

THE MOUNT SCHOOL

INTIMATE CARE POLICY

2026-2027

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This policy should be read alongside the Safeguarding and Child Protection Policy, Staff Code of Conduct, SEND Policy, Supporting Pupils with Medical Conditions Policy, Administration of Medication Policy, First Aid Policy, Behaviour Policy and EYFS procedures.

1. Introduction

Intimate care can be defined as care tasks of an intimate nature associated with bodily functions, body products and personal hygiene which involve direct or indirect contact with, or exposure of, private parts of the body.

Examples include continence care, nappy changing, toileting, cleaning after soiling, menstrual management, changing clothes following an accident, and help with washing or bathing. Some pupils may also need assistance with dressing, medical or personal-care procedures because of age, disability, SEND or a medical condition.

Children who need planned or regular intimate care will normally have an Intimate Care Plan and/or Individual Healthcare Plan. Routine age-appropriate nappy changing in Nursery does not require a separate individual plan for every child unless there are additional needs or risks.

Children's dignity, privacy, choice and control will be protected. Staff providing intimate care must have a high awareness of safeguarding and understand that the need for intimate care can increase a child's vulnerability because of dependency on adults and the private nature of the care.

The Mount is committed to ensuring that intimate care is undertaken professionally, sensitively and safely. No child should be cared for in a way that causes avoidable distress, humiliation or pain.

2. Legal and safeguarding framework

This policy reflects Keeping Children Safe in Education 2026, Working Together to Safeguard Children 2026, the Equality Act 2010, the current EYFS statutory framework for group and school-based providers and the Independent School Standards.

The EYFS framework requires suitable hygienic changing facilities for children in nappies and appropriate toilets and hand basins. Ofsted's 2026 inspection evidence also identifies toilets and intimate hygiene as part of children's welfare and wellbeing.

3. Principles of intimate care

- the child's welfare, dignity and safety are paramount;
- care will be respectful, age-appropriate and responsive to communication needs;
- the child will be told what is going to happen before and during care in a way they can understand;
- staff will seek the child's cooperation and assent wherever possible and take signs of discomfort or resistance seriously;
- children will be encouraged to achieve the greatest safe independence possible;
- privacy will be protected without creating unnecessary secrecy or unsafe isolation;
- care will be consistent with the child's plan and agreed family/professional information;
- reasonable adjustments will be made for disability, SEND, sensory, communication, cultural and religious needs;
- staff practice must remain open to appropriate scrutiny; and
- intimate care must never be used as a punishment or withheld to secure compliance.

4. Planning regular intimate care

Where intimate care is regular, complex or likely to require significant assistance, the class teacher/key person, parent/carers and relevant lead will agree an Intimate Care Plan. The SENDCO, medical lead, healthcare professional, occupational therapist or physiotherapist will be involved where appropriate.

The plan should address:

- the child's needs and level of independence;
- preferred communication and how assent/refusal is expressed;

- the care task and agreed procedure;
- privacy and location;
- staffing and continuity of familiar carers;
- moving and handling/equipment requirements;
- infection-control and PPE arrangements;
- medical/SEND considerations;
- what is recorded and communicated to parents;
- known safeguarding considerations;
- what staff should do if the child becomes distressed or refuses;
- arrangements for trips, clubs and transitions; and
- review date and triggers for earlier review.

Plans will be reviewed at least annually and sooner where needs, treatment, equipment, staffing or the child's wishes change, or following a significant incident or safeguarding concern.

5. Staffing, gender and privacy

Intimate care in EYFS, Key Stage 1 and Key Stage 2 may be provided by an appropriate member of staff of any gender where the arrangement is safe, respectful and acceptable to the child and consistent with any individual plan. The School will not operate a blanket same-gender rule.

A second adult is not routinely required merely because intimate care is taking place. Requiring two adults for every routine care task can unnecessarily reduce privacy and imply that one-to-one care is inherently unsafe. A second adult may be required by an individual risk assessment, moving-and-handling need, complex medical procedure, known safeguarding risk or where the child's plan requires it.

Where practicable, staff should ensure another appropriate adult knows that intimate care is being undertaken, without announcing sensitive information unnecessarily. Doors/screens should provide privacy but staff practice must not create concealed or secretive arrangements.

Where possible, regular care will be provided by familiar staff with whom the child has a positive relationship, while ensuring that safe care does not depend on one individual.

6. Communication, consent and refusal

Staff will communicate throughout care using the child's preferred means of communication, including speech, signs, symbols, objects or other communication systems.

A child's non-verbal behaviour can communicate discomfort or refusal. Staff must not assume that limited speech, disability or young age means the child cannot express a view.

