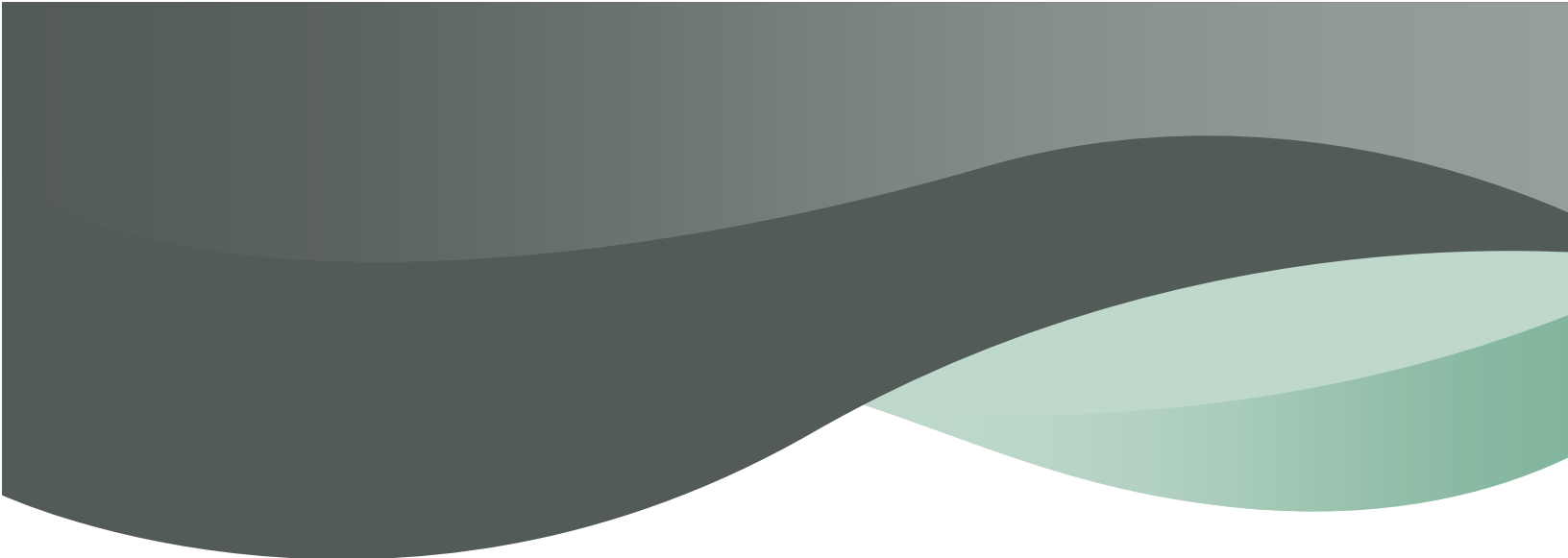




Intimate Care Policy

Updated for:	September 2026
Next review:	September 2027

James Montgomery Academy Trust



Intimate Care Policy

1. Statement of intent

James Montgomery Academy Trust (JMAT) is committed to safeguarding and promoting the welfare of children and young people. The Trust recognises that some children require assistance with intimate care and will ensure such support is provided in a safe, respectful and dignified manner.

Intimate care will always be:

- Child-centred
- Respectful of privacy and dignity
- Delivered in line with safeguarding and safer working practice

JMAT is committed to ensuring all children, including those with disabilities or medical needs, are supported to access education fully and without discrimination in accordance with the Equality Act 2010.

2. Legal framework

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

- Keeping Children Safe in Education 2026
- Working Together to Safeguard Children 2026
- The Children and Families Act 2014
- Children Act 1989 and 2004
- The Education Act 2011
- The Health Act 2006
- The Equality Act 2010
- Health and Safety at Work 1974
- UK GDPR and data Protection Act 2018

This policy will be implemented in conjunction with the schools:

- Health and Safety Policy
- Business Emergency and Continuity Plan (outbreak of disease)
- Supporting Pupils with Medical Conditions Policy
- Child Protection and Safeguarding Policy
- SEND Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Allegations of Abuse Against Staff Policy

Intimate care situations can present safeguarding risks. All staff must:

- Remain vigilant to indicators of abuse, neglect or boundary breaches
- Report all concerns immediately to the Designated Safeguarding Lead (DSL)
- Record concerns promptly on RecordMy

3. Definition of Intimate Care

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

- Contact with intimate areas of the body
- Support with bodily functions
- Personal hygiene tasks

This includes, but is not limited to:

- Toileting and continence care
- Changing nappies or clothing
- Washing and personal hygiene
- Menstrual hygiene support
- Physical assistance with dressing/undressing
- Moving and handling (e.g. hoists and slings)

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.

