make an appointment to see your child's teacher or the SENCO at the school office.

Parental views on (Child's Name) care are welcomed and will be acted on wherever possible.

Additional notes, relevant to (Child's Name) regarding their intimate care (please add any relevant information):

Parent's signature: _____

Parent's name: _____

Child's name: _____

Child's class: _____

Date: _____



Bearwood Primary and Nursery School

Intimate Care Plan

Intimate Care Plan Log – Specific Child

Child's Name: _____

Date	Time	Nappy (N) or Pants (P)	Wet or soiled	Comments (if applicable)	Staff initials

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Bearwood Primary and Nursery School

Intimate Care

Parent Notification of intimate care

(For use where there is not an intimate care plan in place)

Name _____

Date: _____

I had an accident at school today and I have wet/soiled (please delete as necessary) my underwear.

I am wearing:

☐

My own clothes

☐

The school's clothes

☐

I needed support to clean myself

Comments (if necessary)

_____ (staff member's name) gave me assistance and helped me

Staff member's signature _____