AYLWARD PRIMARY SCHOOL

INTIMATE CARE POLICY

GB Committee Responsible:	Quality and Standards
Reviewed by:	Nicolle Khan
Review Date:	January 2026
Approved by Committee	22nd January 2026
Next Review Date:	January 2027

1.0 INTRODUCTION

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

1.2 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.

1.3 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 Aylward Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

1.4 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.

1.5 Aylward 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. Aylward Primary School 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.

2.0 OUR APPROACH

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

2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from outside professionals as required.

2.3 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.

2.4 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.

2.5 As a basic principal, 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.

2.6 Each child's right to privacy will be respected. 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.

2.7 In line with *Keeping Children Safe in Education (2025)*, parents/carers will be fully involved in their child's intimate care arrangements on a regular basis. Where a child requires regular or ongoing intimate care, an individual Intimate Care Plan will be written and agreed in partnership with parents/carers and, where appropriate, relevant professionals. The plan will clearly set out the agreed procedures and the measures in place to safeguard the child's welfare, dignity, privacy and safety. See appendix 1.

2.8 The wishes and needs of the child and their parents/carers will be carefully considered, alongside any practical considerations such as staffing arrangements and equality legislation. Parents/carers will be asked to review and sign the Intimate Care Plan to provide informed consent and confirm agreement to the personal care arrangements, which will be **reviewed regularly** and updated as the child's needs change.

2.9 Each child/young person will have an assigned 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.

3.0 THE PROTECTION OF CHILDREN

3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to. (See also Aylward Child Protection & Safeguarding Policy)

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

3.3 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 a designated person for child protection (Miss N. Khan and Mrs L. Kelly). A clear record of the concern will be completed and referred to social care 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.

3.4 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. 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.

3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed (Aylward Child Protection & Safeguarding Policy)

Please refer to the following policies:

Child Protection & Safeguarding
Positive Handling
Educational Visits
SEN Policy

Appendix 1

Aylward Primary School
Intimate/Personal Care Plan

Child's Name:	**Date:**
Main areas of need: • •	
Toileting/nappy changing plan: (Include what support is required, how it will be provided, and how dignity and safety will be maintained) • Level of support required (e.g. full support / partial support / prompting only) • Location where care will take place • Staff members responsible for providing care • Use of PPE and hygiene procedures • How the child's dignity and privacy will be protected • How the child communicates toileting needs (if applicable) • Procedures for recording and communicating care provided to parents/carers	
Dressing/undressing plan: (Include support for PE, outdoor learning, accidents, or self-care routines) • Level of support required • When support is needed (e.g. PE, toileting accidents) • Strategies to encourage independence where appropriate • Measures in place to maintain dignity and privacy	
Medical plan: (Include relevant medical needs, allergies, or health plans) • • • (If applicable, reference an accompanying medical or healthcare plan)	
Safeguarding and Wellbeing • Intimate care will be carried out in line with the school's safeguarding and intimate care policies and *Keeping Children Safe in Education (2025)*. • Any concerns arising during intimate care will be reported immediately to the Designated Safeguarding Lead (DSL). • Care will be delivered respectfully, using minimal language and appropriate reassurance.	

Agreed Support and Review
This plan has been discussed and agreed with parents/carers (and the child, where appropriate). It will be reviewed regularly and updated as the child's needs change.

Discussed and agreed with parents/carers/child on:

Date:

Signatures

Signed: _____Parent / Carer

Signed: _____ Inclusion Leader / SENCo

Signed: _____ Class Teacher

Any other comments: