



# Intimate Care Policy

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**In conjunction with The Key**

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## 1. 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
- › 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

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

## 2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#).

It also complies with our funding agreement and articles of association.

## 3. Role of parents

### 3.1 Record keeping

When a child joins the academy, parents/carers are asked to declare any medical conditions that require care within the academy, for the academy's records. Each school year, parents are requested to update details about medical conditions (including intimate care needs) and emergency contact numbers.

All parents/carers of children with intimate care needs will be required to provide information to the academy on these. From this information the academy keeps its intimate care need records. All teachers know which children in their class have intimate care needs. Parents are required to update the academy about any change in their child's medication or treatment. Records must be kept for the administration of any intimate care.

## **3.2 Seeking parental permission**

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers 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 consent form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 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 academy 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 academy will inform parents afterwards.

## **3.3 Creating an intimate care plan**

An intimate care plan is not required for general, ad hoc, toileting issues/accidents.

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

The academy 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.

## **3.4 Sharing information**

The academy 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.

# **4. Role of staff**

## **4.1 Which staff will be responsible**

Any roles who may carry out intimate care will have this set out in their contract or job description. This includes teaching assistants, teachers, office staff, headteacher, deputy headteacher

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.

The Designated Safeguarding Lead will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans

- › Act as a point of contact for parents/carers/staff regarding intimate care concerns

## 4.2 How staff will be trained

Staff will receive:

- › Training in the specific types of intimate care they undertake
- › 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 academy
- › Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

## 5. Intimate care procedures

During nappy changes, toileting and any intimate care procedure, the academy will balance children's privacy with safeguarding and support needs.

### 5.1 Staffing

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

In general, 1 member of staff will be present with each child, except for circumstances where:

- › 2 members of staff are needed to:
  - Safely handle a child who needs to be assisted
  - Use equipment such as a hoist
- › There is a known risk of false allegations by the pupil

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. We will train 2-3 members of staff per child to cover absences, emergencies and school trips. Where possible, we will ensure that these backup members of staff are also people known to the child.

At The Southwater Infant Academy, male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents/carers and pupil, if appropriate.

### 5.2 Arrangements

It is best practice to have two staff members present during intimate care routines and wherever possible this will be provided by staff who are the same sex as the child. However, in our setting this is not always possible.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the pupil's care plan where this applies. The needs and wishes of pupils and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The person carrying out the intimate care will communicate with the child's teacher regarding all incidents, and staff will inform the parent at the end of the day.

Procedures will be carried out in the 'shared area' of the children's toilets, or in the staff disabled toilet. The child is encouraged to change themselves as much as possible. For some procedures the academy children's disabled toilet will be used, which has equipment such as a hoist to support with care.

When carrying out procedures, the academy will provide staff with: gloves, aprons, masks, bins and cleaning supplies.

Any soiled waste is placed in a specialist bin (complete with a yellow liner) which is specifically designated for the disposal of such waste. This can be found in the bin area in the carpark.

For pupils needing routine intimate care, the academy 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.

Before going to perform intimate care on a child, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.

Staff are to record intimate care using Appendix 3 – Intimate Care Record Sheet attached.

### **5.3 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 academy'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 Headteacher or Deputy Headteacher.

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 the school's safeguarding procedures.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the child to discuss why this might be occurring, and how to help the child. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified.

## **6. Monitoring arrangements**

This policy will be reviewed by the Office Manager every 3 years. At every review, the policy will be approved by the board of Trustees.

## **7. 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
- Staff code of conduct (found in the Staff Handbook)
- Low Level Concerns



## Appendix 1: template intimate care plan

PARENTS/CARERS	
Name of child	
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	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

## Appendix 2: template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
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)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p><b>I do not</b> give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>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).</p> <p>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.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

### Appendix 3: Intimate care record sheet



## Intimate Care - Record Sheet

<b>Name of child:</b>
<b>Names of staff involved:</b>

Date and Time	Procedure	Signature(s)	Comments