



The Bellbird Primary School

Intimate Care Policy

September 2025

Headteacher's signature	<i>Signed copy on file in HT office</i>
Chair of Governors' signature	<i>Signed copy on file in HT office</i>

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Intimate Care Policy

1.0 INTRODUCTION

- 1.1 Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- 1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.
- 1.3 Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at The Bellbird Primary School work in partnership with parents/carers to provide continuity of care to children wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- 1.5 The Bellbird Primary School 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. The Bellbird Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2.0 OUR APPROACH TO BEST PRACTICE

- 2.1 All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

- 2.3 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.
- 2.4 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 the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- 2.5 As a basic principle 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.
- 2.6 Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.
- 2.7 Where an intimate care plan is not appropriate, but a child has received intimate care e.g. a child needs intimate wiping due to a bowel movement, the parent / carer is informed and intervention recorded on Medical Tracker.
- 2.8 Each 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. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
- 2.9 Intimate care involving nappies or pull-ups should take place in the larger, accessible toilet. During intimate care, the door should be left slightly ajar to maintain the child's privacy while also ensuring appropriate safeguarding and visibility for the member of staff providing the care. A sign outside the toilet will indicate when the facility is in use to prevent interruption and maintain the child's dignity.
- 2.10 The school will provide regular intimate care only for pupils who have an identified Special Educational Need or Disability (SEND) or a specific medical need that requires such support. For pupils without identified SEND or medical needs, it remains the responsibility of parents or carers to ensure that their child is toilet trained before starting school. In circumstances where a child is not toilet trained due

to a lack of prior toilet training rather than an identified need, parents or carers may be asked to come into school to provide intimate care until their child is able to manage independently.

3.0 THE PROTECTION OF CHILDREN

- 3.1 Education Child Protection Procedures procedures will be accessible to staff and adhered to.
- 3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection. A clear record of the concern will be completed and referred to social care and/or the police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.
- 3.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into 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.
- 3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Links to other policies

This policy should be read in conjunction with:

- SEND policy
- Health & Safety Policy
- Safeguarding Policy
- Equalities Policy

Personal Care Plan Checklist (to inform the written personal care plan)

Child's name:

	Discussed	Action
Facilities Suitable toilet identified Adaptations required <ul style="list-style-type: none">- Changing mat/table (easy clean surface)- Grab rails- Step- Easy operate locks at suitable height- Hot and Cold water- Lever taps- Disposal unit- Moving and handling equipment		
Home provided supplies <ul style="list-style-type: none">- Pads- Catheters- Wipes- Spare clothes- Others (specify) School provided supplies <ul style="list-style-type: none">- Toilet rolls- Urine bottles- Bowl / bucket- Antiseptic cleaner, cloths and blue roll- Antiseptic hand wash		

<ul style="list-style-type: none"> - Milton / sterilising fluid - Paper towels, soap - Disposable gloves / aprons - Sacks / disposable bags 		
<p>Staff training and communication</p> <ul style="list-style-type: none"> - Advice sought from community school nurse - Parental / carer involvement in the management plan - Child involvement in the management plan - Specific training for staff in personal care role - Awareness raising for all staff - PE staff <p>Other children / pupils?</p> <ul style="list-style-type: none"> - Consult child, respect privacy - How does the child communicate their needs? - 		
PE issues to enable access to all activities		

<ul style="list-style-type: none"> - Discreet clothing required - Privacy for changing? - Specific advice required for swimming - Manual handling training? - 		
Support Identified Staff Back up staff Training for staff		

Intimate Care Plan – Please ensure that any intimate care is logged on Medical Tracker

Child/Young Person:				School/Setting:	
DOB:		Male/Female		Date:	

Description of Intimate Care Needs
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Areas of independence for child If practical, it may be possible to identify one part of the intimate care procedure which gives the child/young person an opportunity to have a little more independence. If so the plan can then assist in the development of this part of the whole task.
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Action Plan – Describe the steps needed to achieve this task
Staff who will regularly provide intimate care:
Staff who may provide intimate care if the above people are absent:

Name	Role	Signed	Date

Individual Record of Personal Care Intervention

Child's Name:

Date	Time	Comment	Staff Name (s)

Class Record of Personal Care Intervention

Class Name:

Date	Child's Name	Time	Comment	Staff Name (s)

