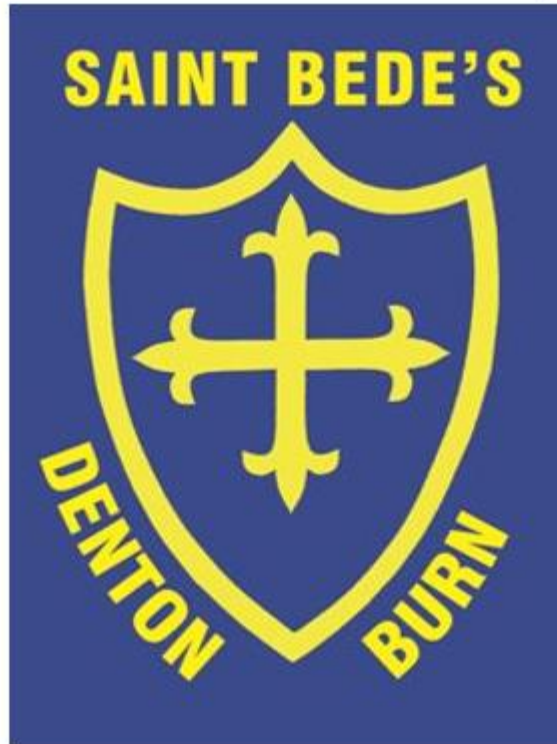


St Bede's Catholic Primary School



As one

we learn together,

play together,

pray together,

as one

Intimate Care Policy

Date reviewed: October 2025

Date of next review: October 2026



Principles

The Governing Committee will act in accordance with the current Education Act, Advice from Educational Welfare and 'Guidance for Safer Working Practice for Adults who Work with Children and Young People' (2015) to safeguard and promote the welfare of pupils at this school.

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.

The Governing Committee recognises its duties and responsibilities in relation to the Disability Discrimination Act 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.

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

- St Bede's Catholic Primary School's Safeguarding Policy
- Policy for the administration of medicines
- Special Educational Needs Policy
- Staff code of conduct or guidance on safe working practice.

St Bede's Catholic Primary School 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.

St Bede's Catholic Primary 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.

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

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 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



Staff who provide intimate care at St Bede's Catholic Primary School are trained in child protection and health and safety training. They are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental.

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.

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.

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. Children from KS1 upwards with incontinent problems will be supervised rather than cared for, with the exception of special cases where intimate care plans will be in place.

Children who require regular assistance with intimate care have written 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.

Where a care plan 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). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter.

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.

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.



EYFS will support Foundation Stage pupils in their care plans inline with their responsibilities within their job description.

Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school where no male staff are available to do so. This is safe working practice to protect children and to protect staff from allegations of abuse. At St Bede's Catholic Primary School, it is unlikely that a male member of staff will be involved in issues of intimate care due to staffing.

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

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

Child Protection

The Governors and staff at St Bede's Catholic Primary School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

The school's safe guarding 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. All school staff are trained in relation to 'Guidance for Safer Working Practice for Adults who Work with Children and Young People' (last updated February 2022)

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 or designated senior person for child protection (see appendix). A clear written record of the concern will be completed and a referral made to Children's Social Services 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 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.

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.

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, in accordance with the Whistleblowing Policy.

Physiotherapy

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in their 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.

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

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

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

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 care plan and will only be carried out by staff who are willing to perform such procedures and who have been trained to do so.

First Aid should be administered by the nominated, trained first aider (see appendix for nominated staff) or in an emergency situation by another member of staff who is appropriately trained (see appendix for nominated staff). 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



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

These records will be kept in the child's file/ CPOMS and will be available to parents/carers on request.



Appendix 1

Nominated members of staff:

Safe-guarding Designated Lead:
Leigh-anne Young

Deputy Safe-guarding Designated Lead:
Laura Watanabe
Jacqueline Howell
Linzi Walton
Hayley Morris

Registered First Aider:
Leigh-anne Young
Claire Davies
Michelle Dixon
Linzi Walton
Kelly Robinson- Cook
Marylia Murray

Staff with Paediatric First Aid Training:
Katy Decube

All members of school staff have basic emergency first aid training.





St Bede's Catholic Primary School

Howlett Hall Road, Denton Burn, Newcastle upon Tyne NE15 7HS

Telephone: 0191 2743430

Email: office@stbcps.co.uk Website: www.stbcps.co.uk

Headteacher: Mrs L Young

Deputy Headteacher: Mrs L Watanabe

Permission for school staff to provide intimate care

Child's Name	
Male / Female	
Date of Birth	
Parent / carer's name	
Address	

I understand that:

I give permission to the school to provide appropriate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Headteacher of any medical complaint my child may have which affects issues of intimate care.

Name:

Signature:

Relationship to child:

Date:



Toilet Management Plan

Child's Name DoB

Name of Support Worker(s) involved

Area of need:

Equipment required:

Location of suitable toilet facilities:	
Support required	Frequency of support



Working towards independence

Child will try to	Personal Assistant will do	Target achieved
Review Date:		

Parent / Carer:

Child (as appropriate):

Personal Assistant:

Headteacher:

Date:





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Agreement between Parent and School

I understand that where possible school will assist in his / her intimate care needs. This includes encouraging him / her to become an independent and autonomous toilet user. If becomes heavily soiled and school are unable to meet his / her needs, then parents / carers will be contacted to provide the appropriate care. This may include taking home in a situation where his / her needs cannot be fully met.

Child's name:

Parent / carer's name:

Signature:

Relationship to child:

Date:

We will review this agreement on:

Signed: (Headteacher)



RECORD OF AGENCIES INVOLVED

Child's name

DOB

Name / Role	Address / phone number / e mail
Parent / Carer	
School Nurse	
Health Visitor	
Continence Advisor	
Hospital Consultant	
GP	
Social Worker	



RECORD OF INTIMATE CARE INTERVENTION

Child's Name DOB

Name of Support Staff Involved

Date	Time	Procedure	Staff Signature	Second Signature

