



Intimate Care Policy

Redcastle Family School

Policy information	Details
Approved by	Governing Body
Approval date	September 2026
Policy owner	Headteacher and Designated Safeguarding Lead
Review date	September 2027, or earlier if guidance changes
Applies to	All pupils, including pupils attending Moonbeam Specialist Resource Base

This policy should be read with the school safeguarding and child protection policy and the staff code of conduct.

1 Purpose and scope

Redcastle Family School is committed to meeting pupils' intimate care needs safely, respectfully and consistently. This policy sets out how the school will protect pupils' dignity, privacy, welfare and right to participate while enabling them to attend school and take part fully in school life.

The policy applies to all staff and other authorised adults who provide or support intimate care, whether the need is planned, occasional or arises unexpectedly. It applies throughout the school, including Nursery, The SHIP and Moonbeam Specialist Resource Base, plus during educational visits and off-site activities.

A pupil will not be excluded from admission, attendance, learning or an activity solely because they require intimate care, continence support or reasonable adjustments. Arrangements will be planned with the pupil and their parent or carer and, where appropriate, relevant health professionals.

2 Definition of intimate care

Intimate care is care associated with bodily functions, personal hygiene or personal presentation that involves direct or indirect contact with private areas of the body. It may include:

- support with toileting, continence products, wiping, washing and changing clothing
- support with menstruation and personal hygiene
- assistance with dressing or undressing where private areas may be exposed
- help with bathing or showering when this forms part of an agreed school activity
- a clinical or medical procedure that involves intimate contact and has been agreed within an individual healthcare plan.

Personal care that does not involve intimate contact, such as help with eating, hair or outer clothing, will still be provided with respect for the pupil's dignity and preferences.

3 Legal and policy framework

The school will have regard to current legislation and statutory guidance, including:

- the Children Acts 1989 and 2004
- section 175 of the Education Act 2002
- the Equality Act 2010, including the duty to make reasonable adjustments for disabled pupils
- the Children and Families Act 2014 and the SEND Code of Practice
- Keeping Children Safe in Education 2026
- Supporting pupils at school with medical conditions
- Working Together to Safeguard Children
- UK data protection legislation and the school's records management arrangements.

4 Principles

Every intimate care arrangement will be guided by the following principles:

- The pupil's welfare, dignity, privacy and safety are paramount.
- The pupil will be involved in decisions and supported to communicate their wishes, preferences and discomfort using their usual means of communication.

- Staff will seek the pupil's agreement before and throughout each episode of care. A parent or carer's agreement does not remove the need to listen to the pupil.
- Care will be provided in the least intrusive way and will promote the greatest achievable independence.
- Care will be consistent with the pupil's age, development, culture, faith, sex, disability and individual needs.
- Only trained, authorised staff will provide planned intimate care. Staffing decisions will be based on the individual plan and risk assessment, not a blanket rule.
- Information will be shared only with people who need it to keep the pupil safe and provide appropriate care.

5 Roles and responsibilities

5.1 Governing Body

The Governing Body will ensure that appropriate arrangements, resources, facilities and training are in place and that the policy is implemented and reviewed.

5.2 Headteacher

The Headteacher will ensure that staff are authorised, suitably trained and supported; that risk assessments and care plans are completed; and that allegations or concerns about adults are managed in accordance with Keeping Children Safe in Education and local procedures.

5.3 Designated Safeguarding Lead

The Designated Safeguarding Lead DSL will advise on safeguarding aspects of intimate care, respond to concerns about a pupil and ensure that safeguarding records and referrals are completed appropriately.

5.4 SENDCo and relevant leaders

The SENDCo or relevant provision leader will coordinate plans and reviews, consult the pupil and family, obtain professional advice where needed and ensure that arrangements are practical across the school day and on visits.

5.5 Staff providing care

Staff will follow the agreed plan, use safe working practices, preserve dignity, complete records promptly and report any concern, injury, unexpected change or departure from the plan without delay.

5.6 Parents and carers

Parents and carers are expected to share relevant information, provide agreed supplies and clothing, contribute to planning and notify the school of changes. The school retains responsibility for safe arrangements while the pupil is in its care.

