Connected Futures Partnership

Authoring our story.

Dorothy Gardner Nursery School
Mary Paterson Nursery School
Tachbrook Nursery School
Essendine Primary School
Hallfield Primary School
Oxford Gardens Primary School
Queen's Park Primary School
Queen's Park Family Hub
Bayswater Children's Centre

Intimate Care Policy

SEPTEMBER 2026

Table of Contents

1. Introduction and purpose....3

2. Statutory and policy framework....3

3. Principles of intimate care....3

4. Staffing, training and safer working....4

5. Individual intimate care plans and risk assessment....4

6. Working with parents, carers and children....5

7. Recording....5

8. Safeguarding concerns arising during intimate care....5

9. Intimate care and restrictive intervention....6

10. Medical conditions and clinical concerns....6

11. Equality, SEND and dignity....6

12. Monitoring and review....6

Appendix 1 - Intimate Care Record....7

Approved by:	Governing Board	**Date:**	September 2026
Next review due by:	September 2027		

Governors' Committee Responsible: **Full Governing Board**
Governor Leads: **Loraine Hancock & Altaf Kassam**
Nominated Senior Leader **Aaron Sumner, Co-Exec Head**

1. Introduction and purpose

1.1 Connected Futures Partnership is committed to safeguarding and promoting the welfare, dignity, privacy and independence of every child. Meeting a child's intimate care needs is an important aspect of safeguarding and inclusion.

1.2 Intimate care means care tasks associated with bodily functions, body products and personal hygiene which involve direct or indirect contact with, or exposure of, intimate parts of the body. This may include support with continence, toileting, changing, menstrual management, washing, bathing and other personal-care needs.

1.3 Children with SEND or health needs may require intimate care and can face additional safeguarding barriers. Staff must remain professionally curious and must never assume that signs of distress, injury, changes in behaviour or communication are simply a consequence of a child's disability, medical condition or care needs.

1.4 Intimate care will always be provided in a way that protects the child's dignity, promotes autonomy, respects communication needs and keeps both children and staff safe.

2. Statutory and policy framework

2.1 This policy should be read alongside Keeping Children Safe in Education 2026 (KCSIE), Working Together to Safeguard Children 2026, the current Statutory Framework for the Early Years Foundation Stage where applicable, and other relevant safeguarding, equality, SEND, health and safety and medical-needs guidance.

2.2 It should also be read alongside the Federation's:

- Child Protection and Safeguarding Policy;
- Staff Code of Conduct and safer working practice guidance;
- Low-Level Concerns Policy and procedures for allegations against adults;
- SEND Policy and Accessibility arrangements;
- Supporting Pupils with Medical Conditions Policy;
- Health and Safety and Moving and Handling procedures;
- Whistleblowing Policy; and
- Restrictive Interventions, Physical Intervention and Reasonable Force Policy.

2.3 All staff must read Part One of KCSIE 2026 in full and follow the Federation's safeguarding policies and procedures.

3. Principles of intimate care

3.1 The child's welfare, dignity and best interests are paramount. Children will be treated respectfully at all times and provided with as much privacy, choice and control as is compatible with safe care.

3.2 Staff will encourage children to achieve the highest level of independence possible for their age, development and abilities. Children will be supported to do as much for themselves as they safely can.

3.3 Care will be explained before and during the task in a way the child can understand. Staff will use the child's preferred communication method, including symbols, visual supports, signing, communication aids or other reasonable adjustments where required.

3.4 A child's wishes, feelings and responses will be taken seriously. Staff must not force intimate care where a child is distressed or resisting, except where an immediate action is necessary to protect the child from serious harm and is lawful and proportionate.

3.5 Intimate care must never be used as punishment, coercion or behaviour management.

4. Staffing, training and safer working

4.1 Intimate care will be undertaken only by staff who are appropriately briefed, trained and authorised for the child's needs. Training may include safeguarding, infection control, continence care, moving and handling, medical procedures and communication approaches as appropriate.

4.2 Staffing arrangements will be planned by leaders so that intimate care forms part of safe and appropriate professional practice. Individual staff circumstances, competence, training needs and any reasonable adjustments will be considered.

4.3 Wherever practicable, children will be supported by a small, known group of staff rather than by one adult exclusively or by a succession of unfamiliar adults. Arrangements will balance continuity, the child's preferences, safeguarding and operational needs.

4.4 The Federation does not require two adults to be present for every routine intimate-care task unless the child's plan or risk assessment identifies this as necessary. However, practice must remain open to scrutiny, and staff should ensure that another adult is aware that intimate care is taking place.

4.5 Staff must maintain appropriate professional boundaries. Personal mobile phones, cameras or other personal recording devices must never be used during intimate care.

5. Individual intimate care plans and risk assessment

5.1 Where a child requires regular or complex intimate care, an individual intimate care plan will normally be agreed with parents/carers and, where developmentally appropriate, with the child.

