



Intimate Care Policy v3 September 2026

Policy owner	Senior Executive Leadership Team (SELT)
Approval	Board of Directors – September 2026
Renewal	September 2027
Applies to	All Plymouth CAST schools, pupils, staff, volunteers and Local CAST Boards
Status	Trust policy
Draft date	August 2026
Review cycle	Annual, and following significant statutory change or serious incident
Related policies	Safeguarding and Child Protection; Behaviour; Anti-Bullying; Attendance; SEND; Supporting Pupils with Medical Conditions; Health and Safety

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1. Introduction

Plymouth CAST Multi Academy Trust is committed to ensuring that every child and young person is safe, treated with dignity and respect, included fully in school life and supported to develop the greatest possible independence.

Some children and young people may require assistance with intimate or personal care because of their age or stage of development, a special educational need or disability (SEND), a medical condition, continence need, injury or other individual circumstance.

Intimate care is an important aspect of supporting a child's health, wellbeing, dignity, inclusion and access to education. It must always be provided sensitively, respectfully and safely.

This policy establishes the principles and procedures that apply across Plymouth CAST schools. Individual schools will ensure that local arrangements reflect this policy and the particular needs of their pupils.

2. Aims

This policy aims to:

- safeguard children and young people who require intimate care;
- protect their dignity, privacy, wellbeing and rights;
- ensure that children are treated as individuals and involved in decisions about their care;
- promote independence and self-care wherever this is appropriate and achievable;
- ensure that intimate-care needs do not create unnecessary barriers to attendance, participation, learning or inclusion;
- provide clear and consistent expectations for staff;
- ensure appropriate partnership with parents/carers and relevant health and other professionals;
- ensure that reasonable adjustments are made for children with disabilities;
- ensure appropriate planning, training, risk assessment and record keeping;
- protect staff by ensuring that intimate care is undertaken within clear, safe and professionally accountable arrangements; and
- ensure that intimate care reflects Plymouth CAST's safeguarding, relational and trauma-informed approach.

3. Legal and statutory framework

This policy should be read within the context of relevant legislation and statutory guidance, including:

- Children Act 1989;
- Children Act 2004;
- Children and Families Act 2014, including section 100;
- Equality Act 2010;
- Education Act 2002;
- Health and Safety at Work etc. Act 1974;

- Data Protection Act 2018 and UK GDPR;
- Special Educational Needs and Disability Code of Practice: 0 to 25 years;
- Keeping Children Safe in Education 2026;
- Working Together to Safeguard Children;
- Supporting pupils at school with medical conditions;
- the statutory Early Years Foundation Stage Framework, where applicable;
- relevant school premises, health and safety and infection-prevention requirements.

Schools must also have regard to relevant professional advice provided by healthcare professionals involved with an individual child.

4. Definition of intimate care

For the purposes of this policy, intimate care means care associated with bodily functions, bodily products and personal hygiene which requires direct or indirect contact with, or exposure of, intimate parts of the body.

Depending upon the needs and age of the child, this may include:

- support with toileting;
- changing nappies, continence pads or other continence products;
- cleaning or washing following a toileting accident;
- changing soiled or wet clothing;
- assistance with dressing or undressing where intimate areas may be exposed;
- menstrual care;
- catheter or stoma-related care where appropriately trained staff are required to assist;
- assistance with personal hygiene;
- application of prescribed or agreed creams or treatments to intimate areas where this forms part of an agreed healthcare arrangement;
- support associated with other medical or physical needs involving intimate areas.

Routine activities such as helping a young child with a coat or shoes would not ordinarily constitute intimate care.

5. Core principles

5.1 Dignity and respect

Every child has the right to:

- be treated with dignity and respect;
- have their privacy protected;
- receive care in a calm and sensitive manner;
- have their individual needs, preferences and communication methods recognised;
- be protected from unnecessary exposure;
- receive explanations about what is happening and why;
- be supported by adults who behave professionally and respectfully.

Care should be done with the child rather than to the child.

5.2 The child's voice

Children will be involved in decisions about their intimate care as far as their age, understanding and communication allow. Staff will listen to and take account of the child's wishes, feelings and preferences.

An individual care plan should, where appropriate, identify:

- how the child communicates their needs;
- the language or terminology they prefer;
- how they indicate agreement, discomfort, distress or a wish for care to stop;
- what aspects of care they can undertake independently;
- what assistance they require;
- any communication aids or visual supports required;
- relevant sensory needs;
- their preferences regarding privacy and care;
- preferred or familiar staff where reasonably practicable.

