Intimate Care Policy

Sir John Heron Primary School

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Authorised by: N. Ishaq	
Review Date: 11/2026	

1) Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and will have regard to the statutory safeguarding guidance Keeping Children Safe in Education 2025 to safeguard and promote the welfare of pupils at Sir John Heron Primary School.

1.2 Sir John Heron takes seriously its 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 this safeguarding duty.

1.3 The Governing Body recognises its duties and responsibilities under the Equality Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against and that reasonable adjustments are made.

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

- Safeguarding policy
- Staff code of conduct and guidance on safer working practice
- The whistle-blowing policy
- Health and Safety policy and procedures
- Special Educational Needs policy
- Supporting Children with Medical Conditions
- Policy for Administrating First Aid

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will conduct these duties in a professional manner at all times. It is acknowledged that these adults are in a position of trust.

1.6 We recognise that pupils must be treated with respect and dignity, whatever their age, gender, disability, religion, ethnicity or sexual orientation when intimate care is given. The welfare of each pupil is paramount. Pupils' experiences of intimate care should be positive and enabling. Every pupil is treated as an individual; care should be given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

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

1.8 Where pupils with complex and/or long-term health conditions have an individual healthcare plan, that plan should, where relevant, incorporate the principles and best practice guidance of this intimate care policy.

1.9 All staff undertaking intimate care must have received appropriate training in safeguarding, infection-control, moving/handling (where relevant) and intimate care procedures, and must hold the necessary safer-recruitment clearances (enhanced DBS with barred-list, regulated activity).

1.10 The school applies a 'nothing about me without me' approach: pupils will be enabled to be as involved in their own intimate care as is appropriate for their age and ability.

2) Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:
References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

- 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.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has 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 as consistent as possible.

3. Definition

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. These activities may include help with moving and handling, dressing, eating, drinking, toileting and menstruation, physiotherapy exercise programmes and massage interaction. Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which may demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence, menstrual managements, dressing and moving or handling. Intimate care activities may also include administering first aid and medical assistance.

4. Aims

This policy aims to:

- Safeguard the rights and well-being of pupils with regards to dignity, privacy, choice and safety
- Assure parents/carers that all staff are knowledgeable about intimate care and that individual concerns are taken into account and where possible, acted upon
- Ensure parents/carers and pupils are involved in decision-making around the intimate care of their child
- Provide guidance and reassurance to staff caring for pupils with intimate needs
- Ensure that parents/carers and pupils are actively involved in the development of agreed intimate care protocols
- Provide staff with relevant information, appropriate training and support in carrying out intimate care.

5. Rationale

It is our intention to develop independence in each child, however there will be occasions when 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 Safeguarding of pupils. 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.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

6. School Responsibilities

All members of staff working with children are subject to safer-recruitment checks. Only those members of staff who are familiar with the intimate care policy and all school safeguarding documentation can be involved in the intimate care of children.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents and, when appropriate and possible, by the child.

Intimate care arrangements for any pupil who require this support on a regular basis will be reviewed at the child's annual review or sooner if necessary.

The views of all relevant parties should be sought and considered to inform future arrangements. Any amendments to the arrangements should be recorded and made available for all parties involved.

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This act of intimate care would be reported to the class teacher and/ or a member of the Senior Leadership Team at the earliest possible time and the child's parents would be informed at the end of the day or earlier if necessary, following the event.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to one of the Designated Safeguarding Leads immediately; Nazia Ishaq (Headteacher), Neil Kundu (Designated Safeguarding Lead), Habibah Shah (Deputy Headteacher) or Frazana Patel (Safeguarding Manager)

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 educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Members of 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.

7.1. Essential procedures

If a child needs to be changed, this must always take place in the hygiene room.
Two members of staff must always be present when changing a child in the hygiene room.
If a child needs assistance with cleaning themselves in the toilet beyond a verbal prompt (which can be given by a member of staff from the doorway to the cubicle, where they are propping the door open), this should be done in the hygiene room and two members of staff must be present.
All staff administering food or medication to children through gastrostomy tubes must have had the relevant training.
All staff carrying out physiotherapy programmes must have been shown how to do this by the physiotherapist.

7.2. Involve the child in the intimate care
Wherever possible, encourage a pupil to carry out self-care tasks and ask for their preferences.
Use language appropriate to the pupil's age and ability; explain what you are doing and why; give choices if possible.
Respect the pupil's view and build in their preferences and normal routines whenever possible.

7.3. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
Ensure a pupil is treated with dignity and respect at all times; maintain privacy appropriate to age and situation.
Care should not be carried out by a single adult working alone with a pupil unless risk-assessed as safe and necessary.
Staff should wear appropriate gloves/aprons, follow infection-control procedures and treat disposal of waste properly.

7.4. Make sure practice in intimate care is consistent.
Since a pupil may have multiple carers in school, consistent practice is essential. Communicate effectively between staff and ensure consistency of care. Refer to the school's "Supporting Pupils with Medical Conditions" and "SEND" policy for further detail.

7.5. Staff Competence
Staff must only carry out intimate care tasks they are trained, competent and comfortable with. If in doubt, seek guidance.
Procedures requiring formal training (moving/handling, catheter care etc) must only be carried out by trained staff.

7.6. Promote positive self-esteem and body image.
Confident pupils who feel ownership of their bodies are less vulnerable to abuse. The approach to intimate care should promote positive self-esteem and body image.
Staff attitudes and language convey messages to the pupil about their body and worth; care should be efficient yet relaxed, mindful of the pupil's age.

7.7. Reporting Concerns Immediately
If a member of staff notices unusual markings, swelling or discolouration on a pupil's body, they must report immediately to a Designated Safeguarding Lead (DSL).

7.8. If something happens while you are carrying out intimate care.
If something occurs while carrying out intimate care (e.g., the pupil appears distressed, misunderstands what is happening, or an accident occurs), the staff should:
Reassure the pupil
Ensure their safety
Report the incident immediately to the SENCO or a member of SLT
Make a written record of the incident and the actions taken, make this available to parents/carers and file in the pupil's personal file.

8. Protecting staff whilst undertaking intimate care

To ensure safety of both staff and pupils, all tasks related to intimate care should ideally be conducted by two members of staff, unless a risk assessment documents that a single-adult procedure is safe.
Intimate care may be carried out by staff of any gender, in line with the pupil's needs and preferences.

9. Communication with Pupils

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 (e.g., words, signs, symbols, eye pointing). Depending on their maturity and levels of special educational need or disability children may communicate using different methods – words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- Prepare the pupil so that they know they are going to the hygiene/toileting facility (use visual cues, object of reference)
- Make eye contact at the pupil's level
- Use simple, clear language and repeat if required
- Wait for a response or anticipate what will happen next
- Continue to explain to the pupil what is happening even if they do not respond
- Treat each pupil as an individual and maintain dignity, privacy and respect