6 Individual intimate care plans

A written individual intimate care plan will be agreed for every pupil who needs regular or predictable intimate care. It may form part of an individual healthcare plan, SEND support plan or education, health and care plan, but the intimate care arrangements must be clear and accessible to authorised staff.

The plan will be developed with the pupil and parent or carer and, where appropriate, a school nurse, occupational therapist, physiotherapist or other clinician. It will include:

- the pupil's needs, abilities, communication method, preferences and signs of discomfort
- the care required, usual sequence, frequency and location
- how the pupil's agreement will be sought and how refusal or distress will be managed
- the level of assistance and steps towards independence
- named or designated trained staff and cover arrangements
- the outcome of risk assessments, including moving and handling, equipment, behaviour or distress, and lone working where relevant
- personal protective equipment, cleaning, waste disposal, clothing and supplies
- medical instructions and emergency action where applicable
- how each episode will be recorded and how parents or carers will be informed
- arrangements for educational visits, transport and activities
- the review date and circumstances that will trigger an earlier review.

The plan will be signed or otherwise agreed by the parent or carer and approved by the responsible school leader. The pupil's views will be recorded in a way appropriate to their age and communication needs. Plans will be reviewed at least annually and sooner after a significant change, incident, concern or change of staff, equipment or health advice.

7 Consent, agreement and pupil voice

Written parental or carer agreement will normally be obtained for planned intimate care. In an unexpected situation, staff will act reasonably to protect the pupil's health, dignity and welfare and will inform the parent or carer the same day unless the DSL decides that contact should be delayed because it could increase safeguarding risk.

Before beginning, staff will explain what is going to happen using language, symbols, objects of reference or other communication that the pupil understands. Staff will seek the pupil's agreement, offer choices where possible and explain each step before touching or assisting.

If a pupil says no, withdraws agreement, becomes distressed or indicates discomfort, staff will pause and try to understand the reason. Care will not be forced except where immediate action is necessary to prevent significant harm. Any such action must be proportionate, recorded and reported to the responsible leader and parent or carer, subject to safeguarding advice from the DSL.

8 Staffing and safer working practice

- Only staff authorised by the Headteacher or delegated leader and trained for the pupil's needs will undertake planned intimate care.
- One member of staff will usually provide care. A second adult will be present or immediately available when the individual risk assessment identifies a reason, such as moving and handling, medical complexity, significant distress, behaviour risk or safeguarding information. The reason will be recorded.
- The pupil's and family's views about the member of staff providing care will be considered wherever practicable. Essential care will not be delayed when it is safe and appropriate for an authorised member of staff to assist.
- Staff will not take photographs or recordings during intimate care and personal mobile phones or other personal devices must not be used or present in the care area.
- Staff must never promise confidentiality to a pupil and must report safeguarding information to the DSL.

- Agency staff, volunteers, students and visitors will not provide intimate care unless this has been specifically authorised, safer recruitment requirements are satisfied, appropriate training has been completed and the arrangement is included in the pupil's plan.
- Staff may raise concerns about practice through the DSL, Headteacher, chair of governors, low-level concerns procedure or whistleblowing procedure as appropriate.

9 Procedure for providing intimate care

9.1 Before care

1. Check the care plan, risk assessment and any current health information.
2. Prepare the room, equipment, clean clothing, personal protective equipment and waste arrangements before bringing the pupil into the area.
3. Ensure privacy while maintaining safe access to assistance. A notice or agreed indicator may be used to prevent interruption without locking staff and pupil into an inaccessible space.
4. Explain what is required, offer choices and seek the pupil's agreement.

9.2 During care

5. Encourage the pupil to do as much as possible for themselves.
6. Use respectful, factual language and follow the agreed sequence. Staff should avoid unnecessary conversation with other adults while care is taking place.
7. Expose only the area of the body that requires care and preserve privacy throughout.
8. Use the agreed moving and handling technique and equipment. Never improvise a lift or transfer.
9. Observe the pupil's physical and emotional presentation. Pause if the pupil is distressed or indicates pain and obtain assistance or medical advice where necessary.