A child should never be made to feel ashamed, embarrassed or at fault because they require intimate care.

5.3 Promoting independence

Children will be encouraged and supported to undertake as much of their own personal care as is appropriate to their age, development, ability and individual circumstances.

The objective is the greatest achievable independence for the individual child, rather than an assumption that every child will achieve continence or complete independence within a particular timescale.

5.4 Equality and inclusion

A child will not be treated less favourably because they require intimate care. Where a child's intimate-care needs are related to disability, schools will consider and make reasonable adjustments in accordance with the Equality Act 2010.

A child should not ordinarily be:

- refused admission;
- prevented from attending school;
- routinely sent home;
- excluded from lessons or activities;
- prevented from attending breakfast or after-school provision;

- excluded from educational visits, residential visits, physical education or other aspects of school life because they are not toilet trained or because they require intimate care.

Appropriate arrangements, reasonable adjustments, staffing, equipment and risk assessments will be considered so that children can participate as fully as possible.

6. Relational and trauma-informed practice

Plymouth CAST recognises that intimate care can involve particular vulnerability. For some children, including those who have experienced trauma, abuse, neglect or disrupted attachment, or who have sensory or communication differences, intimate care may be particularly difficult.

Staff will therefore adopt a relational and trauma-informed approach. This includes:

- establishing safety and predictability;
- explaining what will happen before beginning care;
- using calm, respectful and developmentally appropriate communication;
- seeking the child's cooperation and assent wherever possible;
- avoiding unnecessary or unexpected touch;
- explaining touch before it occurs;
- maintaining appropriate privacy;
- recognising verbal and non-verbal indications of anxiety, discomfort or distress;
- allowing appropriate time for the child to process information;
- respecting agreed preferences and routines wherever practicable;
- avoiding unnecessary changes of staff;
- stopping or pausing care where a child becomes distressed, where it is safe to do so, and considering how their needs can best be met.

Where a child persistently resists or becomes significantly distressed by necessary intimate care, staff should not simply impose the procedure. The arrangements should be reviewed with the child, parents/carers and relevant professionals.

Where safeguarding concerns may be relevant, the Designated Safeguarding Lead (DSL) must be consulted.

7. Safeguarding

Intimate care must always be undertaken within the school's safeguarding arrangements and in accordance with Keeping Children Safe in Education and the Trust's Safeguarding and Child Protection procedures.

Staff providing intimate care occupy a position of particular trust and must maintain the highest professional standards.

7.1 Concerns about a child

During intimate care, a member of staff may observe:

- an unexplained injury, mark, bruise, soreness or bleeding;
- a significant change in the child's presentation;
- behaviour suggesting fear, distress or discomfort;
- inappropriate sexualised behaviour;
- something which appears inconsistent with the child's care plan;
- a child may make a disclosure.

Staff must:

1. respond calmly and appropriately;
2. listen to the child where they communicate a concern;
3. not investigate or ask leading questions;
4. make an accurate, factual record; and
5. report the concern promptly to the DSL or Deputy DSL in accordance with safeguarding procedures.

The usual safeguarding procedure will determine whether and when parents/carers should be informed.

7.2 Concerns about an adult

Any concern about the conduct of a member of staff, volunteer or other adult during intimate care must be reported and managed in accordance with the Trust's procedures for allegations against adults and low-level concerns, as appropriate. Staff must not attempt to resolve such concerns informally between themselves.

7.3 Photography and recording

Personal mobile phones, cameras, smart watches, smart glasses or other personal recording devices must never be used during intimate care.

Photographs of intimate areas must not be taken by school staff. Where a healthcare professional considers clinical imaging necessary, this must be managed through appropriate healthcare and safeguarding arrangements and must not be undertaken casually or for routine school records.

8. Responsibility and oversight

8.1 Board of Directors

The Board of Directors is responsible for ensuring that appropriate arrangements are in place across the Trust to safeguard children and meet relevant statutory responsibilities. The Board will ensure that this policy is reviewed regularly and that appropriate assurance is obtained regarding its implementation.

8.2 Senior Executive Leadership Team

The Senior Executive Leadership Team (SELT) will:

- oversee the implementation of this policy across the Trust;
- ensure that appropriate supporting policies, guidance and training arrangements are in place;
- monitor significant issues or themes arising from implementation;
- support schools where particularly complex provision is required.

8.3 Headteacher

The Headteacher has overall operational responsibility for implementation within the school.

The Headteacher will ensure that:

- appropriate arrangements are made for children requiring intimate care;
- responsibilities are clearly allocated;
- sufficient appropriately trained and competent staff are available;
- appropriate facilities, equipment and resources are available;
- individual plans and risk assessments are developed where required;
- contingency arrangements exist for foreseeable staff absence;
- safeguarding procedures are followed;
- appropriate records are maintained.

The Headteacher may delegate coordination of intimate-care provision to an appropriate senior member of staff but retains overall accountability.

8.4 SENDCO/Inclusion Lead

The SENDCO/Inclusion Lead will have a key coordinating role where intimate-care needs relate to SEND, disability or inclusion. This may include:

- contributing to or coordinating individual intimate-care plans;
- working with children and parents/carers;
- liaising with health and other professionals;
- ensuring that reasonable adjustments are considered;
- identifying implications for SEND support or an Education, Health and Care Plan;
- supporting staff to understand the child's communication, sensory, developmental and relational needs;
- promoting independence and inclusion;
- contributing to risk assessment and review.

8.5 Designated Safeguarding Lead

The DSL will:

- provide advice where intimate-care arrangements raise safeguarding considerations;
- ensure safeguarding concerns arising during intimate care are responded to appropriately;
- contribute to planning where a child's history or circumstances indicate particular vulnerability;

- ensure concerns about adult practice are managed through the appropriate safeguarding procedures.

8.6 Staff providing intimate care

Staff providing intimate care are responsible for:

- following this policy and the child's individual plan;
- treating the child with dignity and respect;
- promoting independence;
- following infection-prevention and health-and-safety procedures;
- completing required training;
- recognising the limits of their competence;
- making appropriate records;
- reporting safeguarding, health, safety or practice concerns promptly.

9. Staffing and safer working practice

Staff undertaking intimate care must be appropriately authorised by the school and subject to the safer-recruitment and DBS/barred-list checking requirements appropriate to their role and the activities they undertake.

Staff must receive appropriate safeguarding training and any additional training required for the care they provide.

Where intimate care involves specialist medical procedures, moving and handling, equipment or other specialist interventions, staff must not undertake the procedure unless appropriately trained and assessed as competent.

9.1 Number of staff

There is no routine requirement for two adults to be present whenever intimate care is provided.

Requiring two adults unnecessarily may compromise a child's dignity and privacy and is not a substitute for appropriate safeguarding arrangements.

Ordinarily, intimate care may be provided by one appropriately authorised and trained member of staff. Schools must nevertheless establish safe working arrangements.

Depending upon the circumstances, these may include:

- another member of staff knowing that intimate care is taking place;
- agreed systems for summoning assistance;
- appropriate arrangements for visibility while maintaining the child's privacy;
- recording the care provided.

Two or more members of staff should be involved where this is identified as necessary through the child's care plan or risk assessment, including where:

- moving and handling requires more than one adult;

- specialist equipment requires two operators;
- a medical procedure requires more than one person;
- there is an identified risk to the child or staff member;
- particular safeguarding considerations make this necessary.

Staffing arrangements should always balance the child's safety, dignity and privacy.

9.2 Gender and staff preferences

The child's views regarding who provides intimate care should be considered, particularly for older children. Schools should make reasonable efforts to respect a child's preferences regarding the gender or identity of the person providing care where this is important to them and is practicable. However, the child's safety, welfare and timely access to necessary care must remain paramount.

10. Individual Intimate Care Plans

Where a child has an ongoing, regular, complex or significant intimate-care need, an Individual Intimate Care Plan will normally be developed.

The plan will be developed collaboratively with:

- the child, as appropriate;
- parents/carers;
- relevant school staff;
- the SENDCO/Inclusion Lead where appropriate;
- relevant health or other professionals where necessary.

The plan should identify:

- the nature of the child's needs;
- the care required;
- the child's level of independence;
- how the child communicates their needs, preferences and consent/assent;
- agreed terminology;
- frequency and likely timing of care;
- where care will take place;
- staff authorised and trained to provide the care;
- the child's preferences regarding staff;
- equipment and resources required;
- who is responsible for providing particular items;
- infection-prevention arrangements;
- moving-and-handling requirements where relevant;
- relevant medical information;
- safeguarding or trauma-informed considerations where appropriate;
- recording arrangements;
- arrangements for educational visits, residential visits and off-site activities;
- contingency arrangements;
- emergency arrangements;
- links to an Individual Healthcare Plan, EHCP or other relevant plan.

The plan will be reviewed at least annually, and sooner whenever the child's needs, circumstances or provision change. More frequent scheduled reviews may be agreed where appropriate.

11. Relationship with Individual Healthcare Plans

Where intimate care arises from or forms part of the management of a medical condition, the school's arrangements must be consistent with statutory guidance on supporting pupils with medical conditions.

Where a child already has an Individual Healthcare Plan (IHP), intimate-care arrangements may be incorporated within that plan rather than unnecessarily creating a separate document, provided all relevant intimate-care matters are adequately addressed.

Where separate plans are used, they should explicitly cross-reference one another. Relevant healthcare professionals should be involved where specialist medical advice or training is required.

12. Parent/carer partnership and agreement

Schools will work in partnership with parents/carers to understand the child's needs and agree appropriate care arrangements. Parents/carers should:

- provide relevant information about their child's needs;
- advise the school of relevant changes;
- share information from healthcare professionals where appropriate;
- contribute to the development and review of care arrangements;
- support the development of their child's independence where appropriate;
- provide agreed personal items where this forms part of the care plan;
- maintain up-to-date emergency contact information.

The school and parents/carers will agree within the care plan who will provide particular equipment and consumable items.

The school remains responsible for ensuring that appropriate facilities, standard hygiene and infection-control resources, PPE and reasonable adjustments are available. A child will not be denied necessary care solely because an agreed personal item has inadvertently not been supplied.

13. Consent, assent and duty of care

Where routine intimate care is foreseeable, parents/carers will normally be asked to provide written agreement to the care arrangements. The child's own views and assent will be sought and respected according to their age, understanding and communication.

Parental agreement is an important part of collaborative planning. However, the school also has a duty to safeguard the child's health, dignity and welfare.

Where immediate intimate care is necessary because, for example, a child is wet or soiled, staff must not leave a child in circumstances that would cause unreasonable distress,

humiliation, discomfort, skin damage or other harm simply because specific written consent cannot immediately be obtained.

In an unforeseen situation, appropriately trained staff may provide reasonable and proportionate care necessary to protect the child's welfare and dignity. The action taken and the reasons for it will be recorded and parents/carers informed as soon as reasonably practicable.

Where parents/carers and the school disagree about ongoing intimate-care arrangements, the Headteacher should seek to resolve the matter collaboratively, involving the SENDCO/Inclusion Lead, DSL and relevant healthcare professionals as appropriate. The child's welfare, rights and access to education must remain central to decision-making.

14. Unplanned and emergency intimate care

Schools should anticipate foreseeable intimate-care needs wherever possible. Where a child unexpectedly requires intimate care and no plan is in place:

- staff should explain to the child what assistance is proposed;
- the child's wishes and level of independence should be considered;
- parental agreement should be sought where this is practicable and does not unreasonably delay necessary care;
- care should be provided by an appropriate member of staff;
- dignity and privacy must be maintained;
- the incident and care provided should be recorded where appropriate;
- parents/carers should be informed.

Where care is urgently necessary to protect the child's health, safety, dignity or welfare, reasonable care should not be delayed solely because a parent/carer cannot immediately be contacted.

15. Toileting and continence

Schools will take a supportive, developmental and inclusive approach to toileting and continence. Children will be encouraged to develop independence where appropriate, but staff must recognise that continence develops at different rates and may be affected by disability, SEND, medical conditions, developmental differences, emotional wellbeing or other factors.

Children must not be punished, criticised, humiliated or made to feel ashamed because of toileting accidents or continence difficulties.

Schools will work with parents/carers and relevant health professionals where a child experiences persistent or complex bowel or bladder difficulties. Where appropriate, this may include developing a toileting or continence programme as part of the child's intimate-care or healthcare plan.

16. Menstrual care

Schools recognise that some pupils may require support to manage menstruation because of age, SEND, disability, medical need or other individual circumstances. Support will be provided sensitively and without embarrassment.

Where ongoing assistance is required, this should be included within the child's individual care arrangements and should address:

- the child's level of independence;
- preferred menstrual products;
- communication and sensory needs;
- changing and disposal arrangements;
- pain or other relevant medical considerations;
- privacy and dignity;
- staff support required.

