



# Sedbergh

PREP AT CASTERTON

| INTIMATE CARE POLICY |                                |
|----------------------|--------------------------------|
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| Governor             | Miss Chris Cook                |
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## STATEMENT OF INTENT

Casterton, Sedbergh Prep School is responsible for the care of all children, whatever their needs, age or stage of development, including children with disabilities, special educational needs, medical needs and temporary needs who may require support with intimate care at school.

The school is committed to safeguarding and promoting the welfare of every pupil. Intimate care will always be undertaken in a way which protects the child’s dignity, privacy, rights, health and safety, while also protecting staff through clear procedures, careful record keeping and appropriate training.

This policy applies to all staff involved in intimate care and should be read alongside the School’s Safeguarding Policy, Staff Code of Conduct, Health and Safety Policy, First Aid Policy, Supporting Pupils with Medical Conditions Policy and the Administration of Medicines in School policy.

## INTRODUCTION

The school recognises that there is a need to treat all children with sensitivity, respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment, avoidable pain or a loss of privacy.

Intimate care is a sensitive area of practice. It requires staff to be professional, calm, respectful and attentive to the wishes, communication and developmental needs of the child. Staff behaviour must always be open to scrutiny, and arrangements must be clearly understood by the child, parents and the school wherever this is possible.

Please note: the term parent/s is used to refer to parents, carers and legal guardians.

### **DEFINITION OF INTIMATE CARE**

Intimate care is any care which involves washing, touching or carrying out care to intimate personal areas that most children can usually carry out for themselves. This may include, for example, support with toileting, continence care, menstrual care, changing wet or soiled clothing, nappy changing, washing intimate parts of the body, or support with dressing following an accident.

Some children may also require personal care linked to a disability, continence need or medical condition. Where intimate care links to health procedures, this must be addressed through the relevant healthcare planning, risk assessment and training arrangements. Clinical procedures or the administration of medication are not undertaken under this policy alone and must also be supported through the School's medical and medicines procedures.

The child's dignity must always be preserved through a high level of privacy, choice and control. Wherever possible, intimate care should be undertaken by a member of staff known to the child, with another adult aware that care is taking place. In higher-risk situations, for example where moving and handling, significant distress or complex care is involved, two adults may be required.

### **Aims**

The aims of this document and associated guidance are;

To provide clear guidance and reassurance to staff and parents

To safeguard the dignity, rights, privacy, health and well-being of children

To ensure that intimate care is delivered safely, consistently and respectfully

To support pupils to become as independent as they are able in relation to their personal care

To assure parents that staff are trained, procedures are clear and individual needs are properly considered

### **Principles**

Casterton Sedbergh Prep School respects every pupil and encourages them to achieve their potential. This includes encouraging pupils to be as independent as they are able with their personal care. We will ensure that our pupils are:

- Treated as individuals

- Given privacy, dignity and respect
- Kept safe and supported in accordance with safeguarding procedures
- Involved in, and consulted about, their personal care as far as they are able
- Supported by adults who are appropriately checked, trained and familiar with the agreed arrangements
- Provided with consistency of care as far as possible
- Supported in ways which are age appropriate, developmentally appropriate and sensitive to disability, culture, religion and family views where relevant

### **Guidelines**

Children and their parents should have confidence in the staff.

Staff involved in intimate care will be appropriately recruited and subject to the safer recruitment and vetting arrangements required for their role. Staff who undertake unsupervised intimate care must be suitably checked and trained. Only designated staff should provide intimate care unless an unplanned situation requires immediate support.

Parents/carers and the school should share a clear understanding of the abilities and needs of the child.

Where intimate care is required on a regular basis, or where a child has an identified need, an individual intimate care plan will be agreed with parents and, wherever possible, with the child. The plan will identify the support required, the staff who may provide it, arrangements for privacy and dignity, any equipment required, infection control measures, record keeping expectations and how independence will be encouraged.

Ensure privacy, appropriate to the child's age and needs.

Children will be cared for in a private, discreet and appropriate area with all necessary resources to hand. Privacy must be balanced with safeguarding, so care should never take place behind locked doors or in ways which prevent appropriate oversight.

Children have the right to be respected.

Staff will explain what they are doing, seek the child's agreement or co-operation wherever possible, and respond to verbal and non-verbal signs of discomfort or distress. Intimate care should not be rushed and should not involve unnecessary physical contact or assistance with tasks the child can undertake independently.

A strong focus should be evident on choice and decision making skills.

Where appropriate, decision making should be an integral part of the process, for example asking whether the child wishes to attempt a task independently, whether they want help with fastenings, or whether they want the member of staff to remain in the room or just outside the door, where this is safe and appropriate.

Intimate care tasks are not an interruption to the timetable.

These practices should be recognised as an important part of a child's care and development. They are opportunities to support dignity, self-esteem, independence and appropriate self-care skills.

If you are concerned – report it.

If a child becomes distressed, resists care in an unusual manner, presents with marks or injuries, makes a disclosure, or if any member of staff feels uncomfortable or uncertain about a situation, the matter must be reported immediately in line with the School's Safeguarding Policy and procedures.

### **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care will be treated with respect at all times; the child's welfare and dignity are of paramount importance.

The school will ensure that suitable facilities, equipment and supplies are available. This includes hygienic changing arrangements, appropriate disposal arrangements, handwashing facilities and any reasonable adjustments required for pupils with disabilities or medical needs.

Staff who provide intimate care will receive safeguarding training and any additional training required for a pupil's individual needs, including moving and handling, continence support, menstrual care or other relevant procedures. Staff will know who to approach for advice if they are unsure or uncomfortable about a particular situation.

The child 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 himself or herself as is reasonably possible.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child. Plans will be reviewed regularly and whenever the child's needs change.

Specific intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's intimate care plan. The needs and wishes of children and parents will be considered wherever possible within the constraints of staffing and safeguarding.

If intimate care needs change materially from the agreed plan, or if additional care is unexpectedly required, this should be explained to the child where possible, recorded, and shared with parents as soon as practicable. Any ongoing change must lead to a review of the intimate care plan.

The school nurse and any other relevant professionals should be informed of children requiring specific intimate care support so that appropriate advice and training can be obtained where necessary.

### **Staff members should be able to:**

Ensure that sensitive information about a child is shared only with those who need to know in order to safeguard and support the child

Consult parents about arrangements for intimate care and involve the child wherever possible

Follow the procedures set out within the Safeguarding Policy and Staff Code of Conduct

Maintain clear, factual and timely records of intimate care provided, including any departure from the agreed plan, any concerns noted and whether parents were informed

Seek advice immediately if they are unsure, uncomfortable or concerned about a particular situation

### **Health and Safety**

If staff are dealing with a child who has had an accident and is bleeding, they should refer to the First Aid Policy. Staff should always wear gloves when dealing with blood, urine, faeces, vomit or other bodily fluids and should wash hands before and after the procedure. Aprons and additional protective equipment should be used as required by the risk assessment or the nature of the task.

Any soiled waste should be disposed of hygienically in accordance with school procedures. Soiled clothing should be double bagged and returned home unless disposal is necessary for health and safety reasons. Areas and equipment used for intimate care must be cleaned after use.

Manual handling risks must be assessed. Where moving and handling equipment is required, only trained staff should use it. Where nappy changing is required in the EYFS or for older children with additional needs, suitable hygienic changing facilities must be used.

### **Links with Other Agencies**

Positive links with other agencies will enable school-based plans to take account of the knowledge, skills and expertise of other professionals and will ensure that the child's well-being and development remain paramount.

It is good practice for the school to know what agencies are involved with the child or young person, to seek advice, involve parents or the person who knows the child best, and to consult a relevant health professional such as the school nurse, continence nurse, Occupational Therapist (OT), Physiotherapist or other clinician where appropriate.

Where relevant, these agencies should be recorded on the Record of Agencies Involved form at Appendix 2.

### **Additional Needs**

Children with disabilities, special educational needs and medical needs have the same rights to safety, privacy, dignity and respect when receiving intimate care. Additional vulnerabilities that may arise from a physical disability, sensory need, learning difficulty, continence issue or communication difficulty must be considered in relation to each individual child.

As with all arrangements for intimate care, agreements between the child, those with parental responsibility and the school should be clearly understood and recorded. Regardless of age and ability, the views and emotional responses of the child should be actively sought, with advocacy arrangements made where necessary, and reviewed regularly.

The school will make reasonable adjustments where required and will work with parents and professionals to ensure that barriers to attendance, participation and dignity are reduced as far as possible.

### **Intimate Care and Injury**

Where intimate care is required due to injury, soreness, bleeding or any unusual presentation, staff must act with particular sensitivity and in accordance with safeguarding procedures.

