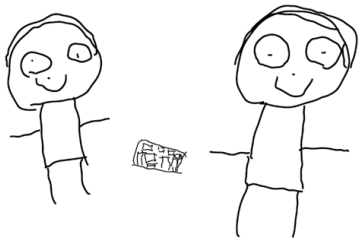
Intimate Care Policy

Our Shared Vision

Striving for excellence in everything we do

High Quality Education for ALL

Effective home/school and community partnerships



Equality Mission Statement

We are committed to ensuring equality of educational opportunity and support for all pupils, parents, carers, staff and visitors irrespective of age, sex, race, disability, religion or belief, sexual orientation, pregnancy, gender reassignment, and socio-economic background. We aim to provide a fully inclusive school in which every person feels proud of their identity and is able to participate fully within the school community. We believe that a diverse school community is a strength which should be respected and celebrated by all those who learn, teach and visit here.

Approved by: Estate & Financial Management Committee	**Date:**
Signature (Chair):	**Signature (Headteacher):**

Last reviewed on: November 2026	**Next review date:** November 2027

A copy of this policy is available on our school website and signed copy is held on file.

This policy covers many of the articles from the UN Convention on the Rights of the Child. Some key ones are listed below.

Article 3

The best interests of the child must be a top priority in all decisions and actions that affect the children.

Article 6

Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

Article 16

Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.

This policy must be read alongside our Child Protection and Safeguarding Policy, First Aid policy and whistleblowing policy.

Rationale

Becontree Primary School recognises that some pupils need help with intimate or personal care during the school day. This may arise because of a child's age or stage of development, disability, medical condition, temporary illness, toileting needs, menstruation or an accident.

We will provide necessary care in a way that protects each child's safety, dignity, privacy, emotional wellbeing and right to be involved in decisions about their own body. We will promote independence wherever possible and work in partnership with pupils and their parents/carers.

This policy applies to all school staff and to any other person who may be authorised to support a pupil with intimate care. The school will not ask a person to undertake care for which they are not authorised, trained or competent.

Definition of Intimate Care

Intimate care is care involving direct contact with, or assistance with, a child's personal hygiene or bodily functions. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents to ensure those needs are met effectively. Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

Principles of Intimate Care

The following are the fundamental principles upon which this policy is based.
Every child has the right:

- to be safe and protected from harm;
- to be treated with dignity, kindness, respect and sensitivity;
- to personal privacy;
- to be valued as an individual;
- to be involved and consulted in their own intimate care;
- to develop independence and undertake as much of their own care as they are able;
- to express their views on their own intimate care and to have such views taken into account;
- to have levels of intimate care that are as consistent as possible.

Purposes

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children to ensure a consistent approach to this aspect of our work.
The aim of this policy is to ensure that:

1. Intimate care is provided by appropriate adults.
2. There are clear lines of communication between school and parents/carers.
3. Clear procedures and guidelines are in place and followed by all staff when undertaking intimate care duties.
4. Additional needs of children with SEND or a disability are effectively met.
5. Procedures are in place for reporting any concerns about any aspect of intimate care practice.

Guidelines

1.1 All staff working with children are vetted by the school in line with legal requirements. This includes students on work placement and volunteers.
1.2 Middle and senior leaders are responsible for ensuring that all staff undertaking the intimate care of children are familiar with, and understand, the Intimate Care Policy as part of induction policy and procedures linked to safeguarding.
1.3 Only staff employed by the school should undertake intimate care tasks.
1.4 Training in the specific types of intimate care that are to be carried out is provided for identified members of staff.

2.1 Intimate care arrangements must be agreed by the school, parents / carers and child (if appropriate). Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate).
2.2 Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents /carers and child (if appropriate).
2.3 Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.
2.4 If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning a child. If the parents/carers or emergency contact is able to come within a few minutes, the child will be comforted and kept away from the other children to preserve dignity until the parent arrives. Children must not be left on their own whilst waiting for a parent to arrive. The child will be dressed at all times and never left partially clothed.
If a parent/carer or emergency contact cannot attend, the school will seek verbal consent from parents/carers for staff to clean and change the child. This permission will be sought on each occasion that the child soils him or herself.
If the parents and emergency contacts cannot be contacted the head teacher will be consulted about actions to be taken.

3.1 Depending on their abilities, age and maturity children should be encouraged to act as independently as possible during intimate or personal care procedures. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible. Check your practice by asking the child / parent any likes / dislikes while carrying out intimate care and obtain consent.

3.2 The intimate care of boys / girls can be carried out by a member of staff of the opposite sex in line with this policy. There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice of carer for all their intimate care. The individual child's safety, dignity and privacy are of paramount importance. *The practical guidelines set out in this policy, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.* Wherever possible, boys and girls should be offered the choice of carer and second carer. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates. It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a child cannot make a choice.

3.3 All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required.

3.4 A lot of care is carried out by one staff member alone with one child. The practice of providing one-one intimate care of a child alone is supported.

3.5 The provision of intimate care must be as consistent as possible. As a child can have multiple carers, approaches should be shared to promote consistency.

3.6 Before initiating intimate care procedures with a child, the staff member must first alert a second member of staff of the details of the care to be provided and where this will take place.

3.7 Staff must only carry out care activities they understand and feel competent and confident with. If in doubt, ask as some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding, rectal diazepam.

3.8 Children may seek physical comfort from staff (particularly children in Nursery and Reception). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

3.9 Photographic equipment, including mobile phones or computers with a camera facility are not permitted in the vicinity whilst the intimate or personal care procedure is being carried out; whether or not the equipment is turned off.

3.10 All staff must be familiar with normal precautions for avoiding infection, must follow basic hygiene procedures and have access to protective, disposable gloves. If a child needs to be cleaned, staff will make sure that:

- Protective gloves are worn;
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet;
- Any soiling that can be, is flushed down the toilet;
- Soiled clothing is put in a plastic bag, unwashed, and sent home with the child.

3.11 Each time intimate care is administered to a child; the details (time, place, member/s of staff present, reason) must be recorded in one of the intimate care books.

An Intimate Care Checklist is provided in Appendix A. It should be displayed in all areas where intimate care might be carried out.

4.1 Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Advice and guidance can be sought from the Inclusion Lead.

4.2 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. Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing. Please seek advice from the Inclusion Lead if you are concerned about how to communicate with a child in your care.

5.1 Staff 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 care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard all children and staff.

5.2 If a staff member has concerns about a colleague's intimate care practice they must report this to the designated safeguarding lead.

5.3 If you have any concerns about a child, you must report them. If you observe any unusual markings, dis-colourations or swelling including the genital area, report immediately to the designated safeguarding lead for the school using the confidential reporting form.

5.4 The emotional responses of any child to intimate care should be carefully and sensitively observed and where necessary any concerns passed to the designated safeguarding lead for the school and parents/carers.

5.5 If, during the intimate care of a child, you accidentally hurt them or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated safeguarding lead for the school using the confidential reporting form.

.

Appendix A – Intimate Care Checklist

Have I…

Before

- Checked that parental permission has been given?



- Informed a colleague about what I am doing?



- Taken the child to an appropriate, private space?



- Put on a pair of protective gloves?



During

- Made sure that the child is comfortable and treated him or her with dignity and respect?



After

- Disposed of waste appropriately in the Nappy Bin provided?



- Washed my hands?



- Recorded the date, time and detail of the intimate care provided?

