Harbour Schools Partnership

A guiding light for education

Intimate Care Policy

Date Adopted: December 2025

Reviewed on: December 2025

Author/owner: Board of Trustees

Anticipated Review: 2 yearly

NB. 'Trustees' means the Directors referred to in the Trust's Articles of Association.

Introduction

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1. Principles

1.1 The Harbour Schools Partnership will act in accordance with Section 175 of the Education Act 2002, 'Safeguarding Children and Safer Recruitment in Education' 2012 The Government guidance Keeping Children Safe in Education 2025 and the Equality Act 2010 to safeguard and promote the welfare of pupils at this school.

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

1.3 The Harbour Schools Partnership recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- Safeguarding policy and child protection procedures
- Staff code of conduct and guidance on safer working practice
- 'Whistle-blowing' and allegations management policies
- Health and safety policy and procedures
- Special Educational Needs policy

- Supporting pupils with medical conditions & health needs including children with health needs Educated off-site
- Administering Medicines
- Accessibility Plan

1.5 The Harbour Schools Partnership is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 At The Harbour Schools Partnership the Designated Safeguarding Lead is the Headteacher.

1.7 We recognise that there is a need to treat all pupils, whatever their age, sex, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.8 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

1.9 Where relevant an intimate care plan should be drawn up with the consent of all involved including the pupil where they are able to express their opinion.

1.10 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this Intimate Care policy.

1.11 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.12 All staff undertaking intimate care must be given appropriate training. e.g. Safeguarding, Child Protection, Disability Awareness, Health and Safety, Infection Control and Moving and Handling if necessary.

1.13 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of child/young person.

2. Child Focused Principles of Intimate Care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child/young person has the right to be safe.
- Every child/young person has the right to personal privacy.

- Every child/young person has the right to be valued as an individual.
- Every child/young person has the right to be treated with dignity and respect.
- Every child/young person has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child/young person has the right to express their views on their own intimate care and to have such views taken into account.
- Every child/young person has the right to have levels of intimate care that are as consistent as possible.

3. Definition

3.1 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

3.2 It also includes supervision of pupils involved in intimate self-care.

4. Best Practice

4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips

4.2 Where relevant, it is good practice to agree with the pupil and parent's/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan. Safeguarding/sex education guidance generally states this should be anatomically accurate/factual words, and not "family words".

4.3 Where a plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person or by telephone.

4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support

with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

4.5 If there are unforeseen changes to the agreed plan, this would be recorded in a format pre-agreed by parents, staff and pupil wherever possible.

4.6 Accurate records should also be kept as agreed on the intimate care plan.

4.7 These records will be kept in the child's file and available to parents/carers on request.

4.8 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

4.9 Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

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

4.11 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

4.12 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages and cognitive ability.

4.13 Every child/young person's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. Our standard policy is that 2 trained members of staff will be present during a planned intimate care 'procedure' to best support the child, however SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity and therefore we will alter our policy where appropriate to meet this need. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

4.14 **An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.**

4.15 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the sex of the carer.

4.16 Adults who assist pupils with intimate care **must be employees** of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care. If the nature of the site requires being able to contact someone in an emergency, consider the use of walkie talkies or a school mobile phone without camera capacity.

5. Intimate care procedures

During nappy changes, toileting and any intimate care procedure, Marwood Primary School will balance children's privacy with safeguarding and support needs.

5.1 Staffing

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

In general, 1 member of staff will be present with each child, except for circumstances where:

2 members of staff are needed to:

- Safely handle a child who needs to be assisted
- Use equipment such as a hoist
- There is a known risk of false allegations by the pupil

In cases where a pupil needs regular intimate care, where possible, the same member of staff will assist the same pupil each time they need support. We will train 2-3 members of staff per child to cover absences, emergencies and school trips. Where possible, we will ensure that these backup members of staff are also people known to the child.

At Marwood Primary School, male members of staff may be allocated to change female pupils or vice versa. The decision to allocate a member of staff of a different gender to the pupil will be discussed with the parents/carers and pupil, if appropriate.

5.2 Arrangements

Procedures will be carried out in:
The **designated changing area within the community hall toilet**, which also includes a shower facility. This space ensures privacy and dignity for the child and meets hygiene requirements.

