Shropshire Hills Federation

Intimate Care Policy

2026

Shropshire Hills Intimate Care Policy

Principles

1.0 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education' (DfES 2006) to safeguard and promote the welfare of pupils at this school.

1.1 The Governing Body and Headteacher will act in accordance with the supplementary DfES guidance: 'Safer Recruitment and Selection in Education Settings' (2005) and 'Dealing with Allegations of Abuse against Teachers and other Staff' (2005)

1.2 This school 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 safeguarding.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act 1995 and the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the following

- Shropshire Hills child protection policy
- health and safety policy and procedures
- policy for the administration of medicines
- Special Educational Needs policy
- staff code of conduct or guidance on safe working practice.

1.5 Shropshire Hills Federation is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 Our school recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

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

Definition

2.0 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.

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

Best Practice

3.0 Staff who provide intimate care at Shropshire Hills Federation are trained to do so including in child protection and health and safety training in moving and handling (which can be provided by the appropriate LA officers/advisers) and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate. The Headteacher is responsible for monitoring this.

3.1 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

3.2 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.

3.3 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

3.4 All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for his/herself as possible.

3.5 Children who require regular assistance with intimate care have written Individual Education Plans (IEP) or care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account. (NB More information regarding care plans and risk assessments for children with complex medical needs can be found in 'Including Me: Managing Complex Health Needs in Schools and Early Settings' by Jeanne Carlin, published by the Council for Disabled Children and DfES, 2005)

3.6 Where a care plan or IEP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself).

3.7 Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Adults who assist children one-to-one should be employees of the school and be DBS checked at the appropriate level.

3.8 It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a

member of staff to inform another adult when they are going to assist a child with intimate care.

3.9 Wherever possible staff should care for a child of the same sex. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school as no male staff are available. Where possible male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. Likewise, where possible female members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent boys. This is safe working practice to protect children and to protect staff from allegations of abuse. Wherever possible older children should be encouraged to assist themselves with intimate care, verbally from outside the room.

3.10 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the sex of the carer.

3.11 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

3.12 If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Child Protection

4.0 The Governors and staff at Shropshire Hills Federation recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

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

4.2 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.

4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

4.4 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 or designated senior person for child protection (Mrs Claire Morris, Mr J Mann, Mrs R Sockett or Mrs S Jones). 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.

4.5 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 in order 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.

4.6 If a child makes an allegation against an adult working at the school, this will be investigated by the Headteacher (or by the Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.

4.7 Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors if the concern is about the Headteacher.

Physiotherapy

5.0 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.

5.1 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

5.2 Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.

5.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

6.0 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 IEP or care plan and will only be carried out by staff who have been trained to do so.

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

Record Keeping

7.0 A file is kept of a written record in an agreed format every time a child has physiotherapy or requires assistance with intimate care, as per the request of the parent, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

7.1 These records will be kept in a secure, out of the reach of children location in each changing setting. All KS2 intimate care records will be kept in the office.

Records from the previous academic year will be stored in a locked cabinet in the office and are available to parents/carers on request.

Chair of Health and Safety Committee :_____

Reviewed by Governors on: Tuesday 20th January 2026