



# St Mary's C of E Primary

**Name of Policy:** Intimate Care Policy

**Author:** Carol Benson

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Reviewed: July 2025

Reviewed: July 2026

**Review date:** July 2027

This school is committed to safeguarding and promoting the wellbeing of all children, and expects our staff and volunteers to share this commitment. Please report any safeguarding or child protection concerns to the designated teachers for Child Protection:

Mrs Benson, Mr Butterwick, Mr Feather & Miss Clayton

The Governors and Staff of St Mary's CE Primary School are committed to educating the children spiritually, academically, emotionally and physically within a distinctive Christian ethos.

***“Together we nurture and inspire so that everyone can flourish”***

“The kingdom of heaven is like a mustard seed, which a man took and planted in his field. <sup>32</sup> Though it is the smallest of all seeds, yet when it grows, it is the largest of garden plants and becomes a tree, so that the birds come and perch in its branches.”

**The parable of the mustard seed. Matthew 13:31-32**

Love, respect and moral understanding lie at the heart of the ethos of St Mary's Church of England Primary School. We see our learners as the future custodians of God's world. We aim to nurture and encourage happy individuals who are socially engaged and curious about life within and beyond their own community. We value and encourage difference and diversity. St Mary's is a nurturing, safe place for children to question, to learn to love and respect other people and to discover their place in the world. We have traditional values, rooted in the Christian faith, as well as global, 21<sup>st</sup> Century aspirations for all our pupils.

St Mary's is part of the Wharfe Valley Learning Partnership, a collaborative of schools in Wetherby and Boston Spa, where the vision for all children is to be respectful, globally aware and compassionate as well as ambitious, resilient and engaged in their learning.



## **What is Intimate Care?**

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis (*Leeds Safeguarding Children Partnership*)

Intimate care tasks include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads/nappies (faeces and urine)
- Bathing/ showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

## **Good Practice**

Where children require intimate care, good practice guidelines are drawn up within school and disseminated to all staff, children and young people and parents / carers as appropriate.

When developing intimate care policies and / or individual intimate care plans, staff are aware of increased vulnerabilities and seek to address these. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures, and where possible and appropriate for children and parents / carers to be involved in the development of their intimate care plan so they know where it may have been deviated from.

Staff should be advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice of the Headteacher (Carol Benson)

Intimate care plans should have the child's safety, privacy and dignity at its centre.

***Please see appendices for templates for intimate care plans, and good practice guidelines.***

## **Parent/Child Involvement**

Parents / carers and the child (if appropriate) will be involved in individual discussions and decisions in relation to how intimate care will be managed in order to draw up an agreed plan. The wishes and feelings of both the child and the parents / carers including cultural and religious beliefs will be sought and plans will be respectful and responsive to these, reflecting where possible usual home routines. A copy of this will be given to the parents/carers and the child or young person as well as being held within the child's records.

School's intimate care plan will be reviewed regularly, and any individual intimate care plans should have an agreed regular review to ensure needs or requests have not changed. Any changes should be communicated to staff, children, young people and parents / carers.

Intimate care plans should be linked (where present) to a child / adolescent's Education Health Care Plan, Individual Health Care Plan and/or Health and Safety Risk Assessment.

## **Dignity and Respect**

Privacy is an important issue. As much as possible, intimate care is carried out by one staff member alone with one child, unless the task requires two people (for example lifting or moving).

Where appropriate, a named member of staff who is familiar to the child will carry out intimate care routines. Wherever possible, the member of staff will be a permanent staff member / somebody that the child knows and is familiar with, especially for younger children/children with autism/learning needs / disabilities. There should be a named second person (significant other) in case of staff absence / to cover breaks.

Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present. It should also be noted that the presence of two people does not guarantee the safety of the child or young person, organised abuse by several perpetrators can, and does, take place. Therefore, are supported in carrying out the intimate care of children alone unless the task requires the presence of two people.

Where possible, the member of staff carrying out intimate care will be someone chosen by the child or young person. For older children (eight years and above) it is preferable if the member of staff is the same gender as the young person.

## **Child Involvement**

Children are supported to be as involved as possible with their personal care. The intimate care plan will clearly state what the child can do independently. This will give the child some control over the process and promote the child's independence. It will be regularly updated to reflect progress. Staff will try to avoid doing things for a child that s/he can do alone and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. Staff will support children in doing all that they can themselves, explaining to children the tasks that are being undertaken and will give

choices where possible. Staff will ensure that children can communicate wishes / views in a variety of ways including those who are non-verbal'.

### **Responsivity to child reactions**

Staff will "check" practice by asking the child, "Is it OK to do it this way?"; "Can you wash there?"; "How does your (child's main carer) do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, staff will try and find out why and record this in their notes / care plan. Due consideration will be given to the suitability of staff responsible for undertaking intimate / personal care.

### **Staff Confidence and Competence**

If staff are not sure how to do something, they will ask. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Medical procedures, such as giving rectal suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

### **Reporting and recording Concerns**

When to record and/or report concerns during the intimate care of a child:

- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)
- You suspect FGM has taken place

Staff will report any such incident as soon as possible to Oliver Butterwick or designated person in charge, inform parents / carers and record it on CPOMS.

If a member of staff notices that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this will be recorded on CPOMS and discussed with the designated person for child protection (Oliver Butterwick) or DDSL (Carol Benson, Kris Feather, Alisha Clayton) who will advise on the next steps. The child will be spoken to by the designated person for child protection as soon as possible in order to ascertain the reason behind the child's change in demeanour. Any issues / concerns arising from this discussion will be addressed immediately without delay. Parents / carers will be notified of any such issues / concerns in a timely fashion.

### **Supporting Children Resistant to Intimate Care**

In cases where children are extremely resistant to intimate care and become distressed, staff must always use agreed strategies / techniques as outlined in the intimate care plan which will be informed by an understanding of their wider needs. At no point will staff forcibly hold children down to undertake intimate care, as this could result in injury / distress / trauma and / or increased anxiety for all parties concerned.

The intimate care plan will clearly identify an agreed plan of action between parents / carers and the setting on how to support the child who is likely to be extremely resistant to intimate care, which could include, distraction techniques, notifying parents / carers of the situation, and an agreed way forward that is in the best interest of the child, without compromising their safety, dignity, health or causing emotional harm. This could include the name and details of an emergency contact(s) who will be asked to attend without delay. All behaviour will be understood as communication.

### **Allegations of Abuse**

Should a child disclose abuse or harm as a result of intimate care this will be responded to in line with school's child protection procedures. If a member of staff has concerns about the way in which another practitioner is undertaking intimate care these should be recorded and escalated to the Headteacher (Carol Benson), giving consideration for LADO procedures. Due to the nature and degree of contact intimate care may also leave staff more vulnerable to accusations of abuse. Any allegations against a member of staff will be considered in line with allegations management procedures and LADO procedures.

### **Training**

Consideration will be given to the need for training for individual staff who may be required to provide specific care for an individual child/young person or small number of children / young people.

All members of staff responsible for intimate care will have appropriate training in good Health and Safety practices around hygiene, Safeguarding Training, Intimate Care Training and Positive Handling.

Whole staff group training will provide staff with opportunities to work together on the range of issues covered within this document thus enabling the development of a culture of good practice and a whole setting approach to personal care. Training will provide disability awareness, and opportunities for staff to increase knowledge and enhance skills.

More individualised training will focus on the specific processes or procedures staff are required to carry out for a specific child / young person. In some cases this may involve basic physical care which might appropriately be provided by a parent or carer. In cases of medical procedures, such as catheterisation, qualified health professionals should be called upon to provide training.

Designated staff may require training in safe moving and handling. This will enable them to feel competent and confident and ensure the safety and well-being of the child / adolescent. It is imperative for staff to keep a dated record of all training undertaken.

For intimate care needs, training and advice should be included for staff on how to deal with sexual arousal in the child / young person, if appropriate.

### **Practical Considerations**

- Is a risk assessment for Moving and Handling required?

- The school accessible care room is fully adapted for intimate care needs, including accessible doorway, toilet and hand basin. The room also includes a shower that can be used if a child needs the use of washing facilities.
- The care suite has hot and cold running water. Anti-bacterial hand gel is available.
- Items of protective clothing, such as disposable gloves and aprons are provided.
- Special bins should be provided for the disposal of wet and soiled nappies / pads. Soiled items should be "double-bagged" before placing in the bin.
- There should be special arrangements for the disposal of any contaminated waste/clinical materials.
- School can seek advice on general continence issues through the school nurse or health visitor. For specific conditions, the school nurse, health visitor and / or parents / carers should be able to provide links with relevant specialists.
- Supplies of suitable cleaning materials are available.
- Supplies of clean clothes (the child or young person's own where possible) will be easily to hand to avoid leaving the child unattended while they are located.
- Adolescent girls will need arrangements for menstruation in their plan.
- School will have a supply of sanitary wear which can be provided for girls in a sensitive and discreet way

**Intimate Care Good Practice Guidelines: Agreement of Intimate Care Procedures for a Child or Young person with Complex Needs**

The purpose of this agreement is to ensure that both parents / carers and professionals are in agreement with what care is given, who is providing the care and that the appropriate training is given.

Teaching of the care procedure may be carried out by the parent / carer or by the professional experienced in that procedure.

When the parent / carer and / or professional are agreed the procedure has been learned and the staff carer feels comfortable with, and competent to administer that procedure this record should be signed by the parties. One copy should be given to the staff carer, one retained in the staff carer's personnel file and one filed in the child / young person's medical health record.

Child / young person's name: .....

