

# Intimate Care Policy

Aspire Federation


*Let your light shine!*



**Reviewed and updated:** January 2026

**Ratified by Governors:** 21<sup>st</sup> January 2026

**Next review:** January 2029

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Name: Laura Martin  
(Executive Headteacher)

Signed: .....  .....

Name: Peter Hilton  
(Chair of Governors)

Date: .....21.1.26.....

Date: ...21.1.26.....

## **Principles:**

Staff will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' Sept 2025 to safeguard and promote the welfare of pupils at the schools within the Federation.

The Federation takes seriously its responsibility to safeguard and promote the welfare of the children in its care.

Meeting a pupil's intimate care needs is one aspect of safeguarding. We recognise our duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with a need that affects his/her ability to carry out day-to-day activities must not be discriminated against.

## **This Intimate Care Policy should be read in conjunction with:**

- Safeguarding and Child Protection policy
- Health and Safety Policy and Procedures
- Special Educational Needs and Disabilities (SEND) policy
- Statutory RSHE 2021 and KCSIE 2025
- Policy for Medical Conditions and Administering Medicine

The Federation is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times.

It is acknowledged that these adults are in a position of great trust. We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given.

The child's welfare is of utmost importance, and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and any health professionals to share information and provide continuity of care.

Where pupils with complex needs and/or long-term health conditions have a Care Plan or Education Health Care Plan (EHCP) in place, the principles and best practice guidance in this intimate care policy will be applied.

For nursery age children who are still using nappies at William Hildyard Nursery consent for intimate care should be obtained in writing from parent/carers.

Nappy changing procedures should be followed and are detailed in Appendix 1. The appendices hold examples of a nursery nappy changing consent form and nappy changing log.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

### **Child focused principles of intimate care:**

The following are the fundamental principles upon which the Policy and Guidelines are based:

- 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.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

### **Definition:**

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some pupils are unable to do because of their young age, medical or physical difficulties or other special needs. Examples also include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of pupils involved in intimate self-care.

### **Best Practice:**

Any historical concerns (such as past abuse) should be taken into account.

Individual intimate care plans should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g., for residential trips or staff changes (where the staff member concerned is providing intimate care).

They should also take into account procedures for educational visits/day trips. In line with Relationships Sex Health Education (RSHE) 2021 and KCSIE 2024 appropriate terminology for private parts of the body and functions will be agreed and shared with the parents/carers and pupil.

Pupils who require regular assistance with intimate care may have an EHCP stating their intimate care needs. These needs are identified in Section B for their sensory and/or physical needs and Sections E and F of their EHCP.

Where an EHCP is *not* in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g., has had an 'accident' and wet or soiled him/herself).

It is recommended practice that information on intimate care should be treated as confidential and communicated in person by an appropriate staff member or by telephone or email, not through a home/school communication book for example. It should also be recorded with full names, signature, and date.

In relation to record keeping, a written record is kept in the room designated for intimate care. It should be clear who was present in every case. These records will be stored in compliance with GDPR and available to parents/carers on request.

The Federation acknowledges that it is not always possible to have 2 adults attend intimate care procedures. However, daily practice is that a 2nd adult will support or at least have 'sight and sound' of the supporting adult undertaking an intimate care procedure.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age, stage of development, and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible with verbal guidance and visual support such as symbols showing the toileting/changing routine.

Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves, aprons and other PPE where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils considering developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (e.g. verbal, symbolic, object of reference). Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate care procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate in a way that reflects their age or developmental stage.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that

reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Adults who assist pupils with intimate care must be employees of the Federation, not students or volunteers, and therefore will have the usual requirements of safer recruitment checks, including enhanced DBS checks and up to date safeguarding training. Wherever possible, supply TAs who are not known to the child should not be involved in their intimate care.

An individual member of staff should discretely inform the class teacher when they are going to assist a pupil with intimate care.

## **Health and Safety**

Health & Safety guidelines should be adhered to regarding waste products and the disposal of waste products or any quantity of products that come under the heading of clinical waste.

Nappy bins are provided and must be used.

A blue lining paper is provided to cover the change table/mat and should then be disposed of.

The change table/mat should be cleaned after use.

## **Child Protection**

Aspire Federation leaders, governors and staff recognise that pupils with special educational needs and those with disabilities are particularly vulnerable to all types of abuse and child protection procedures will be adhered to.

No member of staff will carry a mobile phone, camera or an electronic device (e.g. iPad) whilst providing intimate care.

From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. Best practice will be promoted, and all adults will be encouraged to be vigilant at all times, to seek advice where relevant, and take account of safer working practice.

Where appropriate, pupils 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 pupil's presentation, e.g., unexplained marks, bruises, etc, they will immediately report concerns to the Designated Safeguarding Lead who will initiate appropriate safeguarding procedures (see Safeguarding and Child Protection policy).

### **Physiotherapy and Occupational Therapy**

Pupils who require physiotherapy or occupational therapy whilst at school should have this carried out by a TA who has received training, by the child's named therapist, in the delivery of their programme to be completed.

### **Massage**

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by staff should be confined to parts of the body such as the upper back, hands, feet and face in order to safeguard the interest of both adults and pupils.

It must be consented to by child and parent and should take place in an appropriate space with the knowledge and agreement of the SENCo/ Head of School.

Any staff undertaking massage for pupils must demonstrate an appropriate level of competence.

## **Appendix 1**

### **Nappy Changing Procedure**

During nappy changing we:

- Ensure that the nappy changing area is inviting to continue to meet children's interests.
- Ensure that no child is ever left unattended during the nappy changing time.
- Ensure hygiene procedures are followed appropriately, e.g. staff put on gloves and aprons before changing starts, hands are washed after nappies are changed and changing mats cleaned before and after each use.
- A blue lining paper is used to cover the change table/mat
- Ensure staff can access the area safely and have appropriate support for movement and handling.
- Ensure staff are gentle when changing; they avoid pulling faces and making negative comments about nappy contents and inappropriate comments when changing their nappies.
- Use this one-to-one time as a key opportunity to talk to children and help them learn, e.g. through singing and saying rhymes during the change.
- Provide older children with access to toilets or a potty when they have the need to go and are encouraged to be independent.
- Record nappy changes on a nappy changing log and parents are informed this took place
- Nappies and pull-ups are disposed of hygienically. Any soiled nappies/pull-ups are bagged up and disposed of by a sanitary waste disposal company.
- Trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.

## **Appendix 2**

### **Example of a Nursery Intimate Care Consent statement to be shared with parents:**

#### **Intimate care:**

I give permission to the nursery staff to provide appropriate intimate care support to my child e.g., changing soiled clothing, washing and toileting and changing of nappies or pull-ups.

I will advise the staff of any medical complaint my child may have which affects issues of intimate care.

