Special Partnership Trust

INTIMATE CARE POLICY

Date Last Reviewed: September 2026

Review Date: September 2027

Special Partnership Trust

Policy for Intimate Care

This policy needs to be read in conjunction with the SPT's Safeguarding and Whistleblowing policy document and guidance which have been approved by the Trustees. It also needs to read in conjunction with our First aid and Educational visits out of school policy to further inform practice.

This policy should be read alongside;
KCSIE 2026
Working Together to Safeguard Children (2023 and subsequent updates)
Equality Act 2010
SPT Safeguarding policy
SPT Staff Code of Conduct

Rationale

Our Special Partnership Trust is committed to ensuring that all staff responsible for intimate care routines of pupils will carry out these routines in a professional manner at all times. Our Special Partnership recognises that there is a need to treat all pupils with care and respect when intimate care is given; we additionally recognise that we have a duty to safeguard all staff who undertake intimate care with a policy which informs practice.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after having evacuated their bowels/bladder). In most cases such care will involve cleaning intimate personal areas for hygiene purposes as part of a staff member's duty of care as outlined within their job descriptions (roles and responsibilities). Wherever possible, pupils will be involved in decisions regarding their intimate care arrangements. The views, wishes and feelings of the child or young person must be considered in accordance with their age, understanding and communication needs.
In the case of a specific procedure only a person suitably trained and assessed as competent by the school nurse (identified via the training matrix held by the school nurse) should undertake the procedure, (e.g., the administration of medication.)

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues and if any member of staff has any concerns in relation to the intimate care of pupils, they must bring this to the **IMMEDIATE** attention of the school's Designated Safeguarding lead/Deputy Safeguarding lead using CPOMS to record this concern.

Any care should not cause distress or pain during intimate care routines, the individual needs of pupils must always be taken in to account, so as not to cause or aggravate on going issues e.g. – hip displacement, skin sores/irritations and sensitivity to wipes etc. Staff must consult with parents, the school nurse, and physiotherapist if any pupil shows any signs of distress through intimate care routine to seek further advice and guidance to inform practice.

Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers obtaining further advice and guidance if necessary, to provide continuity of care to pupils/young people wherever possible.

It is recognised that the pupils in our Special Partnership Trust will develop into adults and as a result there will be changes to their bodies. It will be the responsibility of the Annual Review leads to check with parents/carers during pupil reviews if the incontinence products they are supplied with and the hygiene methods applied meet the needs of their child. If it becomes apparent that such products/hygiene methods are not meeting the pupil's needs this will be discussed in depth to support the family, liaising with the school nurse/continence nurse/school GP as necessary.

Mental Capacity Act

It is recognised that that once a pupil reaches 16 years of age any such issues arising from intimate care may need to be addressed through establishing Mental Capacity; if it is found that a pupil does not have capacity to consent to certain intimate care procedures then a Best Interests meeting may be necessary to determine how parents/carers will address aspects relating to their child's personal hygiene and the management of this.

Intimate care will continue to be included in the school's safeguarding training outlining the protocols all staff must follow whilst delivering such care. Within such training the school will identify the appropriate pathways which must be followed if any member of staff has concerns in relation to safeguarding/ whistleblowing.

Aims

1 To recognise that there is a need to treat all pupils with respect when intimate care is given

2 To ensure that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times

3 To ensure that Safeguarding procedures are followed at all times to protect both pupil and staff

4 To ensure the school has established the appropriate pathways to ensure pupil hygiene needs are supported in a relevant and meaningful way discussing such aspects with parents/carers

Staff should seek and respect the views of pupils wherever possible. Consideration must be given to Gillick competence and a young persons ability to make informed decisions regarding intimate care. Capacity assessment and Best interests processes must be followed where appropriate.

Monitoring and Evaluation

This policy will be monitored by the Trustees of our Special Partnership Trust, who will formally evaluate it on a biennial basis (or earlier if necessary). This policy will also work alongside the school's Safeguarding/Whistleblowing policy to provide an avenue for any staff who may have concerns regarding in this area.

Guidelines

1 Best Practice

1.1 The management of all pupil with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity are of paramount importance

1.2 Staff who provide intimate care are trained to do so (including Safeguarding and Health and Safety training in lifting and moving and handling) and are fully aware of best practice

1.3 Apparatus will be provided to assist with pupil who need special arrangements following assessment from physiotherapist/ occupational therapist/moving and handling team as required; outcomes of such work will be included pupil's individual moving and handling passports

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

1.5 Wherever possible staff who are involved in the intimate care of pupil/young people will not usually be involved with the direct delivery of

Relationship/Sex education to the pupil/young people in their care as an additional safeguard to both staff and pupil/young people involved

1.6 The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves

1.7 Individual intimate care plans will be drawn up for particular pupils as appropriate to suit the circumstances of the child; these will take the advice and guidance of any multi-agency team as appropriate – e.g. – school GP/nurse/continence team. If such plans are required it will be the role of the school nurse and Class Teacher/Head Teacher to identify particular pupil; any plan will be discussed with parents/carers before it is implemented

1.8 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted

1.9 Wherever possible the same child will not be cared for by the same adult(s) on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers. If any member of the class team consider they are expected to support over and above the rest of the team they need to bring this to their line managers immediate attention

1.10 Staffing levels and allocation will be determined through individual risk assessment. Where intimate care requires two adults, or where risk assessment identifies this as necessary, this must be documented in the pupils care plan.

1.11 Intimate care arrangements will be based on the pupils assessed needs, dignity, preferences, available staffing and safeguarding considerations rather than on assumptions based on gender.

1.12 Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of pupil/parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation. When necessary the school will ask the parents/carers to demonstrate the level of intimate

care required to ensure all staff are consistent within their approach if/as required

2 Safeguarding

2.1 School and Multi-Agency Safeguarding Procedures will be adhered to at all times

2.2 All pupils will be taught personal safety skills carefully matched to their level of development and understanding within the school's Relationships/Sex Education Curriculum

2.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g., marks, bruises, soreness etc. s/he will immediately report concerns to one of the Safeguarding Officers using CPOMS

2.4 Significant incidents arising during intimate care, including injuries safeguarding concerns, refusal of care, distress or allegations must be recorded in line with school safeguarding and record keeping procedures,

2.5 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary

2.6 If a child makes an allegation against a member of staff, all necessary procedures will be followed; Allegations and low level concerns must be managed in lien with the SPT Safeguarding Policy and Allegations against staff procedures. Where appropriate the LADO will be consulted

3 Guidance to safeguard pupil and staff with regard to situations which may lend themselves to allegations of abuse.

Physical Contact

3.1 All staff engaged in the care and education of pupil and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time,

will be of limited duration and will be appropriate given their age, stage of development and background

3.2 Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny

3.3 Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility

3.4 Pupil with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported

3.5 Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such pupils are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations

Pupils in distress

3.6 There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation

3.7 Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the pupil needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative

3.8 Particular care must be taken in instances which involve the same pupil over a period of time

3.9 Where a member of staff has a particular concern about the need to provide this type of care and reassurance, they should seek further advice, from their line manager or other appropriate person

First Aid and intimate care

3.10 Staff who administer first aid should ensure wherever possible that another adult or other pupil are present

3.11 Staff who administer first aid must be in receipt of appropriate training and be identified as one of the school's registered first aiders; any first aid given needs to be bought to the attention of parents/carers

3.12 All first aid procedures must be recorded in the first aid log system by the end of the school day, clearly identifying date, time and member of staff completing the log.

3.13 The pupil's dignity must always be considered and where contact of a more intimate nature is required

3.14 Regular requirements of an intimate nature should be planned for. Agreements between the school/organisation, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The pupil's views must also be actively sought and, in particular, any discomfort with the arrangements addressed

Health and Safety

Staff should adhere to the dress code when supporting with intimate care and wear the protective clothing supplied – gloves/apron; any soiled waste must be placed in the appropriate bin which can be sealed and disposed of at the end of each school day.

Monitoring and Evaluation

This policy will be monitored by the Trustees of our Special Partnership Trust and evaluated every year.