



GLASTONBURY THORN SCHOOL

‘Every day getting better in every way’

INTIMATE CARE POLICY

Committee	Full Governing Body
Date policy approved	15 th November 2022
Responsibility for Review	Headteacher
Date policy reviewed	January 2025
Date for next review	December 2026

Revision History			
Version	Date	Author	Summary of Changes
1	October 2022	J Cursley	Policy rewritten
2	January 2025	J Cursley	Appendices added
3	September 2025	T Redman	EYFS updates KCSIE 2025 updates

This policy should be read in conjunction with:

- Child Protection Policy

1. Introduction

Glastonbury Thorn School provides education for children aged 4 to 7 years. The majority of these children will not need additional support but Glastonbury Thorn School recognises that there may be children who may need additional support on a regular basis or on a one-off basis.

Glastonbury Thorn School identifies that if this support is required, staff need to be sensitive to the child's needs, dignity and privacy.

Children are encouraged to undertake their own intimate care where possible. Staff will only intervene to the least intrusive level.

EYFS requires that staff must be able to balance the dignity of the child with competent safeguarding arrangements. This has been adopted as best practice across the school.

Ideally it should not always be the same member of staff who provides intimate care, so there is no over reliance on one member of staff and minimising the staff member being in a vulnerable position. These arrangements will be monitored and assessed regularly. Any incidents must be recorded and followed up.

2. Definition of Intimate Care:

'Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the private parts of the body'

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear).
- helping someone use a potty or toilet.
- changing nappies / sanitary wear.
- cleaning / wiping / washing intimate parts of the body.

3. Restrictions on Intimate Care

Intimate care can only be provided by staff, who have an enhanced DBS with a barred list check. This must be checked and authorised by Senior Leadership Team, before they can provide any intimate care.

Intimate care cannot be provided by apprentices, work-based learners or volunteers. This includes supporting children in toileting or after an accident.

Intimate care should only be given by staff that children feel comfortable with, and who are known to the child.

4 PPE

To safeguard both the child and staff member. Any child requiring intimate care will be supported by a member of staff wearing PPE (disposable apron and gloves). Children will be encouraged to undertake their own personal care where possible, if they cannot do this themselves, assistance will be given. Any soiled clothing will be sealed in a bag to be returned to the child's parent at the end of the day.

5 Definition of Personal Care:

‘Although it may involve touching another person, it is less intimate and usually has the function of helping with personal presentation’

Personal care tasks specifically identified as relevant include:

- feeding
- administering oral medication
- hair care
- changing outer layers of clothing
- washing non-intimate body parts
- prompting to go to the toilet.

Children’s intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

All children have the right to be safe and to be treated with dignity and respect. Disabled children can be especially vulnerable.

Adhering to the settings policy and procedure guidelines should help safeguard children and practitioners.

6 Considerations

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.
- Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling when appropriate) and are fully aware of best practice. Equipment will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child’s needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle, children 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.
- It is good practice to consider each care routine from the child’s point of view. Good experiences of intimate care can help children understand how adults should behave towards them. It can help children know that their body belongs to them and that their needs and wishes will be respected.
- When providing intimate care, you should talk children through what you are going to do and – where possible – seek consent, encourage independence and offer choice. You should also talk to children about who they can go to if they are ever worried or uncomfortable about anything.
- A child with poor verbal communication skills, pictures or pictograms can be used. The child must be aware of what is happening and communication is essential for the child’s wellbeing.

7 Care Plans

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the staff and health.

Any child requiring regular intimate care must have a care plan which is reviewed each term (See Appendix 1).

8 General Consent

General consent is obtained from Parents to provide Intimate Care if their child does not require regular Intimate Care

If parents do not give consent, they will be called to come in, if their child requires intimate care. (See Appendix 2)

9 Right to Privacy

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff might need to be present when a child needs help with intimate care. Where possible one child will be cared for by two adults. If not possible then staff member will inform the Designated Safeguarding Lead that intimate care is being provided.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be named staff members known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different staff.

10, Parents/Carers as partners in care

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

11.Safeguarding responsibilities

Each child/young person will be made aware of the safeguarding team and DSL to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Staff must record what intimate care has been given, date, time, who was present. This information should be shared with the parents on a regular basis and will be monitored by SLT. See Appendix 3

Note should also be made of how the child presents – Are they distressed? Are there any unusual physical marks? or have they made an allegation?

