


Review Date November 2028



Belmont CP School  
Intimate Care Policy

*Every Child Matters. Every Moment Counts.*

Ratified by governors at their meeting on	1 October 2025
Signed	
Review Date	October 2028

## 1. Introduction & Purpose

Intimate care is any care which involves washing, touching, changing, or assisting a pupil in relation to toileting, including procedures to private parts of the body that most children carry out themselves. Such care is personal and can be invasive. This policy sets out the school's approach to ensuring dignity, safety and safeguarding for pupils requiring intimate care.

## 2. Legislation & Statutory Guidance

This policy is to be read in conjunction with:

- Keeping Children Safe in Education (DfE) (latest version)
- Supporting Pupils at School with Medical Conditions (DfE)
- SEND Code of Practice (0–25)
- Health & Safety legislation and moving/handling guidance
- The school's policies on Safeguarding, Administration of Medicines, Data Protection and Accessibility

## 3. Aims

- To safeguard the rights, dignity and welfare of pupils requiring intimate care.
- To ensure staff carrying out intimate care do so with clear guidance, training, and accountability.
- To ensure consent, privacy, consistency and transparency in intimate care procedures.
- To promote as much independence as each pupil can safely manage.

## 4. Roles & Responsibilities

### 4.1 Parents / Carers

- On admission or when needs change, parents will be asked to provide written consent for intimate care (see Appendix 1).
- For pupils who require regular intimate care, the school, parents, pupil (where appropriate) and relevant health professionals will agree an **Intimate Care Plan** (ICP).
- Parents should supply necessary items (e.g. nappies, wipes, spare clothing) under a clear agreement, and keep the school updated on any changes in needs.

### 4.2 Staff

- Only staff who have undergone enhanced DBS checks, safeguarding training, and appropriate training/competence may provide intimate care.
- The role of providing intimate care must be in job descriptions or role expectations where relevant.
- Staff will follow the pupil's Intimate Care Plan, maintain confidentiality, and use appropriate PPE (gloves/aprons) and hygiene procedures.
- Staff will record each episode of intimate care on the Intimate Care Record form (Appendix 2).
- Staff must report any concerns or changes in the pupil's condition (e.g. marks, rashes, discomfort) to the Designated Safeguarding Lead immediately.

### 4.3 Senior Leadership / SEND Coordinator / Safeguarding Lead

- Oversee the implementation of this policy; ensure staff training and review.
- Maintain records of staff training and competence in intimate care procedures.
- Monitor and review Intimate Care Plans annually (or more frequently if needs change) and report to governors.
- Ensure safe facilities and resources (changing areas, privacy, hygiene supplies) are available.

## **5. Intimate Care Procedures**

### **5.1 General Principles**

- Pupils should be treated with respect, dignity and privacy at all times.
- Staff should encourage pupils to do as much for themselves as possible; support only as needed.
- The number of staff involved should be minimised for dignity; wherever possible one-to-one care is acceptable if another adult is visible or audible nearby.
- If two adults are required (e.g. for medical procedures, safeguarding reasons), this should be specified in the Intimate Care Plan.
- Staff should communicate with the pupil throughout, explain what is happening, and use agreed terminology for body parts or procedures.
- If a pupil appears distressed, stop, reassure, check why and reassess.

### **5.2 Environment & Privacy**

- Intimate care should take place in a designated, private space (toilet, changing room, medical room) with appropriate privacy measures (locked door, screens, curtains).
- Adequate supplies must be provided (disposable gloves, aprons, wipes, changing mats, wipes, bins).
- Changing areas should be clean, warm, comfortable and hygienic.

### **5.3 Recording & Documentation**

- Every instance of intimate care should be recorded on the Intimate Care Record (Appendix 2) by staff involved, including date/time, what was done, staff present, pupil's response, and any issues.
- Records will be stored securely, in accordance with Data Protection policies, and retained for the school's safeguarding retention period (e.g. 6 years or local authority guidance).
- Intimate Care Plans should be reviewed at least annually or when the pupil's needs change.

### **5.4 Trips, Visits & Off-site Arrangements**

- The Intimate Care Plan should include arrangements for off-site care (residentials, swimming, day trips).
- Risk assessments must explicitly consider intimate care needs and staffing during trips.
- Parental permission and staffing arrangements must be confirmed before the visit.

## **6. Safeguarding Concerns & Escalations**

- If, during intimate care, a staff member observes marks, bruises or any signs of possible safeguarding concern, they must stop, report immediately to the DSL, and follow the school's safeguarding procedures (KCSIE).
- If a pupil makes an allegation against a member of staff, the task of intimate care for that pupil will be reassigned to another staff member immediately, and the allegation will be investigated per the school's staff conduct / allegations policy, involving LADO as necessary.
- Staff must be aware that children with SEND may be more vulnerable; extra care must be taken to follow procedural safeguards.

## **7. Training & Competence**

- Staff undertaking intimate care must receive training (e.g. manual handling, hygiene, supporting assisted procedures) and refresher training as needed.
- For more complex medical intimate care (e.g. catheter, PEG, colostomy), only staff who have been trained and assessed as competent may perform the task, with medical oversight if required.

- A training log should be maintained by the SEND Coordinator or HR, documenting who is trained, when, and in what procedures.

## **8. Monitoring & Review**

- The policy must be reviewed at least every 2–3 years, or sooner if statutory guidance changes or a serious incident occurs.
- Implementation will be monitored via: audit of Intimate Care Plans, record reviews, pupil/parent feedback, safeguarding logs, and governor oversight.
- The SEND / Safeguarding governor will receive an annual report regarding intimate care implementation, issues and improvements.

## **9. Links with Other Policies**

This policy links to:

- Accessibility Plan
- Child Protection Policy
- Health & Safety Policy
- Data Protection / GDPR Policy
- SEND Policy



Appendix 1

Intimate Care Plan Template

# Intimate Care Plan Template

Use this template for pupils who need regular support with toileting, washing and changing.

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 making sure 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 (FOR CHILDREN YEAR 1 TO 6)	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
PARENTS/CARERS	
Signature of child	
Date	

Appendix 2

Record of Intimate Care

Date	Time	Name of Child	Class	Comments	Staff Involved	Signature