

Intimate care policy

Exceptional Educational Experience



INTIMATE CARE POLICY

Purpose

- Ensure learners needing toileting, washing, changing, or personal care are treated with dignity, respect, and sensitivity.
- Protect learners and staff by following agreed procedures and care plans.
- Promote independence wherever possible.

When it applies

- For learners needing assistance due to age, disability, medical condition, or developmental delay.
- May include: toileting, menstrual care, catheterisation, stoma care, dressing, or washing.



Staff requirements

- Only DBS-checked staff provide care
- Named staff in care plan give support
- In emergencies without a plan, parents must be informed quickly.
- Staff must receive safeguarding training, specific care training (incl. manual handling if needed)

Care plans

- Required for any learner needing regular intimate care
- Written with parents/carers, the learner (where appropriate), and healthcare professionals.
- Must include risk assessments for safety and infection control.
- Reviewed annually, or sooner if needs change.

Procedures

- Use designated facilities
- Respect privacy; promote independence
- Small rota of carers only
- Gloves & safe disposal required
- Parents/Carers supply items; return soiled clothes discreetly

Record keeping

- Log date, time, staff present, and any deviations from the care plan.
- Record and report changes in behaviour or appearance.



Safeguarding

- Report concerns about marks, bruises, soreness, or unusual behaviour to the DSL immediately.
- If a learner is accidentally hurt during care, inform the SENDCo and DSL.
- Allegations against staff are handled under safeguarding another adult must take over care immediately.

Parents and carers

- Share all relevant medical/health information and update school on changes.
- Expected to promote independence at home and provide necessary care items.
- Must work with school to agree and maintain the care plan.

Remember

- Protect the child's dignity.
- Follow the agreed care plan.
- Keep clear records.
- Report safeguarding concerns immediately.





Remember:

- Safeguarding is the golden thread through all school activities
- The full policy contains detailed guidance and must be read alongside this summary.

Contents

Introduction3	3
Aims	3
Legislation and statutory guidance	1
Responsibilities	1
Which staff will be responsible	1
How staff will be trained5	5
Record keeping	5
Role of parents and carers	5
Seeking parental permission	3
Intimate care plan6	3
Sharing information	7
Intimate care procedures	7
Concerns about safeguarding	3
Monitoring arrangements	3
Appendix 1: Intimate care plan for nursery or reception)
Appendix 2: Learners who have medical or developmental needs that require an intimate care plan10)
Appendix: History of Changes13	3

Safeguarding is everyone's responsibility

At Cornwall Education Learning Trust (CELT) we are committed to safeguarding and promoting the welfare of children and we expect all members, trustees, community champions, staff and volunteers to share this commitment.

Introduction

CELT is aware that all learners need open access to clean, well-stocked and safe toileting provision and that some learners may require assistance from members of staff for personal care, including toileting, either due to the age and developmental level of the child, or as a result of disability or medical need.

Aims

CELT is committed to include all learners - no child is excluded from participating in activities who may, for any reason, not yet be toilet trained and who may be wearing pads or equivalent. When children have medical or developmental needs we provide intimate care that has been recognised as an assessed need and indicated in the care plan for an individual learner.

Staff will be supported to adapt their practice in relation to the needs of individual learners, taking into account developmental changes such as the onset of puberty and menstruation.

There is careful communication with each child who needs support in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. The learner is aware of each procedure that is carried out and the reasons for it.

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 learners are safeguarded
- learners with continence management are not discriminated against, in line with the Equalities Act 2010
- parents and carers are assured that staff are knowledgeable about personal care and that the needs of their children are taken into account
- staff carrying out personal care do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the learners involved
- learners are provided with consistency of care as far as possible

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

Legislation and statutory guidance

This policy complies with statutory safeguarding guidance. It also complies with our funding agreement and articles of association.

Responsibilities

School Responsibilities

We will work with learners, parents and carers to promote bladder and bowel health and maximum possible continence.

Where learners are not able to be fully continent, we will ensure that an intimate care plan is written to ensure their needs are clarified and met. The learners will be included in discussions about the care plan, unless this is clearly inappropriate, as will their family. Relevant healthcare professionals including the school nurse may also be consulted. The care plan will be reviewed at least annually or sooner if the pupil's or student's needs change.

School will work with all learners to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

School will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

School will act according to their safeguarding policy and procedures if there are any concerns for the pupil's or student's wellbeing.

Which staff will be responsible

All staff who carry out intimate care will be an employee of the school and 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. Only those staff named on the individual care plan will be involved in providing support with intimate care to a learner. School will ensure that sufficient staff are named on care plans and available to provide the required support in all foreseeable circumstances. If, in exceptional circumstances, none of the named staff members for an individual are available, school will contact the family for consent to involve a different member of staff.

Only in an emergency would staff undertake intimate care that has not been agreed with the parents or carers. This act of care would be reported to a

senior member of school staff and to the parents and carers as soon as possible after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

How staff will be trained

Staff will receive:

- regular safeguarding training
- training in the specific types of intimate care they undertake where complex support is required
- if necessary, manual handling training that enables them to remain safe and for the learner to have as much participation as is possible.

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

Record keeping

A written record will be kept of all support with intimate care. This will include the date and time of the care, who was present and any care given that has differed from the care plan, together with the reason for this. Any changes in the pupil's/ student's behaviour or appearance will be documented and reported to the safeguarding team, in line with the safeguarding policy.

Role of parents and carers

Parents and carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.

Parents and carers must ensure that they work towards their child achieving the maximum possible level of independence at home.

Parents and carers should work with school to develop and agree a care plan.

Parents and carers must make sure that school always has required equipment available for their child's intimate care or toileting needs.

