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1. Introduction & Vision

Oak Trees Multi-Academy Trust share the belief that education has the power to transform society. Our academy is deeply rooted in its locality and encourages the involvement and interest of parents and the community, recognising that strong and diverse communities have partnership and inclusion at their heart.

2. Purpose of this Policy

This policy sets out our approach to providing intimate care for pupils who require support with personal hygiene and toileting. Oak Trees Multi-Academy Trust follows all advice and guidance available from the Health and Safety team at Compliance Education and the School Nursing Service, in addressing issues of continence. This policy confirms these arrangements and clarifies procedures in our academy.

We are committed to ensuring that all pupils receive intimate care in a way that:

- Maintains their safety, dignity, and privacy
- Promotes their independence and self-esteem
- Protects both pupils and staff
- Complies with all relevant legislation and statutory guidance
- Works in partnership with parents and families

This policy applies to all academies within Oak Trees Multi-Academy Trust and should be read in conjunction with our Safeguarding and Child Protection Policy, Health and Safety Policy, and SEND Policy.

3. 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 well-being of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account

- Staff carrying out intimate care work do so within guidelines (i.e., health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

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

4. Legal Framework and Statutory Guidance

This policy complies with the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education
- 3.1.2. Early Years Foundation Stage (EYFS) statutory framework

Academies: It also complies with our funding agreement and articles of association.

5. Safeguarding Guidance

- Keeping Children Safe in Education (KCSIE) 2025 - statutory safeguarding guidance for schools
- Working Together to Safeguard Children 2023 - multi-agency safeguarding guidance
- Sexual Violence and Sexual Harassment Between Children in Schools and Colleges (2021) - DfE guidance

6. Data Protection

- General Data Protection Regulation (GDPR) 2018
- Data Protection Act 2018
- UK GDPR - requirements for processing sensitive personal data

7. Early Years Specific Guidance

- Statutory Framework for the Early Years Foundation Stage (EYFS) 2025 - requirements for safeguarding and welfare in Early Years settings
- Early Years Foundation Stage Profile 2025 - assessment requirements, including personal, social and emotional development

This policy will be reviewed annually to ensure it remains compliant with current legislation and guidance.

8. Definition of Intimate Care

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas, which most people usually carry out themselves but which some pupils are unable to do due to physical disability, special educational needs, age, or medical needs.

9. **Examples of Intimate Care:**

Intimate care tasks include, but are not limited to:

9.1. **Personal Hygiene:**

- Changing nappies or incontinence pads
- Supporting with toileting
- Cleaning a pupil who has soiled themselves
- Bathing or showering
- Applying creams, lotions or medication to intimate areas
- The school will provide appropriate support for pupils during menstruation, ensuring access to sanitary products, private facilities for changing, and a respectful, discreet environment.

9.2. **Dressing and Undressing:**

- Changing clothes after toileting accidents
- Supporting with PE kit or swimming costumes
- Changing for medical procedures

9.3. **Medical Procedures:**

- Administering rectal medication (e.g., rectal diazepam)
- Catheter care
- Stoma care
- Administering suppositories (only when trained and with appropriate healthcare plan)

9.4. **Early Years Context:**

- Nappy changing for children who are not yet toilet-trained
- Supporting children during toilet training
- Changing clothes after messy play or accidents

9.5. **What is Not Intimate Care**

The following are not classified as intimate care for the purposes of this policy:

- Prompting or supervising a child to use the toilet independently
- Helping a child wash their hands or face
- Applying sun cream to arms, legs, and face
- Administering first aid that does not involve intimate areas
- Comforting a distressed child (unless this involves intimate care tasks)

However, all interactions with children should be conducted professionally and in accordance with our safeguarding policy.

10. Role of Parents/Carers

10.1. Seeking Parental Permission

For children who need routine or occasional intimate care (e.g., for toileting or toileting accidents), parents/carers will be asked to sign a consent form.

10.2. For Early Years settings with an academy-based nursery:

For children who need routine intimate care (e.g., for nappy changes or toileting accidents), parents will be asked to:

- Sign a consent form
- Provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing)

10.3. For all academies:

For children whose needs are more complex or who need particular support outside of what's covered in the consent form (if used), an intimate care plan will be created in discussion with parents/carers (see section 8 below).

Where there isn't 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 academy is unable to get in touch with parents/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 academy will inform parents/carers afterwards.

11. Creating an Intimate Care Plan

A planning meeting with the head teacher, parents, relevant teaching assistants and school nurse is arranged for each child with continence difficulties, in order to develop a care plan. This meeting also

identifies equipment, accommodation and support requirements (see Intimate Care Plan in appendix).

Where an intimate care plan is required, it will be agreed in discussion between the academy, parents/carers, the child (where possible) and any relevant health professionals.

The academy will work with parents/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 child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

See Appendix 1 for a template plan.

12. Sharing Information

The academy will share information with parents/carers as needed to ensure a consistent approach. Parents/carers are expected to also share relevant information regarding any intimate matters as needed.

13. Annual Review of Consent

Parental consent for intimate care will be reviewed annually, or sooner if:

- There are changes to the child's needs
- There are changes to staffing
- The child or parent raises concerns
- There are changes to procedures or facilities

Parents will be invited to an annual review meeting to discuss their child's intimate care plan and to renew their consent. This meeting provides an opportunity to discuss any concerns, review the effectiveness of current arrangements, and make any necessary adjustments.

14. Withdrawal of Consent

We recognise that parents have the right to withdraw consent for intimate care at any time. If a parent wishes to withdraw consent, we will:

- Arrange an urgent meeting to understand their concerns
- Explore alternative arrangements that might address their concerns
- Discuss the implications for their child's attendance and participation in academy activities
- Work collaboratively to find a solution that safeguards the child's well-being and dignity

If consent is withdrawn and no alternative arrangement can be agreed, we will seek advice from our local authority SEND team and, where appropriate, social care services to ensure the child's needs are met.

15. Arrangements and Role of Staff

15.1. Privacy and Dignity

- Intimate care should be provided in a private, safe, and appropriate setting.
- Only staff necessary for the task should be present, and the child's dignity must be preserved at all times.

15.2. Reporting and Documentation

- Any concerns arising during intimate care (e.g., unexplained bruises, behavioural changes, disclosures) must be reported immediately to the designated safeguarding lead (DSL).
- Records of intimate care should be kept, including who provided the care, what was done, and any observations or concerns.

15.3. Staff Conduct and Protection

- Staff should follow safer working practices, including avoiding being alone with a child unless necessary and documented.
- Staff behaviour must be open to scrutiny, and whistleblowing procedures should be in place for reporting inappropriate conduct.
- Procedures will be carried out in a designated changing area, toilet cubicle.

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.

- The control measures set out in risk assessments carried out by the academy
- Hygiene and health and safety procedures

They will also be encouraged to seek further advice as needed.

Staff to complete annual general manual handling training and, where necessary, receive specific training tailored to an individual pupil's handling requirements. This training ensures staff can work safely while enabling the pupil to participate as fully as possible in their own care.

16. Which Staff Will Be Responsible

Any roles that may carry out intimate care will have this set out in their contract or job description. This includes supporting staff and teaching assistants.

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

All staff at the [academy/nursery] who carry out intimate care 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.

Designated Safeguarding Lead, SENDCo or appropriate line manager will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans
- Co-ordinate the intimate care of pupils
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

17. How Staff Will Be Trained

- 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 pupil to have as much participation as 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
- Recognising and reporting any changes to soiling incidents
- They will also be encouraged to seek further advice as needed.

18. Staff Wellbeing and Support

We recognise that providing intimate care can be demanding and, at times, challenging for staff. We are committed to supporting the well-being of all staff involved in intimate care and ensuring they

feel confident and comfortable in their role.

- **Access to Mental Health and Wellbeing Resources** - Staff will be signposted to internal and external wellbeing resources, including counselling services, mental health support, and stress management programmes.
- **Clear Reporting Channels for Concerns** - Staff can report any concerns related to intimate care (including emotional impact, safeguarding issues, or procedural difficulties).

Appendix 1: 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 ensuring 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	

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

Appendix 2: Template Parent/Carer Consent Form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carers	
Address and contact details	
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(s) 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(s), 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/carers signature	
Name of parent/carers	
Relationship to child	
Date	

Appendix 3: Template for a Child with a Specific Need

SCHOOL PERSONAL & INTIMATE CARE MANAGEMENT

(ASSESSMENT CHECKLIST FOR SPECIFIC NEEDS NAMED IN AN EHCP OR IN A CARE PLAN)

This document will be used as part of the development of a child's **specific** personal and intimate care plan or as part of an EHCP where a health team has input. Discussions should involve school staff, parent/carer and health care workers

Young Person's Name: _____ **Date:** _____

Have You Considered?	Outcome	Actions to Take/Comments
Have suitable toilet/changing facilities been identified? Are there any dignity or safeguarding issues to consider?		
Any adaptations to toilets/classrooms/other areas required for dignity/safeguarding reasons?		
Is any specialist equipment required (e.g., hoists, grab rails, stair lifts etc)?		
Are appropriate offensive/hygiene waste procedures and disposal facilities in place?		
Emergency buzzer, walkie talkie provided (in case further assistance is required)?		
Who will provide pads, nappies, spare clothes, catheter/stoma or other necessary supplies?		
Does the school have suitable stocks of the above and what will be the procedure for obtaining additional stocks?		
Does the school have adequate first aid stocks, antiseptic wipes/cleaners, and disposable gloves/aprons?		
Has any general care needs training been identified?		
Are there any specific intervention training needs?		
Has parent/carer been involved in training needs assessment and are they aware of 1:1 for changing?		

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Is it appropriate to involve the child in developing an appropriate procedure?		
How independent can the child be with its care needs, on a good and a bad day?		
Has agreement of/ discussion with all key stakeholders of the schools personal & intimate care and privacy & dignity policies and procedures taken place?		
Has gender care preference been discussed?		
What and when will staff specific, and whole school general awareness training be delivered?		
Are there issues that need to be considered for full participation in the curriculum (e.g. PE, visits etc.)?		
Will staff involved be expected to move and handle the young person?		
Are suitable and specific care plans in place and review dates set?		
Has a school parent communication log been established or how is communication to be managed?		

Please use the space below to document any discussions on areas not covered above and or record additional notes/comments etc

Form Completed by (print name):

Continuation – Personal & Intimate Care details not discussed above.

Further Details: