Intimate Care Policy

October 2026

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‘Learning Together, Respecting Each Other’

Introduction:

Sherdley Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Sherdley Primary School recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our Approach To Best Practice

The management of all children with intimate care needs will be carefully planned with the support of external health professionals and parents / carers. The child who requires intimate care is treated with respect at all times; the child’s welfare and dignity are of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in Moving and Handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from continence nurses/ physiotherapist / occupational/therapist as required.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. 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 wiping or washing themselves. Individual intimate care plans will be drawn up by health practitioners for particular children as appropriate to suit the circumstances of the child.

Each child’s right to privacy will be respected. Careful consideration will be given to each child’s situation to determine how many carers might need to be present when a child is supported. Where possible, one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented and discussed with the SENDCO / DSL. All documents will be filed in the child’s CPOMS document vault.

Wherever possible, intimate care will be provided by a small number of familiar, trained staff to promote consistency, dignity and trust while maintaining appropriate professional boundaries.

Staff carrying out intimate care will be appropriately trained, vetted and authorised by the school.

The dignity, privacy, wishes and cultural or religious needs of the child will always be considered when allocating staff to provide intimate care. Whilst the school will seek to accommodate parental and pupil preferences wherever reasonably practicable, the child's immediate care, welfare and safety will remain the primary consideration. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, if no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staff and equal opportunities legislation.

Toilet Training and Early Years

Sherdley Primary School recognises that children develop toileting skills at different ages and rates.

No child will be excluded from admission, attendance or participation in school activities solely because they are not independently toilet trained.

Children who require support with toileting will be treated with dignity and respect and appropriate arrangements will be agreed with parents/carers.

Recording and Monitoring of Intimate Care

A written record will be completed whenever intimate care is provided outside of a child's agreed care plan or where there are any concerns regarding the child's presentation, wellbeing or welfare.

For pupils with a regular Intimate Care Plan, staff will maintain appropriate records, including:

Date and time of care provided.
Name(s) of staff involved.
Nature of care provided.
Any concerns regarding the child's physical or emotional wellbeing.
Any injuries, marks, bruising or unusual observations.
Communication with parents/carers where appropriate.

Records will be stored securely in accordance with the school's safeguarding and data protection procedures and uploaded to CPOMS where required.

The SENCO and Designated Safeguarding Lead will regularly monitor records to ensure procedures are being followed consistently.

Principles of Intimate and Personal Care

Intimate and personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need.

The following are the fundamental principles of intimate and personal care:

- 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

Definition of Intimate Care

Intimate Care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the genitals of the body. Intimate care tasks include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces/urine)
- Bathing / showering
- Washing intimate parts of the body

- Changing sanitary wear

Definition of Personal Care

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care. Personal care tasks include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet

Safeguarding

Safeguarding procedures will be adhered to.
All children will be taught personal safety skills carefully matched to their level of development and understanding.
If a member of staff has any concerns about physical changes in a child's presentation e.g. marks, bruises, soreness, etc. s/he will immediately report concerns to the Designated Safeguarding Lead– Mrs K Bennett or Deputy Safeguarding Leads Mrs J Stroud, Mr M Davies, Mrs C Eccleston or Mr T Gawne.

Pupils will be offered some choice as to who deals with their personal care. As far as practicable the child's wishes will be respected and acted on. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Managing Concerns and Allegations

Any safeguarding concern arising during intimate care must be reported immediately to the Designated Safeguarding Lead.

Where staff observe:

- unexplained marks, bruising or injuries;
- changes in behaviour;
- signs of neglect;
- disclosures made by a child; or
- inappropriate behaviour from an adult,

They must record the concern on CPOMS on the same day and follow the school's safeguarding procedures.

Any allegation made against a member of staff will be managed in accordance with the school's Child Protection Policy and Local Authority Allegations Management Procedures.

Infection Prevention and Control

Staff providing intimate care must:

- Wash their hands before and after providing care.
- Wear disposable gloves and disposable aprons where there is a risk of contact with bodily fluids.
- Use approved cleaning products to sanitise changing areas and equipment after use.
- Dispose of soiled materials safely and hygienically using designated waste facilities.
- Follow any individual healthcare plans relating to infection control.
- Report shortages of personal protective equipment (PPE) immediately.

Any changing bed, toilet area or specialist equipment used for intimate care will be cleaned after each use in accordance with school procedures.

Legislative and Guidance Framework

This policy should be read alongside:

- Keeping Children Safe in Education (KCSIE) 2026
- Working Together to Safeguard Children
- Children and Families Act 2014
- Equality Act 2010
- SEND Code of Practice 0-25 Years
- Supporting Pupils at School with Medical Conditions
- Early Years Foundation Stage (EYFS) Statutory Framework
- Sherdley Primary School Child Protection and Safeguarding Policy
- Sherdley Primary School Supporting Pupils with Medical Conditions Policy
- Sherdley Primary School Health and Safety Policy

The Governing Board will monitor implementation of this policy and ensure the school has adequate resources, training and facilities to meet pupils' intimate care needs.

