Crudgington Primary
A LEARNING COMMUNITY TRUST ACADEMY

Intimate Care Policy
2026-2027

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Statement of Intent

Crudgington Primary School understands the importance of its responsibility to safeguard and promote the welfare of children.

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 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.

The school is committed to providing Intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can.
- Protect the rights of all others involved.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

• Equality Act 2010
• Safeguarding Vulnerable Groups Act 2006
• Childcare Act 2006
• Education Act 2002
• Education Act 2011
• The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)
• DfE 'Keeping children safe in education'

This policy operates in conjunction with the following school policies:

• Administering Medication Policy
• Complaints Procedures Policy
• Child Protection and Safeguarding Policy
• Whistleblowing Policy
• Infection Control Policy
• Allegations of Abuse Against Staff Policy

2. Definitions

For the purpose of this policy, "intimate care" is the hands-on, physical care in personal hygiene, as well as physical presence or observation during such activities.

Intimate care includes the following:

• Helping a child with eating and drinking for reasons of illness or disability
• Body bathing other than to the arms and face, and to the legs below the knee
• Application of medical treatment other than to the arms and face, and to the legs below the knee
• Toileting, wiping and care in the genital and anal areas
• Dressing and undressing

3. Roles and responsibilities

The headteacher is responsible for:
• Ensuring that intimate care is conducted professionally and sensitively.
• Ensuring that the intimate care of all children is carefully planned, including the creation of individual care plans following discussions with the parent and the child, with input from the SENDCO.
• Communicating with parents in order to establish effective partnerships when providing intimate care to children.
• Handling any complaints about the provision of intimate care in line with the school's Complaints Procedures Policy.

All members of staff who provide intimate care set out in an individual care plan are responsible for:

• Undergoing training for the provision of intimate care.
• Undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.

Parents are responsible for:

• Liaising with the school to communicate their wishes in regard to their child's intimate care.
• Providing their consent to the school's provision of their child's intimate care.
• Adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy.

4. Procedures for intimate care set out in an individual care plan

Staff will only be required to administer intimate care if it has been discussed with them in advance and they have stated verbally to the headteacher and/or SENDCO that they are happy to do so.

Staff who provide intimate care will conduct intimate care procedures as and when it is required; no child will be left in wet/soiled clothing or nappies.
If the designated member of staff for a child's intimate care is absent, a secondary designated member of staff will change the child, adhering to the arranged procedures.

Before changing a child's nappy, members of staff will put on disposable gloves and the changing area will be cleaned appropriately.
The changing area is warm and comfortable for the children and are private from others.
Hot water and liquid soap are available for staff to wash their hands before and after changing a nappy.
The changing area has paper towels available for members of staff to dry their hands.
Any soiled clothing will be placed in a tied plastic bag and will be returned to parents at the end of the school day.

Any used nappies will be placed in a tied plastic bag and disposed of appropriately.

Any bodily fluids that transfer onto the changing area will be cleaned appropriately.
If a pupil requires cream or other medicine, such as for a nappy rash, full parental consent will be gained prior to this.

Older children and those who are more able will be encouraged to use the toilet facilities and will be reminded at regular intervals to go to the toilet.

Members of staff will use the Toilet Introduction Procedures, as outlined in the

appendices of this policy, to get children used to using the toilet and encourage them to be as independent as possible.
Children will be reminded and encouraged to wash their hands after using the toilet, following the correct procedures for using soap and drying their hands.

5. Parental engagement

The school will liaise closely with parents to establish individual intimate care plans for each child which will set out the following:

• What care is required
• Number of staff needed to carry out the care
• Any additional equipment needed
• The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
• The child's level of ability, i.e. what procedures of intimate care the child can do themselves
• Any adjustments necessary in respect to cultural or religious views
• The procedure for monitoring and reviewing the intimate care plan

The information concerning the child's intimate care plan will be stored confidentially and only the parents and the designated member of staff responsible for carrying out the child's intimate care will have access to the information.

The parents of the child are required to sign the Intimate Care Parental Consent Form to provide their agreement to the plan; no intimate care will be carried out without prior parental consent.

In respect of the above, if no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents will be contacted by phone in order to gain consent.

Any changes that may need to be made to a child's intimate care plan will be discussed with the parents to gain consent and will then be recorded in the written intimate care plan.

Parents will be asked to supply the following items:

• Spare nappies
• Wipes, creams, nappy sacks, etc.
• Spare clothing
• Spare underwear

6. Safeguarding procedures

The school adopts rigorous safeguarding procedures in accordance with the Child Protection and Safeguarding Policy and will apply these requirements to the intimate care procedures.

Intimate care is classified as regulated activity; therefore, the school will ensure that

all adults providing intimate care have undergone an enhanced DBS check (which includes barred list information) enabling them to work with children.

Staff members working directly with children will receive safeguarding training as part of their mandatory induction, in line with the Child Protection and Safeguarding Policy.

All members of staff will receive safeguarding training on an annual basis, and receive child protection and safeguarding updates as required, but at least annually. All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the DSL in accordance with the school's Whistleblowing Policy.

Any concerns about the correct safeguarding of children will be dealt with in accordance with the Child Protection and Safeguarding Policy and the Allegations of Abuse Against Staff Policy.

7. Monitoring and review

This policy will be reviewed annually by the headteacher and SENDCO, who will make any changes necessary and communicate these to all members of staff.

The next scheduled review date is July 2026.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Appendix A

Intimate Care Plan and Agreement

Name of Pupil:	
Date of Birth:	
Class:	
Care required and how often during the day:	
Member(s) of staff who will carry out the tasks: (all staff need to be fully aware of toileting/intimate care plan and academy priorities)	
Where will the tasks be carried out and what equipment/resources will be required to safely carry out the procedures:	
Infection control and disposal procedures in place:	
Actions that will be taken if concerns arise:	
Parent's responsibility to provide:	
Any home/academy agreement of care/management plan or communication via Dojo (if required):	
Other professionals involved in care/advisory role (e.g. school nurse, health visitor etc):	
Additional Information:	

I/We have read the Intimate Care Policy provided by Lantern Academy. I/We give permission for suitable member(s) of staff to attend to the intimate care needs of my/our child and are in agreement with the procedures proposed.	
Name of Parent/Carer:	
Signature:	
Principal/SENCo:	
Signature:	
Date:	

Appendix B

Toilet Introduction Procedures

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defecation is taking place and can alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of two weeks to determine:

• If there is a pattern to when the child is soiled/wet.
• The indicators that the child displays when they need the toilet, e.g. facial expressions.

Staff will implement the following strategies to get children used to using the toilet and being independent:

• Familiarise the child with the toilet, washing their hands, flushing the toilet and referencing other children as good role-models for this practice
• Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet
• Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet
• Ensure that the child can reach the toilet and is comfortable doing so
• Stay with the child and talk to them to make them more relaxed about using the toilet
• Don’t force the child to use the toilet if they don’t want to, but still encourage them to do so using positive language and praise
• Deal with any accidents discreetly, sensitively and without any unnecessary attention
• Be patient with children when they are using the toilet, and use positive language and praise to encourage them