Seeking parental permission

For learners whose needs are more complex or who need particular support, an intimate care plan will be created in discussion with parents and carers.

Where there isn't an intimate care plan in place, parental permission will be sought before performing any intimate care procedure. If the school is unable to get in touch with parents or carers 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 and carers afterwards.

Intimate care plan

It is advised that a care plan is completed for all learners who have continence difficulties that affect their school day. As the intimate care plan is a working document designed to assist school in their care for a learner, it should include all the information they require.

If school have any concerns, if the pupil's or student's condition or treatment is complex, or if there are any disagreements, schools may consult the school nurse, or the relevant healthcare professional.

The school will work with parents and carers 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 learner will also be taken into account. Staff will communicate carefully with the learner, using their usual communication method, to discuss their needs and preferences. If there's doubt whether the learner is able to make an informed choice, their parents and carers will be consulted.

School will take into account the religious views, beliefs and cultural values of the learner and their family, as well as the learners gender identification and individual physical needs (e.g. periods, catheterisation, stoma care, etc) as far as possible in provision of appropriate toileting facilities and when undertaking or supporting required individual personal care.

These plans include a full risk assessment to address the personal safety and health of the learner and the staff member e.g. moving and handling, infection control etc.

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

See appendix 1 for blank template for early years and appendix 2 for all other learners.

Sharing information

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

Intimate care procedures

Procedures will be carried out in the pupil's/student's toilets or accessible toilet.

As a basic principal, learners will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each learner to do as much for themselves as they possibly can. This may mean, for example, giving the child responsibility for washing themselves.

Each pupil's/student's right to privacy will be respected. Careful consideration will be given to each pupil's/student's situation to determine how many staff might need to be present when a child needs help with intimate care. This will be documented in the intimate care plan and a record of support will be maintained.

Wherever possible, the same learner will not be cared for by the same adult on a regular basis; there will be a minimal rota of carers known to the learner who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

When carrying out procedures, the school will provide staff with protective gloves, cleaning supplies and bins.

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

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

Concerns about safeguarding

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

If a learner is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the SENDCo and designated safeguarding lead.

If a learner makes an allegation against a member of staff, the responsibility for intimate care of that learner 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

For all monitoring of local policies, we adopt a rigorous and reflective approach. We take into account multiple perspectives on the effectiveness and success of the policy and procedures in question, including:

- the experience of the member(s) of staff designing and delivering the provision
- feedback from our learners
- observations and feedback from staff both internal and external
- engagement in research, relevant literature, and continuing professional development (e.g. relevant training/workshops)

These perspectives inform our action plans for each aspect of our school provision – with an emphasis on meaningful reflection, improvement and enabling everyone to flourish.

Links with other policies

This policy links to the following policies and procedures:

SEND plan, CELT safeguarding suite of policies and health and safety.

Appendix 1: Intimate care plan for nursery or reception

Inti	imate Care Plan
Name of child	
Care requirements, including	
frequency.	
Name of staff members who will	
be responsible for carrying out	
your child's intimate care plan, as	
well as the member of staff	
responsible in their absence.	
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	
What disposal procedures are in	
place?	
What actions will be taken if any	
concerns arise?	
What do parents need to	
provide?	
What are the reporting	
procedures for parents?	
I give permission for the school to	
provide appropriate intimate care to my	
child as described above. I will advise the school of anything that may affect	
their 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.	

	Name	Role/Relationship	Signature	Date
Parent/carer				
School				
representative				
Next review date:				

Appendix 2: Learners who have medical or developmental needs that require an intimate care plan

	Intimate Care Plan
Name of student	
Date of plan	Planned review date: (the plan should be reviewed at least annually or more frequently if the child's situation changes)
	DETAILS:
Description of continence difficulty	
Student's understanding of the difficulties and the support they need	
Working towards independence and individual	
goals; such as taking student	
to toilet at timed intervals, using preferred method of	
communication (verbal, sign, symbol) any rewards used	
Management and description	
of routine e.g. details of toileting and	
changing routines, aides used and any reward schemes	
Language to be used; agreed	
terminology for body parts and bodily functions so that a	
common language is shared	
between home and school	

	Type of	Urination	Bowel Movement	Menstruation	Other
	intimate care				
	given				
	How often				
	care will be				
	given				
Arrangements for personal	Where care				
care and level of assistance	will take place				
needed; such as who, where	What				
and how, arrangements for	resources and				
privacy, such as	equipment				
dressing/undressing, hand	will be used,				
washing, talking/signing to	and who will				
student	provide				
	How				
	procedures				
	will differ if				
	taking place				
	on a trip or				
	onting				
Possible difficulties that could					
arise and actions to be taken;					
such as missing key staff,					
preferred toilet occupied etc					
Infection control and disposal					
of PPE; such as disposal of PPE					
and soiled items					
Use and disposal of					
continence products and aids					
Include arrangement for					
soiled clothes and underwear,					
provision or new/spare					
equipment eg catheters).					

	0			
Child Views;	O			
	O			
Key staff to support				
Parent/Carer Consent		r the school to provide app affect their personal care (Il be carried out and will co	I give permission for the school to provide appropriate intimate care to my child as described above. I will advise the school of anything that may affect their 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.	bed above. I will advise the school of an infection). I understand the incerns.
		AGF	AGREED BY:	
	Name	Role/Relationship	Signature	Date
Parent/carer				
School representative				
Student				

Appendix: History of Changes

Version	Date	Page	Change	Origin of
				change
1.0	30.11.22		Original draft	
1.1	11.05.23	17	Home visits added	Trustees
				agreed
1.2	29.08.24		Annual review	
1.3	20.08.2025		Students/Pupils → Learners	