



**St Edward's
School**

Unity - Achievement - Faith

Intimate Care Policy

Reviewed and Approved by Personal Development, Behaviour and Attitudes Committee

On: 16th April 2026

Next Review date: Spring 2027

SLT is responsible for oversight of this policy's implementation

Mission Statement

MAY WE BE ONE

In purpose – educating for life in all its fullness

In faith – encountering God who lives among us, calling us to unity

In dignity – nurturing confidence and maturity

In community – striving together for justice, love and peace.

The concept of unity permeated our school, drawing attention to the need for us to grow as people bonded by faith and love. Intimate care reveals the vulnerability of the human person, and their fragile but inviolable dignity. Called to serve one another, this policy explains how we will uphold the dignity of the individual through our care for their needs.

The purpose of this policy is to outline the expected level of care and provision for a student receiving intimate care and to safeguard both the student and staff members. The policy adheres to the legal framework and guidelines set out in the Education Act 2022, the Equality Act 2010 and the SEND Code of Practice 2015.

Definition

1.0 Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some students are unable to do because of their young age, physical difficulties or additional needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

1.1 It includes the supervision of students involved in intimate self-care.

1.2 It includes physiotherapy, depending on the activity, or medical procedures.

Principles

2.0 This intimate care policy promotes students' rights to dignity, compassion, privacy and respects the individual needs of students. It should be read in conjunction with the following policies and information:

- Child Protection Policy
- Supporting Students with Medical Needs Policy
- Accessibility Policy
- Health and Safety Policy
- Promoting Positive Behaviour Policy
- SEND Policy
- Equality and Diversity Policy
- Positive Health and Wellbeing
- Whistleblowing Policy

- Staff Code of Conduct

- 2.1 The Governing Body of St. Edward's School ensures that the school acts in accordance with Section 175 / Section 157 of the Education Act 2002, the Equality Act 2010 and the SEND Code of Practice 2015, and the supporting statutory guidance 'Keeping Children Safe in Education' (September 2025) to safeguard and promote the welfare of students in this school.
- 2.2 St Edward's School takes seriously its responsibility to safeguard and promote the welfare of the students in its care. Meeting a student's intimate care needs is one aspect of safeguarding.
- 2.3 St Edward's School is committed to ensuring that all staff responsible for the intimate care of students undertake their duties in a professional and compassionate manner with the correct level of training. We acknowledge that these adults are in a position of great trust.
- 2.4 St Edward's School treats all students, whatever their age, gender, disability, religion or ethnicity, with special respect when intimate care is given. The student's welfare and dignity are of paramount importance. No student will be attended to in a way that causes emotional and physical distress or pain.
- 2.5 Staff work in close partnership with parents and carers to share information and provide continuity of care.
- 2.6 Governors affirm that requirements to undertake intimate care will require special training and reserve the right to require the involvement of external professionals should the level of care needed exceed that which can reasonably be required or expected of a member of school staff.
- 2.7 Two designated TA's have responsibility for the intimate care. If one or both are absent, the SENCo will seek support from the SEND team on a voluntary basis and inform parents or carers of the change to the intimate care plan. If, despite the best endeavours of the SENCo, a replacement cannot be found, the SENCo will work collaboratively with the parent or carer to seek an acceptable solution.
- 2.8 An intimate care plan will be drawn up with the consent of all involved including the student where they are able to express their opinion.
- 2.9 Where students with complex and / or long-term health conditions have a health care plan in place, the plan will, where relevant, consider the principles and best practice guidance in this intimate care policy.
- 2.10 The Intimate Care Policy has been developed to safeguard students and staff. It applies to everyone involved in the intimate care of any student.

Child / Young Person Focused Principles of Intimate Care

3.0 The following are the fundamental principles upon which this policy is based:

- Every child or young person has the right to be safe.
- Every child or young person has the right to personal privacy.
- Every child or young person has the right to be valued as an individual.
- Every child or young person has the right to be treated with compassion, dignity and respect.
- Every child or young person has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child or young person has the right to express their views on their own intimate care and to have such views considered.
- Every child and young person has the right to have levels of intimate care that are as consistent as possible.

Best Practice

4.0 Staff who provide intimate care at St Edward's School are appropriately trained to do so in areas such as:

- Child protection
- Safer working practices
- Health and safety and hygiene practices
- Personal care
- Manual handling (if appropriate)
- Best practice regarding infection control (including the need to wear disposable gloves and aprons where appropriate).