9.3 After care

10. Ensure that the pupil is clean, comfortable, appropriately dressed and able to return to learning with dignity.
11. Dispose of waste and clean equipment and surfaces in accordance with infection prevention procedures.
12. Wash hands and support the pupil to wash their hands where appropriate.
13. Complete the care record promptly and report any concern, injury, unexpected mark, change in presentation, refusal or departure from the plan.

10 Infection prevention, cleaning and waste

- Staff will follow current infection prevention guidance and any pupil-specific clinical advice.
- Disposable gloves and aprons will be used when there is a risk of contact with urine, faeces, blood, vomit or other body fluids. PPE will be changed between pupils and tasks.
- Hands will be washed with soap and water before and after care. Hand sanitiser is not a substitute when hands are visibly soiled or after contact with bodily fluids.
- Changing surfaces and reusable equipment will be cleaned with the approved product after use and according to the manufacturer's instructions.
- Continence products and contaminated waste will be placed in the appropriate lidded waste receptacle and disposed of under the school's waste arrangements. Clinical or offensive waste procedures will be used where required.

- Soiled clothing will be placed in a sealed, labelled bag for collection. It will not be rinsed by staff unless an individual plan and infection-control assessment specifically require this.

11 Toileting accidents and unplanned care

Pupils will be assisted promptly and discreetly. Staff will not shame, punish or leave a pupil in wet or soiled clothing. Spare clothing and agreed supplies should be available, but a lack of supplies will not prevent necessary care.

Where no care plan is in place, an authorised member of staff will explain the support offered, seek the pupil's agreement, provide the minimum necessary assistance and make a record. The parent or carer will normally be informed the same day through an agreed confidential method. Home-school diaries will not be used for detailed intimate care information.

Repeated accidents, pain, constipation, diarrhoea, blood, skin damage, changes in continence or other concerns will be discussed with the parent or carer and relevant school leader. The school may recommend medical advice and will consider whether a plan or referral is needed.

12 Medical procedures

Any intimate clinical procedure will be undertaken only by staff who have received procedure-specific training and have been assessed as competent where required. Instructions from an appropriate healthcare professional must be recorded in the pupil's individual healthcare plan. Staff will not undertake a procedure outside their training or authorisation, except to provide emergency first aid within their competence.

13 Moving and handling

A pupil who requires assistance to transfer, change position or use specialist equipment will have an individual moving and handling assessment completed with appropriate professional advice. Staff will use only the agreed technique and maintained equipment for which they have been trained. Equipment faults or changes in the pupil's ability will be reported immediately and arrangements reviewed before care continues where safety may be affected.

14 Safeguarding and child protection

Children with disabilities, communication differences or intimate care needs can face additional barriers to recognising or reporting abuse. Staff must remain professionally curious and must not assume that an injury, distress or change in behaviour is explained by a pupil's disability or care needs.

If staff notice an unexplained mark, injury, soreness, bleeding, pain, change in behaviour, sexualised behaviour, disclosure or other safeguarding concern, they will:

- listen and respond calmly without leading questions or promising confidentiality
- record the facts and the pupil's own words as soon as possible
- report the concern immediately to the DSL or a deputy DSL
- follow the school's safeguarding and child protection policy and any advice from children's social care or the police.

The DSL will decide whether and when parents or carers should be informed. Staff must not examine a pupil beyond what is necessary to provide the agreed care or preserve immediate safety.

15 Concerns or allegations about adults

Any concern about the conduct of a member of staff, supply staff member, volunteer or contractor during intimate care must be reported immediately in accordance with the school safeguarding policy and staff code of conduct.

Where the concern may meet the harm threshold, it must be reported to the Headteacher. A concern about the Headteacher must be reported to the chair of governors. The case manager will follow Part Four of Keeping Children Safe in Education 2026 and seek advice from the Local Authority Designated Officer LADO as required. The school will not conduct its own fact-finding in a way that could compromise a statutory investigation.

A concern that does not meet the harm threshold must still be reported and managed through the school's low-level concerns procedure. Staff may also use the whistleblowing procedure. The pupil's immediate safety and welfare will be considered first.