If a child refuses or becomes significantly distressed, staff will stop where it is safe to do so, reassure the child and consider an alternative adult, timing or approach. Where delaying care would create an immediate health, hygiene or safety risk, staff will use the least intrusive safe response and record/escalate the circumstances.

Persistent or unusual distress associated with intimate care must be explored with the DSL and, where appropriate, parents and relevant professionals.

7. Recording intimate care

Planned intimate/personal care will be recorded in the School's agreed system. Records should be proportionate and include date/time, care provided, staff member, significant observations, unusual distress/refusal, injury/mark/soreness, medication/cream where relevant, and any action or parent communication.

Routine Nursery nappy changes may be recorded through Family or the current approved care-recording system. Records must be accurate, timely and capable of being audited.

Staff must not use personal phones or personal devices to photograph, record or communicate intimate-care information.

8. Toileting in Nursery and EYFS

- staff communicate with each child to establish the help required and encourage the child to do as much as safely possible for themselves;
- privacy is protected so other children are not watching; doors/screens are used appropriately while maintaining safeguarding;
- equipment and supplies are prepared before care begins so the child is not unnecessarily left waiting or unattended;
- staff use calm, reassuring communication and avoid language that shames the child;
- children are encouraged and supported to wash their hands after toileting; and
- children receive the level of supervision appropriate to their age, development and individual risk rather than a blanket assumption that every child requires an adult physically alongside them at every moment.

9. Nappy changing in Nursery

- changing takes place in the designated hygienic changing area;
- the child is spoken to and reassured throughout, particularly if distressed;
- staff wear a fresh disposable apron and gloves for each change where appropriate to the task and infection-control procedure;
- soiled nappies/waste are disposed of safely in the designated system;
- the changing surface is cleaned appropriately between children using the setting's approved cleaning method/product;
- staff wash their hands thoroughly after changing and support the child's hand hygiene as appropriate;
- creams are used only under the agreed parental/medication procedure and are clearly identified for the child;
- staff record the change and any unusual stool, rash, soreness, mark, bleeding, injury or other concern;
- children are never left unattended on a raised changing surface; and
- staff maintain safe physical support throughout changing in accordance with the child's age and mobility.

10. Menstrual care and older pupils

Pupils who need support with menstrual management will be treated sensitively and discreetly and encouraged to manage independently where possible. Suitable sanitary products, disposal arrangements, washing/toilet access and spare clothing will be available or arranged.

Where a pupil needs hands-on assistance, this will be planned as intimate care. Staff will be alert to unexplained pain, bleeding, distress, repeated missing products, peer harassment or other indicators that may require safeguarding or medical consideration.

11. Moving and handling

Where intimate care involves lifting, transfers, hoists or specialist equipment, a suitable moving-and-handling assessment and training will be in place. Advice from physiotherapy/occupational therapy or other relevant professionals will be followed where provided.

Staff must not improvise a manual-handling technique that places the child or staff member at avoidable risk.

12. Infection prevention and hygiene

Staff will follow the School's infection-control arrangements, including hand hygiene, appropriate PPE, safe disposal of waste, cleaning of equipment/surfaces and management of blood/body-fluid contamination.

Gloves do not replace handwashing. PPE will be changed between children and between dirty and clean tasks as appropriate.

13. SEND, disability and medical needs

Children with SEND or certain medical conditions may face additional safeguarding barriers. KCSIE 2026 highlights risks including communication difficulties, dependency on adults, isolation, difficulty recognising or reporting abuse, and the need for intimate care itself.

Staff must avoid attributing changes in behaviour, distress, bruising, soreness or withdrawal automatically to disability or medical need. Concerns require professional curiosity and safeguarding consideration.

The SENDCO and DSL will liaise closely where intimate-care needs intersect with safeguarding. Reasonable adjustments will be made under the Equality Act where required.

14. Safeguarding the child

Any concern about a physical change in a child's presentation - including unexplained marks, bruising, soreness, bleeding, pain, injury, unusual discharge, significant behavioural change or distress - must be reported promptly to the DSL/DDSL and recorded under safeguarding procedures.

Staff should record what they observe factually and must not conduct an intrusive examination or investigate a possible safeguarding concern themselves.

Parents/carers will normally be involved appropriately, but staff must not seek parental consent or notify a parent before a safeguarding referral where doing so could increase risk, impede an investigation or is otherwise contrary to safeguarding advice. The DSL will make that decision in accordance with KCSIE and local procedures.

15. Concerns about an adult providing intimate care

If a child says or indicates that an adult has behaved inappropriately during intimate care, or if another adult witnesses concerning practice, the matter must be reported immediately under the Safeguarding and Child Protection Policy.

