



**Green Park Community  
Primary School**

**Intimate Care Policy**

This school is committed to safeguarding and promoting the wellbeing of all our children and expects our staff and volunteers to share this commitment.

## **Introduction**

1.1 Intimate care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body, such as cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves, but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

1.2 This Intimate Care Policy has been developed to safeguard children, support staff, and ensure good practice is followed. At Green Park Community Primary School all staff are checked with the Disclosure and Barring Service (DBS), and we are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We believe that the intimate care of children cannot be separated from other aspects of their learning and development, and we believe that every child has the right to feel safe and secure. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis. We recognise the need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment, or pain.

1.3 We aim to:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.

- Assure parents and carers that staff are knowledgeable about personal care and that their individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

### **Our approach to Best Practice**

2.1 Individual intimate/care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

2.2 Any child who requires intimate care is treated with respect at all times; we recognise that the child's welfare and dignity is of paramount importance. We will work with parents and children to establish a preferred procedure for supporting the child in our care with their personal and intimate needs.

2.3 Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's keyperson and at least one other member of staff accesses the training.

2.4 Where possible the child's keyperson is responsible for undertaking their care. When this is not possible, a staff member who is known to the child will take on that responsibility. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities and staff will encourage them to do as much for him/herself as he/she can. Children will be cared for with dignity and respect for their privacy. Careful consideration will be given to each child's situation to determine how many people might need to be present when a child is toileted. Where possible one child will be catered for by two adults unless there is a sound reason for having more/less adults present. The adult supporting your child could be male or female.

## Working with Parents

3.1 We believe that our partnership with parents is an essential principle in our setting and is particularly necessary in relation to children needing intimate care. We recognise that the information required to carry out intimate care is available from parents and prior permission must be obtained from parents before intimate care procedures are undertaken (see Appendix 1). We acknowledge that cultural and diversity influences may affect what is deemed 'intimate' and ensure we pay regard to social, ethnic, and cultural perspectives through open dialogue with parents.

3.2 Parents should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met. This may include Health Care plans and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone, or correspondence.

3.3 When any intimate care is carried out on children with individual care plans, it will be recorded on their own personal record (see Appendix 2). All information concerning intimate care procedures is recorded and stored securely.

3.4 We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. The parents/carers will be contacted confidentially either in person, by telephone or in a sealed letter, not through the home/school diaries. On the rare occasion that a child is soiled to a point where they are unable to clean themselves to a comfortable state, parents would be contacted immediately so that the child could be taken home for bathing.

## The Protection of Children

4.1 Child Protection procedures will be adhered to.

4.2 All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.

4.3 If a member of staff has a concern about physical changes in a child's presentation, e.g., marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.

4.4 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.

4.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed.

## Allegations of Abuse

5.1 Personnel working in intimate situations with children can feel particularly vulnerable. This school policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed. If staff are concerned about a child's demeanor during or following intimate care or has responded to or said something that has caused concern during the intimate care, they will report such incidents immediately to one of the Designated Safeguarding Leads who will follow the correct safeguarding procedures.

## Key Strategies

1. Where the need for personal intimate care is known in advance the members of staff who provide it will be properly trained to do so and are fully aware of best practice. This will involve two members and staff and will take place in one of the medical rooms.
2. Early years we will give particular attention to planning for the development of independence skills, particularly for children who are highly dependent upon adult support for personal care. If changing is required, this will take place with two members of staff present in a private area of the nursery.
3. Children will not be excluded from everyday educational activities solely because of a manageable condition.
4. Before admitting a child who has a continence problem, we will draw up a health care plan agreed by the school with the parents/carers and colleagues from the appropriate Health Authority. The child will also be consulted, if appropriate, as well as the staff involved in carrying out the care. The plan will include information about when and where the child will be cared for and which members of staff will support and manage the plan.
5. In an emergency any member of staff may be asked to provide personal intimate care and they will be guided by this policy, the Child Protection Policy, and any other relevant policy. More than one person should be present to safeguard the interests of both the child and carer unless the circumstances require immediate and urgent action, and a second person is unavailable
6. Good practice in providing personal and intimate care will include the following:
  - Inform a colleague when a child needs to be taken to the toilet.
  - Make a record of each occasion, including time and duration.
  - Consideration should be given to providing intimate care to children of the opposite sex.
  - In considering this issue, attention should be paid to the age of the child his/her wishes and feelings, any expressed parental directions along with the wishes and feelings of the member of staff concerned.
  - Staff will wash their hands prior to and following the changing procedure.
  - Staff will use gloves and protective clothing. Where a child has a care plan, parents will be expected to provide the school with a reserve of clothing. In an emergency the school will provide appropriate temporary clothing which parents will be expected to wash, iron and return. All items needed for changing should be within reach of the changing table/area.

7. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.
8. Where children have identified special needs that require personal and intimate care, individual care plans will be drawn up for children as appropriate to suit the circumstances of the child.
9. Wherever possible, staff should only care intimately for an individual of the same sex (in discussion with parents). However, in certain urgent or emergency circumstances this principle may need to be waived.
10. Where a child with SEND has on-going intimate care needs, arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan.
11. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.
12. The school's Child Protection procedures will be adhered to at all times.

### Health and Safety

6.1 Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. The school will provide gloves, a bin, and liners to dispose of any waste.

6.2 Any soiled waste should be placed in a polythene waste disposal bag which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied/ collected as part of the usual refuse collection service as this is not classed as clinical waste.

The governing body reviews this policy every three years. The governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

This policy will play an important part in the care of pupils. It will ensure that all pupils are treated at all times with dignity and respect. We are committed to meeting the individual needs of each child and we will take full account their age, special needs disability and gender when providing personal intimate care.

**Reviewed: September 2025**

**To be reviewed: September 2026**

## Appendix 1

### Letter to parent(s) outlining policy/procedures and their consent to carry out 'intimate care'

Dear Parents,

I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached guidelines to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out 'intimate care' procedures when necessary.

Yours sincerely,

Headteacher

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I have read a copy of the School's 'Intimate Care Policy.'

I agree to the school carrying out 'intimate care' on my son/daughter when necessary.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name of child: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix 2

### TOILET TRAINING/CHANGING RECORD

(to be completed after each 'intimate care' activity)

Child's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Name of Adult \_\_\_\_\_ Date Time Comment e.g. what action was taken

Date	Time	Comment e.g. Action/s taken ...