St. Peter & St. Paul CE Primary School, Burgh-le-Marsh
"Striving for excellence together in a caring Christian community."
RESPECT COMPASSION COURAGE

INTIMATE CARE POLICY

Responsible: Headteacher
Agreed: May 2026
To be reviewed: Annually in September or following incident review or legislation change.
Last reviewed on: September 2026 (tweaks focus on enhancing consent clarity, expanding care plan details, specifying training requirements, improving record-keeping, and strengthening safeguarding protocols)

1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, privacy, rights and wellbeing of every child are safeguarded
- Children who require intimate care are not disadvantaged or discriminated against
- Parents/carers are assured that staff are knowledgeable and sensitive to children's needs
- Staff carry out intimate care within clear safeguarding, health and safety and professional guidelines

Intimate care refers to tasks such as toileting, washing, changing and supporting children with personal hygiene.
In all cases, children will be treated with dignity and respect. Staff will actively support children to achieve the highest possible level of independence.

2. Legislation and statutory guidance

This policy complies with safeguarding guidance, including *Keeping Children Safe in Education*, and reflects the school's duties to make reasonable adjustments for children who need support with intimate care.

3. Role of parents/carers

3.1 Seeking parental permission
For children who need routine or occasional intimate care, written parental/carer consent will be obtained using the school's Intimate Care Consent form before routine support is provided. For children with more complex needs, an Individual Intimate Care Plan (IIP) will be agreed and signed by parents/carers, the child (where appropriate), and the school. Where consent cannot be obtained in advance and urgent care is required to ensure the child's comfort or safety, staff will act in the child's best interests, record the action taken on CPOMS, and notify parents/carers as soon as possible..

3.2 Creating an intimate care plan
Each Individual Intimate Care Plan will include: specific steps for changing/toileting/washing, communication needs and preferred language, arrangements for supporting dignity (covering, privacy), equipment and PPE required, manual handling/prescription transfers and moving guidance if applicable, infection control and disposal procedures, staff names trained to provide care, the consent record, times/frequency, arrangements for school trips/alternate locations, and clear escalation routes if concerns arise. The IIP will be reviewed at least termly and immediately if needs change

3.3 Sharing information
The school will share information with parents/carers as needed to ensure a consistent approach. Parents/carers are expected to share relevant information about their child's needs.

4. Role of staff
4.1 Responsibilities
Staff involved in intimate care will:

- Have appropriate safeguarding checks and training
- Have intimate care responsibilities set out in their contracts or job descriptions
- Follow agreed care plans and school procedures

The SENDCo will:

- Oversee the implementation of this policy
- Support staff and ensure appropriate training
- Oversee the development and review of care plans

4.2 Training
Staff will receive:

- Safeguarding training
- Training in hygiene and infection control
- Manual handling training where required

Staff will be familiar with risk assessments and procedures relevant to the children they support.

4.3 Expectations of staff practice
Staff will:

- Communicate directly with children and not talk across them
- Explain what is happening in a clear and age-appropriate way
- Use respectful language at all times
- Avoid any negative or inappropriate remarks, including about nappy contents
- Encourage and support children to do as much as they can independently
- Maintain professional boundaries at all times

5. Intimate care procedures
The school will balance children's privacy with the need for appropriate supervision and safeguarding.
5.1 Staffing
Normally, one appropriately trained member of staff will support a child who can manage their own needs. For children requiring physical support, a minimum of two staff will be present. Where one-to-one care is necessary, this will be risk-assessed, documented, and reviewed; staff will ideally be visible to another adult (e.g., through open door, sightline, or audible presence) and the arrangements recorded. Any decision for single-staff support must be approved by the DSL and a member of the senior leadership team and documented in the IIP and risk assessment.

5.2 Location and arrangements
Procedures will take place in the accessible toilet at the bottom of the stairs.
This area:

- Includes a designated changing facility
- Contains appropriate waste disposal facilities
- Will be kept clean, safe and warm
- Provides privacy while ensuring appropriate safeguarding

Staff will inform another member of staff before carrying out intimate care and remain within sight or earshot of others where possible.
The school will provide appropriate equipment (such as protective clothing and cleaning materials).
Parents/carers are expected to provide personal items as needed.
Soiled clothing will be stored securely and returned discreetly.

