INTIMATE CARE POLICY

October 2026
Next Review: October 2027
Approved by: Governing Body

1 Principles

1.1 This policy reflects current legislation and statutory guidance including:

- Keeping Children Safe in Education 2026
- Working Together to Safeguard Children 2026
- EYFS Statutory Framework (September 2026)
- Equality Act 2010
- Children and Families Act 2014

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 Equalities Act 2010 which requires that any pupil with an impairment, that affects his/her ability to carry out day-to-day activities, must not be discriminated against. The school will make reasonable adjustments to ensure pupils with disabilities can access education and intimate care safely and with dignity.

1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- health and safety policy and procedures
- Special Educational Needs and Disability (SEND) policy

plus

- Nottingham City Council guidance on moving and handling
- policy for supporting children with medical conditions

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils 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 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain. Staff will respect a child's views, wishes and feelings and seek consent before providing intimate care wherever the child has sufficient understanding to give informed consent.

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

1.8 Where pupils with complex and/or long-term health conditions have an Individual Healthcare Plan (IHP) in place, the plan should, where relevant, consider the principles and best practice guidance in this intimate care policy.

1.9 All staff undertaking regular intimate care for children with a physical disability or need must be given appropriate training, for example, in moving and handling or physiotherapy.

1.10 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2 Child Focused Principles of Intimate Care

2.1 The following are the fundamental principles upon which the policy and guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views considered.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3 Definition

3.1 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 pupils 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.

3.2 It also includes supervision of pupils involved in intimate self-care.

4 Best Practice

4.1 Children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting, including in EYFS.

4.2 Pupils who require regular assistance with intimate care have IHPs or Intimate Care Plans (see Appendix 1) which have been agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be considered. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member

concerned is providing intimate care). They should also consider procedures for educational visits/day trips. Any assistance with intimate care for these pupils will be recorded on their own 'Individual Intimate Care Record' (See Appendix 2)

4.3 Where relevant, it is good practice to agree with the pupil and parents'/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

4.4 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 (e.g. has had an 'accident' and wet or 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, not through the home/school diary. Staff will also record this on the 'Class Intimate Care Record' (see Appendix 3)

4.5 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long-term health conditions for children and young people).

4.6 Accurate records should be kept whenever a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. (See Appendix 2 and 3)

4.7 These records will be kept in the child's file or class file and available to parents/carers on request. (See Appendix 2 and 3) Intimate care records will be retained in accordance with the school's data retention schedule and GDPR requirements.

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

4.9 Staff who provide regular intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

4.10 Staff will be supported to adapt their practice in relation to the needs of individual pupils considering developmental changes such as the onset of puberty and menstruation. The school will provide support for menstruating pupils in a manner that preserves dignity, privacy and emotional wellbeing.

4.11 There must be careful communication with each pupil 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 pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.12 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

4.13 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and considered.

4.14 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

4.15 The religious views, beliefs and cultural values of children and their families should be considered, particularly as they might affect certain practices or determine the gender of the carer.

4.16 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research[1] which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

4.17 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. Agency staff may only provide intimate care where they have appropriate induction, supervision and the child's needs can be safely met.

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

4.19 Health & Safety guidelines should be adhered to regarding waste products, and appropriate bins should be used in school designated for this type of waste. If necessary, advice should be taken from the NCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.20 The use of personal devices, smart watches, image capturing technology, AI image generation tools or any audio/video recording equipment during intimate care is strictly prohibited.

4.21 Children's privacy will be balanced with safeguarding requirements during nappy changing and toileting. Staff will maintain visual or auditory awareness of colleagues where appropriate while preserving children's dignity.

5 Child Protection

[1] National Children's Bureau (2004) *The Dignity of Risk*

5.1 The governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

5.2 The school's child protection procedures will be adhered to.

5.3 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 pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safeguarding Lead (DSL) or a Deputy Designated Safeguarding Lead. A clear report of the concern will be completed following school procedures and a referral made to Children's Services Social Care, if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or head teacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

5.8 Similarly, 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, in accordance with the child protection procedures and 'whistle-blowing' policy. Any low-level concern relating to adult conduct during intimate care must be reported to the Headteacher and managed in accordance with the school's Low-Level Concerns Policy.

6 Physiotherapy

6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the provision map 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. The physiotherapist should observe the member of staff applying the technique.

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

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

7 Medical Procedures

7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags, or care for tracheostomies. These procedures will be discussed with parents/carers, documented in the Individual Healthcare Plan and will only be carried out by staff who have been trained to do so.

7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. 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.

8 Complaints

If a parent is worried and wishes to discuss any concerns relating to their child, the first point of contact should be the child's class teacher. Most concerns can usually be addressed by a meeting between the class teacher and parents to discuss any issues and identify actions to address them. Our school usually resolves concerns in this way.

However, if there are on-going concerns, specifically relating to a child's intimate care, a meeting should be requested with the school's Inclusion Leader or SENCO via the school office. The Inclusion Leader or SENCO will then usually arrange a meeting with parents, the class teacher, the child, and other support staff or other professionals if appropriate.

We endeavour to communicate with parents 'face-to-face' to address concerns, however if this is not suitable telephone conversations with the Class Teacher or Inclusion Leader or SENCO can be arranged.

If there are any complaints relating to the intimate care of pupils, these will be dealt with in the first instance by the Headteacher. This is unless they relate to safeguarding concerns in which case the procedures detailed above will be followed. The chair of governors may be involved if necessary. In case of an unresolved complaint the LA may

be involved. Please see the complaints policy on the school website or request a copy from the office for specific details.

Intimate Care Plan

Appendix 1

Name of child: _____

Date of birth: _____

Date plan was written: _____

Was this plan discussed with the child? YES/ NO

If no, please indicate reason: _____

_____

Agreed with parent:

Signature: _____

Date: _____

Please describe here the type of intimate care that requires assistance. E.g. child-soils and requires assistance/ supervision with cleaning themselves, disposal of soiled pad/ underwear and re-clothing, child needs assistance with feeding etc.

Does this intimate care procedure require additional training for members of staff? YES/ NO If YES, please indicate who will provide the training and how often staff will need to have refresher training,

Who will provide the care? Please list staff members trained to provide this care.

Name	Position/ job	Date of training

Where will this care be provided? Specific identified areas

Details of the equipment the child may need (i.e. continence pad size, toilet seating, changing bed) and who provides the equipment:

What is the child able to do for themselves? How is the child going to indicate who they want to assist in their care, when they need assistance and if they have any dislikes relating to their intimate care?

Agreed by Glade Hill Primary and Nursery School on _____

Signed: _____

Print name: _____Designation: _____

Appendix 2

Individual Intimate Care Record for:

Date:	Start Time:	End time:	Comments:	Staff Member:

Appendix 3

Class Intimate Care Record

Date:	Name of child:	Start Time:	End time:	Comments:	Staff member: