

# Cedars Park Primary School



## Personal and Intimate Care Policy

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01	Fiona Scarlett - SENDCo	March 2023	-	March 2024
02	Fiona Scarlett - SENDCo	March 2024	Review undertaken, no changes made.	March 2025
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# Personal and Intimate Care Policy

## Principles

All staff at Cedars Park Primary School have a responsibility to safeguard and promote the welfare of the children and young people in their care. Meeting a child's personal and intimate care needs is one aspect of safeguarding.

The school recognises its duties and responsibilities in relation to the Equality Act 2010 and UN Convention on the Rights of Disabled People which requires that any child with an impairment or disability that affects their ability to carry out day-to-day activities must not be discriminated against.

This personal and intimate care policy should be read in conjunction with the following:

- Safeguarding Policy
- Health and Safety Policy and Procedures
- Policy for Supporting Children with Medical Needs
- Special Educational Needs Policy
- Staff Code of Conduct

Cedars Park Primary School is committed to ensuring that all staff responsible for the personal and intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

Cedars Park Primary School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when personal or intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

Staff will work in close partnership with families to share information and provide continuity of care.

Intimate Care Plans and written permission from families will be reviewed at least annually or whenever there is a need for review.

In alignment with the Department for Education updates for September 2026 and current RSHE guidance, Cedars Park Primary School is committed to using anatomically accurate language during all personal and intimate care procedures. Staff are briefed to use factual, scientific terms for genitalia (such as penis and vulva) rather than 'pet names' or euphemisms. This approach is a vital safeguarding measure, ensuring that pupils develop the correct vocabulary to describe their bodies, which is essential for identifying, describing, and reporting any concerns or potential abuse. This

factual terminology must be reflected in the 'Appropriate Language' section of the child's Individual Intimate Care Plan to ensure consistency between home and school, thereby empowering the child and maintaining professional clarity.

## Definition

'Intimate Care' is any care that most people usually carry out for themselves, but that some children need assistance with due to their physical difficulties or other health needs. It can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products, personal hygiene or personal care which demand direct or indirect contact with, or exposure of, personal parts of the body.

These could include:

- Supporting a child with dressing and undressing (underwear);
- Cleaning and changing a child with a diagnosed medical condition who has soiled themselves;
- Applying prescribed cream;
- Help with toileting for children who are unable to manage by themselves due to a diagnosed need;
- Supervising children involved in intimate self-care.

'Personal care' may often involve touching another person but is less intimate and more socially acceptable. It usually has the function of helping with personal presentation. These tasks do not invade conventional personal, private or social space to the same extent as intimate care.

These could include:

- Hair care;
- Dressing and undressing (outer clothing);
- Washing non-intimate body parts.

A situation requiring personal care may be an irregular and unusual event, or in the case of children with physical impairments or other medical needs it may be a regular and integral part of an Intimate Care Plan (see Appendix Two).

## Role of the Parent/Guardian

### Seeking parental permission

Parents will be asked to sign a consent form (Appendix One) to give permission for school staff to provide personal care.

For children whose needs are more complex or who need particular support outside of what is covered in this permission form, an Intimate Care Plan will be created in discussion with parents, and where relevant, health professionals.

Where there is not an Intimate Care Plan or parental consent for personal care in place, parental permission will be sought before performing any personal or intimate care procedure.

If the school is unable to get in touch with parents and a personal or intimate care procedure needs to be carried out in an emergency, children will be supported with the appropriate level of care in order to be comfortable; the school will inform parents of action taken afterwards.

### **Creating an Intimate Care Plan**

Where an Intimate Care Plan is required, it will be agreed in discussion between the school, parents, the child (when possible) with evidence/support from health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there is doubt whether the child is able to make an informed choice, their parents will be consulted.

The Intimate Care Plan will be reviewed once a year with parents, even if no changes are necessary, and updated whenever there are changes to a pupil's needs.

While an Intimate Care Plan is in place staff will keep a daily log (Appendix Three) for every instance of intimate/ personal care has been provided and this information will be routinely shared with parents.

### **Sharing information**

The school will share information with parents as needed to ensure a consistent approach. It will be expected that parents also share relevant information regarding any intimate matters with the school, as needed.

### **Role of staff**

Each child's right to privacy and dignity will be respected and so each child should 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 possible.

Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with personal or intimate care. Where possible, one child will be dealt with by two adults unless there is sound reason for having less adults present. Where possible children will be supported by consistency adults or 'key people' for their care to build trust and protect dignity. It is not always necessary for supervision to be 'close'. It is acceptable for the second member of staff to be nearby but not so close as to distress the child or cause them to feel that their dignity has been unduly compromised.

### **Which staff will be responsible for intimate care**

Any staff, who may be needed to carry out intimate care, will have this set out in their job description. This includes teaching assistants, teachers and senior leaders within school. No other staff members can provide intimate care. All staff at the school, who carry out intimate care, will have been subject to an Enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

### **How staff will be trained**

Staff will receive:

- Training in the specific types of intimate care they undertake, if appropriate
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible
- Only staff who have been assessed a "competent" by a health care professional (where medical procedures are involved) will carry out these tasks

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures, including those related to disposal of medical waste.

They will also be encouraged to seek further advice as needed.

### **Concerns about safeguarding**

If a member of staff carrying out personal or intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to Fiona Scarlett (SENDCo) or Aisha Suhail (Headteacher).

If a child makes an allegation against a member of staff, the responsibility for personal or intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

## Appendix One

## Permission for school to provide personal care

## Cedars Park Primary School

Child's Name:	
Date of Birth:	
Name of Parent/guardian:	
Address:	

Please read the below statements and tick those that are applicable.

- I have read and understand the school's Personal and Intimate Care Policy.
- I give permission** for the school to provide appropriate personal care to my child.
- I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or my child has an infection.)
- I understand the procedures that will be carried out and I will contact the school immediately if I have any concerns.
- I **do not give consent** for my child to receive personal care. Instead, the school will contact me or my emergency contact and I/they will organise for my child to be supported directly.
- I understand that if the school cannot reach me or my emergency contact, staff will need to provide appropriate personal care for my child, following the school's Personal and Intimate Care Policy, to ensure comfort and remove barriers to learning.

Parent/guardian signature	
Parent/ guardian name	
Relationship to child	
Date	

## Appendix Two

**Insert Photo  
Here**

## Cedars Park Intimate Care Plan

<b>Name:</b>			
<b>Year:</b>			
<b>Class:</b>			
<b>Date Written:</b>		<b>Review Date:</b>	

<b>Pupil's Condition:</b>			
<b>Information about condition</b>			
<b>Location of intimate care</b>			
<b>What equipment is required?</b>  <b>Where is it located?</b>  <b>Who will provide equipment?</b>			
<b>Description of transfer method</b>			
<b>Adjustment of clothing</b>			
<b>Method of cleansing including washing hands</b>			
<b>Appropriate language, e.g. names for body parts and</b>			
<b>Number of staff needed</b>			
<b>Pupil participation, i.e. what they can do</b>			
<b>Disposal</b>			
<b>Trip or outing</b>			
<b>Target towards independence</b>			
<b>Signature of parent/carer/guardian</b>		<b>Signature/s of staff involved with</b>	