4. Guiding Principles

Every intimate care procedure must:

- Be delivered with respect, dignity and sensitivity
- Be the minimum required to meet the need safely
- Support the child's independence wherever possible
- Reflect the child's individual care plan
- Take account of the child's views, wishes and preferences
- Be delivered by trained staff only

Every plan supporting intimate care must support the child to:

- Understand what is happening
- Express preferences
- Develop independence progressively

Please see **Appendix 1** for JMAT's Intimate Care Plan.

The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children and staff.

In the instance of infectious disease, this may also include isolating to an appropriate area, and the member of staff taking extra precautionary measures to protect themselves with personal protective measures as appropriate.

Consent and Child Voice:

- Parents/carers must provide written consent for intimate care where required
- Children must be supported to give informed assent, in line with their age and understanding
- A child's wishes must be respected unless this would place them at risk. Staff must record any refusal or challenge sensitively, preserve the child's dignity, inform the DSL and parent/carer, and follow safeguarding procedures where refusal raises concern.
- Children must be able to:

Request a change of staff member (where possible)
Express discomfort or refusal

5. Good practice in intimate care

Staff must:

- Follow the child's individual intimate care plan
- Maintain professional boundaries at all times
- Explain procedures clearly to the child
- Use age-appropriate communication
- Respect privacy and modesty
- Use correct anatomical language
- Record all required care interactions and any concerns

Safer Working Practices

Intimate care should normally be delivered by two members of staff where practicable to protect both children and staff and to provide transparency. If two adults cannot practically be present, the member of staff must:

1. Complete a brief single-adult intimate care risk assessment (recorded and retained);
2. Inform the DSL or a senior leader prior to the task where practicable (or immediately afterwards if the task was emergent);
3. Preserve the child's dignity (use privacy screen/leave door ajar so activity remains visible to others while protecting privacy);
4. Record the reason for single-adult provision and the outcome on the school's safeguarding system within 24 hours.

Gender Considerations

Where appropriate, consideration may be given to matching staff and child gender. However, the child's safety, dignity, preferences and best interests must always take priority.

6. Safeguarding and Reporting Concerns

Staff must immediately report:

- Any signs of injury or unusual marks
- Changes in behaviour
- Distress during intimate care
- Any inappropriate staff conduct

If a concern relates to staff conduct:

- It must be reported to the Headteacher immediately
- The Local Authority Designated Officer (LADO) must be contacted where appropriate

7. Accountability and recording

The Headteacher is ultimately accountable for intimate care arrangements within the school. The Designated Safeguarding Lead (DSL) has day-to-day oversight of intimate care incidents, plans and staff practice. All intimate care incidents and plan reviews must be recorded on the school's secure safeguarding system RecordMy within 24 hours. Records will be retained and archived in accordance with the school's retention schedule and UK GDPR. The DSL is responsible for deciding whether an incident requires referral to external agencies and for liaising with the local Family Help lead practitioner or children's social care where appropriate

8. Health, safety and infection control

JMAT'S Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids. Any member of staff that is required to assist a child with specific medical requirements will be trained to do so and will carry out the procedure in accordance with the Supporting Pupils with Medical Conditions Policy.

Staff must wear disposable aprons and gloves while assisting a child in the toilet, while changing a nappy, or a soiled child. This is extended to include dealing with children showing symptoms of an infectious disease e.g. coronavirus, impetigo, etc.

The following points and guiding principles should be noted by any member of staff who has been asked to support children who need assistance in intimate personal care.

- Children may only be changed by a member of staff.
- If a child wears pants and has 'wet' themselves, they may be changed within the Key Stage toilet area or disabled toilet for more privacy.
- If a child wears nappies or has 'soiled' themselves they should be taken to an appropriate toilet/changing room where there are cleaning materials, should they be required.
- If the intimate care includes the external application of creams/ointments (e.g. nappy cream) then this must be included on the Intimate Care Plan and a medication form must be completed by parents/carers.
- Wipes, nappies, gloves etc. should be placed in a nappy bag and inside another plastic bag and disposed of appropriately in the relevant bin. Wet or soiled pants should be placed in a nappy bag and inside another plastic bag and returned to parents/carers. Heavily soiled pants should be disposed of as with nappies.

