Intimate Care Policy and Procedure

Reviewed:	June 2025
Adopted by Governors:	Full Governors meeting 14th July 2025
Next review due:	Summer 2027

Kings Mill School & Residence

Contents

Appendix section:

Forms for use:

Statement of Intent

Kings Mill School and Residence understands the importance of its responsibility to safeguard and promote the welfare of children.

Pupils may require assistance with intimate care as a result of their age or due to having special educational needs. In all instances, effective safeguarding procedures are of paramount importance.

This policy has been developed in order to ensure that all staff responsible for providing intimate care undertake their duties in a professional manner at all times and treat children with sensitivity and respect.

The school is committed to providing intimate care for children in ways that:

- Maintain their dignity.
- Are sensitive to their needs and preferences.
- Maximise their safety and comfort.
- Protect them against intrusion and abuse.
- Respect the child's right to give or withdraw their consent.
- Encourage the child to care for themselves as much as they can and where appropriate teach the child the skills in order to achieve this aim.
- Protect the rights of all others involved.

1. The Legal Framework

This policy has due regard to the relevant legislation, including, but not limited to, the following:

- The Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Childcare Act 2006
- Education Act 2002
- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- The Control of Substances Hazardous to Health Regulations (COSHH, as amended in 2004).

This policy has due regard to the relevant statutory guidance, including, but not limited to the following:

- Residential Special Schools. National Minimum Standards (updated 2022)
- DfE (2024) 'Keeping children safe in education'

This policy operates in conjunction with the following school policies:

- Health and Safety Policy
- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Child Protection and Safeguarding Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Administering Medication Policy

The DfE outline in the National Minimum standards for Residential special schools that: "Where necessary, a child has a clear individual health and welfare plan or similar record, containing relevant health and welfare information provided by parents/carers and recording significant health and welfare needs and issues. This record should be agreed by parents/carers and include:

- Records of developmental checks
- Health monitoring required by staff
- Intimate care or bodily functions requiring staff help; and
- The involvement of a child's parents/carers or significant others in health and welfare issues."

2. Aims

The aims of this policy and guidance are:

- To safeguard the rights and promote the welfare of children and young people.
- To provide guidance and reassurance to staff whose duties include intimate care.
- To assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are taken into account.
- To remove barriers to participation, protect from discrimination and ensure inclusion for all children.

3. Definition of intimate care

For the purpose of this policy, intimate care is defined as any care which may involve the following:

- From elbows to knees and face
- Washing
- Touching
- Carrying out an invasive procedure
- Changing a child who has soiled themselves
- Providing oral care
- Feeding
- Assisting in toilet issues
- Providing comfort to an upset or distressed pupil

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals. Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.
Pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

4. Roles and Responsibilities

The Headteacher is responsible for:

- Ensuring that intimate care is conducted professionally and sensitively by all appropriate members of staff.
- Ensuring that the intimate care of all children is carefully planned, including individual plans following discussions with the parent and the child.
- Communicating with parents in order to establish effective partnerships when providing intimate care to children.
- Handling any complaints about the provision of intimate care in line with the school's **Complaints Procedures Policy.**

All members of staff who provide intimate care are responsible for:

- Undergoing training for provision of intimate care. This will be included in the moving and handling training provided at the start of employment and refreshed annually.
- Undertaking intimate care practice respectfully, sensitively and in line with the guidelines outlined in this policy.
- Following child's up to date intimate care risk assessment.

Parents are responsible for:

- Liaising with the school to communicate their wishes in regard to the child's intimate care.
- Providing their consent to the school's provision of their child's intimate care.
- Adhering to their duties and contributions to their child's intimate care plan, as outlined in this policy.

5. Procedures for intimate care

All staff providing intimate care will do so in a manner that shows the child respect and courtesy throughout.

When physical contact is made with pupils, it is imperative that it is conducted in a way which is responsive to the pupil's needs, is of limited duration and is appropriate to their age, stage of development, gender, ethnicity and background.

Staff will seek the pupil's permission, where possible, before initiating contact.
Staff who provide intimate care will have a list of personalised changing times for the children in their care, which will be adhered to at all times, detailed in care and risk plans and will be shared with parents.

Staff who provide intimate care will conduct intimate care procedures in addition to the designated changing times if it is necessary; no child will be left in wet/soiled clothing or incontinence pad.

Children's intimate care will be carried out by familiar staff, in the first instance. If a pupil expresses a preference for who assists them, then this will be listened to and accommodated wherever possible. Any changes in preference will be investigated

The changing areas are warm and comfortable for the children and are private from others.

Toileting

Each child using incontinence pads will have a clearly labelled box allocated to them in which there will be clean pads and any other personalised toiletries or changing equipment necessary.

Cream / medication should only be applied that is labelled as the child's and that is provided in accordance with Administering and Storage of Medication policy. Full parental consent will be gained prior to this.

Staff will wear protective gloves and aprons (if needed) and the changing area will be cleaned appropriately. Hot water, liquid soap and paper towels are available for staff to wash their hands before and after.

Any wet/soiled clothing should be placed in a tied plastic bag and returned to parents for laundry, at the end of the school day or at the end of the child's residence stay.

Pads will be placed in a tied plastic bag and disposed of in the clinical waste bins provided, in accordance with the school's hygiene procedures.

Any bodily fluids that transfer onto the changing area will be cleaned appropriately as outlined above.

The Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids.

Where appropriate children will be encouraged to use the toilet facilities, independently and will be reminded at regular intervals to go to the toilet.

Children will be reminded and prompted to wash their hands after using the toilet.

Girls should be supported to be as independent as possible with personal care matters such as menstruation.

In some cases pupils will be identified as a candidate to undertake toilet training following the ABA toileting programme

This programme follows a highly successful and effective protocol based on the Principles of ABA. The programme uses positive practises which include over correction procedures, provides practise of desired behaviours and decreases the future probability of undesired behaviours reoccurring.

Parents are consulted before the training takes place and the procedures involved are discussed so that parents are fully aware of the procedures involved. Parents are also kept up to date with the child's progress on a daily basis, and staff may arrange a follow up meeting with parents for 2 weeks after the start of the programme to review progress.

Bathing /Showering and changing

The supervision will be appropriate to the needs and ages of the pupils, and sensitive to the potential for embarrassment.

Staff will announce their intention of entering the bedroom /changing room / bathroom to allow pupils to maintain their privacy.

Children are expected to change into appropriate clothing for PE / swimming, they are entitled to respect and privacy whilst they are changing. However, a level of supervision is required to ensure that they are safe.

When swimming staff will never change in the same area as pupils. Staff will only shower in the same area where it is a communal, open shower and swimwear is worn e.g. at the leisure centre after swimming.

6. Parental Engagement

The school will liaise closely with parents to establish individual intimate care and risk plans for each child which will set out the following:

- What care is required
- Number and gender of staff needed to carry out the care
- Staff training required
- Any additional equipment needed
- The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
- The child's level of ability, i.e. what procedures of intimate care the child can do themselves
- Any adjustments necessary in respect to gender choices, cultural or religious views
- The procedure for monitoring and reviewing the intimate care plan

The information concerning the child's intimate care plan will be stored confidentially.

The parents of the child are required to sign the **Intimate Care Parental Consent Form** to provide their agreement to the plan; no intimate care will be carried out without prior parental consent.

In respect of the above, if no parental consent has been given and the child does not have an intimate care plan, but the child requires intimate care, parents will be contacted by phone in order to gain consent.

Any changes that may need to be made to a child's intimate care plan will be discussed with the parents to gain consent and will then be recorded in the written **My Intimate and Personal Care and Risk Plan**.

Intimate care risk assessments will be reviewed once a year with the whole class team.

Parents will be asked to supply the following items for their child's time in school and residence.

- Appropriate supply of pads and sanitary wear (as appropriate)
- Creams or medications if required
- Spare clothing
- Spare underwear

7. Safeguarding Procedures

The school adopts rigorous safeguarding procedures in accordance with the **Child Protection and Safeguarding Policy** and will apply these requirements to the intimate care procedures.

The school will ensure that all adults providing intimate care have undergone an enhanced DBS check (which includes barred list information) enabling them to work with children.

All members of staff will receive safeguarding training and receive child protection and safeguarding updates as required.

Wherever possible staff should care for a child of the same gender. However, in some circumstances this may not be possible; for example, female staff supporting boys as no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. If required to they should do so with support from a female member of staff. This is safe working practice to protect children and to protect staff from allegations of abuse.

All members of staff are instructed to report any concerns about the safety and welfare of children with regards to intimate care, including any unusual marks, bruises or injuries, to the **Designated Safeguarding Lead** on CPOMS in accordance with the school's **Whistleblowing Policy**.

Any concerns about the correct safeguarding of children will be dealt with in accordance with the **Child Protection and Safeguarding Policy** and the **Allegations of Abuse Against Staff Policy**.

8. Monitoring and review

This policy will be reviewed every two years, unless legislation changes, by the Headteacher, Head of Care and Designated Safeguarding lead, who will make any changes necessary to be ratified by the Board of Governors. This will then be communicated to all members of staff.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.

Record of review/amendment

Review Date:	10th October 2023	**Page No (Other info):**	**3**
Original:	DfE (2022) 'Keeping children safe in education'		
Amendment:	DfE (2023) 'Keeping children safe in education' Reviewed alongside updated KCSiE guidance - DSL		

Review Date:	17th June 2025	**Page No (Other info):**	**3**
Original:	DfE (2023) 'Keeping children safe in education'		
Amendment:	DfE (2024) 'Keeping children safe in education'		
Amendment: Pg 5	Addition: 'Following child's up to date intimate care risk assessment'		
Amendment: Pg 7	Addition: 'Intimate care risk assessment will be reviewed once a year with the whole class team'		

Appendix: i

Intimate and Personal Care Parental Consent Form

School Early Years Student Centre Residence Kings Mill

Aim of the Agreement:

- To provide parent / carer consent to the school / residence provision of their child's intimate care.
- To ensure that both parent/carer and child's wishes are considered and communicated.

Definition of intimate care;
For the purpose of this document, intimate care is defined as any care which may involve the following:

- Washing
- Touching
- Carrying out an invasive procedure
- Changing a child who has soiled themselves
- Providing oral care
- Feeding
- Assisting in toilet issues
- Providing comfort to an upset or distressed pupil

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of, the genitals. Examples of intimate care include support with dressing and undressing (underwear), changing incontinence pads, nappies or medical bags such as colostomy bags, menstrual hygiene, helping someone use the toilet, or washing intimate parts of the body.
Children may be unable to meet their own care needs for a variety of reasons and will require regular support.

Kings Mill is responsible for ensuring that all members of school / residence staff who provide intimate care:

- Have undergone training for provision of intimate care. This will be included in the moving and handling training provided at the start of employment and refreshed as part of staff ongoing continual professional development.
- Undertake intimate care practice respectfully, sensitively and in line with the guidelines outlined in the Intimate Care policy (this can be found in the policy section of the school website or requested via the school office)

I / we, the undersigned give permission for staff at Kings Mill School /residence to carry out tasks involving intimate and personal care with;

Name of child ……

Signed ……

We understand that any concerns or issues around the care of our child should be shared with the Headteacher / Head of Care.

Kings Mill school and Residence will liaise closely with parents / carers to establish individual intimate care and risk plans for your child which will set out the following:

- What care is required
- Staff support required
- Staff training required
- Any additional equipment needed
- The child's preferred means of communication, e.g. visual/verbal, and the terminology to be used for parts of the body and bodily functions
- The child's level of ability, i.e. what procedures of intimate care the child can do themselves
- Any adjustments necessary in respect to gender choice, cultural or religious views

To help us with this we would appreciate any comments that you may wish to make to support this plan. Please consider

- Specialist equipment
- Size and type of pad / sanitary wear
- Creams / medications – including any allergies to health and hygiene product
- Adjustments necessary in respect of gender choice, cultural and religious views

Parent / carer supporting comments:

Parents are reminded that they are responsible for providing

- Appropriate supply of pads
- Creams or medications if required
- Spare clothing and underwear

And for notifying school of any changes to needs.

Appendix ii

My Intimate and Personal Care and Risk Plan

Name		**Date of Birth**	
Class		**Residence user**	**Yes / No**
Date of plan		**Note:** plan to be reviewed annually. Where amendments are necessary the plan to be archived and new plan written and dated as such.	
Date plan reviewed			
Contributed to by			
Staff that will support me **Note***: Intimate care will be carried out by familiar staff, in the first instance.* *Wherever possible staff should care for a child of the same gender. However, in some circumstances this may not be possible. Male members of staff should not normally provide routine intimate care for adolescent girls. If required to they should do so with support from a female member of staff.*			

	What care is required?	**What I can do for myself**
Toileting		
Dressing / undressing		
Washing		

What equipment / resources do I need? e.g. access to a hoist and changing plinth Size and type of pad Sanitary protection Creams or medications

Allergies to health and hygiene products: Yes / No **Please state;**

To support me effectively you must Consider staffing ratios / supervision preferred means of communication appropriate terminology (private parts/penis/vagina – agreed school language as opposed to slang words used by family) adjustments necessary in respect of gender choice / cultural / religious views

Training my staff will need…. Safeguarding Intimate care Moving and Handling

Risk Assessment – Please list specific risks related to intimate care.
Risks to myself?
Risks to others?
Plan to reduce risk (Control measures in place)