



Farsley Springbank Primary School

Be the best you can be. '



Intimate Care Policy

1. Introduction

Children and young people who require intimate care have the right for this to be provided safely, respectfully and in a manner that protects their dignity and privacy. This policy sets out the school's approach to intimate care and is fully aligned with the Leeds Safeguarding Children Partnership (LSCP) Intimate Care Guidance 2025.

Intimate care arrangements should always be agreed with parents/carers, involved children wherever possible, and reflect the child's developmental stage, needs, culture and preferences. Children must always be safeguarded, protected from harm and supported to develop independence.

This policy applies to all staff undertaking intimate care roles within school, including during the school day, wrap-around care, extracurricular provision and off-site activities.

2. Definitions

Definition of intimate care

Intimate care refers to care tasks of an intimate nature involving direct or indirect contact with, or exposure of, the sexual parts of the body. This includes:

- Dressing or undressing (underwear)
- Supporting toileting and bowel/bladder management
- Changing continence pads or nappies
- Washing or cleaning intimate body parts
- Changing sanitary wear
- Bathing or showering
- Changing stoma bags, catheters, or other appliances

Definition of personal care

Personal care relates to tasks that support personal presentation and hygiene but do not involve intimate touching to the same degree, including:

- Washing non-intimate areas
- Feeding
- Administering oral medication
- Applying external skincare or creams
- Haircare
- Dressing/undressing (outer clothing)
- Prompting to use the toilet

Definition of intimate examination

Intimate examinations include any examination involving breasts, genitalia or rectal areas. These must only be carried out by appropriate medical practitioners following their own chaperone policy.

3. Key Safeguarding Principles (2025 LSCP Requirement)

All intimate care must follow the core principles:

1. Respect – children must be treated with dignity and their wishes respected.
2. Privacy – care should be provided discreetly and in a suitable space.
3. Child-led where possible – supporting independence is essential.
4. Least intrusive – use the minimum level of assistance needed.
5. Avoid unnecessary contact – any physical contact must be necessary and explained.
6. Chaperone offered – age-appropriate pupils should be offered a chaperone.
7. Involve parents – all plans and changes must be shared with parents/carers.
8. Safeguarding first – any concern about a child or adult must be reported immediately.

4. Vulnerability to abuse

Children requiring intimate care may be more vulnerable to:

- Over-reliance on adults
- Reduced ability to recognise or report abuse
- Lack of privacy
- Increased number of carers
- Being taught compliance

Staff must be particularly alert to safeguarding concerns during intimate care. Any disclosure, unusual reaction, or concern about practice must be reported immediately to the Designated Safeguarding Lead (DSL). Concerns about a member of staff must be escalated in line with LADO procedures.

5. Good Practice Guidelines

These guidelines protect both children and staff and align with LSCP 2025 expectations.

Involve the Child and Parents

- An Intimate Care Plan must be created for any child requiring regular intimate care.
- Plans must include health needs, communication style, cultural or religious expectations, preferred staff, menstruation needs (where relevant) and step-by-step routines.
- Plans must be linked to EHCP, IHCP and risk assessments where applicable.
- Plans must be reviewed annually or sooner if needs change.

Children's Dignity, Privacy and Choice

- Intimate care should be provided by staff the child is familiar with.
- Where possible, the child should choose their preferred member of staff; this should be recorded.
- For older children (8+), same-gender staff should be used where feasible.
- Care should take place in a private but accessible space (usually near toilets).
- A chaperone must be offered to older pupils and documented in the plan.

Support Independence

- Staff must enable children to do as much as possible independently.
- Explain each step and offer choices (e.g. standing/lying down, cubicle choice).

Respond to Reactions

Staff must be alert to:

- Distress, discomfort, withdrawal
- Dislike of a particular staff member
- Any change in behaviour after intimate care

These must be recorded and discussed with the DSL.

Follow the Agreed Plan

- Intimate care must follow the child's written plan.
- Any deviation must be recorded and communicated to parents and the DSL if safeguarding concerns arise.

Staff Competency

- Staff must not undertake tasks for which they have not been trained.
- Medical procedures must only be conducted by trained, assessed staff.

Recording & Reporting

Staff must report and record if:

- The child is accidentally hurt
- The child seems unusually tender
- The child misunderstands something
- The child is unusually emotional
- Sexualised language or arousal occurs
- You suspect FGM
- The child indicates they do not want a particular adult

Parents must be informed the same day, and records must state method of communication.

Children Who Are Resistant to Intimate Care

Staff must never use force. Plans should include strategies such as:

- Distraction
- Familiar staff
- Comforting approaches
- Contacting parents/carers to attend if needed

All behaviour should be viewed as communication.

6. Training

Staff responsible for intimate care must receive training in:

- Safeguarding & KCSIE 2025
- Intimate care expectations (LSCP)
- Infection control and hygiene
- Moving and handling (where needed)
- Disability awareness
- Specialist medical training (catheters, stomas etc.)

Training must be recorded and refreshed as required.

7. Practical Arrangements

School will ensure:

- Private, warm, clean spaces
- Hot and cold running water
- Antibacterial hand wash and cleaning products
- PPE (gloves and aprons)
- Yellow clinical waste disposal and nappy bins
- Double-bagging of soiled items
- Supply of spare clothes
- Sanitary products for menstruation with discreet access
- Safe storage of continence supplies

8. Record Keeping

Children with an Intimate Care Plan

A weekly record sheet must be completed, including:

- Date and time
- Staff involved
- Details of care
- Child's responses
- Any concerns
- Whether parent was informed
- Method of communication

Children without a Plan (occasional care)

A same-day record must be completed, using the Changing Record Sheet.

All records are confidential and kept securely.

9. Dealing with Allegations or Concerns

Any concern about a child must be reported to the DSL immediately.

Any concern about staff practice must be reported to:

- Headteacher, and
- LADO (where required)

Staff must not investigate concerns themselves.

10. Supporting Healthy Body Image

Staff should actively promote:

- Positive language about bodies
- Respect for personal space
- Understanding of consent and privacy
- Period dignity and menstrual wellbeing

Children must be supported to understand that their body belongs to them.

11. Monitoring and Review

- The Headteacher and DSL will oversee implementation of this policy.
- Intimate care records and plans will be monitored regularly.
- The policy will be reviewed every three years, or sooner if LSCP guidance changes.

Policy written by S Grime 19/11/2025

Approved by the full Governing Body on 2nd December 2025

To be reviewed every 3 years – November/December 2028



Intimate Care Plan

Name	
Date of Birth	
Year Group/Class	
Assessor/Plan completed by:	
Date plan created:	
Review date:	
Relevant Background Information <i>(Health needs, continence needs, disability, communication methods, cultural or religious considerations.)</i>	
Identified need – specific individual requirement <i>Please describe the specific tasks required (e.g. toileting support, changing continence pads, wiping, managing menstruation, stoma care, catheterisation, applying prescribed creams, etc.)</i>	
Child's Communication style <i>(Verbal, non-verbal, gestures, symbols, communication aids, key words the child uses, preferred language.)</i>	
Child's Level of Independence • <i>What can the child do independently?</i> • <i>What support is required?</i> • <i>How will independence be encouraged?</i>	
Preferred Staff & Chaperone Arrangements <i>Preferred member(s) of staff:</i> <i>Named alternative(s):</i> <i>Has the child been offered a chaperone?</i> YES / NO <i>If yes, child's choice:</i> <i>(For older pupils or where developmentally appropriate.)</i>	
Cultural / Religious Considerations <i>(Gender preference, modesty expectations, hygiene requirements, rituals, family preferences.)</i>	
Step-by-Step Support Required Detailed description of how the intimate care task should be carried out, including: • <i>Location</i> • <i>Equipment needed</i> • <i>How the child is involved</i> • <i>Instructions given to the child</i> • <i>Order of actions</i> • <i>Positioning (e.g., standing/lying/sitting)</i> • <i>Handling & mobility requirements</i> • <i>Additional safety notes</i>	

Facilities and Equipment • Location of changing/toileting • PPE required • Storage for continence products • Cleaning products • Disposal method for soiled items • Access to spare clothing	
Menstruation Arrangements (for applicable pupils) • Sanitary products provided by school? YES / NO • Storage & disposal arrangements • Privacy arrangements • Support needed during menstruation	
10. Medical Procedures (if applicable) <i>These must only be completed by trained staff.</i> <i>(Record training dates and trainer.)</i>	
Emergency Plan <i>What should staff do if the child becomes distressed, resistant or refuses intimate care?</i> <i>Who should be contacted? (Parent/carer contact & backup contact.)</i>	
Parent/Carer Summary <i>Preferred cleaning materials (e.g. wipes, water only, specific creams):</i> <i>Items to be provided by family:</i>	

I/we have read, understood and agree to the plan for Intimate Care.

Parent/Carer Name: _____

Signature: _____

Date: _____

Child (if appropriate): _____

Signature: _____

Date: _____

School Staff Member: _____

Signature: _____

Date: _____

Appendix 2 Changing Record for child with an Intimate Care Plan



Changing Record for a child with an Intimate Care Plan

Child's name..... Class..... Week beginning.....

Date	Time changing began	Staff involved (Print clearly)	W, D, B, M, U, S	Details of care given	Observations (skin, behaviour, emotional response, concerns)	Time changing finished	Parents contacted - Method of Contact (<i>face-to-face / phone / message via office</i>)

W(wet), D(dry), B(bowels open), M(menstruation), U(urinated), S(soiled)



Changing Record for children without an Intimate Care Plan

Date	Time changing began	Staff involved (Print clearly)	W, D, B, M, U, S	Details of care given	Observations (skin, behaviour, emotional response, concerns)	Time changing finished	Parents contacted - Method of Contact (<i>face-to-face / phone / message via office</i>)

W(wet), D(dry), B(bowels open), M(menstruation), U(urinated), S(soiled)

Appendix 4 Intimate Care Guidelines for Farsley Springbank Primary School

Farsley Springbank Primary School – Intimate Care: Key Expectations

- Treat every child with **dignity, respect and privacy**.
- Explain what you are doing and involve the child as much as possible.
- Use the **least intrusive** methods and avoid unnecessary physical contact.
- Children should be encouraged to choose their **preferred familiar staff** where possible.
- Offer a **chaperone** for older pupils or where appropriate.
- Follow the child's **Intimate Care Plan** exactly.
- Record all intimate care on the changing record sheet.
- Inform parents **on the same day**, noting method of contact.
- Report immediately if:
 - You accidentally hurt the child
 - Child is unusually distressed
 - Child seems sore or unusually tender
 - Child discloses anything concerning
 - You suspect FGM
 - There is any misinterpretation/concern
- If you are unsure **ASK A SENIOR LEADER**.
- Never use restraint or force to deliver intimate care.
- Wear PPE and follow hygiene procedures.