Guidance for Staff

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Children Wearing Nappies

The parent should provide nappies and wipes and should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

Changing Facilities

Pupils with changing needs will be changed in school in appropriate facilities as close to the classroom as possible however there will be times when the hygiene bathroom is more appropriate. The dignity and privacy of the pupils is of paramount concern.

Health and Safety

Staff should always wear gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. 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 a liner) which is specifically designated for the disposal of such waste (located in the hygiene bathroom and in the Pre-school).

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.
The expectation is that staff will work in "limited touch" cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.
Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. Approaches such as Intensive Interaction, which develops communication skills, will involve touch that may seem inappropriate in normal circumstances. Many of our children seek physical contact; we would not wish to make them feel rejected, but we must ensure that we try to develop their skills to understand what is appropriate. The general culture of "limited touch" will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse. Additionally, many children who experienced this level of trauma may seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience.

Pupils in Distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.
Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or school's Pastoral member and/or Safeguarding Leads.
Particular care must be taken in instances which involve the same pupil over a period of time.
Where a member of staff has a particular concern about the need to provide this type of care and reassurance, they should seek further advice from the Designated Safeguarding Lead.

First Aid and Intimate Care

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with

toileting or the removal of wet / soiled clothes) another member of staff should be in the vicinity and should be made aware of the task being undertaken. If a child requires examination or treatment involving areas of the body normally covered by clothing, staff should, wherever possible, ensure that another member of staff is aware of the situation and available nearby. The child's dignity, privacy and welfare must be maintained throughout any intervention.

Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's view must also be actively sought and, in particular, any discomfort with the arrangements addressed.

Physical Education and Other Skills Coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.
Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Showers / Changing Clothes

Young people are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This means that adults should announce their intention of entering the changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct e.g. being discreet if changing in the same area.

Out of School Trips, Clubs etc

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy and all LA guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised, and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the headteacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Photography, Videos and Similar Creative Arts

Staff should be aware of the potential for such mediums of teaching to be used for the wrong purposes. Additionally, children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming etc. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to the organisation of these activities.

The school has clear policies and protocols for the taking and use of images and of photographic equipment. These require the justification and purpose of the activity; its content; avoidance of one-to-one sessions; appropriate privacy when the changing of clothes is required; and arrangements for access to the material and its storage.

Devices with the capacity for taking photographs or videos should not be taken into spaces where children may be undressed, changed or receiving personal care.

Consent to participating in these activities should be sought from the child and those with parental responsibility at the beginning of courses but staff should remain sensitive to those children who appear particularly uncomfortable with the activity.

All material produced should be viewed for acceptability by another member of staff.

Appendix 1

Intimate Care Plan at School

Child's Name	
D.O.B	
Medical diagnosis or condition	

NATURE OF INTIMATE CARE
HOW THE INTIMATE CARE WILL BE CARRIED OUT
WHO WILL CARRY OUT THE INTIMATE CARE

RISK ASSESSMENT
Moving and Handling:

Infection Prevention and Control:
Safeguarding:

TRAINING REQUIREMENTS FOR SCHOOL STAFF:
Plan completed by: Name: Designation: Date of completion: Review date:
Parent/Pupil Agreement I agree to school staff carrying out the care detailed in this plan. If my child's medical condition and/or care management advice changes I will inform school immediately. Parent's Name: Signature: Date:
Child's comments on their care plan Child's Name: Signature: Date: Comments:
School Agreement to plan Name: Designation: Date of completion:

Appendix 2:

Personal Care Plan At School

Child's Name	
D.O.B	
Medical diagnosis or condition	

NATURE OF PERSONAL CARE
HOW THE PERSONAL CARE WILL BE CARRIED OUT
WHO WILL CARRY OUT THE PERSONAL CARE

RISK ASSESSMENT

Moving and Handling:

Infection Prevention and Control:

Safeguarding:

TRAINING REQUIREMENTS FOR SCHOOL STAFF:

Plan completed by:
Name:
Designation:
Date of completion:
Review date:

Parent/Pupil Agreement
I agree to school staff carrying out the care detailed in this plan.
If my child's medical condition and/or care management advice changes I will inform school immediately.

Parent's Name: Signature:
Date:

Child's comments on their care plan
Child's Name: Signature:
Date:
Comments:

School Agreement to plan
Name:
Designation:
Date of completion:

Appendix 3:

Recording and Monitoring of Intimate Care

Child's Name	
Week Beginning	

Key: **D** – dry **BM** – bowel movement
W – wet **PT** – used potty/toilet
C – Changed clothes

Staff Member	Time	Date	Notes/Concerns	Parent informed

Appendix 4:

Growing together, Respecting each other

Sherdley Primary School
Mill Lane
Sutton
St Helens
WA9 4HA

Tel: 01744 678683
Email: sherdley@sthelens.org.uk

Headteacher: Mr T Gawne BA (Hons) QTS

05 October 2026

Parental Permission for Intimate Care

I give my permission for _____ to receive intimate care (for example helping with changing or following toileting) should the need arise.

I understand the staff are doing this on a voluntary basis and will endeavour to encourage my child to achieve independence in this area with dignity and respect.

I will provide the necessary clothes, nappies, nappy sacks and wipes.

I understand I will be informed discreetly on each occasion this happens.

Signed _____

Person with parental responsibility