



Intimate Care Policy



Updated: September 2026



Next Review: September 2027

1. Introduction and Policy Statement

1.1 Intimate care is care involving tasks of a personal and private nature that a child is unable to undertake independently. This may include toileting, changing after toileting accidents, nappy changing, washing, dressing and undressing, menstrual care, and support with other personal hygiene needs.

1.2 Some children may need intimate care because of their age or stage of development, disability, special educational needs, medical needs or temporary circumstances. Green Park Community Primary School is committed to ensuring that every child can access education without discrimination because they require personal or intimate care.

1.3 The school will provide intimate care in a way that protects each child's dignity, privacy, safety, wellbeing and developing independence. Children will be encouraged to do as much for themselves as is reasonably possible.

1.4 Intimate care arrangements will be proportionate to the child's needs and will take account of their age, developmental stage, communication needs, disability, culture, religion, sex, individual preferences and any relevant medical advice.

1.5 The policy should be read alongside the school's Safeguarding and Child Protection Policy, Health and Safety Policy, SEND Policy, Supporting Pupils with Medical Conditions/Medication Policy, Equality Policy, Staff Code of Conduct and relevant risk assessments and individual healthcare/intimate care plans.

2. Aims and Principles

Safeguard and promote the welfare of all pupils, including those who may be particularly vulnerable.

Ensure that intimate care is carried out respectfully, sensitively and consistently.

Protect the privacy and dignity of children and staff.

Promote children's independence, self-care skills, confidence and body autonomy.

Ensure staff understand their responsibilities and know how to respond to routine and unexpected intimate care needs.

Work in partnership with children and parents/carers to identify and meet individual needs.

Ensure reasonable adjustments are made so that disability or medical needs do not create unnecessary barriers to participation.

Maintain appropriate records where required and handle personal information securely.

3. Individual Intimate Care Arrangements

3.1 Where a child has an ongoing or significant intimate care need, the school will work with the child and parents/carers to agree an individual intimate care plan or include the arrangements within an individual healthcare plan or other appropriate support plan.

3.2 Plans should be reviewed when the child's needs change and at least annually where the need remains ongoing. The plan should be accessible to staff who need the information to provide safe care.

3.3 Where appropriate, the child should be involved in decisions about their care and their wishes and communication preferences should be taken into account.

3.4 Individual arrangements should identify, where relevant:

the nature of the care required and the level of support needed;

the child's preferred method of communication and any relevant sensory or communication needs;

how the child can be encouraged to participate independently;

the agreed location and equipment required;

which staff are trained or authorised to provide any specialist care;

any relevant medical, moving-and-handling, continence or personal hygiene considerations;

how care will be recorded and how parents/carers will be informed;

how dignity, privacy and safeguarding will be maintained.

4. Best Practice for Staff

Treat the child with dignity, respect and kindness at all times.

Explain what is going to happen in an age-appropriate way and, where possible, seek the child's agreement before providing assistance.

Use clear, professional language and avoid comments that could embarrass, shame or stigmatise a child.

Encourage the child to complete as much of the task as they safely can.

Maintain the child's privacy by using an appropriate private space and ensuring doors, screens or other arrangements are used appropriately.

Follow the child's individual plan and any relevant risk assessment or healthcare plan.

Use appropriate personal protective equipment, including disposable gloves and aprons where there is a risk of contact with bodily fluids.

Wash hands thoroughly before and after intimate care and follow the school's infection-control arrangements.

Dispose of nappies, wipes and other soiled materials safely in accordance with the school's waste procedures.

Inform an appropriate colleague when a child is receiving intimate care where this is practicable and proportionate, particularly where the care is planned or involves changing.

Where two adults are present, this should be for safeguarding, training, manual-handling or other identified reasons. The school does not require two adults for every routine toileting incident where this would be impractical or delay necessary care. Staff should follow the individual plan and safeguarding arrangements.

If a second adult is required by the child's plan but is not immediately available, staff should take reasonable steps to maintain safety and dignity and seek assistance as soon as possible. Emergency care should not be delayed where delay could cause harm.

5. Toileting, Changing and Accidents

5.1 Children who are toilet trained may occasionally have an accident. Staff will respond calmly and without embarrassment or criticism.

5.2 Where a child can clean and change themselves, staff should provide appropriate guidance and access to facilities while maintaining privacy.

5.3 Where a child needs adult assistance, staff will provide only the level of help required and will encourage independence.

5.4 For children with an ongoing continence or changing need, an individual plan should be agreed with parents/carers. Parents/carers should provide spare clothing and any agreed personal supplies where appropriate.

5.5 If a child is unexpectedly soiled and has no individual plan, staff may provide reasonable assistance to ensure the child is safe, comfortable and able to participate in school. Parents/carers should be informed where the incident is significant or where the school's normal arrangements require this.

5.6 Staff should record intimate care where this is required by the child's individual plan, where care is significant or unusual, or where there is a safeguarding or welfare concern.

6. Menstrual and Puberty-Related Care

6.1 The school will provide sensitive, age-appropriate support to pupils who are menstruating or experiencing puberty-related personal care needs.

6.2 Pupils will be supported to manage menstrual hygiene as independently as possible. Appropriate sanitary products and a private place to manage personal hygiene should be available in accordance with the school's arrangements.

6.3 Staff should respond discreetly and without embarrassment or judgement. A pupil should not be excluded from learning because they require menstrual or personal hygiene support.

6.4 Where a pupil requires regular adult assistance with menstrual or other intimate care, an individual plan should be agreed with the pupil and parents/carers where appropriate.

7. Safeguarding and Child Protection

7.1 Intimate care is a safeguarding-sensitive activity. Staff must follow the school's Safeguarding and Child Protection Policy and Staff Code of Conduct at all times.

7.2 Staff must never promise a child secrecy or complete confidentiality. Any disclosure or concern suggesting that a child may be at risk of harm must be reported immediately to the Designated Safeguarding Lead (DSL) or deputy in accordance with safeguarding procedures.

7.3 If staff notice unexplained marks, bruising, soreness, changes in behaviour, distress, fear or other indicators that cause concern, they must report the concern promptly to the DSL.

7.4 If a child says that they do not want a particular member of staff to provide intimate care, this should be listened to and reported to the appropriate senior member of staff. The concern should be considered sensitively, taking account of the child's wishes, safeguarding, staffing and the need to provide necessary care.

7.5 If a child makes an allegation about a member of staff in connection with intimate care, staff must report it immediately and follow the school's procedures for allegations against adults working with children. Staff must not investigate the allegation themselves.

7.6 Staff should maintain appropriate professional boundaries at all times. Any incident in which a member of staff believes they may have acted outside agreed procedures should be reported promptly to the Headteacher/DSL and recorded appropriately.

8. Working with Parents and Carers

8.1 The school values partnership with parents/carers and will discuss ongoing intimate care needs with them.

8.2 Parents/carers will normally be involved in agreeing arrangements for planned, ongoing intimate care. However, staff may provide necessary assistance in an unexpected accident or emergency where this is needed to protect the child's dignity, health or safety.

8.3 Relevant information will be shared with staff on a need-to-know basis. Personal information will be handled in accordance with UK data protection legislation and the school's Data Protection and Information Sharing Policy.

8.4 Parents/carers should be informed of significant incidents or changes in care arrangements in accordance with the child's plan and the school's procedures.

9. Staff Training and Responsibilities

9.1 Staff providing specialist intimate care will receive appropriate information, instruction and training. Where a child's care involves specialist procedures, staff will receive suitable training from an appropriately qualified professional before undertaking the procedure independently.

9.2 The Headteacher is responsible for ensuring that suitable arrangements, staffing and training are in place.

9.3 The DSL is responsible for ensuring that safeguarding concerns arising from intimate care are managed in accordance with safeguarding procedures.

9.4 All staff are responsible for following this policy, individual care plans and relevant risk assessments, and for reporting concerns promptly.

9.5 Staff should only undertake procedures for which they have been appropriately trained and authorised. Where staff are unsure, they should seek advice from a senior member of staff rather than improvise.

10. Health, Safety and Infection Control

Hand hygiene must be followed before and after intimate care.

Disposable gloves and aprons should be used where there is a foreseeable risk of contact with urine, faeces, blood or other bodily fluids.

Cuts or broken skin on staff hands should be covered with a suitable waterproof dressing.

Changing areas and equipment should be kept clean and suitable for the child's needs.

Soiled waste should be disposed of safely using the school's designated waste arrangements.

Any spillages of bodily fluids should be dealt with promptly using the school's infection-control procedures.

Manual handling or transfer of a child must only be undertaken in accordance with an appropriate risk assessment and any required training.

11. Recording and Confidentiality

11.1 Records of intimate care should be factual, proportionate and stored securely.

11.2 Records should include sufficient information to demonstrate what care was provided and any relevant concerns, without unnecessary detail.

11.3 Staff must not discuss a child's intimate care needs in public areas or with people who do not have a legitimate professional need to know.

11.4 Any safeguarding concern must be recorded and reported in accordance with the school's safeguarding procedures.

12. Equality and Inclusion

12.1 The school will make reasonable adjustments and provide appropriate support so that children who require intimate care can access learning, play, trips, clubs and other school activities wherever reasonably possible.

12.2 The school will not discriminate against a child because they require intimate or personal care. Arrangements will take account of the Equality Act 2010 and the child's individual needs.

12.3 The child's age, developmental stage, disability, communication needs, culture, religion, sex and individual preferences will be considered when planning care.

13. Emergency Care

13.1 In an emergency, any suitable member of staff may provide necessary personal or intimate care where this is required to protect the child's health, safety or dignity. Staff should seek assistance and follow safeguarding procedures as soon as practicable.

13.2 Emergency care should be limited to what is necessary and should be recorded and reported in accordance with school procedures.

14. Review and Monitoring

14.1 This policy will be reviewed annually and sooner if there are changes to legislation, statutory guidance, local authority procedures, school arrangements or identified safeguarding needs.

14.2 The Headteacher and governing body will monitor implementation of the policy and ensure that staff are aware of their responsibilities.

14.3 Individual intimate care plans will be reviewed as required and at least annually where the need remains ongoing.

15. Relevant Legislation and Guidance

Keeping Children Safe in Education 2026 (DfE) – statutory safeguarding guidance, in force from 1 September 2026.

Working Together to Safeguard Children 2026 (DfE) – statutory multi-agency safeguarding guidance.

Children and Families Act 2014, including the duty concerning support for pupils with medical conditions.

Supporting pupils with medical conditions at school (DfE) – statutory guidance.

Equality Act 2010.

Health and Safety at Work etc. Act 1974 and relevant health and safety guidance.

UK General Data Protection Regulation and Data Protection Act 2018, where personal information is processed.

SEND Code of Practice: 0 to 25 years.

Policy status

Reviewed: September 2026

Next review: September 2027

Approved by: Governing Body

This policy should be reviewed earlier if legislation, statutory guidance or school arrangements change.

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

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

[illegible]