Richard Hill C of E Primary School Intimate Care Policy and Guidance

Reviewed: January 2026

Next review: January 2028

Introduction

Richard Hill C of E Primary School is committed to ensuring that all staff responsible for intimate care of children and young people will always undertake their duties in a professional manner.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.

The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

No child shall be attended to in a way that causes distress, embarrassment, or pain.

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

This intimate care policy has been written following the guidance set out by the Leicester and the Leicestershire and Rutland Safeguarding Children Partnership.

Leicester and the Leicestershire and Rutland Safeguarding Children Partnerships Procedures Manual (proceduresonline.com)

Detailed guidance can be found in Appendix 1.

The policy should be read in conjunction with the following.

Richard Hill C of E Primary School's

- Child Protection and Safeguarding policy
- Health and Safety policy and procedures
- Government guidance on supporting children with medical conditions
- Special Educational Needs policy

- Guidance for safer working practice.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of children involved in intimate self-care.

Best Practice

- The management of all children with intimate care needs will be carefully planned.
- Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling where appropriate) and fully aware of best practice.
- Where specialist equipment and facilities, that are currently unavailable in the school, are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.
- Individual care plans will be drawn up for any pupil requiring regular intimate care (see appendix 2).
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan.
- The needs and wishes of children and parents will be considered wherever possible, within the constraints of staffing and equal opportunities legislation.
- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This information should be treated as confidential and communicated in person, via telephone or by sealed letter.

Child Protection

The governors and staff at Richard Hill C of E Primary School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but, in this school, best practice will be promoted and all adults will be encouraged to be vigilant at all times.

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. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Headteacher/Designated Safeguarding Lead. A clear written record of the concern will be completed and a referral made to Children's Services Social Care, if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process 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 an adult working at the school, this will be reported to the Headteacher (or by the Chair of Trustees if the concern is about the Headteacher) who will liaise with the local authority designated person (LADO) who is responsible for providing advice and monitoring cases.

Medical Procedures

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the EHCP or care plan and will only be carried out by staff who have been trained to do so.

Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency first aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Appendix 1
Intimate Care Good Practice Guidelines LRSCP Leicestershire and Rutland Safeguarding Children Partnership - Leicestershire and Rutland Safeguarding Partnerships Business Office (lrsb.org.uk)
It is recommended that where children require intimate care, good practice guidelines are drawn up within the establishment and disseminated to all staff. Parents/carers should also be made aware of how intimate care for their child will be managed. These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.
Staff should be advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice within the establishment. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.
The following is an example of good practice guidelines from Chailey Heritage, a nationally recognised centre for the education, assessment, treatment and support of children with physical and multiple disabilities. They are reproduced here with additions relating specifically to Leicester City LSCB and Leicestershire and Rutland Local Safeguarding Children Board. Whilst these are "best practice", individual establishments may wish to adapt them to suit their circumstances.

Guidelines for good practice (adapted from the Chailey Heritage Centre) See Chailey Heritage Centre website

1. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and the situation. Privacy is an important issue. Much intimate care is carried out by one staff member alone with one child. Leicester City LSCB and Leicestershire and Rutland Local Safeguarding Children Board believe this practice should be actively supported, unless the task requires two people. 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 must be present - quite apart from the practical difficulties. 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, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. Leicester City LSCB and Leicestershire and Rutland Local Safeguarding Children Board recognise that there are partner agencies that recommend two carers in specific circumstances. Where possible, the member of staff carrying out intimate care should be someone chosen by the child or young person. For older children it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice. Agencies should consider the implications of using a single named member of staff for intimate care or a rota system in terms of risks of abuse. Managers of individual establishments should make such decisions based on their knowledge of the child and their staff. Staff may also, at times, wish to give intimate care with a colleague.

2. Involve the child as far as possible in his or her own intimate care. 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. Support children in

doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

3. Be responsive to a child's reactions. It is appropriate to "check" your practice by asking the child - particularly a child you have not previously cared for - "Is it OK to do it this way?"; "Can you wash there?", "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.

4. Make sure practice in intimate care is as consistent as possible. Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches to intimate care are not markedly different between individuals. For example, do you use a flannel to wash a child's private parts rather than bare hands? Do you pull back a child's foreskin as part of daily washing? Is care during menstruation consistent across different staff?

5. Never do something unless you know how to do it. If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal Valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

6. If you are concerned that 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)

Report any such incident as soon as possible to another person working with you and make a brief written note of it. This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done.
Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care, e.g. sudden distress or withdrawal, this should be noted in writing and discussed with your lead professional, who may then seek advice from the named or designated professionals.

7. Encourage the child to have a positive image of her or his own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is "worth". Your attitude to the child's intimate care is important. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. Leicester City LSCB and Leicestershire and Rutland Local Safeguarding Children Board recognises that children who experience intimate care may be more vulnerable to abuse:-

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years.

Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless;

- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult (see also Section 1 above);
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately;
- Repeated "invasion" of body space for physical or medical care may result in the child feeling ownership of their bodies has been taken from them;
- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

The above is taken largely from the publication 'Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability, 1993'.

Appendix 2 Intimate care plan and record sheet

Intimate Care - Plan

Pupil's Details
Full Name:
Names of staff involved:

Equipment needed
Place
Routine
Reporting to parents

Intimate Care - Record Sheet

Pupil's Details
Full Name:
Names of staff involved:

Date	Time	Procedure	Signature(s)	Comments