

‘Together we unlock **potential** and learn for **life**’



Chair of Governors

Print: Sign:

Head Teacher:

Print: Sign:

Review Frequency

Next full review: October 2027

Every 3 years – full review but update annually with SEND policies

Revision updates (between Oct 2024 and Oct 2027)	Revised: April 2026 – Addition of 2 Year Olds Revised: September 2026- Addition following up to date changes in KCSIE 2026 and EYFS Statutory Framework.
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Definition

Intimate care refers to any intervention which involves helping a child with activities that they would normally undertake themselves if they were able to do so independently.

Whilst intimate care often relates to toileting and changing, staff should recognise that children may perceive a wide range of personal care activities as intimate. This may include assistance with washing, dressing, changing clothing, managing continence products, menstrual care, personal hygiene routines or certain healthcare procedures.

Moor First recognises that a child's understanding of privacy and dignity develops over time. Staff should therefore consider not only the task being undertaken, but also how the child experiences that support. Regardless of age or need, every child has the right to be treated respectfully and to have their privacy protected whenever intimate care is provided.

Introduction

At Moor First School, it is our intention to develop independence in each child, however there will be occasions when help is required regarding intimate care. Moor First School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. All families will be asked to sign a consent form in order for staff to carry out intimate care should their child require it. Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. We do not discriminate against children who have not reached a stage where they can manage their own personal hygiene and as such welcome all children to participate in our school and provide appropriate support for each child on an individual basis.

Staff that provide intimate care to children have a high awareness of safeguarding issues and all staff are checked with the Disclosure and Barring Service (DBS). We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional and caring manner at all times. Staff will work in partnership with parents/carers to provide continuity of care.

Our Aims:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their child's individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.

Our Approach to Best Practice

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. We will work with parents of a child who requires intimate care to establish a preferred procedure for supporting the child. Where these procedures may require specialist training, we will seek out training for the staff who will be involved in a child's care, ensuring that the child's key-person and at least one other member of staff accesses the training. Staff members who are known to the child will take on that responsibility for changing children. The staff member who is involved will always ask the child for permission to assist them. The child will be supported to achieve the highest level of autonomy and independence that is possible given their age and ability. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is

toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. It is the parent's responsibility to provide nappies, disposal bags and wipes.

Safeguarding Considerations

Intimate care should always be regarded as a safeguarding activity. Children requiring intimate care may, by the nature of their needs, be more vulnerable than their peers. Some children may be unable to communicate discomfort or concerns effectively. Others may have experienced trauma, neglect or abuse which influences how they respond to physical assistance from adults.

Staff should understand that intimate care situations present opportunities both to safeguard and to identify concerns. During personal care routines adults may observe changes in a child's presentation, behaviour or emotional wellbeing that would not otherwise be apparent.

A child may choose to disclose worries or abuse whilst receiving intimate care. This may occur because the child feels safe, because they are receiving one-to-one attention or because the care activity prompts discussion about their body and wellbeing.

For these reasons, staff must remain professionally curious. They should never dismiss patterns of behaviour, repeated injuries, unexplained marks or unusual emotional responses. Whilst intimate care must never become an investigative process, observations should be recorded factually and discussed with the Designated Safeguarding Lead without delay.

Safeguarding requires adults to be vigilant, compassionate and responsive. Protecting children is not separate from intimate care; it is an integral aspect of it.

Positive approaches to intimate care:

- 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, it is advised that a second member of staff is present.
- Refer to good practice guidelines.
- Get to know the child beforehand in other contexts to gain an appreciation of his/her moods and verbal and non-verbal communication.
- Have a knowledge and understanding of any religious and/or cultural sensitivities regarding aspects of intimate care related to the individual student and take full account of these.
- Speak to the child personally by name so that he/she is aware of being the focus of the activity. Give explanations of what is happening in a straightforward and reassuring way; be aware of others around who may be able to hear what is being said.
- Enable the child to be prepared for and to anticipate events, whilst demonstrating respect for his/her body, for example, by giving a strong sensory clue such as the cloth or pad to signal intention to wash or change.
- When washing, always use a disposable cloth and where possible encourage the child to attempt to wash private parts of the body him/herself; (females should be washed front to back). Provide facilities which afford privacy and modesty.
- Respect a child's preference for a sequence of care.

- Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage children to use these terms as appropriate.
- All staff must follow infection control guidelines and be up to date with these guidelines.
- Staff must have access to protective disposable gloves and disposable aprons and take the necessary care when dealing with spillage of blood or other bodily fluids and disposing of dressings or other equipment.
- Staff must wash their hands before and after carrying out intimate care.
- Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes such as the onset of puberty or menstruation. 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.

Care Plans

The main purpose of an intimate care plan is to identify the support that is needed for the child at school and this will be reviewed on a regular basis. It is written in consultation with the parents and where relevant, appropriate medical professionals. This plan clarifies for staff, parents and the child the help that the school can provide. Any special requirements or concerns relating to the intimate care should be identified and documented. This will be done as part of the secretarial annual review process but changes must be made as they occur. The Protection of Children Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth.

Early Years

Within the Early Years Foundation Stage, practitioners recognise that children develop continence and self-care skills at different rates. Variations in development are normal and should not be viewed negatively.

Children who experience accidents or require support with personal care should receive the same warmth, encouragement and opportunities as their peers. Personal care needs should never become a barrier to participation, learning, play or social interaction.

Toilet training and self-care are important developmental milestones. Staff should therefore work collaboratively with families to encourage confidence and independence whilst remaining responsive to each child's unique developmental journey.

Practitioners should remain mindful that repeated accidents, changes in toileting behaviour or significant hygiene concerns may sometimes indicate emotional, developmental, medical or safeguarding concerns which warrant further discussion and monitoring.

2-Year-Olds in the Setting

At Moor First School, we recognise that 2-year-olds have unique developmental needs and may require more frequent and structured intimate care than older children. While the principles outlined throughout this policy apply to all pupils, the following additional guidance ensures that the intimate care of 2-year-olds is carried out safely, respectfully and in line with the Early Years Foundation Stage (EYFS).

Developmental Expectations

Many 2-year-olds are not yet toilet trained or are in the early stages of developing self-care skills. Staff will support each child sensitively and without pressure, encouraging emerging independence in line with their developmental stage.

Nappy Changing and Toileting Routines

To ensure comfort, hygiene and wellbeing:

- Staff will carry out **regular nappy checks** and changes at appropriate intervals throughout the day, as well as responding promptly to any soiling.
- Changing will take place in a designated area that promotes privacy, dignity and safety.
- Disposable gloves, aprons and infection-control procedures will be followed at all times.
- Parents/carers must provide nappies, wipes, creams and disposal bags, as outlined in the main policy.
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Supporting Early Toilet Training

Where a child is beginning toilet training:

- Staff will work in partnership with parents/carers to ensure a consistent approach between home and school.
- Children will be encouraged to participate in simple self-care tasks such as pulling up clothing, flushing the toilet or washing hands.
- Staff will use positive reinforcement and reassurance to build confidence and independence.

Communication with Parents/Carers

Daily communication with parents/carers of 2-year-olds will include relevant information about toileting, nappy changes, skin condition, or any concerns arising during the day.

Emotional Wellbeing and Comfort

Two-year-olds may communicate distress or discomfort non-verbally. Staff will be attentive to cues and respond sensitively.

Safeguarding and Staffing

- Intimate care for 2-year-olds will always be carried out within appropriate EYFS staffing ratios.
- Staff known to the child will undertake intimate care wherever possible, consistent with the policy's emphasis on familiarity and reassurance.
- As with all intimate care, staff will inform another member of staff before changing a child.
- Any concerns about marks, bruises or unusual behaviour will be reported immediately to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead.

2-Year Progress Check

Where toileting or intimate care needs indicate a developmental concern, this will be reflected in the child's statutory 2-year progress check and discussed with parents/carers. Any additional support needs will be incorporated into the child's intimate care plan and, where appropriate, their SEND support arrangements.