9. Staff, facilities and equipment

Staff members who provide intimate care will be trained accordingly, appropriately, and should be fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from a physiotherapist or occupational therapist.

This may include the following:

- Changing areas with privacy
- Accessible toilets
- Adjustable bed
- Hoists
- Moving and handling equipment including transfer boards
- Slings
- Changing mat
- Non-slip step
- Cupboard

- Adapted toilet seat or commode seat
- Disposable gloves/aprons
- Nappies, pads
- Tissue rolls (for changing mat/cleansing)
- Supply of hot water
- Soap
- Barrier creams
- Antiseptic cleanser for staff
- Antiseptic cleanser for the changing bed/mat
- Clinical waste bag
- Spillage kit

All equipment will be maintained and used in line with training.

10. Safer recruitment and staff checks

All staff who provide intimate care will be recruited in line with the Trust's safer recruitment procedures, hold an enhanced DBS check where required, have two verified references and appropriate identity checks, and will be listed on the Single Central Record (SCR) with evidence of training. The school will ensure named staff have records of relevant training and competency checks for any specialist equipment or moving and handling techniques.

11. Individual Intimate Care Plans

The school must ensure:

- A written care plan is in place for any child requiring ongoing support
- Plans are developed with parents/carers and relevant professionals
- Children are actively involved where appropriate
- Plans are reviewed regularly and updated promptly

Care plans must include:

- Nature of care required (explicit description of tasks)
- Frequency and timing (when care will be provided)
- Named staff authorised to provide care (role and name) and evidence of their training/competency
- Named senior lead responsible for oversight (Headteacher/DSL)
- Risk assessment(s) including single-adult risk assessment where applicable
- Consent from parents/carers consent and child assent where appropriate (date and signature)
- Equipment list and responsibility for supply (including who will provide consumables)
- Communication/behaviour strategies to be used
- Emergency contacts and escalation route (DSL contact details)
- Review date and review frequency
- Data sharing consent/limitations (e.g. wishes about sharing with external professionals)

12. School responsibilities

Arrangements will be made with relevant multi-agency partners to discuss the personal care needs of any child prior to them attending the school. Where intimate care needs sit alongside wider safeguarding or family concerns, the school will engage with local family care arrangements and the named lead practitioner. The school will share care plans and timely records with the lead practitioner where this is necessary for the child's welfare and where consent or lawful sharing applies.

In liaison with the child and parents/carers, an individual intimate care plan will be created to ensure that reasonable adjustments are made for any child with a health condition or disability, in conjunction with the SEND Policy.

Regular consultations will be arranged with all parents/carers and children regarding toilet facilities. The privacy and dignity of any child who requires intimate care will be respected at all times. A qualified member of staff will change the child or assist them in changing themselves if they become wet, or soil themselves. Any child with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, nappies, pads, etc., as provided by the parents/carers.

Members of staff will react to accidents in a calm and sympathetic manner. The family's cultural practices will always be taken into account for cases of intimate care. Parents/carers will be contacted if the child refuses to be changed or becomes distressed during the process. Excellent standards of hygiene will be maintained at all times when carrying out intimate care.

All concerns regarding intimate care or safeguarding should be directed to the Designated Safeguarding Lead without delay.

13. Parental Responsibilities

Parents/carers must:

- Provide necessary supplies (e.g. nappies, wipes, clothing)
- Inform the school of any medical or skin conditions
- Work in partnership with the school
- Provide consent where required

14. Offsite Visits and Activities

Intimate care for offsite visits must be included within the trip risk assessment and approved by the Headteacher and DSL in advance. The trip risk assessment must specify staffing ratios, named staff to provide intimate care, arrangements for parental supply of consumables, contingency plans if a named staff member is unavailable, and transport arrangements to preserve dignity and safety. Parental consent specific to offsite intimate care must be obtained in writing in advance and recorded alongside the child's care plan.

