

Fiveways School

Intimate Care Policy



Policy Review

Review Cycle	Date of Current Policy	Author(s) of Current Policy	Review Date
Annual	January 2026	James Holgate	July 2026

Policy Ratification

Role	Name	Signature	Date
Chair of Governors	Malcolm Gulliver	Signed at meeting	09.01.26
Head Teacher	Swavek Nowakiewicz	Signed at meeting	09.01.26

Details of Policy Updates

Date	Details
22.09.23	New policy
09.01.26	No changes

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1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children 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 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 that involves toileting, washing, changing, touching or carrying out an invasive procedure to children’s intimate personal areas.

2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#).

3. Role of parents/carers

3.1 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 annual permission form, an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn’t an intimate care plan or parental / carer consent for routine care in place, permission will be sought before performing any intimate care procedure.

If the school 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 school will inform parents/carers afterwards.

See appendix 2 for the annual permissions list sent to parents / carers.

3.2 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 (where 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.

The school will listen to the views of pupils in creating intimate care plans and align these with the views of parents. If there's doubt whether the child is able to make an informed choice, their parents/carers will be asked to support decisions.

The plan will be reviewed annually, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

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

3.3 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.

4. Role of staff

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. In the first instance, class-based staff (regardless of gender) will support personal care needs.

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.

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake which may be specific to a child
- 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 this policy
- Hygiene and health and safety procedures

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

5. Intimate care procedures

5.1 How procedures will happen

Where it is practical and possible, staff should aim to not work alone when supporting personal care needs. All staff will work to ensure that another adult is aware of this reason for supporting a pupil independently. Individual Learning Support Plans / Intimate Care Plans will identify where there is a known risk such as false allegations by a pupil and clearly identify the need for 2 persons present. Any invasive procedure will require two persons present.

Where it is not possible for two staff members to attend to personal / intimate care needs, the safety protocol will be for checks to be made every 2 minutes and this will be ensured by the class teacher / lead.

The school deems intimate care will be provided by staff of all genders provided they have an enhanced DBS. However, consideration will be made following consultation with pupils and parents / carers.

Personal care will take place within hygiene rooms / toilet facilities unless otherwise stated in an individual's Learning Support Plan / Intimate Care Plan. Dignity will be maintained at all times.

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

protective gloves, aprons, cleaning supplies, changing beds and bins.

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 incontinent pads, underwear and spare set of clothing.

Any soiled clothing will be contained securely and discreetly returned to parents/carers at the end of the day.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the class teacher and a DSL followed by a report via MyConcerns.

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.

6. Monitoring arrangements

This policy will be reviewed by the governing board and headteacher.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding

- Health and safety
- SEND
- Supporting pupils with medical conditions

Appendix 1: Specific Intimate Care Plan

Name of Child	
Specific needs during intimate care (e.g. specific routine / song / only one brand of wipe / etc)	
Signature Parent / Carer	
Views of Pupil	
Teacher	
Date	

Appendix 2: Annual Permissions questions

- 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.