- The child's dignity and comfort must remain paramount at all times.
- Appropriate first aid should be administered, following the First Aid Policy.
- Wherever possible, another member of staff should be present or informed that care is taking place.
- Staff must not undertake any form of investigation beyond what is necessary to provide immediate care.
- Any marks, injuries or concerns observed must be recorded factually and without interpretation.
- All concerns must be reported immediately to the Designated Safeguarding Lead (DSL).
- Parents/carers should be informed at the earliest appropriate opportunity, unless doing so would place the child at risk of harm, in which case safeguarding procedures must be followed.

Repeated incidents, unexplained injuries, or any concerns about possible abuse must be managed in line with the School's Safeguarding Policy.

### **The Protection of Children**

Any safeguarding concern arising from intimate care must be reported immediately to the Designated Safeguarding Lead or, in their absence, to a deputy DSL, for further guidance and action.

No member of staff should use any mobile phone, camera or recording device during an intimate care procedure.

### **Relevant Policies and Guidelines**

These guidelines should be read in conjunction with other policies and guidance, including:

- Safeguarding Policy
- Staff Code of Conduct / Safer Working Practice guidance
- Health & Safety Policy
- First Aid Policy
- Supporting Pupils with Medical Conditions Policy

- Administration of Medicines in School
- Physical Contact between Staff & Pupils
- Equality Policy
- Anti-bullying Policy

**Further Guidance**

Contact telephone numbers

- Ofsted - 0300 123 1231
- Westmorland and Furness Safeguarding Hub – 0300 373 2724
- Children’s Services Advice and Access Team – 0300 373 2724

**Appendixes**

- Appendix 1 Intimate Care Plan
- Appendix 2 Record of Agencies involved
- Appendix 3 Permission for Schools to Provide Intimate Care
- Appendix 4 Guidelines for child and teacher for toileting
- Appendix 5 Toilet Management Plan
- Appendix 6 Pre-Prep Toileting Record
- Appendix 7 Soiling and Clothes Changing Procedure
- Appendix 8 Swimming Changing Procedure
- Appendix 9 Nappy Changing Policy
- Appendix 10 Guidance on safeguarding children and intimate care

Intimate Care Plan

|                                       |  |
|---------------------------------------|--|
| Child’s Name:                         |  |
| Date:                                 |  |
| Who will be responsible for the care? |  |

|  |  |
|--|--|
| Where will the child be treated?                                     |  |
| What resources will be used?   | Disposable gloves/aprons as appropriate; soap and warm water; paper towels; wipes; clean clothing; disposal bags; any agreed equipment or supplies specific to the child.  |
| How will soiled items be disposed of?                                | Soiled clothing will be double bagged and returned to the child's parents/carers unless disposal is required for health and safety reasons.  |
| How will sharps be disposed of?                                      | In the appropriate sharps container, where relevant and in accordance with medical guidance.   |
| Other issues.  | Communication, privacy arrangements, use of hoist/equipment, menstrual care, behaviour/distress responses, adults aware of care taking place, and any specific risk controls.  |
| What infection control measures are in place?                        | Areas and equipment to be cleaned after use. Hands to be washed before and after the procedure. Protective equipment to be used in accordance with the task and risk assessment.                                     |
| Parent action at home:   |  |
| School action:   |  |
| How and when will intimate care be recorded and shared with parents? | Record date, time, staff member, care provided, any variation from plan and any concern/injury. Parents/carers to be informed in line with the agreed plan or as soon as practicable after any significant incident. |
| Review Date:   |  |

## APPENDIX 2

### RECORD OF AGENCIES INVOLVED

|                                 |  |
|---------------------------------|--|
| CHILD'S NAME                    |  |
| DATE OF BIRTH                   |  |
| ADDRESS                         |  |
| PARENT/CARER                    |  |
| SCHOOL NURSE/<br>HEALTH VISITOR |  |
| CONTINENCE Advisor              |  |
| PHYSIOTHERAPIST                 |  |
| OCCUPATIONAL THERAPIST          |  |
| HOSPITAL CONSULTANT             |  |
| GP                              |  |
| EP                              |  |
| SOCIAL WORKER                   |  |

**APPENDIX 3**

**PERMISSION FOR SCHOOLS TO PROVIDE SPECIFIC INTIMATE CARE**

I give permission to the school to provide appropriate intimate care support to my child in accordance with the agreed intimate care plan or toileting plan.

I will advise the School of any medical condition, disability, continence issue, skin issue, allergy or other matter which affects intimate care arrangements, and I will work with the School to review the plan if needs change.

|                       |  |
|-----------------------|--|
| Name                  |  |
| Signature             |  |
| Relationship to child |  |
| Child's Surname       |  |
| Child's Forename      |  |
| Male/Female           |  |
| Date of birth         |  |
| Parent/carers name    |  |
| Address               |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |

**APPENDIX 4**

**Guidelines for child and teacher for toileting**

As I am helping you in the toilet you can expect me to do the following:

When I am the identified person, I will help you as soon as I reasonably can.

I will avoid unnecessary delays and will explain what I am doing.

When you use our agreed signal, I will respond appropriately.

I will treat you with respect and ensure privacy and dignity at all times.

I will ask permission before touching you or your clothing wherever possible.

I will only help with the parts of the task you cannot yet manage independently.

I will check that you are as comfortable as possible, both physically and emotionally.

If I am working with a colleague to help you, we will talk in a way that does not embarrass you.

**Child**

As the child who requires help in the toilet you can expect me to do the following:

I will try, whenever possible, to let you know that I need the toilet so that you can be ready to help me.

I will try to use the toilet at break time or at agreed times where this is part of my plan.

I will use the agreed signal for genuine need.

I will tell you if I want you to stay in the room or just outside the door, where this is safe and appropriate.

I will tell you straight away if anything makes me feel uncomfortable, upset or embarrassed.

I may talk to other trusted people about how you help me so that adults understand what works best for me.

**APPENDIX 5**

**TOILET MANAGEMENT PLAN**

|                                |  |
|--------------------------------|--|
| CHILD'S NAME                   |  |
| DATE OF BIRTH                  |  |
| NAME OF SUPPORT STAFF INVOLVED |  |
| AREA OF NEED                   |  |
| EQUIPMENT REQUIRED             |  |

|   |  |
|---|--|
| LOCATION OF SUITABLE TOILET FACILITIES. |  |
| SUPPORT REQUIRED                        |  |
| FREQUENCY OF SUPPORT                    |  |

WORKING TOWARDS INDEPENDENCE

|   |           |      |
|---|-----------|------|
| CHILD WILL TRY TO.....  |           |      |
| PERSONAL ASSISTANT WILL DO .....  |           |      |
| AGREED PRIVACY / SUPERVISION ARRANGEMENTS                                       |           |      |
| HOW WILL SUPPORT BE RECORDED?   |           |      |
| WHAT SHOULD STAFF DO IF THE CHILD IS DISTRESSED OR THE PLAN CANNOT BE FOLLOWED? | SIGNATURE | DATE |
| TARGET ACHIEVED   |           |      |
| REVIEW DATE   |           |      |
| SIGNATURE   |           |      |



|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

WP = Wet Pants      S = Sore      WB = Wipe Bottom      SP = Soiled Pants      MC = Menstrual Care  
CC = Clothes Changed

**APPENDIX 7**

Soiling and Clothes Changing Procedure

**Procedure and Guidelines**

Before helping the child to change, ensure that you are aware of any particular needs, risks or agreed arrangements for that child.

If the child has a toileting accident, deal with it calmly, without fuss and in private, getting the child into clean clothes as soon as possible. Do not make the child feel embarrassed or at fault.

Ensure all items needed are within reach of the changing area before beginning.

Staff must wash their hands before and after supporting a child. Disposable gloves may be worn and aprons used where appropriate. New protective equipment must be used for each child.

During the changing procedure the staff member will interact with the child to help them feel reassured and relaxed.

Children should be reminded to use the toilet at appropriate intervals where this is part of their plan, and should be encouraged and praised for growing independence. After using the toilet, children should wash their hands.

Older children should access the toilet when they need to and be encouraged to be as independent as possible.

Wet or soiled clothing should be placed in a plastic bag, sealed and returned home unless disposal is necessary for health and safety reasons.

The changing time and support given must be recorded.

Only nominated staff may provide intimate care unsupervised. Students and non-nominated staff must not change children unless this is specifically authorised, supervised and risk assessed as part of training.

**APPENDIX 8**

Swimming Changing Procedure

**Procedure and Guidelines.**

Pupils will change in arrangements appropriate to their age, developmental stage and needs. Pre-Prep children may use the same changing room in separate areas where this is appropriate. Older children must change in separate changing rooms.

Adults should announce their intention before entering a changing room and should avoid remaining in changing rooms unless supervision or assistance is necessary.

Only staff appropriately checked for their role and authorised by the school should supervise or assist pupils in changing areas.

Only designated staff are permitted to assist pupils getting changed and dried, as appropriate for the age and abilities of the pupil and the agreed plan.

Pupils are encouraged to complete the process of changing before and after swimming themselves. Staff will assist when this is necessary and appropriate, taking account of the age, development and needs of the pupil.

Physical contact when pupils are in a state of undress must be avoided unless assistance is necessary, proportionate and in accordance with the agreed arrangements.

Where supervision of children in a state of undress is required, it is strongly recommended that another member of staff is nearby or aware of the supervision arrangements.

Staff may assist with swimming hats, towels and hair drying where necessary and appropriate. Mobile phones, cameras and recording devices must never be used in changing rooms.

## **APPENDIX 9**

### **Nappy Changing Policy**

#### **Nappy Changing Procedure**

We will follow the nappy changing procedure below:

Gather all the necessary items needed before each nappy change, for example nappy, wipes, nappy sack, apron, gloves and cream if necessary. Where cream is used, the child should have their own named cream and written parental permission should be obtained.

Wash and dry your hands before beginning.

Approach the child and say or sign that it is time for a nappy change. Do not approach a child from behind or lift them without explanation unless immediate safety requires this.

Place the child on a changing mat or other agreed hygienic changing surface in the designated area.

Put on gloves and apron as required. A new set of protective equipment must be used for each nappy change.

During the changing procedure the staff member will interact with the child in a gentle manner to help them feel relaxed and safe.

Remove the child's clothing to access the nappy. Remove the nappy and place it inside the nappy sack.

If the child's clothes are soiled, they should be bagged separately and sent home; they should not be rinsed by hand.

Using wipes, clean the child from front to back and place used wipes in the nappy sack. Tie the nappy sack and put it in the appropriately marked bin.

Put on a clean nappy and apply cream if parents have provided it and permission has been given. Any cream applied must be recorded. Parents should be informed if the child's nappy area is becoming red or sore.

Take off gloves and apron and place them in a pedal operated bin.

Dress the child or help dress the child.

Wash your hands using liquid soap, warm water and paper towels, and help the child to wash their hands if age appropriate.

Take the child back to their activity.

Return to the nappy changing area, clean the changing mat and surrounding area, and then wash and dry your hands.

A record must be kept of every change, including the date, time, circumstances, staff member and any creams applied. This should be recorded in the appropriate nappy changing or daily care record.

Ideally the child's key person or another familiar adult should change the child. Only authorised staff should change children. Students may only be involved where this is supervised and approved as part of training.

Children should only be changed using items provided by the parent/carer unless agreed school emergency stock is used. Parents must be informed if emergency stock is used and asked to replenish supplies.

Regular checks and changes will be carried out throughout the session and additionally as and when required.

## **APPENDIX 10**

### **Guidance to safeguard children and education staff with regard to situations which may lend themselves to allegations of abuse**

(Physical contact, first aid, showers/changing clothes/toilets and photography)

#### **Physical Contact**

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in limited touch cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well-intentioned physical contact might be misconstrued by the child, an observer or by anyone to whom the action is later described. Staff must therefore always be prepared to justify their actions and accept that physical contact may be open to scrutiny.

### **Pupils in distress**

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch. Staff must remain self-aware at all times to ensure that their contact is not threatening, intrusive or open to misinterpretation.

Judgement will need to take account of the circumstances of a pupil's distress, their age and the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond and whether another trusted adult should be involved.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance, they should seek further advice from their line manager or another appropriate person.

### **First Aid and intimate care**

Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and, where contact of a more intimate nature is required, another member of staff should be in the vicinity and should be aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such arrangements should be reviewed regularly. The child's views must also be actively sought and any discomfort with the arrangements addressed.

### **Showers/changing clothes**

Children and young people are entitled to respect and privacy when changing clothes, taking a shower or getting changed for swimming lessons. However, there must be an appropriate level of supervision to safeguard children with regard to health and safety considerations.

Adults should announce their intention of entering changing rooms and avoid remaining in changing rooms unless supervision or assistance is necessary due to the age, developmental needs or agreed care arrangements of the pupils.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is nearby or aware of the arrangement. Staff need to be vigilant about their own conduct and avoid unnecessary physical contact.

### **Toilets**

No member of staff should use the pupil toilets except where this is necessary as part of supervision, intimate care or safeguarding, or where separate facilities are unavailable in an emergency. Staff and visitors should use designated staff toilets wherever possible.

### **ICT and mobile phones**

Staff should be aware of the potential for technology to be used inappropriately. Mobile phones, cameras and any other recording equipment must not be used for any reason during an intimate care procedure or in changing areas.