



Policy	INTIMATE CARE POLICY
Adopted by	Governing Board - May 2026
To be reviewed by	May 2027

This document is based on a model policy by Juniper Education.

'You are the light of the world. A city on a hill cannot be hidden. Shine your light before all that they may see your works and then praise your Father in heaven.'

Matthew 5v14-16

School Values

At Heathlands, we believe in the importance of relationships, ensuring children feel valued, safe and secure, providing a sense of connection with a member of staff and a belonging to the whole school community through our school core Christian Values of Trust, Respect, Enjoyment, Courage and Kindness.

Our school reflects the values of the Essex Approach to understanding behaviour and supporting emotional wellbeing known as Trauma Perceptive Practice (TPP)

- Compassion and Kindness
- Hope
- Connection and Belonging

These, alongside our Core Christian Values, are interweaved in all that we do.

School Ethos

It is a core aim of our school that every member of the school community feels valued and respected, and that each person is treated fairly and well. We are an inclusive and caring community, whose values are built on mutual trust and respect for all.

Our Intimate Care policy is therefore designed to support the way in which all members of the school can live and work together in a supportive way. It aims to promote an environment where everyone feels happy, safe and secure and able to learn.

We value each individual child and work with families, the community and beyond to offer diverse experiences and support for pupils and families in a caring and safe environment. We develop children to be confident, life-long learners and compassionate, respectful members of their local and global community and the world.

We always prioritise the safety of our children and staff. Everything we do in school is underpinned by our safeguarding procedures.

INTRODUCTION

Staff at Heathlands who work with young children or children/young people who have additional needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact

with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Heathlands work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Heathlands 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. Heathlands recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

OUR APPROACH TO BEST PRACTICE

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including appropriate Child Protection) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

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. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

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 the

child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Each 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. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

THE PROTECTION OF CHILDREN

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

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. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection. A clear record of the concern will be completed using CPOMS, and referred to social care and/or the police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Families 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 a member of staff, all necessary procedures will be followed.



Intimate Care Plan

Name of School/Setting

Heathlands Primary School

Child's name

Group/Class/Form

Date of Birth

Child's Address

Medical Diagnosis or Condition Review

date

CONTACT INFORMATION

Family contact 1

Family contact 2

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name

Name

Phone No.

Phone No.