Date of birth .....

Procedure.....  
.....  
.....

Staff carer's name.....

Staff carer's signature..... Date.....

**Parent / carer and / or professional**

I have taught the above procedure to the named staff carer and have assessed him / her as able to perform the care as instructed.

Signed..... Date.....

Designation.....

Date reviewed .....Autumn term

Date reviewed .....Spring term

Date reviewed .....Summer term

**Intimate Care Good Practice Guidelines: Personal Care Management Checklist**

to inform the written Personal Care Management Plan

Child / young person's name: .....

Date of birth.....

<b>Facilities</b>	<b>Discussed</b>	<b>Action</b>
<p>Suitable toilet identified? Adaptations required?</p> <ul style="list-style-type: none"> <li>● Changing mat / table (easy clean surface)</li> <li>● Grab rails</li> <li>● Step</li> <li>● Easy operate locks at suitable height</li> <li>● Accessible locker for supplies</li> <li>● Mirror at suitable height</li> <li>● Hot and cold water</li> <li>● Lever taps</li> <li>● Disposal unit</li> <li>● Moving and handling equipment</li> <li>● Bleeper / emergency help</li> </ul> <p><b>Family provided supplies:</b></p> <ul style="list-style-type: none"> <li>● Pads</li> <li>● Catheters</li> <li>● Wipes</li> <li>● Spare clothes</li> <li>● Others (specify)</li> </ul> <p><b>School / setting provided supplies:</b></p> <ul style="list-style-type: none"> <li>● Toilet rolls</li> <li>● Urine bottles</li> <li>● Bowl / bucket</li> </ul>		

- Antiseptic cleanser, cloths and blue roll
- Antiseptic hand wash
- Milton/sterilising fluid
- Paper towels, soap
- Disposable gloves / aprons
- Yellow sacks / disposal bags

**Staff training / communication**

- 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 personal care role
- Awareness raising for all staff
- PE staff

**Other children and pupils?**

- Consult child / young person, respect privacy
- How does the child / young person communicate needs?

<b>PE issues to enable access to all activities</b>	<b>Discussed</b>	<b>Action</b>
<ul style="list-style-type: none"> <li>● Discreet clothing required?</li> <li>● Privacy for changing?</li> <li>● Specific advice required for swimming?</li> <li>● Specialist nurse?</li> <li>● Manual handling adviser?</li> </ul>		

<b>Support</b>	<b>Discussed</b>	<b>Action</b>
<ul style="list-style-type: none"> <li>● Identified staff</li> <li>● Back up staff</li> <li>● Training for back up staff</li> <li>● Time plan for supporting personal care need</li> </ul>		

Completed by .....

Date .....

**Intimate Care Good Practice Guidelines: Personal Care Management Plan**

Child / young person's name:			
Date of birth:			
Condition:			
Details of assistance required:			
Facilities and equipment (clarify responsibility for provision of supplies e.g. parent / carer / school / other):			
Staffing:			
Regular	Name	Time	plan
Back up			
Training needs (individual staff must keep signed / dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan):			
Curriculum specific needs:			
Arrangements for trips / transport:			
Procedures for monitoring and complaints (including notification of changing needs by any relevant party):			
This current plan has been agreed by:			
Name		Role	
Signature		Date	
Date for review:			

Appendix 4

**Intimate Care Good Practice Guidelines: Record of other agencies involved**

Child / young person's name: .....

Date of birth .....

<b>Name and role</b>	<b>Contact address, phone and email</b>
Parent / carer	
Area Sector Improvement Advisor	
Case Officer	
Continence Adviser	
Educational Psychologist	
GP	
Home Care Team (Community Paediatric Nurse)	
Hospital Consultant	
Occupational Therapist	
Physical and Sensory Support	
Physiotherapist	
School Nurse / Health Visitor	
Social Worker	



**Intimate Care Good Practice Guidelines: Toileting Plan**

**Record of Discussion with Parents / Carers**

<b>Child/ young person's name:</b>	<b>Date of birth:</b>	<b>Date agreed:</b>
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	<b>Details</b>	<b>Action</b>
<b>Working towards independence:</b> Such as taking child / young person to toilet at timed intervals, using sign or symbol, any rewards used		
<b>Arrangements for nappy / pad changing:</b> Such as who, where, arrangements for privacy		
<b>Level of assistance needed:</b> Such as undressing, dressing, hand washing, talking / signing to child or young person		
<b>Infection control:</b> Such as wearing disposable gloves, nappy disposal		
<b>Sharing information:</b> Such as if the child / young person has a nappy rash or any marks, any family customs / cultural practice		
<b>Resources needed:</b> Such as special seat, nappies / pull-ups, creams, disposable sacks, change of clothes, toilet step, gloves		

<b>Signed:</b>  Parent/carer:  Key member of staff:	<b>Review date:</b>
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c.c. Parent / Carer