Intimate Care Policy

Policy Owner:	**Director of Inclusion**
Approved by:	**Executive Team**
Last reviewed:	**September 2026**
Next review due by:	**September 2027**

Due to the evolving nature of The CAM Academy Trust, procedures behind this policy will be reviewed and amended accordingly to reflect changes.

At the heart of our work lie the six core principles of The CAM Academy Trust. These drive everything that we do.

EXCELLENCE

We insist on the very best. This means setting out a clear entitlement to excellence for all our young people. For us, excellence comes from the highest standards of curriculum, teaching and pupil support. We adopt a mindset that keeps us striving for better.

COMPREHENSIVE EDUCATION

We are proud to educate pupils of all abilities, backgrounds and needs. Inclusive schools are vibrant communities, that are richer for their diversity. We value fairness and social equity.

BROAD EDUCATION

Our pupil entitlement offers more than just academic success. A broad education develops confidence, creativity and character. The wider experiences and opportunities offered in our schools mean that our pupils have more choice and agency.

COMMUNITY

We prioritise our civic duty. Our schools are at the heart of their local communities. We draw on the best that our local area has to offer and work with community leaders to help our schools thrive.

PARTNERSHIP

Together we achieve more than we can alone. We deeply value the partnerships we have with our families. CAM plays an active role in our communities, our region and the wider education system. We share, and build connections to help make the system better.

INTERNATIONAL

We think beyond borders; we value diversity. We prepare pupils to thrive in a global society, promoting cultural understanding and awareness of the wider world.

Aims

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Disabled pupils may be unable to meet their own care needs for a variety of reasons and may require regular support.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies, helping someone use the toilet or washing intimate parts of the body. Help may also be needed with changing colostomy bags, catheters and other such equipment. It may also require the administration of rectal medication. Guidance on these medical interventions should be sought from relevant Health professionals.

Intimate care is distinct from personal care, which may include help with feeding, prompting to go to the toilet, washing non-intimate body parts or support with dressing and undressing.

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 and young people are safeguarded during intimate care procedures
- No child or young person shall be attended to in a way which causes distress, embarrassment, or pain
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that school staff are knowledgeable about intimate care and that the needs of their children are considered during intimate care procedures
- Staff carrying out intimate care tasks do so within guidelines (i.e., health and safety, manual handling, safeguarding protocol) that protect themselves and the pupils involved

Legislation and guidance

This policy complies with statutory safeguarding guidance

This policy complies with the Equality Act 2010.

This policy complies with our funding agreement and articles of association.

Role of parents/carers

Seeking parental permission

For children and young people who need occasional intimate care (e.g., for toileting accidents), parents/carers will be asked to sign a consent form (see appendix 1).

For children and young people whose needs are more complex or who need support outside of what is covered in the permission form, an intimate care plan will be created in discussion with parents/carers.

Where there is not 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 contact parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure that the child or young person is comfortable and their dignity is protected, and the school will inform parents/carers afterwards.

Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the pupil (as appropriate to age and understanding) and any relevant health professionals.

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

Subject to their age and understanding, the preferences of the child or young person will also be considered. If there is doubt whether they can make an informed choice, their parents/carers will be consulted.

An intimate care plan should set out roles, responsibilities and expectations. It should include agreed terminology for body parts and products and, if applicable, the child or young person's preference for a particular sequence of care. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with. Furthermore, whole school and classroom management considerations should be discussed, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, school visits, swimming etc
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child or young person has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (Physical Education) (changing, discreet clothing etc)

The plan will be reviewed twice a year, even if no changes are necessary, and updated whenever there are changes to intimate care needs.

A template for intimate care plans is appended to this policy (appendix 2).

Sharing information

The school will share a copy of the plan and any information as agreed with parents/carers to ensure a consistent approach. The school expects parents/carers to also share relevant information regarding any intimate care matters as needed.

Role of the school

Schools have a responsibility to meet the needs of pupils with delayed personal development in the same way that they would meet the needs of pupils with delayed development in any other area. **Disabled pupils should not be excluded from any activity due to incontinence, sent home to change, or parents expected to attend school to deal with toileting needs.** A disabled pupil must not be put at a substantial disadvantage compared with non-disabled peers, and the school has a legal duty to make reasonable adjustments to ensure less favourable treatment does not occur.

Which staff will be responsible

Any adults assisting with intimate care should be employees of the school. Where possible, the child or young person should have the opportunity to meet the member of staff assigned to carry out procedure in advance.

Any roles who may carry out intimate care tasks should have this set out in their job description. This includes Classroom Assistants, Teaching Assistants.

No other staff members can be required to provide intimate care.

Where intimate care is not detailed in a job description, then only staff members who have indicated a willingness to do so should be required to perform such tasks.

All staff at the school who carry out intimate care, even as a one-off, 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.

All staff carrying out these tasks should be trained and supported. Trained staff should be available to cover for absences and out of hours activities, such as clubs and trips.

How staff will be trained

The requirement for training will vary between schools and will be influenced by the needs of the individual child or young person.

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 child or young person to have as much participation as possible
- Training and advice on how to deal with sexual arousal in the young person

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.

Intimate care procedures

How procedures will happen

It is best practice from a health and safety and safeguarding perspective to have 2 members of staff present. However, this may not always be possible within the constraints of staffing or desirable from the perspective of the child or young person. Male members of staff may attend to female pupils and female members of staff may attend to male pupils, as long as the member of staff has an enhanced DBS with barred list check. However, the views and wishes of the child or young person and their parents/carers should be considered, particularly in respect of cultural or religious values.

Procedures will take place in a setting agreed through discussions with parents/carers and the child or young person (subject to age and understanding) and any relevant health professionals.

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

- The availability of hot and cold running water
- Soap and hand drying facilities
- Protective clothing, including apron and gloves
- Nappy disposal bags
- Suitable cleaning supplies, such as anti-bacterial sprays or wipes
- Changing bed and/or mat (as appropriate to age and needs of child)
- Wipes and cleaning cloths
- Bins for disposal of soiled and wet nappies
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Specialised equipment as advised by relevant health professionals*
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls
- Clean clothing (preferably the child or young person's own)
- Nappies (to be provided by the family/health services for children or young people requiring routine intimate care)

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

*Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities.

Records of procedures carried out for each child or young person should be kept securely, with details of the date, time, procedure conducted, staff involved and any comments. See appendix 3 for a template record form.

Safeguarding concerns

This policy recognises that disabled children and young people are particularly vulnerable to abuse and discrimination because:

- They often have less control over their lives than their peers
- They may not always understand sex and relationships education, so are less able to recognise abuse
- They may have multiple carers through residential, foster or hospital placements
- Changes in appearance, mood or behaviour may be attributed to the child or young person's disability rather than abuse
- They may not be able to communicate what is happening to them

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

If a child or young person is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the DSL (Designated Safeguarding Lead), who must inform the principal in the event of an injury.

This policy also recognises that intimate care that involves touching the private parts of a disabled pupil may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk, but the vulnerability places an important responsibility on staff to work in accordance with agreed procedures. If a child or young person makes an allegation against a member of staff, the responsibility for intimate care of that pupil 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.

Monitoring arrangements

This policy will be reviewed annually by the Director of Inclusion and approved by the executive team.

Links with other policies

This policy links to the following policies:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEND (Special Educational Needs and Disabilities)
- Supporting pupils with medical conditions

Appendix 1: Parent/Carer consent for school to provide intimate care

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
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/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 2: Template 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 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	
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	

Appendix 3: Template record of intimate care procedures undertaken

Intimate Care Record Sheet

Pupil details
Full name of pupil:
Names of staff involved:

Date	Time	Procedure	Signatures	Comments