5.3 Promoting dignity and independence
Staff will:

- Support children to develop independence in their personal care
- Respect each child's preferences and dignity
- Keep children covered as much as possible
- Work at the child's pace and reassure them throughout

5.4 Hygiene and safety
Staff will follow hygiene procedures, including:

- Handwashing before and after procedures
- Use of appropriate protective clothing
- Cleaning of surfaces after use
- Safe disposal of waste using the designated bin

5.5 Record keeping
All intimate care events will be logged on CPOMS and include: date/time, staff involved (named), actions taken, materials used (e.g., nappy type), parental contact (time/method), and any observations (skin concerns, marks, temperature, wounds). Records will be retained in line with the school's retention schedule. Repeated incidents or concerns will trigger a review by the SENDCo/DSL and may prompt involvement of external professionals.

5.6 Safeguarding
Any signs of possible abuse (unexplained bruising, marks, sexualized behaviour, disclosure, or consistent deterioration) must be reported immediately to the DSL, using the school's safeguarding procedures. The DSL will undertake an immediate risk assessment and, where appropriate, make referrals to children's social care or other statutory agencies. Staff must not conduct their own investigations nor promise confidentiality to a child. Any allegation against a member of staff will be dealt with in line with the school's Allegations Against Staff policy and KCSIE guidance.

6. Specialist support and equipment
Where a child has physical needs:

- Advice will be sought from relevant professionals, including physiotherapists
- Any recommended equipment or techniques will be used
- Staff will follow agreed care plans and risk assessments

7. Monitoring arrangements
This policy will be reviewed annually by the Headteacher and the SENDCo, in consultation with those providing support.

8. Links with other policies

- Safeguarding and child protection
- Health and safety
- SEND policy

- Supporting children with medical conditions

APPENDIX 1: INTIMATE CARE PLAN

Information in this plan will be shared on a need-to-know basis only. Records will be stored securely in accordance with the school's Data Protection Policy and retained only as long as required by the retention schedule.

Child details

- Name of child: _____
- Date of birth: _____

Care needs

- Type of intimate care needed: _____
- How often care will be given: _____

Staffing and training

- What training staff will be given: _____
- Number of staff required to support: _____

Location and arrangements

- Where care will take place: _____
- Arrangements for trips/outings: _____

Resources and equipment

- Equipment/resources needed: _____
- Who will provide these: _____

Medical / professional input

- Relevant health professionals involved (e.g. physiotherapist): _____
- Key advice to be followed: _____

School responsibility

- Name of responsible senior staff member: _____

Parent/carer agreement

- Name of parent/carer: _____
- Relationship to child: _____
- Signature: _____ Date: _____

Child's views (where appropriate)

- Preferred support arrangements: _____
- Communication preferences: _____

Child signature (if appropriate): _____ Date: _____

Review
Reviewed by: _____ Next review date: _____

APPENDIX 2: RESPONSIBILITY OF SCHOOL STAFF

Intimate care as a reasonable adjustment
Intimate care is recognised as a necessary and important part of supporting some children to access education. Providing intimate care is a reasonable adjustment for children who:

- Are not toilet trained
- Are unable to use the toilet independently
- Need support with other personal care tasks

Failing to provide this support may prevent a child from fully accessing education.

Who provides intimate care

- Staff providing intimate care must have an enhanced DBS check with barred list information, as this is classed as regulated activity
- Intimate care should be included in staff contracts or job descriptions where it is expected
- Where it is not included, staff may only volunteer to provide this support
- Support staff are typically best placed to provide intimate care due to the nature of their role
- Teachers are not expected to provide intimate care as this would take them away from class teaching responsibilities

Expectations of schools
Schools should:

- Ensure there is a clear intimate care policy in place
- Provide training so staff feel confident and competent
- Ensure strong safeguarding practice at all times
- Provide appropriate support for children with complex needs

Working with parents and carers
Schools must:

- Work in partnership with parents/carers to agree how intimate care will be provided
- Obtain written consent for care
- Maintain regular communication about the child's needs and any changes
- Avoid expecting parents/carers to come into school to provide routine intimate care

Individual care planning
For any child requiring ongoing support:

- A written intimate care plan should be in place
- The child's views should be included where appropriate
- Parents/carers should be involved in agreeing the plan
- Advice from relevant professionals (e.g. GP, paediatrician, physiotherapist) should inform planning where needed

Safeguarding considerations
Schools should:

- Monitor any changes in patterns of need (e.g. increased incidents)
- Discuss concerns with parents/carers first

- Involve the Designated Safeguarding Lead if concerns persist
- Refer to external agencies where there are safeguarding concerns