Where the concern may meet the harm threshold, the Headteacher/DSL will follow KCSIE allegation procedures and consult the LADO as required. Concerns that do not meet the harm threshold will be handled under the School's low-level concerns procedures. A concern about the Headteacher must be reported to the Director/Proprietor.

Staff must not question the child repeatedly, confront the adult concerned, conduct their own investigation or promise confidentiality.

16. Child distress about a particular carer

If a child becomes distressed or unhappy about receiving care from a particular member of staff, the concern will be taken seriously and recorded. Alternative arrangements will be made where reasonably possible while leaders establish the reason and consider safeguarding implications.

Parents/carers will be involved where appropriate, but safeguarding decisions about parental contact will be made by the DSL. Staffing arrangements may be altered pending consideration of the concern.

17. Professional boundaries

- staff will use only the physical contact necessary for the care task;
- staff will explain actions rather than use joking, teasing or sexualised language;
- staff will not take photographs or recordings of intimate-care tasks, injuries to intimate areas or children undressed on personal devices;
- where clinical/safeguarding recording of an injury image is exceptionally required, this must follow authorised School/agency procedure and never be improvised by staff;
- staff will not ask a child to keep intimate care secret;
- staff will avoid unnecessary exposure of the child's body and cover areas not being cared for where practicable; and
- staff will report any accidental or unexpected event during care that could be misunderstood, including unusual physical contact, immediately to the appropriate manager/DSL.

18. Visitors, volunteers, students and agency staff

Routine intimate care will normally be undertaken by appropriately checked, inducted and authorised staff.

Volunteers, visitors and students will not undertake intimate care unless this has been specifically authorised, is appropriate to their role, safeguarding checks/status permit it, and suitable supervision/training arrangements are in place.

From 1 September 2026, the removal of the supervision exemption from the regulated-activity definition must be considered when determining the safeguarding-check requirements for adults undertaking qualifying care of children.

19. Educational visits, swimming and off-site care

Where intimate care may be needed off site, the visit risk assessment will address accessible/private facilities, staffing, supplies, disposal, moving/handling, medication and emergency arrangements. A pupil must not be unnecessarily excluded from a visit because intimate care is required.

Swimming changing arrangements will protect dignity and privacy while maintaining appropriate supervision and safeguarding.

20. Personal safety education

Children will receive age- and developmentally appropriate education about privacy, body autonomy, trusted adults, asking for help and reporting worries through PSHE/RSE and everyday practice.

Children who use alternative communication will be given an accessible way to express discomfort, refusal and safeguarding concerns.

21. Parent/carers partnership

Parents/carers will be involved in planned intimate-care arrangements and asked to share relevant routines, communication methods and professional advice. The child's welfare and developing autonomy remain central.

The School will not require a parent to attend routinely to provide intimate care where reasonable School arrangements can safely support the child, as this may create unnecessary barriers to attendance and inclusion.

22. Monitoring and review

Leaders will periodically sample intimate-care records and plans, check that training/equipment remain appropriate, review incidents and concerns, and seek assurance that practice reflects this policy. Patterns of soreness, distress, repeated accidents, staffing issues or safeguarding concerns will be escalated rather than considered in isolation.

This policy will be reviewed at least annually and following a significant safeguarding/medical incident, change in statutory guidance, change in pupil needs or identified weakness in practice.

Appendix A - Intimate Care Plan

Pupil / DOB / class:

Reason for plan / care required:

What the child can do independently:

Communication method / signs of assent or refusal:

Agreed care procedure:

Location/privacy arrangements:

Named/familiar staff and cover:

Is a second adult required? Why?

PPE/hygiene/equipment:

Moving and handling requirements:

Medical/SEND considerations:

Safeguarding considerations:

What is recorded/shared with parents:

Trips/clubs arrangements:

Child's views:

Parent/carer input:

Professional advice:

Date agreed / review date:

Appendix B - Intimate Care Record

Date | Time | Care provided | Staff member | Child response | Significant observation/mark/soreness/refusal |
Parent informed | DSL/medical escalation if required

Appendix C - Staff professional-noticing prompt

- Is this change/mark/soreness expected and explained?
- Has the child's behaviour or response to care changed?
- Is the child unusually fearful of a person, place or care task?
- Could communication/SEND be masking a disclosure?
- Is there a pattern across care records?
- Has an adult's practice made me uncomfortable?
- Am I being asked to keep something about care secret?
- Does this need the DSL now?

Appendix D - Nappy-changing safety check

- Designated area clean and ready
- Supplies/PPE available before child is placed on changing surface
- Child never left unattended on raised surface
- Fresh PPE as required for each child
- Appropriate hand hygiene
- Changing surface cleaned between children
- Cream/medication consent checked
- Change recorded promptly
- Marks/soreness/distress recorded and escalated where necessary
- Personal devices never used