Swimming and Changing

- Children must be supported to maintain privacy
- Supervision must balance safety and dignity
- Additional arrangements must be recorded in care plans

15. Data protection and record keeping

The school will ensure that any personal and sensitive data relating to intimate care (including care plans, incident logs, and medical records) is processed in accordance with the UK General Data

Protection Regulation (UK GDPR) and the Data Protection Act 2018. All records will be stored securely and shared only with appropriate members of staff or relevant professionals, with parental consent where required. Parents/carers have the right to access their child's personal data and can request amendments if it is inaccurate.

Photographs or images for clinical or record-keeping purposes are prohibited unless explicitly agreed in the child's intimate care plan with written parental consent and recorded justification. Any images used must be stored on the school's secure systems and deleted in line with retention schedules. Personal devices must never be used to photograph or record intimate care.

16. Monitoring, evaluation and policy review

The use of PPE equipment will be monitored through both safeguarding and health and safety audits throughout the year.

The policy will be promoted and implemented throughout the JMAT schools.

This policy will be reviewed annually. The school will conduct termly audits of intimate care plans, record keeping and PPE use as part of safeguarding and health & safety monitoring. The next scheduled full policy review date is September 2027 (or earlier should statutory guidance change).

17. Document history

Previous versions archived in accordance with document retention requirements.

Issue	Author/ Owner	Date Reviewed	Reviewed by	Approved by A&R Committee (date)	Comments/ Changes
V1	JMAT	July 2025	PRG	08/07/25	- Section 5 – additional bullet point added (second one) re second adult - Addition of a section 8.1 Data protection and record keeping.
V2	JMAT	July 2026	PRG	09/07/26	- Added photo to IHCP - Updated IHCP in line with DfE guidance

Key:

PRG – Policy Review Group

A & R Committee – Audit and Risk Committee

Appendix 1

Intimate care plan

Use this template for children who need regular support with toileting, washing and/or changing.

Intimate Care Plan		
Child details:		
Name of child:		Photo of child
Date of Birth:		
Year Group:		
Main parent/carer contact number:		
Main staff responsibilities:		
Senior named lead responsible for ensuring plan is followed:		Name and role
Named staff No 1- authorised to provide intimate care:		
Named staff No 2- authorised to provide intimate care:		
Named staff No 3- authorised to provide intimate care:		
Named staff No 4- authorised to provide intimate care:		
Type of intermate care required (highlight if appropriate)		Details
Toileting / continence support		
Nappy changing		
Soiling/accident support		
Washing/ personal hygiene		
Menstrual support		
Assistance with dressing/undressing		
Moving and handling / hoisting (Details and equipment specification needed)		
Application of creams (external only- Medication form completed?)		
Other (specify)		
Equipment required and who supplies (please highlight): - Changing mat School Parent - Sling (if hoisted) School Parent Sling Specification / sling ID:		

- Nappies / pads / wipes School Parent
 - PPE (gloves/aprons) School Parent
 - Barrier cream / medication School Parent
- Details and medication form attached Yes/No

Location of equipment and storage arrangements:

Frequency/timing/location

Details

How often care will be given each day

Times (e.g. before break, lunch, as required)

Location (e.g. designated changing room / disabled toilet / named room)

For offsite provision arrangements/changes required- see trip risk assessment

Risk assessment

Summary of risk(s) and mitigations- including moving and handling:

Single-adult provision **YES** **NO**

If yes- brief justification and required single-adult risk control measures:

Emergency procedure if equipment fails or staff unavailable:

Agreed arrangements for returning soiled clothing:

Parent/carer contact arrangements for routine communication and for incidents (e.g. same day call for soiling events, preferred time to contact etc.):

Child voice and dignity

Child's preferences (language, manner, staff gender preference where possible)

Details

Child assent/consent recorded:

Yes

No

Don't Mind

☐

☐

☐

Details

How the child indicates they are comfortable / not comfortable (signs, words)	Details

Training log:			
Staff name	Type of training and organisation	Date	Refresher training date

Consent for data sharing and agreement of intimate care plan:

Parent/carers consent print name(s)	Signature	Date
Child consent (if possible)	Signature	Date
DSL/SLT member	Signature	Date
Named staff authorised to deliver care:	Signature	Date
Consent for any images/photos (required for clinical records only)	Yes	No
	If YES please specify use, storage and deletion timeframe:	

**Consent for sharing the care plan
with named external professionals**

Yes

No

If **YES** please list professionals: