Transform Trust

Intimate Care Policy

Policy Number	Author	Publication Date	Review Cycle
212	Director of Inclusion	V4 September 2026	Every 2 years

1. Aims

This policy aims to ensure that:

- Intimate care is carried out appropriately by staff, in line with any agreed plans.
- The dignity, rights and wellbeing of children are safeguarded.
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010.
- Parents/Carers are assured that staff are knowledgeable about intimate care and that the needs of their children 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 which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

Intimate care may be required on a regular, occasional or unexpected basis. The level and nature of support provided will be based on the individual needs of the child and will seek to maximise independence, dignity, privacy, choice and safety at all times.

Children will not be discriminated against or denied access to education, activities or educational visits because they require intimate care.

2. Promoting Independence and Dignity

Transform Trust is committed to ensuring that all intimate care is provided in a way that protects and promotes the dignity, privacy, wellbeing and independence of each child. Staff will treat all pupils with respect and sensitivity and will take account of their age, developmental stage, communication needs and individual preferences.

Wherever appropriate, pupils will be encouraged and supported to undertake aspects of their own personal care and to develop increasing independence over time. Staff will explain what support is being provided, seek the child's cooperation where possible and ensure that intimate care is delivered in a manner that preserves privacy, promotes choice and minimises embarrassment or distress.

The views of the child will be sought and taken into account, where possible and appropriate, when planning and reviewing intimate care arrangements.

3. Legislation and statutory guidance

This policy has regard to relevant legislation and statutory guidance, including:

- Keeping Children Safe In Education 2026
- Working Together to Safeguard Children 2026
- Equality Act 2010
- Children and Families Act 2014
- SEND Code of Practice: 0 – 25 years

- Health and Safety at Work etc. Act 1974

This policy should be read alongside the Trust's Child Protection and Safeguarding Policy, Health and Safety Policy, SEND policy and any relevant moving and handling procedures.

This policy complies with statutory safeguarding guidance.

It also complies with our funding agreement and articles of association which can be found: https://www.transformtrust.co.uk/trust-governance-documents/

4. Role of parents/carers

4.1 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.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 4.2 below).

Where a child does not have an individual intimate care plan, parental/carer consent for routine or foreseeable intimate care.

There may be exceptional circumstances in which intimate care is required unexpectedly and it is not possible to contact a parent/carer. In these circumstances, staff will act in the best interests of the child, taking account of the child's dignity, welfare, safety and any known wishes or needs. Parents/carers will be informed as soon as practicable afterwards.

A child will not be left in soiled or wet clothing, or in a situation that compromises their dignity, health or wellbeing, solely because a parent/carer cannot be contacted.

4.2 Creating an Intimate Care Plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) 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, 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 is doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be proportionate to the child's needs and, where relevant, will identify:

- The care required and the child's current level of independence
- How the child communicates their needs, choices, assent, refusal or distress

- The child's preferences and what helps them feel safe and comfortable
- The staff required to provide the care
- Any equipment, moving and handling or medical considerations
- Arrangements for privacy and dignity
- The agreed procedure for providing care
- What staff should do if the child becomes distressed or refuses care
- Arrangements for educational visits and activities outside school and
- Any associated risk assessment, healthcare plan or other relevant plan.

The plan will be reviewed at least twice a year, and sooner where there is a significant change in the child's needs, medical condition, level of independence, communication, equipment or care arrangements.

See Appendix 1 for a blank template plan to see what this will cover.

4.3 Sharing information

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

5. Role of staff

5.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description.

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

All staff at the school 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.

5.2 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 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. Staff will also receive information about the individual child before undertaking planned intimate care, including

their communication needs, level of independence, preferences, relevant medical information and the procedures set out within their individual intimate care plan and risk assessment.

6. Intimate care procedures

6.1 How procedures will happen

The number of staff required to support intimate care will be determined by the pupil's individual intimate care plan and risk assessment. Whilst it is best practice for two members of staff to be present wherever practicable, schools should ensure that arrangements remain proportionate, preserve the child's dignity and provide appropriate safeguarding for both pupils and staff.

- If possible, children should be changed standing up or using the variable height changing table, to avoid staff lifting children.
- The child's skin should be cleaned with a disposable wipe.
- Nappy creams/lotions should be labelled with the child's name and used only if prescribed for that child (by their parents/carers) they must not be shared.
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double wrapped in a nappy bag. Soiled nappies should be disposed of into the bin provided. The disposal bin should be lined and emptied daily, replacing the used bin liner.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry.
- Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste.
- Hands should be thoroughly washed afterwards.
- Log, using the school system, after every intimate care procedure. A written record should include the date, time, staff involved, the care provided and any concerns or observations arising from the procedure.

Procedures will be carried out in toilets located in nursery, EYFS and the nest provision.

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

- Protective gloves, cleaning supplies, changing mats and bins (schools to check).
- 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.

6.2 Concerns about safeguarding

If a member of staff observes a mark, bruise, soreness, injury or physical change, receives a disclosure, observes behaviour that causes concern while providing intimate care, they must act immediately in accordance with the school's Child Protection and Safeguarding Policy. The

concern must be recorded and reported to the Designated Safeguarding Lead (DSL) or deputy DSL without delay.

If a child is accidentally hurt or an incident occurs during intimate care, staff will ensure the child's immediate needs are addressed, record the incident and report it in accordance with the school's accident and safeguarding procedures. Parents/carers will be informed as appropriate.

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. Concerns or allegations relating to an adult must be managed in accordance with the schools safeguarding procedures for allegations and low-level concerns about adults.

7. Monitoring and Review of the Policy

The Trust will amend this policy at any time to take account of changes in legislation. The normal cycle of review for this policy will be annual.

Appendix 1 – 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/carer	
Relationship to child	
Signature of parent/carer	
Date	
CHILD	
How many members of staff would you like to help?	
How would you like staff to communicate with you during intimate care?	
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 and wherever there is a significant change in the child's needs, medical condition or level of independence.

Next review date:	
To be reviewed by:	

Appendix 2 – Parent/Carer Intimate Care Consent Form

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	