Gordon Primary School
Intimate Care Policy

Policy Prepared: Spring Term 2025

Signed _____ Chair of Governors

Policy Reviewed: Spring Term 2026

Gordon Primary School

Intimate Care Policy

1. 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.

2. **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

3. **School Responsibilities**

All staff working with children are subject to the appropriate safeguarding checks. All staff will also receive appropriate safeguarding training. Senior leaders will continue to promote a culture of professional vigilance amongst all staff.

Only those members of school staff who are familiar with the intimate care policy and other pastoral care policies of the school 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. An Intimate Care Plan is created and agreed to (See Appendix A).

Intimate care plans are signed by the parent and stored in the central medical file located in the main school office. 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 will be reviewed periodically dependent upon the child's needs and at least annually. 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 Leader for Safeguarding and Child Protection (DSL) or their deputy (DDSL).

4. **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 educational 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, seek consent and give choices where possible.
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
- As far as is possible, ensure consistency in relation to the staff members who are delivering the care.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Ratios

Nursery
When a child has a toileting accident and needs changing the key member of staff who is leading on the change will inform another member of staff as to what has happened. The child will be accompanied to the changing area by the key member of staff. The doors to the toilet will always remain open. The other member of staff who has been informed is to remain in close proximity.

Main School
Key person will bring child to the school office to ask for assistance. One member of the school office will accompany key person and child to the disabled toilet, located on the ground floor in the KS2 building.

If using the changing table located in the Reception, staff must always follow the manufacturer's directions (see signage).

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 book, or a more formal record kept in the case of pupils with specific medical needs. In this case the School Nurse 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.

Where the need for intimate care is not planned this will be communicated to parents and carers both verbally and in home-school communication books. If it becomes clear that unplanned events happen with the same child on a regular basis, parents/carers will be invited to meet with school staff to discuss this further.

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 a DSL/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/DDSL.

Report and record any unusual emotional or behavioural response by the child. A written record of concerns should be retained in line with the safeguarding policy.

5. **Working With Children Of The Opposite Sex**

There is 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:

- The provision of staffing ratios as detailed previously.
- When intimate care is being carried out, all children have the right to dignity and privacy, ie 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 stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to a DSL/DDSL and make a written record.

Parents must be informed about any concerns.

6. **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
- seek consent as far as is possible
- treat the child as an individual with dignity and respect.

This policy should be reviewed every two years in conjunction with school staff including the SENCO, Nursery Leader, members of the Senior Leadership Team and the Safeguarding Governor.

Policy Reviewed: Spring Term 2025

Policy to be Reviewed: Spring Term 2027

Appendix A - Intimate Care Plan Template

Key Staff Members

- *This will detail the key staff members will be identified and assigned.*

General Practice

- *This section will detail procedures that will be followed*

Equipment

- *This section will detail any specialist equipment and who will provide*

School will provide	Parents will provide

Specific Incidents

- *This section will detail any specific arrangements related to incidents of wetting / soiling*

Additional Care Needs

- *This section will detail any addition procedures to be followed in specific cases, such as the application of creams etc.*

Follow Up

- *This section will detail recording arrangements and follow up actions*