



Alsager Highfields Primary School

Mighty oaks from small acorns grow

Intimate Care Policy

Prepared by Rachel Woollam

Chair of Governing Body: Mr A Stancliffe

Signature:

Date:

13/10/26



Reviewed: October 2026

Next review: September 2027

1. Principles

1.1 The Governing Body will act in accordance with its statutory duties under **Section 175 of the Education Act 2002** and will have regard to current statutory safeguarding guidance, including **Keeping Children Safe in Education (KCSIE) 2026** and **Working Together to Safeguard Children 2026**. KCSIE 2026 is the current statutory guidance for schools and colleges and came into force on 1 September 2026.

1.2 Alsager Highfields Primary School takes seriously its responsibility to safeguard and promote the welfare of all children in its care. The provision of safe, respectful and appropriate intimate care forms part of this responsibility.

1.3 The Governing Body recognises its duties under the **Equality Act 2010**. No pupil will be discriminated against in relation to the provision of intimate care. The school will make reasonable adjustments where these are required to enable pupils with disabilities to access education and care safely, with dignity and as independently as possible.

1.4 This policy should be read alongside the school's:

- Child Protection and Safeguarding Policy
- Staff Code of Conduct and safer working practice guidance
- Whistleblowing Policy
- Health and Safety Policy
- SEND Policy
- Supporting Pupils with Medical Conditions/Medicines Policy
- Equality Policy
- First Aid Policy
- Educational Visits Policy, where applicable

1.5 All staff involved in intimate care will undertake their responsibilities professionally, sensitively and with due regard to the safeguarding of both the child and themselves.

1.6 Every child will be treated with dignity, respect and sensitivity. The child's welfare and best interests are paramount. KCSIE 2026 places a child-centred approach at the heart of safeguarding practice.

1.7 Staff will work closely with parents/carers, the child and relevant professionals to ensure appropriate information is shared and continuity of care is maintained.

1.8 Where a child has Medical Care Plan, SEND support plan or other relevant plan, their intimate care needs and arrangements will be considered within or alongside that plan.

1.9 Staff undertaking planned intimate care will be appropriately informed, supported and trained for the tasks they are expected to undertake.

1.10 Staff undertaking specialist or medical aspects of intimate care must receive appropriate training and work within the limits of their training and competence.

1.11 This policy is designed to safeguard both children and staff and applies to all employees involved in providing or supporting intimate care.

2. Child-centred principles of intimate care

All intimate care will be underpinned by the following principles:

- Every child has the right to be safe.
- Every child has the right to privacy and dignity.
- Every child has the right to be valued and respected as an individual.
- Every child has the right to appropriate care that meets their individual needs.
- Every child should be supported to develop the highest level of independence appropriate to their age, development and ability.
- Children should be involved in decisions about their intimate care as far as they are able.
- Children should be encouraged to communicate their wishes, preferences and concerns.
- Children's views should be listened to and given appropriate consideration.
- Care arrangements should be consistent while remaining responsive to changes in the child's needs.
- Staff should remain alert to any change in a child's presentation, behaviour or response to intimate care which may indicate a safeguarding concern.

This reflects the child-centred approach within the current national safeguarding framework. *Working Together to Safeguard Children 2026* includes a specific focus on a **child-centred approach within a whole-family focus**, as well as working with parents and carers and information sharing.

3. Definition of intimate care

3.1 Intimate care refers to care associated with personal and bodily functions that children would ordinarily undertake independently but may require assistance with because of their age, stage of development, disability, medical condition or additional needs.

This may include:

- toileting and continence care;
- changing clothing;
- washing and personal hygiene;
- menstrual care;
- changing continence products;
- assistance associated with particular medical needs or procedures;
- other support involving intimate areas of the body.

3.2 Intimate care also includes the supervision and support of children who are developing the skills necessary to manage their own personal care independently.

4. Best Practice

4.1 Children who require planned or regular intimate care should have an **Individual Intimate Care Plan** or, where appropriate, their intimate care arrangements incorporated into an Individual Healthcare Plan.

Plans should be agreed with parents/carers, relevant staff and other professionals as appropriate. The child should be involved wherever their age, development and communication needs allow.

Plans should be reviewed regularly and whenever there is a significant change in:

- the child's needs;
- medical circumstances;
- staffing;
- provision;
- arrangements for educational visits or residential visits.

4.2 Staff should use clear, age-appropriate and anatomically accurate language when communicating with children about their bodies and personal care, while taking account of a child's communication needs.

4.3 Where a child who does not have an intimate care plan unexpectedly requires assistance, staff should respond sensitively, protect the child's dignity and inform parents/carers as appropriate.

4.4 Information relating to intimate care is confidential and should only be shared with those who need it for the purposes of safeguarding, care or education.

4.5 Record keeping

An appropriate record should be made where:

- intimate care forms part of an agreed care plan and a record is required by that plan;
- the care is unusual or outside the child's normal routine;
- an invasive or specialist medical procedure has been undertaken;
- there is a safeguarding concern;
- a pattern of accidents or changes in continence raises a concern about the child's health, development or welfare.

Records should be factual and proportionate.

Where a safeguarding concern arises, records should clearly identify the concern, action taken, decisions made, reasons for those decisions and outcomes. Current KCSIE guidance

emphasises appropriate recording and information-sharing as part of effective safeguarding arrangements.

4.6 Children will be supported to achieve the highest level of independence possible for their age, development and individual needs. Staff should encourage children to complete aspects of their own personal care wherever they are able to do so safely.

