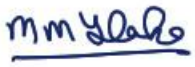
Shires Multi Academy Trust
1366 Evesham Rd, Astwood Bank, Redditch, B96 6BD
hello@shiresmat.org.uk | www.shiresmat.org.uk

Intimate Care Policy

Policy Name: Intimate Care Policy	**Policy Reference: MAT-OP15**
Owner/Reviewer: Trust SEND Lead	**Review Date: July 2026**
Approved by: CEO	**Approval Date: 2 September 2026**
Chair of Trust Board 	**Review Frequency: Annually**
	Date of Next Review: Spring Term 2027
Approved locally by Mrs D Yarnold	**September 2026**

Intimate Care Policy – Overview for Parents/Carer

Section	What this Means
1. Our Principles	We keep children safe by following national safeguarding guidance. All pupils are treated with dignity, respect and kindness. We work closely with families and ensure pupils are supported fairly and equally.
2. Children's Rights	Every child has the right to feel safe, have privacy, be respected, be listened to and be involved in decisions about their care.
3. What is Intimate Care?	This includes help with toileting, washing, dressing, continence care, menstrual care or medical procedures where needed.
4. How We Support Pupils	Pupils who need regular support have a personalised care plan. Staff are trained, follow hygiene procedures and respect each child's privacy and preferences.
5. Safeguarding and Protection	Children's safety is always the priority. Staff follow strict safeguarding procedures, and concerns are reported immediately. Care is usually provided by two adults where possible.
6. Medical Needs	Some pupils need medical support. This is agreed with parents and carried out only by trained staff following a healthcare plan.
7. Pupil Consent	Pupils are involved in decisions where possible. If they can consent, we ask first. If not, decisions are made in their best interests with family input.
8. Menstrual Care	Pupils can access sanitary products discreetly in school. Support is provided sensitively, and education is included in PSHE lessons.
9. Respecting Identity	We support all pupils, including those who are transgender or non-binary, and respect their identity, dignity and preferences.
10. Staffing and Emergencies	Trained staff provide care, with backup staff available. Parents are informed if arrangements change, and safety is always prioritised.
11. Staff Support	Staff receive training, supervision and support. They can choose whether to provide intimate care.
12. Preventing Bullying	We promote respect and ensure care is provided discreetly. Any bullying is dealt with quickly and seriously.
13. Building Independence	Pupils are supported to develop personal care skills and independence through teaching, guidance and appropriate support.
14. Preparing for the Future	We support pupils to develop the skills they need for the next stage of education and adulthood, involving families in planning.
15. Individual Care Plans	Plans outline each pupil's needs, who provides care, how care is given, and any preferences. These are reviewed regularly with parents and professionals.

Contents:

1. Principles

1.1 Shires Multi-Academy Trust and its Schools will act in accordance with Section 175 of the Education Act 2002 and the statutory guidance 'Keeping Children Safe in Education' to safeguard and promote the welfare of all pupils.

1.2 This Trust and its schools take 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 Trust Board recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

1.4 This intimate care policy should be read alongside the Trust/school's policies on:

- Safeguarding and child protection
- Staff code of conduct and safer working practice
- Whistleblowing and allegations management
- Health and safety
- Special Educational Needs and Disabilities
- Administration of medicines
- School level Behaviour and Anti-bullying
- Supporting Pupils with Medical Conditions Policy
- Online Safety Policy (where intimate care plans or records are stored electronically)
- First Aid Policy
- Educational Visits Policy (where intimate care arrangements may be required off-site)
- Data Protection and Records Management Policies

1.5

The Trust Board and Local Governance Committees are committed to ensuring that all staff responsible for the intimate care of pupils will carry out their duties in a professional manner at all times. These adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and their experience of intimate and personal care should be a positive one. Every pupil must be treated as an individual and care must be given gently and sensitively. No pupil should be attended to in a way that causes distress or pain.

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

1.8 Where pupils with complex or long-term health conditions have a health care plan in place, the plan should take into account the principles and best practice guidance in this intimate care policy.

