Cedar Park School

Intimate Care Policy

Date Approved by Governing Body Curriculum Committee: November 2025

Renewal Date: Autumn 2029

Cedar Park School
GUIDELINES FOR GOOD PRACTICE IN INTIMATE CARE

Establishing good practice in intimate care is an issue that should be addressed and is relevant to all schools. Every school will at some time find that one or more of their pupils will acquire assistance of an intimate nature. The following guidelines are intended to help us recognise and develop our own good practice and plan to meet the intimate care needs of our pupils.

All staff at Cedar Park School are expected to provide the care and assistance for their pupils as any good parent might.

In touching a child, school staff should always be aware of the possibility of invading the child's privacy and should respect the child's wishes and feelings.

1. What is intimate care?

There are a number of appropriate activities adults in schools might perform which could be described as intimate care. These could range from:-

- Supporting the pupil with dressing / undressing
- Cleaning young or disabled pupils that have soiled themselves
- Providing comfort and support for an upset pupil
- Assisting a pupil requiring regular medical care and unable to carry this out unaided
- Wiping and care in the genital and anal areas
- Supporting with changes in sanitary protection

Intimate care may be an irregular or unusual event but intimate care can be a regular, integral part of providing a curriculum for the child.

2. Intimate care as medical needs

a) For some pupils who have complex intimate care needs and/or who may require assistance throughout each day, such assistance may be routine. To ensure that risk to both staff and pupils are minimised.
b) Teachers and support staffs' conditions of employment do not include giving medication or supervising a pupil taking it. Staff may volunteer to do this and many are happy to do so. In an emergency, staff have a duty of care to respond, either by acting themselves, or seeking prompt assistance.

3. Key Principles in Addressing Pupils' Intimate Care Needs

i. Treat every pupil with dignity, respect, sensitivity and ensure privacy appropriate to the pupil's age, culture, gender and needs

Privacy is an important issue. Much intimate care may be carried out by one staff member alone with a child. However, this may not always be possible for practical reasons. Privacy does not equate with secrecy. Staff should be open, informing others of their intentions **before** the support is given at all times. Wherever possible, intimate care should be carried out by adults of the same gender as the child.

ii. Enable the pupil, as far as is possible, to be responsible for his/her own intimate care

Avoid doing things for a pupil that they can do themselves. If the child is able to help, ensure they are given the chance to do so. If a child is fully dependent upon adult support, talk to them about what you are doing and give choices wherever possible. It is appropriate to check your practice by asking the child, particularly a pupil you may not previously have cared for.

iii. Establish common and consistent practices with all key carers and parents both in and as far as possible beyond school for the pupil

I. It is essential all care practices are known to and approved by the Headteacher.

II. Individual pupils should receive consistent approaches from all those involved in managing their intimate care needs. The staff at Cedar Park School will follow protocols on particular and relevant practices that are identified in this document. Whenever necessary, teachers and/or senior staff will carry out an audit of all those staff practices which relate to personal care of its pupils. All such practices should be listed and reviewed. The Headteacher should question all care practices, asking to what extent the existence of a practice is appropriate and necessary. For each circumstance the school should consider the risks to both pupils and staff. For some procedures staff should assess the risks with support from the school's welfare assistant or other medically trained professional. The essential element is that senior management are aware through the audit that the particular practices occur and that they are being reviewed. The aim must be to minimise all possible opportunities of pupils being at risk of abuse or of adults being at risk of allegations of abuse.

Intimate Care Plans

III. Pupils who require intimate care regularly should have an Intimate Care Plan. This should identify who and how the pupil is cared for and which agencies and external professionals could offer relevant advice and support. Part of the care plan should be when it is next to be reviewed. The school should inform parents and external supporting professionals in writing of the care plan. Parents, school and other professionals contributing towards meeting the child's care needs should all sign this plan. This will be a formal agreement to define the responsibilities of the school and the parents.

IV. Ensure all appropriate staff have access to relevant training and support

All staff who carry out intimate care must have safeguarding certification/training and a DBS.

The staff handbook and induction procedures should inform new staff of present care practices in the school. Staff who are asked by management to undertake intimate care duties as part of their workload will be protected from personal liability through following approved guidelines.

As part of the Cedar Park's approach to staff development we will identify individual staff and whole school training needs in relation to intimate care practices whenever necessary.

iv. Establish clear internal procedures guiding staff as to how they report concerns in respect of either pupils or themselves

All staff who intend to carry out an intimate care procedure must consult with the class teacher or the welfare assistant and ensure that there are no health and safety risks involved. Existing guidelines are already in place which relate to Child Protection and Health and Safety. Staff should be encouraged to discuss general questions or concerns with the welfare assistant or the headteacher.

Please refer to the Health and Safety and Child Protection policies for more information.

v. Actively encourage the pupil to have a positive image of his/her own body

The carer's attitude to the child's intimate care is important. Carers must always be alert to and respect any indication that the child is unhappy or uncomfortable.

5. Intimate Care Contact Procedure

Staff should adhere to the following:

- Always log any intimate care contact(s) in the 'intimate care log'.
- When staff are undertaking intimate care, they should ensure that another appropriate adult is in the vicinity, who is aware of the task to be undertaken, and that, wherever possible, they are visible/or audible.
- In the event of an injury/soreness in an area of the body that could be described as intimate, a first aider and one other staff member, will assess the issue and will provide advice. No physical examination will take place at school, without consultation of parents.
- In the event of wetting and soiling, help the child to get changed as soon as possible.
- Take care (both verbally and in terms of body language) to ensure that the child is never made to feel insecure.
- Speak to the child personally by name and give explanations of what is happening in a straight forward and reassuring way. Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body.
- Allow or guide the child to change and clean themselves where able.
- Children in years 3 to 6 can be provided with the relevant cleaning items / clean clothes and they can then clean and change themselves in the toilets.
- Any incidents or accidents during the delivery of intimate care by a staff member, must be reported to the headteacher or the most senior member of staff available.
- Staff will use medically correct terminology for private parts of the body and functions.
- The child will not be left alone at any time during intimate care taking place.
- If other children, with non-urgent medical requirements, are in the medical room, they will leave the medical room whilst intimate care is taking place.

6. Facilities

- The school will provide facilities that provide modesty for all children. For example, separate toileting, welfare room, EYFS toilets and separate changing rooms in the swimming pool.
- When providing intimate care in the welfare room, staff will ensure no other pupils enter until the care is complete. A sign will be put on the welfare office door to discourage any pupils from entering and to visit the school office.
- The school will provide:
  - Baby / water wipes
  - Paper towels
  - Change of relevant clothing

- Where the school does not have appropriate clothing items, ie change of shoes, the parent will be contacted to see if they can provide these.
- The Child's soiled clothing will be returned to the parents in a sealed bag.
- For school outings, checks should be made beforehand to ensure that there are suitable facilities for intimate care. This is to be on the risk assessment. Staff need to consider how intimate care could/should be dealt with.

7. Records

A log should be kept of all intimate care. All records should be stored in accordance with the school's GDPR policy. This will be kept in the welfare office and in EYFS.

8. Communication with parents

Regular communication is important. Issues around toileting should be discussed at a meeting with parents. Prior to admission to the school. Senior leaders must be aware of these at this point. Parents should be told about any intimate care which has been carried out. Communication relating to intimate care should be made in person or by telephone.

9. Confidentiality

Sensitive information about a child, should be shared with those who need to know only, such as parents or other members of staff who are specifically involved with the child. Other staff members should only be told what is necessary for them to know to keep the child safe. The child's right to privacy and dignity should be maintained at all times.

10. Complaints

Parents with any concern about an intimate care matter should follow the complaints policy. Any concern should be discussed with the member of staff most associated with the incident.

Concerns or complaints from staff should be raised with their line manager in the first instance. If the concern relates to safeguarding, staff should refer to the safeguarding policy and speak to the DSL. Staff can also raise issues through the whistleblowing procedure and should refer to the whistleblowing policy.

10. General Care, Support and Management of Pupils

These guidelines in intimate care may form part of a range of policies designed to ensure the safety and protection of pupils and staff. The general care, support and management of pupils frequently involves some degree of physical contact. Information and guidance can be found in other documentations including:

Child Protection
Positive Handling
Whistleblowing
Complaints Policy
GDPR policy
SEND policy

Intimate Care Plan

Name of Child: _____

Date of Birth: _____

Date	Action	Person Responsible	Review Date
External Support	**Nature of Support (If required)**	**Person Responsible**	**Review Date**

Teacher's signature: _____

Date: _____

Parent/Carer's signature: _____

Date: _____

Intimate Care Log

Date and time	Staff member performing intimate care	Child's name	Action	Staff member who either witnessed intimate care or was informed of it	If nobody witnessed intimate care and nobody was informed, please explain why