- **Privacy measures:**
    - The changing area is separate from the main toilet space and can be secured during use.
    - Doors and partitions will be closed to prevent visibility from other areas.
    - Only authorised staff will be present during the procedure.
- **Facilities:**
    - The area includes a shower for situations where full washing is required.
    - Appropriate cleaning materials and PPE are available to maintain hygiene standards.
- **Safeguarding and supervision:**
    - Procedures will be carried out by trained staff following the school's Intimate Care Policy.
    - The child's dignity and comfort will always be prioritised.

Before going to perform intimate care on a child, the member of staff allocated to that child will inform another member of staff of where they are going, and leave doors open as much as privacy allows. Where possible, they should be within earshot of other members of staff, but the comfort and care of the child should be the priority when choosing a location.

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

- **Protective gloves** (disposable, non-latex where possible)
- **Aprons** for hygiene protection
- **Changing mats** for safe and comfortable positioning
- **Cleaning supplies**, including disinfectant wipes and sprays
- **Paper towels** and disposable cloths
- **Nappy sacks or disposal bags** for waste
- **Designated lidded bins** for sanitary disposal
- **Hand sanitiser** and soap for hand hygiene
- **Spare clothing** (where agreed with parents)
- **Access to PPE** for any additional medical needs

For pupils needing routine intimate care, the school expects parents/carers 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/carers at the end of the day.

Recording and Reporting of Intimate Care Procedures

- All instances of intimate care will be **recorded immediately after the procedure** on CPOMS.
- The record will include:
    - **Date and time** of the procedure
    - **Name of the child**
    - **Staff member(s) involved**
    - **Reason for the procedure**
    - **Any relevant observations**, such as skin integrity, signs of discomfort, or concerns
- Records will be stored securely in line with GDPR and safeguarding requirements.
- **Reporting to parents/carers:**
    - Parents/carers will be informed **as appropriate**, for example:
        - If there are any concerns (e.g., skin irritation, injury, or unusual observations)
        - If the procedure was outside the usual care routine
    - Communication will be via the agreed method (e.g., phone call, email, or home-school diary).

5.3 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

Any concerns about the safety or welfare of a pupil will be reported immediately to the local authority's children's social care team.

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 the Headteacher/DSL.

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.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the child to discuss why this might be occurring, and how to help the child. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

5.4 Specific procedures for nappy changing in nursery/early years

Insert brief explanation of your procedures here, including:

- Preparation and hygiene precautions (e.g., use of disposable gloves, aprons, handwashing)
- Location
- Changing and disposal of soiled items
- Record keeping

5.5 Specific procedures for toileting accidents

Where pupils are starting school without having been toilet-trained, staff will work with the pupil's parents/carers to agree on a care plan.

The school will record the number of soiling incidents in school, and liaise with the pupil's parent/carers about:

- The outcomes of relevant medical appointments attended by the child
- Whether there is a change in the pattern of soiling incidents, at home or at school
- Whether the current plan is working

6. Child Protection

6.1 The Harbour Schools Partnership staff and all staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

6.2 The school's child protection procedures will be adhered to.

6.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

6.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

6.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

6.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Designated Senior Person for Child Protection. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

6.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Director of School Improvement if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: on Managing Allegations (currently contained within the Child Protection Policy) It should not be discussed with any other members of staff or the member of staff the allegation relates to.

6.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or the Director of School Improvement , in accordance with the child protection procedures and 'Whistle-blowing' policy.

7. Physiotherapy/Occupational Therapy

7.1 Pupils who require Physiotherapy whilst at school should have this carried out by a trained Physiotherapist/Occupational Therapist. If it is agreed in the plan that a member of the school staff should undertake part of the Physiotherapy/Occupational Therapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the Physiotherapist/Occupational Therapist personally, written guidance given and updated regularly. The Physiotherapist/Occupational Therapist should observe the member of staff applying the technique.

7.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

7.3 Any concerns about the regime or any failure in equipment should be reported to the Physiotherapist/ Occupational Therapist.

8.Medical Procedures

8.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan/Education Healthcare plan and will only be carried out by staff who have been trained to do so.