5.2 The plan should record, as relevant:

- the child's care needs and the support required;
- the child's communication needs, preferences, dignity and privacy arrangements;
- the level of independence the child can safely achieve;
- staffing and training requirements;
- moving and handling, infection-control or medical considerations;
- known triggers for distress and strategies that support regulation and cooperation;
- reasonable adjustments arising from SEND, disability, health or sensory needs;
- how care will be recorded and how parents/carers will be kept informed; and
- any specific safeguarding or risk-management arrangements.

5.3 Plans and risk assessments will be reviewed when needs change and at appropriate intervals. Relevant staff will have access to the information they need to provide safe care.

6. Working with parents, carers and children

6.1 Parents/carers will be involved in planning regular intimate-care arrangements wherever this is safe and appropriate. Their knowledge of the child's routines, communication and needs is valuable, but school staff remain responsible for ensuring that care delivered in school is safe and consistent with safeguarding requirements.

6.2 Children will be involved in decisions about their care to the greatest extent possible, taking account of age, development, communication and understanding.

6.3 The Federation will work sensitively with families to avoid unnecessary barriers to attendance or inclusion for children who require intimate care.

7. Recording

7.1 Routine intimate care will be recorded in accordance with the child's agreed plan and Federation procedures. The record should be proportionate to the care provided and sufficiently clear to support continuity, accountability and safeguarding.

7.2 Any unusual event, injury, mark, distress, significant change in presentation, refusal of care, accident or concern must be recorded separately and reported to the appropriate senior member of staff and, where relevant, the DSL or deputy DSL.

7.3 Records relating to intimate care are confidential and will be stored securely in accordance with data protection and safeguarding requirements.

8. Safeguarding concerns arising during intimate care

8.1 If a member of staff observes unexplained marks, bruising, soreness, injury, significant distress, concerning behaviour or any other indication that a child may have been harmed, they must report the concern immediately to the Designated Safeguarding Lead (DSL) or deputy DSL and make a clear safeguarding record.

8.2 The DSL will consider the concern under the Federation's Child Protection and Safeguarding Policy and current KCSIE and local safeguarding procedures. Where required, a referral will be made to local authority children's social care and/or the police.

8.3 Parents/carers will normally be informed of safeguarding concerns unless doing so may place the child at increased risk, impede an investigation or be contrary to advice from children's social care or the police.

8.4 If a child says or indicates that they are unhappy or distressed about care provided by a particular adult, this will be taken seriously. Immediate arrangements will be considered to keep the child safe while the concern is assessed.

8.5 Any allegation or safeguarding concern about an adult working in or on behalf of the Federation will be managed under the Federation's procedures for allegations and low-level concerns and, where appropriate, referred to the Local Authority Designated Officer (LADO).

9. Intimate care and restrictive intervention

9.1 Intimate care is distinct from restrictive intervention. A child's need for personal care does not, in itself, justify restraint or another restrictive intervention.

9.2 Where distress, dysregulation or resistance means that staff believe physical restraint, seclusion or another restrictive intervention may be necessary to prevent harm, staff must follow the Federation's Restrictive Interventions, Physical Intervention and Reasonable Force Policy.

9.3 Any restrictive intervention must be lawful, necessary, proportionate, the least restrictive option available and used for the shortest possible time. It must never be used to compel compliance with routine intimate care or as punishment.

9.4 Where a pattern of distress or resistance occurs during intimate care, the child's plan and risk assessment must be reviewed with the child and parents/carers as appropriate, and specialist advice sought where necessary.

10. Medical conditions and clinical concerns

10.1 A medical condition is not in itself an indicator that a child is at safeguarding risk. Where an incident appears primarily clinical or medical, staff should follow the child's healthcare plan and the Federation's Supporting Pupils with Medical Conditions procedures.

10.2 The DSL should nevertheless consider whether the circumstances also trigger a safeguarding duty. Medical and safeguarding responses may be required at the same time.

11. Equality, SEND and dignity

11.1 The Federation will make reasonable adjustments so that children with disabilities, SEND, sensory differences, communication needs or medical conditions can receive intimate care safely, with dignity and without discrimination.

11.2 Staff will be sensitive to culture, faith, sex, privacy, puberty and menstruation while ensuring that safeguarding and health requirements remain paramount.

11.3 Intimate care arrangements must support access to education and must not unnecessarily exclude a child from learning, trips, activities or wider school life.

12. Monitoring and review

12.1 Leaders will ensure that intimate-care arrangements are appropriately planned, staffed and reviewed and that safeguarding concerns or patterns are escalated.

12.2 The Governing Board will assure itself that suitable safeguarding, SEND, medical and safer-working arrangements are in place.

12.3 This policy will be reviewed annually and sooner where legislation, statutory guidance, local safeguarding procedures or learning from incidents requires it.

Appendix 1 - Intimate Care Record

This record may be adapted to reflect an individual child's agreed care plan. Any safeguarding concern must also be recorded through the Federation's safeguarding system and reported to the DSL/deputy DSL.

School / site	
Child's name	
Class / group	
Date	
Time	
Care provided / support given	
Child's response / relevant observations	
Members of staff providing care	
Second adult / person aware, where applicable	
Any unusual event, injury, mark, distress or concern?	
Action taken / person informed	

Staff signature: _____ Date/time completed: _____