HERITAGE HOUSE SCHOOL

INTIMATE CARE POLICY

Approved by:	[Headteacher]	**Date:**	[3.11.26]
Last reviewed on:	[November 2026]		
Next review due by:	[November 2027]		

Adapted from The Key (last updated 18th September 2025)

Contents

1. Aims 2
2. Legislation and statutory guidance 2
3. Role of parents/carers 2
4. Role of staff 3
5. Intimate care procedures 4
6. Monitoring arrangements 5
7. Links with other policies 5
Appendix 1: template intimate care plan 6
Appendix 2: template parent/carer consent form 7
Appendix 3: Intimate care record 8

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
- Learners 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 learners 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 the Department for Education (DfE) statutory safeguarding guidance:

- Keeping Children Safe in Education 2026
- Early Years Foundation Stage (EYFS) statutory framework

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 and provide the necessary items.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents/carers (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental 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.

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 (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents/carers will be consulted.

The plan will be reviewed once a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a learner'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. This includes LSA's MDS's, Teachers and Multi-disciplinary therapy assistants. There may be times that therapists assist with intimate care, for example OT supporting with dressing or seating on the toilet; SALT supporting with communication.

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

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

The Designated Safeguarding Lead will:

- Oversee the implementation of this policy
- Ensure staff receive appropriate training and support
- Oversee the development of individual intimate care plans
- Act as a point of contact for parents/carers/staff regarding intimate care concerns

4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the learner to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school

- Hygiene and health and safety procedures

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

5. Intimate care procedures

During any intimate care procedure, Heritage House School will balance children's privacy with safeguarding and support needs.

5.1 Staffing

All members of staff performing intimate care procedures have an enhanced DBS with barred list check.

Ambulant and more mobile learners may be taken for intimate care by one member of staff, these learners are usually changed when standing, or are able to assist during transfers.

There may be times on an individual basis where a learner might require the support of two adults to support intimate care, for example if they have had a bowel movement and are known to 'smear'.

Once learners with more complex needs reach 16kg in weight, they should be hoisted to and from their chair to the changing bed.

Learners with more complex needs may require two members of staff to enable safe hoisting and positioning, during and after intimate care.

Where possible, a member of staff from the class team will support the learners from their own class, but from time to time, other staff may need to support, e.g. to cover absences, emergencies and off-site visits. Where possible, we will ensure that these backup members of staff are also people known to the child.

5.2 Arrangements

Before going to perform intimate care on a child, the member of staff will inform another member of staff of where they are going, and for what purpose.

Procedures will be carried out in line with the LD nurses' recommendations, in the learner's toilets, adapted bathroom or pool changing rooms.

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

Protective gloves, aprons if necessary, changing beds if necessary, cleaning supplies and bins.

For learners needing routine intimate care, the school expects parents/carers to provide, when necessary, a daily stock of necessary resources, such as nappies/ pads, underwear and/or a spare set of clothing. The nursing team advises that only a daily stock is kept in school as pads can deteriorate when left in bathrooms for longer periods of time.

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

Staff will complete an intimate care log for each learner (See appendix 3)

5.3 Management of menstrual care

All staff will be sensitive to the fact that:

- Girls at our school may start to menstruate

The school will offer sensitive and practical information to learners about:

- Where the sanitary products are
- How to use and dispose of them correctly
- Parents are requested to provide period products
- Staff will not directly assist with the physical act of changing sanitary products unless agreed with parents/ carers in am individual care plan due to specific needs

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

5.4 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, first aider if required, and DSL. In the event of an injury, an AssessNET form and body map will be completed and parents informed via a Family Information Form.

If an allegation against a member of staff is made, the responsibility for intimate care of that child will be given to another member of staff with immediate effect and the allegation will be investigated according to the school's safeguarding procedures.

Where the school notices an increasing pattern of soiling instances, it will first hold a meeting with parents/carers and with any other relevant individuals, such as medical professionals involved with the child to discuss why this might be occurring, and how to help the child. If the pattern continues, the school's designated safeguarding lead (DSL) will be notified. If there is other evidence which indicates a safeguarding concern, the DSL may contact the local authority designated officer (LADO), who will consider whether there is a safeguarding issue.

6. Monitoring arrangements

This policy will be reviewed by Multi-sensory lead annually. At every review, the policy will be approved by the 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 learners with medical conditions
- RSHE policy

Appendix 1: template intimate care plan

PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

This plan will be reviewed twice a year.

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	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

HERITAGE HOUSE SCHOOL – INTIMATE CARE LOG

Please complete this log each time personal care is provided to a learner

LEARNER NAME:			KEY: A = CHANGE WET PAD B = CHANGE SOILED PAD C = CHANGE SANITARY TOWEL D = CHANGE FOR PD E = CHANGE CLOTHES F = SUPERVISE INDEPENDENT TOILET USE			APPEARANCE IF CONCERNS NOTED
DATE	TIME	Procedure(s)	STAFF NAME(S)	INITIALS	COMMENTS	COMMENTS