16 Recording and communication

A contemporaneous record will be completed for each episode of planned or unplanned intimate care. The record will include the date, time, type of assistance, member or members of staff, pupil response, any variation from the plan and any concerns or action taken.

Routine records may use agreed codes where these are clear to authorised staff. Any safeguarding concern, injury, significant refusal, unusual occurrence or physical observation must be recorded in full on the appropriate school system and reported rather than recorded only on the routine care log.

Parents and carers will be told how routine information will be shared. Communication will be discreet and will not include unnecessary intimate detail. A secure telephone call, face-to-face discussion or approved secure school system will be used where detail is needed.

17 Confidentiality and information management

Care plans and records are confidential pupil information. They will be stored securely, accessed only by authorised staff and retained and disposed of in accordance with the school's records retention and data protection arrangements. Relevant information will be available to staff who need it to provide safe care, including during visits and staff absence.

Information may be shared without consent where this is necessary to safeguard a child, obtain urgent medical help or comply with a legal duty. The DSL will advise where there is uncertainty.

18 Facilities, equipment and supplies

The school will provide a suitable private area, handwashing facilities, appropriate waste disposal and necessary cleaning materials. Specialist equipment will be obtained and used following assessment and advice from relevant professionals. Equipment will be checked, cleaned, serviced and stored in accordance with the manufacturer's instructions.

The school and family will agree who provides pupil-specific supplies, such as continence products, wipes and spare clothing. Essential care will not be withheld if an item has unexpectedly run out; staff will use a safe alternative and notify the parent or carer.

19 Educational visits and off-site activities

Intimate care needs will be considered during visit planning and risk assessment. The school will identify suitable facilities, transport arrangements, staffing, supplies, privacy and waste disposal in advance. A pupil will not be excluded from a visit solely because intimate care is required; reasonable adjustments and alternative arrangements will be explored with the pupil and family.

20 Complaints

Questions or concerns about intimate care arrangements should normally be raised with the class teacher, provision leader, SENDCo or Headteacher. Formal complaints will be managed under the school complaints procedure. Safeguarding concerns and allegations about adults will be managed under safeguarding procedures and must not wait for the complaints process.

21 Training

Training will match the needs of the pupils and may include safeguarding, safer working practice, communication, dignity and consent, infection prevention, continence care, moving and handling and specific medical procedures. The school will keep a record of training, competence checks and renewal dates. Staff will receive updated information whenever a pupil's plan changes.

22 Monitoring and review

The Headteacher and Governing Body will monitor implementation through anonymised review of arrangements, incidents, complaints and training. This policy will be reviewed annually and sooner if legislation, statutory guidance, local procedures or school circumstances change.

23 Related school policies

- Safeguarding and Child Protection Policy
- Staff Code of Conduct and Low-Level Concerns Procedure
- Supporting Pupils with Medical Conditions Policy
- SEND Policy and Accessibility Plan
- Health and Safety Policy
- Moving and Handling procedures
- First Aid Policy
- Behaviour Policy
- Data Protection and Records Retention policies
- Whistleblowing Policy
- Complaints Procedure.

Appendix 1 Individual Intimate Care Plan

Complete this plan with the pupil and parent or carer. Attach relevant risk assessments or clinical instructions. Store it securely and ensure that authorised staff can access the current version.

Plan field	Agreed arrangements
Pupil name	
Date of birth and class	
Parent or carer contacts	
Plan coordinator	
Communication method and pupil's views	
Care required and usual frequency	
Preferred routine and words, symbols or prompts	
What the pupil can do independently	
How agreement will be sought	
Signs of refusal, distress, pain or discomfort and agreed response	
Location, equipment and supplies	
PPE, cleaning and waste arrangements	
Moving and handling arrangements	
Medical instructions and emergency action	
Authorised trained staff and cover	
Reason for a second adult, if required	
Recording and parent communication arrangements	
Off-site and educational visit arrangements	
Linked risk assessments or professional advice	

Agreement	Name	Signature or recorded agreement	Date
Pupil			
Parent or carer			
School representative			

Next review date: _____ Changes agreed at review:
