

Powerstock CE VA Primary School

Intimate care policy

Approved: Governing Body

Date: Sept 2026

Last reviewed on: Sept. 2026

Next review due on: Sept. 2029

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1. Aims and introduction

Intimate care is any care which involves washing, touching or carrying out a procedure to private parts of the body. It may include support with washing, toileting, dressing, continence care, menstrual management or medical procedures.

Most pupils can carry out their own intimate care independently; however, some pupils may require support because of their age, physical difficulties, medical needs or special educational needs and disabilities (SEND).

Intimate care also includes supervision of pupils involved in intimate self-care where this is required.

This policy outlines how the school will support pupils who require intimate care in a safe, respectful and dignified manner

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, privacy, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child 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 that 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 the Department for Education (DfE) statutory safeguarding guidance:

- [Keeping Children Safe in Education](#)
- [Early Years Foundation Stage \(EYFS\) statutory framework](#)

3. Role of parents/carers

3.1 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 school is unable to get in touch with parents/carers 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/carers afterwards.

3.2 Creating an intimate care plan

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

The school will work with parents/carers 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/carers will be consulted.

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

When creating an intimate care plan, the religious, cultural values and personal preferences of the pupil and family will be respected wherever possible. Staff will use the appropriate and agreed terminology for body parts and bodily functions and these may be recorded in the plan.

See appendix 1 for a template plan.

3.3 Sharing information

The school will share information with parents/carers as needed to ensure a consistent approach.

Parents/carers are expected 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 and SEN teaching assistants. 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 headteacher 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, relevant to any particular needs of children
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as 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.

5. Intimate care procedures

During nappy changes, toileting and any intimate care procedures, Powerstock 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

When 1 member of staff is providing intimate care, another appropriate adult should be aware that this is taking place.

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.

5.2 Arrangements

Procedures will be carried out in designated changing areas or toilet cubicles.

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
- ☐ leave doors open as much as privacy allows.
- be (where possible) within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.
- explain procedures clearly to pupils before providing support
- seek the pupil's agreement and cooperation wherever possible and encourage the pupil to be as independent as possible
- maintain the pupil's privacy and dignity at all times

When carrying out procedures, the school will provide staff with protective gloves, cleaning supplies, a changing mat, bin and aprons where appropriate.

For pupils needing routine intimate care, the school expects parents/carers 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/carers at the end of the day.

If a pupil refuses to allow a member of staff to perform intimate care and they need this to be performed due to hygiene and wellbeing reasons, the school will contact the parents and ask them to either come to school and perform intimate care or take the child home to do it before bringing them back to school.

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 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 headteacher, DSL or DDSL. This should also be included in a written report about the incident.

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. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

5.4 Specific procedures for toileting accidents

Where pupils are starting school without having been toilet-trained, staff will work with the pupil's parents/carers to agree on a care plan.

The school will record the number of soiling incidents in school, and liaise with the pupil's parent/carers about:

- The outcomes of relevant medical appointments attended by the child
- Whether there is a change in the pattern of soiling incidents, at home or at school
- Whether the current plan is working
- Signposting the family to healthcare professionals as required

5.5 Management of menstrual care

All staff will be sensitive to the fact that:

- Girls at our school may start to menstruate
- While there is no shame or stigma attached to this, those pupils may wish to deal with it discreetly

The school will offer sensitive and practical information to pupils about:

- Where the sanitary products are
- How to use and dispose of them correctly

Period products available to pupils can be found in the disabled toilet.

Support will be provided discreetly and sensitively, in order to maintain pupils' dignity, wellbeing and participation in school life.

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agreed with parents/carers in an individual care plan due to specific needs.

Age-appropriate education on puberty and menstrual hygiene will be provided as part of the PSHE curriculum.

5.6 Changing of PE, Swimming and Residential Visits

The school will actively promote independence, dignity and privacy when changing for PE, swimming and residential visits. Support will be provided sensitively and in-line with safeguarding procedures and agreed care plans. Reasonable adjustments will be made for pupils with disabilities or medical needs.

5.7 Physiotherapy

School staff may support children with physiotherapy programmes. In order to do so, school staff will:

- follow the exact guidance and technique as demonstrated by a physiotherapist once written guidance has been provided. The physiotherapist will observe the member of staff undertaking the exercises to ensure they are performed competently.

Support arrangements will be documented in the pupil's care plan and be reviewed under the direction of health care professionals.

5.8 Medical procedures

Some pupils may require support with medical procedures including:

- administration of rectal medication
- catheter management
- colostomy care

In these instances, the procedures involved will be clearly documented within an Individual Healthcare Plan, be discussed with parents/carers and only carried out by appropriately trained staff.

5.9 Massage

Massage may be used to support pupils with complex needs, sensory regulation or relaxation. Massage undertaken within school will only involve the hands, feet or face in order to safeguard both pupils and staff.

Massage will only be provided:

- with parental agreement where appropriate
- by suitably trained or competent staff
- in accordance with safeguarding procedures

5.10 Record keeping

School staff will inform another member of staff when they are going to assist a pupil with intimate care. A written record will be kept in the event that a child has an invasive medical procedure e.g. support with catheter usage, in line with healthcare guidance.

Accurate records will be kept when a pupil receives intimate care. These will include:

- Date
- Time
- Nature of support provided
- Staff involved
- Any concerns or changes noticed.

Records will be kept in the child's file and are available to parents/carers on request.

If a pupil is without an intimate care plan and has a toileting accident which requires support with intimate care, the parents/carers will be informed on the same day either in person, by telephone or by sealed letter.

6. Monitoring arrangements

This policy will be reviewed by the headteacher and governing body every three years. At every review, the policy will be approved by the governing body.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Staff code of conduct
- Whistleblowing
- Managing allegations
- Data protection
- Health and safety
- SEND
- Supporting pupils with medical conditions

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 and contact details	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
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(s) 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(s), 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	