17. Early Years Foundation Stage

Schools providing EYFS provision must ensure that intimate-care arrangements comply with the statutory EYFS framework.

Intimate care within the EYFS should form part of responsive, respectful care and support children's personal, social and emotional development as well as their physical health.

Schools will ensure:

- suitable hygienic changing and toileting facilities;
- appropriate supervision;
- effective hand hygiene;
- appropriate cleaning and disposal arrangements;
- sufficient supplies and PPE;
- privacy appropriate to the child's age and development;
- safeguarding arrangements;
- support for children to develop increasing independence in managing personal needs.

Staffing arrangements for intimate care must be considered alongside applicable EYFS supervision and staffing requirements. A child's lack of toilet training will not in itself constitute a reason to refuse access to appropriate early-years education.

18. Infection prevention and hygiene

Schools will maintain appropriate infection-prevention arrangements. Staff will:

- wash their hands before and after intimate care;
- use disposable gloves and aprons where appropriate;
- use appropriate changing surfaces or facilities;
- clean and disinfect equipment and surfaces appropriately;
- manage bodily-fluid spills safely;
- dispose of nappies, continence products and other waste appropriately;

- ensure soiled clothing is contained appropriately for return home or managed according to agreed arrangements;
- avoid cross-contamination;
- follow Trust/school infection-control and health-and-safety procedures.

Children will be supported to wash their hands and develop appropriate hygiene routines according to their ability.

19. Facilities, equipment and moving and handling

Schools will make reasonable arrangements to provide suitable facilities for children requiring intimate care. Facilities should provide an appropriate balance between:

- privacy and dignity;
- Accessibility;
- Safeguarding;
- hygiene and infection prevention;
- staff safety;
- the child's physical and sensory needs.

Where intimate care involves transfers, lifting, hoisting, changing benches or specialist equipment, an appropriate moving-and-handling assessment must be undertaken.

Staff must not manually lift or move a child in a manner that creates unacceptable risk to the child or themselves. Specialist equipment and appropriate staff training must be provided where required.

20. Educational visits, residential visits and off-site activities

Intimate-care needs must be considered as part of planning for educational visits, residential experiences and other off-site activities. A child should not ordinarily be excluded from a visit because they require intimate care.

Planning should consider:

- suitable accessible facilities;
- staffing;
- privacy;
- equipment and supplies;
- transport;
- medication or healthcare requirements;
- moving and handling;
- overnight arrangements where relevant;
- contingency arrangements;
- risk assessment.

Reasonable adjustments should be made to enable participation wherever possible. The child's individual plan should identify any necessary variation to their normal care arrangements when away from school.

21. Recording

Appropriate records provide protection for both children and staff. For children receiving regular or significant intimate care, the individual plan will specify the recording arrangements.

Records may include:

- date and time;
- nature of care provided;
- member(s) of staff involved;
- any significant departure from the agreed plan and the reason;
- unusual observations;
- injury or skin concerns;
- distress or refusal;
- action taken;
- any information shared with parents/carers or senior staff.

Recording should be proportionate to the nature and frequency of care. Routine and very frequent personal-care interactions, particularly within EYFS, need not necessarily require the same level of individual written recording as significant or complex intimate care, provided that the school's agreed recording arrangements are clear and appropriate.

However, the following must always be appropriately recorded and reported:

- significant deviations from an agreed plan;
- injury or unusual marks;
- safeguarding concerns;
- significant distress or refusal;
- accidents or incidents of concern;
- emergency or unplanned intimate care where this is significant;
- concerns about staff practice.

22. Confidentiality and information sharing

Information about a child's intimate-care needs is personal and sensitive. Information will be shared only with staff and professionals who need it in order to safeguard the child and provide appropriate care.

Records will be stored securely and processed in accordance with the Trust's data-protection arrangements. Staff must maintain the child's dignity when discussing their needs and must not discuss intimate-care information unnecessarily or in locations where others may overhear.

The need for confidentiality does not prevent staff sharing information where this is necessary to safeguard a child.

23. Cultural, religious and individual considerations

Schools will take reasonable account of the child's and family's religious beliefs, cultural values and individual preferences when planning intimate care. These should be discussed sensitively and incorporated into the child's care arrangements where practicable.

However, such preferences cannot override the school's safeguarding responsibilities or result in arrangements that place the child or staff at unacceptable risk.

24. Staff training and competence

The school will ensure that sufficient staff are trained to meet foreseeable intimate-care needs. Training will be proportionate to the care being provided and may include:

- Safeguarding;
- professional boundaries and safer working practice;
- dignity and privacy;
- SEND and communication;
- relational and trauma-informed practice;
- infection prevention and control;
- continence care;
- moving and handling;
- use of specialist equipment;
- specific medical procedures;
- recognising and reporting safeguarding concerns.

Where a procedure requires specialist competence, training should be provided or verified by an appropriately qualified professional. Staff must not undertake procedures for which they have not been appropriately trained or assessed as competent. Training should be refreshed where required and when a child's needs or procedures change.

25. Staff wellbeing and professional support

Plymouth CAST recognises that some intimate-care situations can be physically or emotionally demanding for staff. Staff should be able to seek advice and support from an appropriate senior leader without stigma.

Where an incident has been particularly challenging, distressing or has raised safeguarding concerns, appropriate supervision or debriefing should be available. This must be managed in a manner that maintains the child's confidentiality and dignity.

26. Complaints and concerns

Parents/carers who have concerns about intimate-care arrangements should normally raise these with the Headteacher in the first instance. Concerns will be taken seriously and addressed promptly.

Where a concern relates to safeguarding or the conduct of an adult, it will be managed through the appropriate safeguarding procedures rather than solely through the complaints procedure. Parents/carers retain the right to use the Trust's formal complaints procedure where appropriate.

27. Monitoring and review

Headteachers are responsible for ensuring that this policy is implemented within their school.

Schools should periodically review their intimate-care arrangements to ensure that:

- children are receiving appropriate care;
- care plans remain current;
- sufficient trained staff are available;
- facilities and equipment remain appropriate;
- safeguarding and recording arrangements are effective;
- children and parents/carers are appropriately involved;
- reasonable adjustments are being made;
- practice remains consistent with Trust policy.

The Board of Directors will review this policy at least every three years. The policy may be reviewed sooner in response to:

- changes in legislation or statutory guidance;
- safeguarding learning;
- changes to national best practice;
- significant incidents;
- changes to Trust policy or organisational arrangements.

Related Plymouth CAST policies and procedures

This policy should be read alongside relevant Trust and school policies, including:

- Safeguarding and Child Protection Policy;
- SEND/Inclusion Policy;
- Supporting Pupils with Medical Conditions Policy;
- Behaviour Policy;
- First Aid Policy;
- Health and Safety Policy;
- Educational Visits Policy;
- Data Protection Policy;
- Staff Code of Conduct/Safer Working Practice;
- Allegations Against Staff and Low-Level Concerns procedures;
- Whistleblowing/Confidential Reporting Policy;
- Equality information and objectives;
- relevant infection-prevention procedures.

Appendix 1 – Individual Intimate Care Plan

A. Child details

Name of child	
Date of birth	
School / class / year group	
Date plan commenced	
Review date	
Parent/carer	
Contact details	
Lead member of school staff	
Other relevant plans	☐ Individual Healthcare Plan ☐ SEND Support Plan ☐ EHCP ☐ Risk Assessment ☐ Moving & Handling Plan ☐ Other

B. The child's needs

Nature of intimate-care need	
Underlying medical / SEND / developmental considerations, where relevant	
Frequency and likely timing of care	
What the child can manage independently	
Support required from staff	
What staff should encourage the child to do independently	

C. Child's voice, communication and preferences

How the child communicates that they require care	
How the child communicates agreement / assent	
How the child communicates discomfort, distress or a wish to stop	
Preferred words / terminology	
Communication aids / visual supports required	
Relevant sensory needs	
Privacy preferences	
Preferences regarding staff providing care	
Other wishes or feelings expressed by the child	

D. Care procedure

Detailed description of agreed procedure	
Where care will normally take place	
Equipment / resources required	
Personal items supplied by parent/carer	
Items supplied by school	
PPE required	
Cleaning / infection-prevention arrangements	
Disposal arrangements	
Management of soiled clothing	

E. Staffing

Staff authorised / trained to provide care	
Training / competence required	
Is one member of staff normally appropriate?	☐ Yes ☐ No
If two or more staff are required, explain why	
Arrangements for summoning assistance	
Contingency arrangements for staff absence	

F. Health, safety and safeguarding

Relevant health / medical considerations	
Moving-and-handling requirements	
Specialist equipment	
Known safeguarding considerations relevant to the safe provision of care	
Trauma-informed or relational considerations	
Circumstances in which care should be stopped and advice sought	
Emergency arrangements	

G. Educational visits and activities away from school

Additional arrangements required for day visits	
Additional arrangements required for residential visits, where applicable	
Transport considerations	

Accessible facility requirements	
Equipment / supplies required	
Contingency arrangements	

H. Recording and communication

Routine recording arrangements	
Information routinely shared with parents/carers	
Circumstances requiring immediate communication with parents/carers	

I. Agreement

This plan has been developed in partnership and is intended to ensure that the child receives safe, respectful and appropriate care while being supported towards the greatest achievable independence.

