



Intimate care policy

Date reviewed: March 2026

Date of next review: March 2027

Chair of Governors (signature)

Head Teacher (signature)

1. Aims

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 intimate care (e.g. for nappy changes or toileting accidents), parents will be asked to:

Sign a consent form

Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

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, parents will be contacted to come into school to change their child.

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 considered. If there's doubt whether the child can make an informed choice, their parents/carers will be consulted.

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

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

All staff at Millfields First 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 Head Teacher 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 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 procedure, Millfields First School will balance children's privacy with safeguarding and support needs.

5.1 Staffing

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

- Two members of staff are needed to safely handle a child who needs assistance or 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.

5.2 Arrangements

Procedures will be carried out in designated changing areas, with privacy screens 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, 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.

When carrying out procedures, the school will provide staff with protective gloves, aprons, changing mats, wipes and bins

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.

Instances of intimate care will be recorded on Medical Tracker including the date, time staff involved and any relevant observations such as skin integrity. These will be reported to parents via email.

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 Designated Safeguarding Lead or Deputy Designated Safeguarding Lead

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, who will consider whether there is a safeguarding issue.

5.5 Specific procedures for toileting accidents

Where pupils start 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 parents/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

6. 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

PSHE policy

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 annually.

Next review date:

To be reviewed by:

Appendix 2: template parent/carers consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carers	
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/carers signature	
Name of parent/carers	
Relationship to child	
Date	