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

Any child protection concerns will be raised with the DSL and the Child Protection Policy followed.

If a child makes an allegation against a member of staff, all necessary procedures will be followed – Please see Managing Allegations and Concerns Policy

APPENDIX 1



Glastonbury Thorn School

Personal Care and Toileting Parental Consent Form and Care Plan

To be read in conjunction with the Intimate Care Policy

To be completed by School and signed by parents. Supporting documentation should be attached to show medical condition, disability or Special Educational Need (eg confirmation and details of a formal medical diagnosis)

Name of Child:		Date of Birth:	
Class Teacher:		Class:	

Names of staff member who **may** carry out intimate care (where possible, the member of staff will be familiar to your child):

(All staff are fully aware of toileting/personal care plans and school policies)

Level of Intimate Care

- Where possible, the child will be encouraged to change themselves with guidance from an adult. Throughout the process, the child will be encouraged to be as independent as possible. They will be encouraged to undertake their own personal care. Where they are cannot do this, assistance will be given.
- Adults must wear protective gloves and aprons.

Where will intimate care be carried out?

Intimate care will be carried out in the Year group's bathroom space or the disabled toilet.

Changing Nappies/Pull-ups

Children will be changed on a changing mat when it is not possible to change them standing up at the toilet. The child will be encouraged to lay down on the mat themselves with lifting from the adult kept at a minimum.

What equipment/resources will be required?

Protective gloves and aprons
 Plastic bags for soiled clothes
 Changing mat – in school
 Visuals to communicate where necessary

Equipment to be provided by parents (where appropriate):

- Nappies/ pull-ups
- Wipes
- Nappy sacks

What infection control procedures are in place?

- Washing hands
- Gloves
- Disinfecting changing mat before and after use

Disposal

- Soiled clothing will be bagged and returned to the parents at the end of the day
- Nappies, pull-ups, wipes, protective gloves and aprons will be double bagged in a nappy sack and placed in the yellow bin in the Foundation Stage bathroom area.

Safeguarding

- Where possible, the child will be cared for by 2 adults. Where this is not possible, the member of staff caring for the child will inform the DSL that intimate care is being given.
- Staff will record what intimate care has been given, date, time, who present and how the child presents eg distressed, physical marks etc.
- Information regarding intimate care will be shared daily with parents and parents will be asked to sign the records.

Actions that will be taken if any concerns arise:

- Any concerns will be reported to the School's DSL (Jonathan Cursley, Jo Clay or Carole Merchant) immediately

I have read the Glastonbury Thorn Intimate Care Policy and I agree to the intimate care plan outlined above:

Parent Signature		Date	
Headteacher Signature		Date	



Intimate Care

Sometimes the care we need to give to your child may be of an intimate nature. The definition of intimate care within our Intimate Care policy is:

'Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, intimate parts of the body

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear).
- helping someone use a potty or toilet.
- changing nappies / sanitary wear.
- cleaning / wiping / washing intimate parts of the body.

Even if your child does not have any specific needs requiring intimate care, there may be occasions when they may need to be changed due to illness or a toilet accident. In order to strengthen our safeguarding procedures, we are seeking permission from all parents to enable us to do this. If you do not give permission, then the parent will be contacted and expected to come into school promptly, to undertake any intimate care needed.

If your child has specific needs, you will be asked by a member of staff to complete an Intimate Care Plan to allow regular intimate care to be given.

Please read our Intimate Care Policy on the website and sign the permission slip below to enable us to carry out this care. If we do not have permission, we will telephone you to ask you to collect your child without them being changed.

Many thanks

A handwritten signature in black ink that reads "J. Cursley".

Jonathan Cursley
Headteacher

I confirm I have read the Glastonbury Thorn Intimate Care Policy and I give consent to my child receiving intimate care in the event of them needing to be changed due to them being soiled through illness or a toilet accident.

Child's Name:

Class:

Signed:

Name:

Date:



Intimate Care - Record Sheet

**APPENDIX 3
Glastonbury Thorn School**

Pupil's Details

Full Name:

Date of Birth

Date	Time	Procedure (wet or soiled nappy, change of clothes etc)	Comments	Full Names of Staff Involved	Signatures	Parent Signature