



Grimoldby Primary School

Intimate Care Policy

Date of Approval: February 2026

Date for Review: February 2028

Statement of intent

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

Pupils may require assistance with intimate care as a result of their age or due to having SEND. In all instances, effective safeguarding procedures are of paramount importance.

This policy has been developed to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times and treat children with sensitivity and respect.

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.

Legal framework

1.1 This policy has due regard to the relevant legislation, including, but not limited to, the following:

- Equality Act 2010
- Children and Families Act 2014
- Safeguarding Vulnerable Groups Act 2006
- Childcare Act 2006

- Education Act 2011
- The Control of Substances Hazardous to Health Regulations 2002 (as amended in 2004)

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

- DfE (2025) 'Keeping children safe in education'

1.3 Grimoldby Primary School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.4 This intimate care policy should be read in conjunction with the schools' policies as below:

- 'Safeguarding' Policy and child protection procedures
- 'Whistle-blowing' Policy
- 'Health and Safety' Policy
- 'Special Educational Needs' Policy
- 'Supporting Pupils with Medical Conditions' Policy
- 'Staff Code of Conduct'

1.5 The Governing Body 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.

1.5 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 paramount 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.

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

1.7 Where pupils with complex and /or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.8 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.9 All staff undertaking intimate care will receive appropriate training, if necessary.

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

2 Definition – What is intimate care?

- 1.1. 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.

1.2. Intimate care includes the following:

- 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 plans following discussions with the parent and the child and 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 Policy**.

3.1 All members of staff who provide intimate care are responsible for:

- Undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.

3.2 Parents are responsible for:

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

4 Our Approach to Best Practice

4.1 The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. 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 feeling should be sought and taken into account.

4.2 Pupils who require regular assistance with intimate care have written health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or

physiotherapists. Whenever possible the plan should be agreed at a meeting at which all key staff and the pupil are present. Any historical concerns (such as past abuse) should be taken into account. The plan 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.

- 4.3** Where a care plan or IPP 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 telephone and not through a home/school diary.
- 4.4** In relation to record keeping a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.
- 4.5** Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These records will be kept on Medical Tracker or/and on CPOMs, if necessary and available to parents/carers on request. If a child requires regular intimate care (for example help with toileting several times a day) and this is written into the child's health plan and agreed by parents / carers, then there is no need for written records after every occasion unless this is different from the norm.
- 4.6** Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.
- 4.7** It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.
- 4.8** Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental change such as the onset of puberty or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.
- 4.9** 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 they are able.
- 4.10** Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.
- 4.11** It is not always possible for a child to be cared for by a same sex member of staff, but if required, appropriate efforts will be made to achieve this.
- 4.12** Staff who provide intimate care are trained in personal care (eg. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.13** Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- 4.14** There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where

the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

- 4.15 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.16 The religious view 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.
- 4.17 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5 Medical Procedures

- 5.1 Pupils who are disabled might require assistance with invasive or non- invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IPP and will only be carried out by staff who have been trained to do so.
- 5.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 5.3 Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

6 Toilet Training

- 6.1 Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children in the EYFS may:
 - be fully toilet trained
 - have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning nursery or reception
 - be fully toilet trained at home but prone to accidents in new settings
 - be on the point of being toilet trained but require reminders and encouragement
 - not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
 - be fully toilet trained but have a serious disability or learning difficulties
 - have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
 - have SEND and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting

- 6.2 Schools are not expected to toilet train pupils. Therefore, unless a child has a disability, as defined through legislation, it is expected that parents/carers will have trained their child to be clean and dry before they start in Nursery

However, admitting children who are not yet toilet trained or who have continence problems into schools and settings should be the decision of the head teacher. The purpose of this policy and guidelines is to identify best practice for school and where support and advice can be obtained to achieve the full inclusion of all children. Any dispute, or complaint, regarding admissions should be raised in the first instance with the head teacher.

- 6.3 Parents should be encouraged to train their child at home as part of their daily routine, and schools should reinforce these routines whilst avoiding any unnecessary physical contact.

Children and young people beyond the EYFS but throughout the primary stages of education may also experience difficulties with independence and require support with intimate care issues. These issues are likely to relate to complex health needs or a specific disability recognised within relevant legislation.

These guidelines will ensure that school can overcome these challenges and can be confident they are meeting the welfare requirements of the Early Years Foundation Stage (2012) and Disability Discrimination Act (1995), SENDA (2001) and Equalities Act 2010 as they apply to children with toileting and continence needs.

7 **Safeguarding Procedures**

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

- 7.2 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.

- 7.3 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.

- 7.4 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, immediately to the **Designated Safeguarding Lead (Antonia Coy) or a member of the safeguarding team. These concerns should also be logged on Cpoms.**

Monitoring and review

This policy is reviewed every two years by the headteacher.

All changes are communicated to relevant stakeholders.

The scheduled review date for this policy is February 2028.