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

1.10 All staff undertaking intimate care must be given appropriate training.

1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

1.12 Pupil voice and consent - Wherever possible, pupils will be consulted about their care needs and their preferences respected. For pupils who lack capacity to consent, decisions will be made in their best interests in consultation with parents/carers and relevant professionals. The school will actively promote pupils' independence in self-care skills, providing appropriate support and teaching to develop these skills over time.

2. Child-Focused Principles of Intimate Care

The following are the fundamental principles upon which this policy is based:

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities
- Every child has the right to express their views on their own intimate care and to have such views taken into account
- Every child 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. In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure, only a person suitably trained and assessed as competent should undertake the procedure.

4. Best Practice

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

4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and bodily functions. This should be noted in the plan.

4.3 Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (for example, if they have had an accident and wet or soiled themselves). Information on intimate care should be treated as confidential and communicated in person, by telephone or in a face-to-face meeting.

4.4 A written record should be kept every time a child has an invasive medical procedure, such as support with catheter usage.

4.5 Records should also be kept when a child requires assistance with intimate care. These can be brief but should, as a minimum, include the full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

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

4.7 Staff who provide intimate care are trained in personal care (such as health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

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

4.9 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.

4.10 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.

4.11 Every child'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 they need help with intimate care. Reducing the numbers of staff involved helps to preserve the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. An individual member of staff should inform another appropriate adult when they are going to assist a pupil with intimate care. Intimate care would typically be undertaken with a minimum of two adults in attendance to safeguard both the adults and the child.

4.12 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 gender of the carer.

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

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

4.15 Health and safety guidelines should be followed regarding waste products.

4.16 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5. Child Protection

5.1 The Trustees of Shires MAT and Governors and staff at this school recognise that pupils with special needs and disabilities are particularly vulnerable to all types of abuse. The school's child protection procedures will be followed.

5.2 Intimate care will normally be provided by two members of staff where possible, particularly for pupils who cannot communicate their needs or concerns. Where one-to-one care is necessary, another adult will be informed and remain nearby Staff will not provide intimate care to pupils with

whom they have a close personal relationship outside school.

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

5.4 If a member of staff has any concerns about physical changes in a pupil's presentation, such as unexplained marks or bruises, they will immediately report concerns to the Designated Safeguarding Lead or Headteacher/Head of School. School safeguarding procedures will be adhered to. 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 will not place the child at increased risk of suffering significant harm.

5.5 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 SENDCO or Headteacher. The matter will be investigated and outcomes recorded. Parents/carers will be contacted as soon as possible to reach a resolution. Staffing schedules will be altered until the issue is resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.6 If a pupil, or any other person, makes an allegation against an adult working at the school, this should be reported to the Headteacher/Head of School (or to the Chair of Governors if the concern is about the Headteacher/Head of School) who will consult the Local Authority Designated Officer in accordance with the Trust's whistleblowing policy.

6. Medical Procedures

6.1 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 and will only be carried out by staff who have been trained to do so.

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

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

7. Pupil Consent and Capacity

7.1 This school recognises that secondary-aged pupils, including those with SEND, often have the capacity to make decisions about their own intimate care needs. Staff will assess each pupil's capacity to consent on an individual basis, taking into account their age, understanding and communication abilities.

7.2 Where a pupil has capacity to consent, their agreement must be sought before any intimate care is provided. If a pupil refuses care, staff will:

- Explore the reasons for refusal sensitively
- Discuss concerns with parents/carers and relevant professionals
- Consider whether adjustments to the care plan might address the pupil's concerns
- Respect the pupil's decision where they have capacity, whilst ensuring their safety and dignity

7.3 Where a pupil lacks capacity to consent to intimate care, decisions will be made in their best

interests following consultation with parents/carers and relevant professionals. This will be documented in the pupil's care plan.

7.4 All pupils will be supported to develop understanding of their rights regarding bodily autonomy and privacy, matched to their developmental level.

8. Menstrual Care

8.1 This school recognises that some pupils, particularly those with learning disabilities or physical disabilities, may require support with menstrual care.

8.2. The school will offer sensitive and practical information to pupils about:

- Where the sanitary products are
- How to use and dispose of them correctly

8.3 Period products available (sanitary towels, tampons, period pants) to pupils can be found in the Pastoral lodge and outside the first aid room. Pupils can access themselves, and can ask staff discreetly on behalf of pupils, or when needing to access them to support with intimate care, such as in the staff or medical room.

Staff will not directly assist with the physical act of changing sanitary products unless specifically requested by the child and agreed with parents/carers in an individual care plan due to specific needs.

Age-appropriate education on puberty and menstrual hygiene will be provided as part of the PSHE curriculum.

9. Gender Identity and Intimate Care

9.1 This school is committed to supporting all pupils, including those who are transgender or non-binary, in a way that respects their identity and dignity.

9.2 When developing intimate care plans for pupils who are transgender or non-binary, the school will:

- Discuss with the pupil (where they have capacity) their preferences regarding the gender of staff providing care
- Respect the pupil's gender identity in all aspects of care provision
- Ensure facilities used for intimate care align with the pupil's gender identity
- Work sensitively with parents/carers, recognising that views may differ from the pupil's expressed identity

9.3 Where there are conflicting views between the pupil and parents/carers, the school will seek advice from relevant professionals and always prioritise the pupil's wellbeing and safety.

9.4 Wherever possible, the school will respect pupil preferences regarding the gender of staff providing intimate care. However, this must be balanced with: Availability of appropriately trained staff; Safeguarding requirements; Practical constraints.

Where a pupil's preference cannot be met, this will be discussed sensitively with the pupil and their parents/carers.

10. Staff Absence and Emergency Procedures

10.1 Where a pupil requires intimate care and their usual trained staff member is absent, the following procedures will be followed:

- Absence procedures will be followed in accordance with school policy, with updates communicated via daily Senior Leadership Team briefings.
- A designated backup member of staff, also trained in the pupil's specific care needs, will provide care
- All pupils requiring intimate care will have at least two trained staff members identified in their care plan
- If neither trained staff member is available, the SENDCO or designated senior leader will be informed immediately
- Parents/carers will be contacted to discuss temporary arrangements
- In genuine emergencies where care cannot be delayed, the most appropriate available staff member will provide care with another adult present, and parents/carers will be informed immediately

10.2 The school will maintain a register of all staff trained in intimate care provision, including specific training for individual pupils' needs.

11. Staff Wellbeing and Support

11.1 The school recognises that providing intimate care can be physically and emotionally demanding. Staff who provide intimate care will be offered:

- Supervision sessions with the Brightcore, SENDCO or designated senior leader
- Opportunities to discuss any concerns or difficulties in a confidential setting
- Access to occupational health support where needed
- Regular reviews of moving and handling arrangements to prevent injury

11.2 If a member of staff becomes uncomfortable with intimate care arrangements for any reason, they should speak to the SENDCO or Headteacher immediately. Alternative arrangements will be made without prejudice to the staff member.

11.3 Staff have the right to withdraw from providing intimate care at any time. The school will work to ensure this does not compromise the pupil's care by maintaining adequate numbers of trained staff.

12. Peer Awareness and Anti-Bullying

12.1 The school recognises that pupils who require intimate care support may be vulnerable to bullying or stigmatisation by peers.

12.2 The school will promote a culture of respect and understanding through:

- Age-appropriate PSHE education about disability, difference and respect
- Clear expectations that bullying or unkind comments about pupils' care needs will not be tolerated
- Discreet arrangements for intimate care that protect pupils' privacy and dignity
- Careful consideration of how pupils are withdrawn from lessons for care needs

12.3 Pupils who require intimate care will be supported to develop confidence and self-advocacy skills appropriate to their age and ability.

12.4 Any incidents of bullying related to a pupil's intimate care needs will be addressed immediately in accordance with the school's anti-bullying policy, with additional support provided to the affected pupil.

13. Teaching Independence Skills

13.1 The school is committed to supporting all pupils to achieve maximum independence in self-care, recognising that this is a crucial life skill.

13.2 Independence skills will be taught through:

- Direct teaching in appropriate settings (such as life skills lessons or small group work)
- Modelling and guided practice with gradual reduction of support
- Use of visual supports, social stories and other resources matched to the pupil's needs
- Collaboration with occupational therapists and other specialists where appropriate

13.3 The school's PSHE and life skills curriculum will include age-appropriate content on personal hygiene, self-care and managing personal care needs for all pupils, with additional support for pupils with SEND.

13.4 Most secondary pupils will change independently for PE and swimming. However, some pupils may require support due to physical disabilities, motor coordination difficulties, or learning disabilities.

Support Strategies:

- Extra time to change
- Adapted PE kit (e.g., elasticated waistbands, velcro fastenings)
- Use of a private changing area
- Visual sequence cards showing the steps for changing -
- Verbal prompts and encouragement
- Physical support if specified in an Intimate Care Plan

14. Transition Planning

14.1 For pupils who require intimate care support, transition planning will begin early to ensure continuity of care and maximum independence in future settings.

14.2 Transition planning will include:

- Assessment of the pupil's self-care skills and support needs for post-16 settings
- Targeted teaching of independence skills needed for the next phase of education or adult life
- Sharing of care plans and strategies with receiving settings (with appropriate consent)
- Opportunities for the pupil to visit new settings and discuss care arrangements
- Liaison with adult social care services where appropriate for pupils moving to adult provision

14.3 For pupils with Education, Health and Care Plans, intimate care needs and transition planning will be addressed in annual reviews from Year 9 onwards.

14.4 Parents/carers will be fully involved in transition planning, with consideration given to how care arrangements may change as the young person moves towards adulthood.

15. Intimate Care Plans

15.1 An Intimate Care Plan will be created for any pupil who requires regular intimate care support.

This includes pupils who:

- Need support with toileting
- Require moving and handling using specialist equipment
- Need support with menstrual care
- Require administration of medication via intimate routes
- Need support with personal hygiene.

15.2 Each Intimate Care Plan will include:

- Pupil's name, year group
- Nature of care required
- Frequency of care
- Designated staff members
- Location
- Equipment required
- Instructions
- Pupil preferences (e.g., staff gender, privacy requirements)
- Emergency procedures
- Parental consent

Review date.

15.3 Plans will be developed by the SENDCO in consultation with: - The pupil (where appropriate) - Parents/carers - Relevant medical professionals (school nurse, physiotherapist, occupational therapist) - Designated staff members.

15.4 Plans will be reviewed:

- Annually as a minimum
- When the pupil's needs change
- Following any incident or concern
- At the request of the pupil, parents, or staff

15.5 Where a pupil has manual handling needs, additional adults will be trained (approximately 4 within a high school) to ensure continuity of safe care.

15.6 Specifics for personal care such as use of a hoist or other equipment provided will be covered by the IDS manual handling plan for a pupil. This should not be copied and rewritten into other documents as it is a legal document written by an 'occupationally competent' person.

Appendix 1: template intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
Staff responsible	
Pupil preferences (e.g., staff gender, privacy requirements, names of body parts)	
Where care will take place	
What resources and equipment will be used, and who will provide them	
Instructions	
How procedures will differ if taking place on a trip or outing	
Emergency procedure	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
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/carer	
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/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 3

AGREEMENT BETWEEN CHILD AND APPOINTED PERSON

Child's Name: DOB:

Appointed person's Name:

Appointed person: As the Appointed person helping you in the toilet, you can expect me to do the following:

- When I am the identified person, I will stop what I am doing to help you in the toilet, as soon as you ask me. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing.
- I will check that you are as comfortable as possible, both physically and emotionally.
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

Child: As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me.
- I will try to use the toilet at break time or at the agreed times.
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

We will review this agreement on:

Child:

Appointed person:

Date:

Appendix 4

TOILET MANAGEMENT PLAN

Child's Name: DOB:

Name of Support Staff Involved:

Area of Need	
Equipment required	
Location of suitable toilet facilities:	
Support and frequency required	

Appendix 5

Intimate Care Record Log

(To be completed for every instance of intimate care)

Pupil Name	
Year Group	
Date of Birth	
Care Plan in Place (Yes/No)	

Date	Time	Location	Type of Care	Reason	Staff	Pupil Response	Observations	Action/Follow-up

Additional Information

Second adult present?	
Name of second adult	
Consent obtained?	Yes/No
Parent informed?	Yes/No
Method of communication	Email/Phone/Face to Face

Staff Signature	
Date	