8.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

8.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

9. Massage

9.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

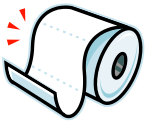
9.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

9.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

10 . Monitoring arrangements

This policy will be reviewed by THSP SEND Lead bi-annually. At every review, the policy will be approved by Trustees.

APPENDIX 1 INTIMATE CARE/TOILET PLAN



Intimate Care/Toileting Plan

Childs Name:		**DOB:**	
Person Drawing up plan:		**NHS no:**	
Date of Plan:		**Review Due:**	

Area of Need:

What is to be done:



When:

Where:



How:



Special notes: e.g. reward scheme, attitude to be taken, access to toilet, equipment required:



How to record:



Additional Information: e.g. guidance on how much a child should drink:



Record of Independence

Name:	

I can already:

I will try to:

What I want to achieve is:

These people will help me achieve my goal:

Signed by child, if appropriate: N/A

As parent / carer of I give permission for the staff listed above to provide intimate care for my child and I will advise the Headteacher of any condition or changes in relation to my child's needs, which may affect issues of intimate care.

Parent/Carer's name:		**Signature:**	
Contact Phone No/s:		**Date:**	
Signature of person drawing up the plan and responsible for reviewing:		**Date:**	

APPENDIX 2 RECORD OF AGENCIES INVOLVED#

Record of Agencies Involved with:			
Childs Name:		**DOB:**	
Role	**Name**	**Contact details**	
Parent/Carer			
School Nurse/Health Visitor			
Continence Advisor			
Physiotherapist			
Occupational Therapist			
Hospital Consultant			
GP			
Educational Psychologist			
Social Worker			
Other			

APPENDIX 3 INTIMATE CARE SUPPORT CHART

Name_____

Date	e.g. 15.01.15									
Support needed	e.g.wiping									
Staff Present	e.g IN/CL									

Date	e.g. 15.01.15									
Support needed	e.g.wiping									
Staff Present	e.g IN/CL									

Date	e.g. 15.01.15									
Support needed	e.g.wiping									
Staff Present	e.g IN/CL									

Date	e.g. 15.01.15									
Support needed	e.g.wiping									
Staff Present	e.g IN/CL									

Date	e.g. 15.01.15									
Support needed	e.g.wiping									
Staff Present	e.g IN/CL									

APPENDIX 4 POLICY HISTORY

Version / Date	Summary of Change	Review Date	Lead Author
Version 1 – Sept 2018	• Reviewed by LA and assisted by FB • 1.1 replaced to include up to date references to correct guidance/Acts • 4.2 Following sentence added: '*Safeguarding/sex education guidance generally states this should be anatomically accurate/factual words, and not "family words".'* • 4.16 adults who assist pupils with intimate care **must** be employees • **5.7** Headteachers to contact **Director of School Improvement** • **7.1** invasive medical procedures would be covered in a HC Plan/**Education Healthcare Plan**, IEP removed • Head of School changed to **Headteacher** throughout	25.06.20	LA
Version 2 – July 2020	• Reviewed by LA • 1.1 replaced to include up to date references to correct guidance/Acts • 1.4 name change from 'Supporting pupils with medical conditions' to 'Supporting pupils with medical conditions & health needs including children with health needs Educated off-site' • 1.4 2 other policies added 'Administering Medicines' and 'Accessibility Plan' • 1.6 statement added 'At The Harbour Schools Partnership the Designated Safeguarding Lead is the Headteacher • 5.5 and 5.6 reference to Headteacher or DSL changed to DSL as they are now one of the same as per 1.6	July 2022	LA
Version 2.1 – July 22	Amend the word 'gender' to 'sex' in paragraphs 1.7 and 4.15	Sept 22	KB
Version 3.1	Change 'Ventrus' to 'The Harbour Schools Partnership'	Nov 2025	FB
	Insert Section 5 'Intimate care procedures' to clarify Who does what & where in settings	Nov 2025	FB
	Reference to 'Dealing with Allegations of Abuse against Members of Staff and Volunteers Policy' - reference to 'Managing Allegations' currently within the Child Protection Policy	Nov 2025	FB
	Monitoring Arrangements included (section 10)	Nov 2025	FB