INTIMATE CARE

SEPTEMBER 2026

AIMS

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account.
- As far as possible, we will not change children ourselves. We will always ask parents first to come and change their children if that is possible. If they cannot for whatever reason, we will follow the protocol as outlined in this policy.
- An intimate care plan will be necessary if a child has ongoing needs that require regular intimate care. This plan will be developed in consultation with parents and, where appropriate, the child and relevant health professionals.
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved
- Older pupils, especially those with SEND, will have their privacy respected, and staff will support them in being as independent as possible in their care.

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

LEGISLATION AND STATUTORY GUIDANCE

This policy complies with statutory safeguarding guidance.

It also complies with the following legislation and statutory guidance:

- The Children Act 1989
- The Education Act 2002
- The Health and Safety at Work Act 1974
- Keeping Children Safe in Education 2026
- The Equality Act 2010
- The Children's Wellbeing and Schools Act 2025
- Working Together to Safeguard Children 2026

ROLE OF PARENTS

Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section below).

Where there isn’t an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

Creating an intimate care plan

An intimate care plan will be necessary if a child has ongoing needs that require regular intimate care. This plan will be developed in consultation with parents and, where appropriate, the child and relevant health professionals.

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan to see what this will cover.

Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

Where necessary, the school will also communicate with external agencies, such as healthcare professionals or social care, to ensure children with complex medical needs are supported effectively.

ROLE OF STAFF

Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes Nursery staff, teaching assistants and Midday Meals supervisors.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

How staff will be trained

- Staff will undertake:
- Appropriate training in personal care in nurseries and Early Years
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible
- They will be familiar with:
- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures
- They will also be encouraged to seek further advice as needed.

INTIMATE CARE PROCEDURES

How procedures will happen

As far as possible, we will not change children ourselves. We will always ask parents first to come and change their children if that is possible. If they cannot for whatever reason, we will follow the protocol as outlined in this policy.

An intimate care plan will be necessary if a child has ongoing needs that require regular intimate care. This plan will be developed in consultation with parents and, where appropriate, the child and relevant health professionals.

There will be 2 members of staff present when a child needs to be changed.

This will be carried out in the children's toilet area.

When carrying out procedures, the school will provide staff with: protective gloves, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

Must be recorded on CPOMS (see Appendix 3)

In case of emergency situations, such as fire drills, the staff will ensure that any intimate care procedure is halted safely, and the child's dignity and comfort will be prioritised during evacuation.

Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the DSL (DHT).

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to our safeguarding procedures.

All intimate care incidents, including accidents or minor injuries, will be documented (on CPOMS) and reviewed to ensure the safety of both children and staff.

MONITORING ARRANGEMENTS

This policy will be reviewed by the DSL every two years. At every review, the policy will be reviewed by the Governing Board and approved by the headteacher.

Risk assessments for children needing intimate care will be carried out and reviewed regularly, particularly when there is a change in the child's needs or care plan.

This policy was shared with the Governing Body in September 2026 and will be reviewed by September 2029, or sooner if legislation or statutory guidance changes.

LINKS WITH OTHER POLICIES

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND
- Supporting pupils with medical conditions
- Wellbeing policy (for staff support related to intimate care responsibilities)

Appendix 1: Intimate Care Plan

Following the Reception Autumn 1 settling in period it has become apparent that _____ has ongoing needs that require regular intimate care. Therefore, in line with the School's policy an intimate care plan for _____ will be developed in consultation with parents and, where appropriate, the child and relevant health professionals.

PLAN	
Name of child / DoB:	
Need:	
Type of intimate care needed:	
How often care will be given:	
What training staff will be given:	
Where care will take place:	
What resources and equipment will be used, and who will provide them:	
How procedures will differ if taking place on a trip or outing:	
Senior members of staff responsible for ensuring care is carried out according to the intimate care plan:	
CHILD	
Do you mind having a chat when you are being changed or washed?	
Signature of child	

Appendix 2: Parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child:	
Date of birth:	
Name of Parent/Carer:	
Address:	
I have read and understood the Intimate Care Plan above.	☐
I **give permission** for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting).	☐
How many members of staff I would like to help:	1 ☐ 2 ☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection).	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns.	☐
I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/Carer Signature:	
Name of Parent/Carer:	
Relationship to Child:	
Date:	

Appendix 3

Personal Changing Record

Record it on CPOMS as an incident.

- Tick the Health and Safety box.
- Tick the Intimate Care box.

Ensure the following information is recorded:

- Child's Name
- Class
- Date and Time of Entry
- Reason for Changing (urine, soiled, vomit)
- Member of Staff Attending to Child
- Second Member of Staff
- Parent/Carer Notified