Children with SEND or Medical Needs

Supporting children with SEND requires a particularly thoughtful and personalised approach. Many children with SEND experience barriers that can affect communication, understanding, mobility,

emotional regulation, sensory processing or personal independence. These barriers may influence how intimate care is delivered and how children experience support.

For some children, physical assistance may be required over many years. For others, support needs may fluctuate depending on health, anxiety levels or environmental factors. Staff should avoid assumptions and recognise that children's needs can change over time.

Children with SEND may communicate discomfort, distress or concern in ways that differ from their peers. Staff should develop an understanding of each child's communication methods and behavioural cues. Seemingly minor changes in behaviour can sometimes indicate pain, anxiety, illness or safeguarding concerns.

Some children may find changes to routine particularly challenging. Consistency in staffing, environment, language and expectations can therefore be highly beneficial.

Moor First also recognises that children with SEND face increased safeguarding vulnerability. Communication difficulties, dependency on adults and social isolation can create additional barriers to recognising harm or reporting concerns. Staff must therefore maintain particularly high levels of vigilance and ensure that safeguarding practice remains child centred at all times.

Educational Visits and Residential Visits

Moor First School is committed to ensuring that children and young people who require intimate care are able to participate fully in educational visits, residential experiences, outdoor learning activities and enrichment opportunities wherever it is safe and appropriate to do so. A child's need for intimate care should not automatically prevent them from accessing the same opportunities as their peers. Inclusion remains a core principle of Moor First's practice.

When planning educational visits, schools must consider the intimate care needs of pupils as part of the overall risk assessment process. Planning should take place sufficiently in advance to ensure that appropriate arrangements can be implemented effectively and safely.

Consideration should be given to:

- the child's individual needs;
- staffing arrangements and supervision levels;
- privacy and dignity requirements;
- access to suitable toileting and changing facilities;
- storage of continence products, spare clothing and equipment;
- access to washing facilities;
- medical requirements;
- transportation arrangements;
- emergency procedures;
- communication needs.

Where a pupil has an Individual Intimate Care Plan, this should be reviewed prior to the visit to ensure arrangements remain appropriate within the different environment.

Parents and carers should be involved in the planning process where intimate care support is likely to be required. Discussions should seek to promote confidence and reassurance whilst ensuring that staff understand individual routines, preferences and any concerns.

For residential visits, additional planning may be necessary to address:

- overnight arrangements;
- changing facilities;
- bathing or showering arrangements;
- sleeping accommodation;
- medical support requirements;
- maintaining confidentiality and dignity.

Staff should ensure that a child's personal care needs are managed discreetly and sensitively. Children should not be made to feel different, excluded or embarrassed because of their care needs.

School should ensure that staff involved in supporting intimate care during visits are appropriately trained and understand their safeguarding responsibilities. The same safeguarding standards that apply within school must apply during all off-site activities.

Where circumstances change during a visit and staff become concerned that appropriate support cannot be provided safely, the welfare of the child must remain the primary consideration and advice should be sought from senior leaders where necessary.

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For these reasons, staff must remain professionally curious. They should never dismiss patterns of behaviour, repeated injuries, unexplained marks or unusual emotional responses. Whilst intimate care must never become an investigative process, observations should be recorded factually and discussed with the Designated Safeguarding Lead without delay.

Safeguarding requires adults to be vigilant, compassionate and responsive. Protecting children is not separate from intimate care; it is an integral aspect of it.

Allegations Against Staff

Children have the right to be protected from harm and all concerns regarding the conduct of adults must be taken seriously. Moor First is committed to maintaining a culture of vigilance, transparency and accountability where safeguarding concerns can be raised without fear.

Whilst the overwhelming majority of staff act professionally and appropriately, safeguarding systems must be sufficiently robust to ensure that concerns are identified, reported and managed effectively.

All adults working within school must understand that they are in positions of trust and that their behaviour both in and outside of work can affect professional relationships with children.