Child's views / signature where appropriate	
Parent/carer name, signature and date	
School representative, role, signature and date	
Healthcare professional, where appropriate	
Review date	

This plan will be reviewed at least annually and sooner whenever the child's needs, circumstances or provision change.

Appendix 2 – Parent/Carer Agreement for Routine Intimate Care

Permission for school to provide intimate care

Name of child	
Date of birth	
School / class	

I have discussed my child's intimate-care needs with the school and have been involved in agreeing the arrangements for their care.

I understand that the school will:

- respect my child's dignity, privacy and wishes;
- encourage independence wherever appropriate;
- provide care in accordance with the school's Intimate Care Policy and, where applicable, my child's Individual Intimate Care Plan or Individual Healthcare Plan;
- use appropriately authorised and trained staff;
- contact me if there is a significant concern or material change in my child's needs;
- act in my child's best interests where urgent or unforeseen care is necessary.

I agree that the school may provide the routine intimate care described in my child's agreed plan.

Parent/carers name	
Relationship to child	
Signature	
Date	
Child's signature / record of agreement where appropriate	
Date	
School representative	
Signature	
Date	

Changes in circumstances

Parents/carers should advise the school as soon as reasonably practicable of any significant change that may affect the child's intimate care, including changes to:

- health or medical condition;
- Medication;
- Continence;
- Equipment;
- Infection;
- Mobility;
- Communication;
- emotional or sensory needs.

Appendix 3 – Intimate Care Record

[illegible]

Routine recording requirements should be proportionate and specified within the child's individual plan.

Any safeguarding concern, significant distress, injury, unusual observation or significant deviation from the agreed plan must be recorded and reported through the appropriate school procedure.

Appendix 4 – Intimate Care Planning Checklist

Before implementing regular or complex intimate care, the school should consider:

- ☐ Has the child been involved as fully as possible?
- ☐ Have parents/carers been consulted?
- ☐ Have relevant healthcare professionals been consulted where necessary?
- ☐ Is an Individual Intimate Care Plan required?
- ☐ Could the arrangements be incorporated within an existing Individual Healthcare Plan?
- ☐ Have SEND and reasonable-adjustment requirements been considered?
- ☐ Have the child's communication needs been identified?
- ☐ Have the child's wishes and preferences been recorded?
- ☐ Have sensory, relational and trauma-informed considerations been identified?
- ☐ Is the proposed location suitable and accessible?
- ☐ Are dignity and privacy adequately protected?
- ☐ Are appropriate hygiene and infection-control arrangements available?
- ☐ Is specialist equipment required?
- ☐ Is a moving-and-handling assessment required?
- ☐ Has an individual risk assessment been completed where necessary?
- ☐ Are sufficient appropriately trained and competent staff available?
- ☐ Has the appropriate number of staff for the procedure been determined by need and risk assessment rather than routine?
- ☐ Are contingency arrangements in place for staff absence?
- ☐ Have safeguarding considerations been addressed?
- ☐ Have emergency arrangements been identified?
- ☐ Have arrangements for educational visits and off-site activities been considered?
- ☐ Have recording arrangements been agreed?

☐ Has a review date been established?

Appendix 5 – Key statutory guidance and reference documents

Schools should refer to the most current versions of relevant legislation and guidance, including:

- Department for Education, Keeping Children Safe in Education 2026;
- Department for Education, Supporting pupils at school with medical conditions;
- Department for Education / Department of Health, Special educational needs and disability code of practice: 0 to 25 years;
- Department for Education, Statutory framework for the Early Years Foundation Stage;
- HM Government, Working Together to Safeguard Children;
- Equality Act 2010 and relevant guidance for schools;
- Children and Families Act 2014;
- relevant Department for Education health, safety and school-premises guidance.

The Trust will review this policy where significant changes to statutory guidance affect intimate-care practice.