

Old Clee Primary Academy

'Inspired to Believe, Learning to Succeed'

Intimate Care Policy



Approved by: Head Teacher **Date:** 16/04/2026

Last reviewed on: 19/03/2025

Next review due by: Spring 2027

INTRODUCTION

Staff who work with young children or young people will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

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 showering.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Old Clee Academy work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Old Clee Academy 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. Old Clee Academy 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 or embarrassment.

OUR APPROACH TO BEST PRACTICE

The Medical Lead will have overall responsibility for ensuring that this policy is implemented correctly and Intimate Care Plans and risk assessments are in place for all children needing this type of support. The Medical Lead will ensure that there has been liaising done with parents and relevant staff members in implementing the guidance in this policy.

The Safeguarding and SENCO will also have responsibility in ensuring that safeguarding practices are implemented and followed by all staff linked to providing intimate care.

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling when appropriate) and are fully aware of best practice. Equipment will be provided to assist with children who need special arrangements following assessment from Health Visitor if the child is younger than 4 and half, and the for all other children the School Nurse/ Occupational Therapist as required.
- Staff should adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of Sex and Relationship Education to their children/young people as an additional safeguard to both staff and children/young people involved.
- 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.
- As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age, abilities and circumstance. 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.
- Individual Intimate Care Plans (ICP) will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, and personal safety of the child.
- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff might need to be present when a child needs help with intimate care. Where possible one child will be cared for by two adults. **If this is not possible, another member of staff will**

be available, and on hand, for the' lead intimate care provider', when intimate care is required. This will protect both the pupil and the lead intimate care provider.

- Wherever possible there will be two named staff members known to the child who will be responsible for providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different staff.
- Parents/staff 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 Health 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.
- A copy of the child's intimate care plan will be uploaded onto CPOMs communication system and a copy can be found in the class medical file along with a copy in the academy central medical file. A brief description of this is also inputted onto the class medical list.
- Each child/young person will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

THE PROTECTION OF CHILDREN

- Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. he/she will immediately report concerns to the DSL (Designated Safeguarding Lead), and safeguarding procedure will then be followed and involve making a referral to children's services. Parents will be 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 - see the Safeguarding Child Protection Policy.
- 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.
- If a child makes an allegation against a member of staff, all necessary procedures will be followed - see The Managing Allegations Policy.

- **Ratification**

Date ratified by Headteacher: 16th April 2026

Date of last review: 19th March 2025

Next review date: Spring Term 2027

Signed by Headteacher: Miss D Richardson

Date: 16th April 2026



Intimate Care Plan

Pupil's Name	D.O.B	Class
Reasons for plan:		
Named adult to support child:		
Level of Supervision Required:		
What Assistance is required?		
When?		
Where?		
Facilities and equipment		
Any equipment required to be listed: (state if brought from home or in school)		
If toilet training programme, give details:		
This plan will be monitored by Class Teacher, SENCo and where appropriate, Medical team or school nursing team.	This plan was completed by: Date: Date for Review:	
Parent Name/Signature:		
Identified person Name/Signature:		
2 nd Support Staff Name/Signature		



Risk Assessment

Personal care management checklist (to inform the written personal care management plan)

Child/young person's name: Date of birth

Facilities	Discussed	Action
Suitable toilet identified? Adaptations required? <ul style="list-style-type: none"> • Changing mat/table (easy clean surface) • Grab rails • Step • Easy operated locks at suitable height • Accessible locker for supplies • Hot and cold water • Disposal unit • Moving and handling equipment • Identified other person 		

Facilities	Discussed	Action
Family provided supplies <ul style="list-style-type: none"> • Nappies • Wipes • Spare clothes/underwear • Plastic bag for clothes School/setting provided supplies: <ul style="list-style-type: none"> • Toilet rolls • Bowl/bucket • Blue roll • Antiseptic hand wash • Paper towels, soap • Disposable gloves/aprons • Yellow sacks/disposal bags • Cleaning wipes 		

Other children and pupils?	Discussed	Action
Consult child/young person, respect privacy. How does the child/young person communicate needs?		

PE issues to enable access to all activities	Discussed	Action
Discreet clothing required? Privacy for changing? Specific advice required for swimming? Specialist nurse? Manual handling adviser?		

Support	Discussed	Action
Identified staff. Back up staff. Training for back up staff. Time plan for supporting personal care need.		

Staff training/communication for more complex needs	Discussed	Action
Advice sought from medical personnel? Manual handling adviser? Parental/carer involvement in the management plan. Child/young person's involvement in the management plan. Any parental/child/young person's preference for gender of carer. Specific training for staff in intimate care role. Awareness raising for all Staff /PE Staff.		

Parent Name/Signature: _____

Identified person Name/Signature: _____

2nd Support Staff Name/Signature: _____