



Intimate Care Procedure

Approved by	CEO	Date Approved	May 2026
Review cycle	Every three years	Date of next review	May 2029

Version	Author	Date	Changes
1.0	A Marsh, Safeguarding Lead	2.9.22	Original procedure approved and implemented trust-wide.
2.0	B.Willetts, Safeguarding Lead	20.03.26	Full review and update , including: • Explicit reference to <i>Working Together to Safeguard Children</i> and the <i>SEND Code of Practice</i> where intimate care relates to SEND/EHCP • Clarification that intimate care plans align with EHCPs, medical needs plans and behaviour support plans, where relevant • Strengthened pupil voice and consent, particularly for older pupils • Enhancements to information governance and data protection wording • Added expectation for refresher training • Clarified recording and secure storage of intimate care arrangements

Contents

1. Aims	2
2. Legislation and statutory guidance	2
3. Role of parents	2
3.1 Seeking parental permission	2
3.2 Creating an intimate care plan	2
3.3 Sharing information	3
4. Role of staff.....	3
4.1 Which staff will be responsible	3
4.2 How staff will be trained	3
5. Intimate care procedures	3
5.1 How procedures will happen	3
5.2 Concerns about safeguarding	4
6. Monitoring arrangements	4
Appendix 1: Intimate care plan	5
Appendix 2: Parent/Carer consent form	6

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

It also complies with our funding agreement and articles of association. It also aligns with Working Together to Safeguard Children (DfE) and the SEND Code of Practice where intimate care relates to children with SEND or EHCPs.

3. Role of parents

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

3.2 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) and any relevant health professionals.

Where appropriate, intimate care plans will align with and reference relevant Education, Health and Care Plans (EHCPs), medical needs plans or behaviour support plans.

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's doubt whether the child is able to make an informed choice, their parents will be consulted.

As children mature, increasing weight will be given to the pupil's views and consent, particularly for older pupils, in line with their age, capacity and understanding.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan.

3.3 Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

4. Role of staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. No other staff members can be required to 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.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- 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
- Refresher training at appropriate intervals to maintain competence and confidence in delivering intimate care safely.

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures

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

5. Intimate care procedures

5.1 How procedures will happen

It is best practice from a health and safety and safeguarding perspective to have 2 members of staff present (such as if there is a known risk of false allegations by a pupil, or if it is an invasive procedure). However, there may be times when staffing capacity makes this impossible so, if personal care procedures are carried out by one person, protection will be afforded to a single member of staff in the following ways:

- Personal care staff notify the teacher, line manager or other member of staff, discreetly, that they are taking the child/young person to carry out a care procedure.
- A signed record is made of the date, time and details of any intervention required that is not part of an agreed routine. A decision can be made at the care plan meeting as to whether a regular record needs to be kept of routine procedures.

The school will determine, through the care planning process, whether routine intimate care requires ongoing recording, and where such records will be securely stored and reviewed.

- If a situation occurs which causes personal care staff embarrassment or concern, a second member of staff should be called if necessary, and the incident reported and recorded.
- When staff are concerned about a child/young person's actions or comments whilst carrying out the personal care procedure, this should be recorded and discussed with a line manager immediately.

There is positive value in both male and female staff being involved in intimate/personal care tasks. It may be unacceptable to some parents, carers, or the child or young person, to have a carer of the opposite sex attend to toileting or other intimate needs, and this should be respected. However, at times there may be circumstances where staff implications prevent full consideration to the preferred gender balance.

It is vital that schools and settings meet with parents/carers and the child/young person prior to enrolment, to discuss the care plan and staff most likely to be involved in providing the intimate/personal care aspects.

Procedures will be carried out in areas which promotes the maintenance of pupil dignity and privacy.

When carrying out procedures, the school will provide staff with:

- Suitable protective equipment and clothing such as protective gloves, cleaning supplies, changing mats and bins.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

5.2 Concerns about safeguarding

If a member of staff carrying out 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 a Designated Safeguarding Lead.

If a child makes an allegation against a member of staff, the responsibility for 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.

6. Monitoring arrangements

This policy will be reviewed by the Trust Safeguarding Lead and monitored by the Trust Board.

Appendix 1: Intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2: Parent/Carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carers	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	
I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	
Parent/carers signature	
Name of parent/carers	
Relationship to child	
Date	