Professional Boundaries

Staff involved in intimate care must:

- maintain professional boundaries at all times;
- follow agreed procedures;
- work within Individual Intimate Care Plans;
- avoid unnecessary physical contact;
- use respectful and age-appropriate language;
- ensure their actions are capable of being openly explained and justified.

Professional curiosity and self-awareness should be exercised at all times.

Reporting Concerns

Any allegation, concern or low-level concern relating to the conduct of an adult must be reported immediately.

Concerns may include:

- inappropriate behaviour during intimate care;
- breaches of professional boundaries;
- concerning language;
- failure to follow agreed procedures;
- unsafe practice;
- neglectful actions or omissions;
- behaviour that causes a child distress or discomfort.

Staff must never:

- attempt to investigate concerns themselves;
- discuss concerns unnecessarily with colleagues;
- delay reporting.

Concerns should be reported in accordance with the Safeguarding and Child Protection Policy and KCSIE procedures.

Low-Level Concerns

Moor First School recognises the importance of identifying and responding to low-level concerns before they escalate.

A low-level concern may involve behaviour that:

- is inconsistent with the Staff Code of Conduct;
- falls below expected professional standards;
- creates uncertainty regarding professional judgment.

All low-level concerns should be recorded and managed in accordance with school procedures and KCSIE requirements.

Allegations Meeting the Harm Threshold

Where concerns indicate that an adult may have:

- harmed a child;
- committed a criminal offence against a child;
- behaved in a manner indicating they may pose a risk to children;
- behaved in a way that raises safeguarding concerns,

the Headteacher must refer the matter immediately in accordance with local authority and Local Authority Designated Officer (LADO) procedures.

Support for Children and Staff

Moor First School recognises that allegations and concerns can be distressing for everyone involved.

Throughout any process:

- the welfare of the child remains paramount;
- children should receive appropriate support;
- staff should be treated fairly and in accordance with established procedures;
- confidentiality should be maintained as far as possible.

School seeks to foster a culture where safeguarding concerns are recognised early, reported promptly and addressed professionally in order to maintain the safety and wellbeing of all children.

Record Keeping

Accurate, timely and appropriate record keeping is an essential component of safeguarding practice.

Records provide evidence that support has been delivered appropriately, help ensure consistency between staff, enable concerns to be identified and monitored and support effective communication with parents, carers and relevant professionals.

Moor First recognises that effective record keeping protects both children and staff and contributes significantly to robust safeguarding arrangements. All records relating to intimate care should be completed professionally, respectfully and in accordance with data protection requirements. A record

(Appendix B) will be shared with parents after every incident of intimate care and Appendix E will also be completed to provide a running record for leaders to monitor and analyse trends, patterns and changing needs.

Recording Routine Intimate Care

Schools may determine local recording arrangements for routine intimate care support.

Where ongoing support is provided through an Individual Intimate Care Plan Appendix B – **Intimate Care Record** will be used to record the care which includes the following information:

- date and time;
- nature of support provided;
- staff member involved;
- any concerns identified;
- significant changes in presentation;
- refusal of support;
- communication with parents where appropriate.

Recording arrangements should be proportionate and reflect the level of need identified for the child. Alongside Appendix B which will be provided to parents, Appendix E will also be completed to provide a running record for leaders to monitor and analyse trends, patterns and changing needs.

Recording Accidents and Incidents

Staff should record using Appendix B – Intimate Care Record:

- toileting accidents requiring significant staff support;
- recurring accidents;
- hygiene concerns;
- distress or unusual behaviour;
- damage to clothing requiring parental notification;
- incidents occurring outside normal arrangements.

Records should be completed as soon as possible following the incident. Alongside Appendix B which will be provided to parents, Appendix E will also be completed to provide a running record for leaders to monitor and analyse trends, patterns and changing needs.

Recording Safeguarding Concerns

Where a safeguarding concern arises during intimate care, staff must follow the school's safeguarding policy and procedures and report to the DSL

Examples may include:

- unexplained bruising;
- marks or injuries;
- repeated soreness;
- disclosures;
- significant changes in behaviour;

- concerning interactions between adults and children.