4.7 Staff providing intimate care must follow appropriate infection prevention and control procedures, including the use of personal protective equipment where required.

4.8 Practice should be adapted appropriately as children's needs change, including developmental changes associated with puberty and menstruation.

4.9 Staff should communicate with the child throughout intimate care. Communication should be appropriate to the child's needs and may include verbal communication, symbols, pictures, signing or other communication methods.

Where the child has sufficient understanding, staff should explain what support is required and seek the child's agreement before beginning.

4.10 Staff should address the child by name, explain what they are doing and provide reassurance throughout.

4.11 The child's privacy and dignity must be respected at all times. The number of people present should be limited to those necessary to provide safe and appropriate care.

The child's wishes should be considered wherever possible.

4.12 Staff should ensure appropriate colleagues are aware when they are providing intimate care in accordance with the child's agreed arrangements and the school's safer working practices.

The presence of a second adult should be determined by the child's individual needs, the care or medical procedure being undertaken, the agreed care plan and any identified safeguarding or moving-and-handling considerations. The child's privacy and dignity should not be unnecessarily compromised.

4.13 Religious beliefs and cultural considerations should be respected when planning care, while ensuring that the child's safety, welfare and needs remain paramount.

4.14 Where possible and appropriate, the child's views about who provides their care should be considered. Arrangements must balance the child's wishes, dignity, safeguarding, staffing and the safe delivery of care.

4.15 Planned intimate care should be undertaken by appropriately vetted and authorised members of staff in accordance with the school's safeguarding, recruitment and staffing arrangements.

4.16 All staff must follow the school's Staff Code of Conduct and safeguarding procedures. Sensitive information will only be shared where there is a legitimate reason to do so.

4.17 Personal mobile phones, cameras or other unauthorised recording devices must not be used during intimate care.

5. Safeguarding and Child Protection

5.1 The school recognises that some children may face additional barriers to recognising or reporting abuse, neglect or exploitation. Staff providing intimate care must remain particularly vigilant to changes in a child's behaviour, presentation, emotional wellbeing or response to care.

5.2 The school's Child Protection and Safeguarding Policy and procedures must be followed at all times.

5.3 Intimate care may involve an increased level of physical contact between an adult and child. Staff must therefore follow agreed care plans, safer working practices and the Staff Code of Conduct at all times.

5.4 Children should be taught age and developmentally appropriate personal safety skills, including understanding privacy, appropriate boundaries and how to seek help.

5.5 If a member of staff notices or has concerns about:

- unexplained injuries, marks or bruising;
- soreness or physical changes;
- a marked change in behaviour;
- distress associated with intimate care;
- a disclosure made by the child; or
- any other indication that a child may be experiencing harm,

they must act immediately and follow the school's safeguarding procedures.

Concerns must be reported to the **Designated Safeguarding Lead (DSL) Marianne Dyde** or a **Deputy Designated Safeguarding Lead (DDSL) Rachel Woollam, Julie Harrison, Sam Ward or Joanne Riley** without delay and recorded using the school's safeguarding recording system, CPOMs.

5.6 If a child becomes distressed, unusually anxious or expresses concern about receiving intimate care from a particular adult, this must be taken seriously. The matter should be reported promptly to the DSL or Headteacher and appropriate action taken to safeguard the child while ensuring their care needs continue to be met.

5.7 Concerns or allegations about adults

Any safeguarding concern or allegation involving an adult working in the school must be managed in accordance with **KCSIE 2026**, the school's Child Protection and Safeguarding Policy and its procedures for managing allegations and concerns about adults.

5.8 Staff should also follow the school's procedures for concerns that do not meet the harm threshold and its whistleblowing procedures where appropriate.

5.9 Safeguarding information should be shared lawfully and appropriately when necessary to protect a child. *Working Together to Safeguard Children 2026* specifically includes information sharing within its statutory multi-agency safeguarding framework.

6. Physiotherapy

6.1 Where a child requires physiotherapy during the school day, provision should follow advice from the child's physiotherapist or relevant healthcare professional.

Where appropriately trained school staff are expected to undertake or support specific exercises, the arrangements should be documented within the child's agreed plan. Staff must receive appropriate instruction and training before undertaking the activity.

6.2 School staff must not independently devise physiotherapy programmes or undertake procedures for which they have not received appropriate professional guidance and training.

6.3 Concerns about a child's physiotherapy programme, equipment or ability to participate safely should be reported promptly to the SENCO and relevant healthcare professional.

7. Medical Procedures

7.1 Some children may require assistance with invasive or non-invasive medical procedures. Arrangements must be agreed with parents/carers and relevant healthcare professionals and documented within an appropriate Individual Healthcare Plan.

Only appropriately trained and authorised staff should undertake medical procedures.

7.2 Infection prevention and control procedures must be followed, including the safe disposal of clinical or medical waste where applicable.

7.3 Staff providing first aid must work in accordance with their training and the school's First Aid Policy. When care requires examination of a child's body, the child's dignity, privacy, communication needs and safeguarding must always be considered.

8. Therapeutic Touch

8.1 Where touch or a sensory programme forms part of a child's therapeutic, medical or SEND provision, this should be based on identified need and, where appropriate, professional advice.

8.2 Any such programme should clearly identify its purpose, appropriate techniques, staff responsible for providing it and any necessary training.

8.3 Staff must not undertake therapeutic interventions for which they have not received appropriate training or guidance.

8.4 Where relevant, the child's Individual Healthcare Plan, SEND support plan or other agreed plan should record the arrangements.