All safeguarding concerns should be recorded on the school's safeguarding system – My Concern

Confidentiality and Storage

Records relating to intimate care contain personal and often sensitive information.

Information must be:

- stored securely;
- accessible only to authorised staff;
- managed in accordance with UK GDPR and Data Protection legislation;

Confidentiality should always be respected; however, confidentiality must never prevent information being shared where safeguarding concerns exist.

Monitoring Records

The DSL and senior leaders should periodically review records to identify:

- recurring patterns;
- emerging safeguarding concerns;
- training needs;
- support requirements;
- effectiveness of care plans.

Patterns of accidents, distress or physical concerns may indicate medical, emotional, developmental or safeguarding needs which require further assessment or support.

APPENDIX A

Individual Intimate Care Plan (IICP)

Child's Name: _____

Date of Birth: _____

Year Group/Class: _____

School: _____

Date Plan Created: _____

Review Date: _____

Individuals Involved in Planning

Name	Role
	Parent/Carer
	Class Teacher
	SENDCo
	DSL
	Health Professional
	Other

Child's Views and Preferences

What is important to the child?

What helps the child feel comfortable and safe?

Preferred method of communication:

☐ Verbal

☐ Visual prompts

☐ Makaton

☐ PECS

☐ Assistive Technology

☐ Other _____

Description of Intimate Care Needs

Level of Support Required

Activity	Independent	Prompting Required	Physical Assistance Required
Toilet use	☐	☐	☐
Dressing	☐	☐	☐
Hand washing	☐	☐	☐
Continence management	☐	☐	☐
Menstrual care	☐	☐	☐
Other	☐	☐	☐

Equipment Required

☐ Nappies

☐ Pull-ups

☐ Continence Products

☐ Wipes

☐ Disposable Gloves

☐ Apron

☐ Specialist Equipment

Details:

Staffing Arrangements

Named Staff:

1. _____
2. _____
3. _____

Safeguarding Considerations

Relevant vulnerabilities or concerns:

Emergency Procedures

Signatures

Parent/Carer: _____ Date _____

School Representative: _____ Date _____

SENDCo: _____ Date _____

APPENDIX B

Intimate Care Record Sheet

Child Name: _____

Date: _____

Time: _____

Staff Member: _____

Nature of Support Provided

☐ Toileting Assistance

☐ Changing Clothing

☐ Nappy Change

☐ Continence Support

☐ Menstrual Support

☐ Hygiene Support

☐ Other

Details:

Child's Presentation

☐ No concerns observed

☐ Distress observed

☐ Behaviour change observed

Details:

Parent Informed?

☐ Yes

☐ No

Method:

☐ Telephone

☐ Face to Face

☐ Email

☐ Home-School Communication System

Staff Signature:

APPENDIX C
Intimate Care Risk Assessment

Child Name: _____

Assessment Date: _____

Assessor: _____

Review Date: _____

Hazard/Risk	Likelihood	Impact	Control Measures
Child falls during changing			
Injury during transfer			
Child distress			
Communication barrier			
Infection control			
Safeguarding concern			
Staff injury			
Staff allegation			

Additional Controls Required

Staffing Requirements

☐ One trained adult

☐ Two adults required

Reason:

Assessor Signature:

Headteacher/SENDCo:

APPENDIX D

Intimate Care Monitoring and Audit Tool

To be completed termly by DSL/Safeguarding Lead.

Audit Question	Yes	No	Action Required
Policy reviewed within previous 12 months?	☐	☐	
Staff trained?	☐	☐	
Care plans reviewed?	☐	☐	
Risk assessments current?	☐	☐	
Recording completed appropriately?	☐	☐	
Safeguarding concerns escalated correctly?	☐	☐	
Parents informed appropriately?	☐	☐	
Facilities suitable and hygienic?	☐	☐	
PPE available?	☐	☐	
Monitoring undertaken by leaders?	☐	☐	

Areas of Strength

Areas for Development

Actions

Completed By:

Date:

Intimate Care and Hygiene Policy

APPENDIX E

Intimate Care - Record Sheet

[illegible]