4.1 Staff are supported to adapt their practice in relation to the needs of individual students considering developmental changes such as the onset of puberty and menstruation.

4.2 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same students, wherever possible.

4.3 There is careful communication with each student who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the student is of an appropriate age and level of understanding, consent will be sought before starting an intimate procedure.

4.4 All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each student to do as much for his/herself as possible to support their independence.

4.5 Students who require regular assistance with intimate care will have an Intimate Health Care Plan (IHCP). IHCPs are drawn up in consultation with staff, parents and carers and any other professionals actively involved, such as an NHS appointed nurse or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the student and the carer. Any historical

concerns (such as past abuse) will be noted and taken into account. Further details about the process of drawing up IHCPs are available in the 'Supporting students with medical conditions and managing medication policy'.

(NB More information regarding care plans and risk assessments for students with complex medical needs can be found in 'Including Me: Managing Complex Health Needs in Schools and Early Settings' by Jeanne Carlin, published by the Council for Disabled Children and DfES, 2005)

- 4.6 Where relevant, we will agree with the student and parents and carers the appropriate terminology for private parts of the body and functions, and this will be noted in the plan. Safeguarding / sex education guidance generally states this should be anatomically accurate/factual words, and not "family words".
- 4.7 Where intimate care is part of the routine assistance offered to a student, those staff usually responsible for providing the required care to the individual student will be named within the IHCP and the IHCP will be regularly monitored and reviewed with parental consent and participation.
- 4.8 Where an IHCP is not in place, parents and carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and soiled him/herself). Such information related to intimate care will be treated as confidential and communicated in person, by telephone or by sealed letter, not through 'open' written forms.
- 4.9 Every student's right to privacy will be respected. Careful consideration will be given to each student's individual situation to determine how many carers might need to be present when a student needs help with intimate care. Adults who assist children one-to-one will be employees of the school and will be DBS checked at the appropriate level.
- 4.10 Two members of staff will be present to assist or observe an intimate procedure. However, if for a substantial reason there cannot be two members of staff immediately present, the member of staff assisting with intimate care will inform another adult when they are going to assist a student with intimate care and will record it immediately with the other member of staff on hand to witness the recording.
- 4.11 Wherever possible the same student will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the student who will take turns in providing care. This will ensure, as far as possible, that the development over-familiar relationships are discouraged, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 4.12 Wherever possible staff will care for a student of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting as no male staff are available. Male members of staff will not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

- 4.13 The religious views, specific needs and cultural values of families will be respected, particularly as they might affect certain practices or determine the gender of the carer.
- 4.14 All staff are aware of the school's GDPR policy and will maintain confidentiality. Sensitive information will be shared only with those who need to know.
- 4.15 If necessary, advice will be taken from the local council regarding disposal of large amounts of waste products.

Child Protection

- 5.0 Governors and staff recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.
- 5.1 The school's Safeguarding and Child Protection Policy and Procedures are accessible to staff and will be adhered to.
- 5.2 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a student's body. It is unrealistic to expect to eliminate these risks completely; best practice will be promoted, and all adults will be encouraged to always be vigilant.
- 5.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.4 If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, soreness etc they will immediately report concerns to the Designated Senior Lead (DSL) for safeguarding. A clear written record of the concern will be completed (on the My Concern reporting system) and a referral made to Children's Social Care, if necessary, in accordance with inter-agency procedures. Parents and carers will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the student at risk of harm.
- 5.5 If a student becomes distressed or very unhappy about being cared for by a particular member of staff, this will be reported to the SENCo, DSL and/or Headteacher. The matter will be investigated at an appropriate level and outcomes recorded. Parents and carers will be contacted at the earliest opportunity as part of this process to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the student's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.6 If a student makes an allegation against an adult working at the school, this will be investigated in accordance with the procedures in the school's 'Managing Safeguarding Allegations' policies. Allegations found to have been falsely made will have serious disciplinary and potentially legal consequences.

- 5.7 Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors if the concern is about the Headteacher. Further details can be found in the School's Whistleblowing policy. [Whistleblowing Policy and Reporting Procedure Summer 2024.pdf](#)

Physiotherapy

- 6.0 Students who require physiotherapy whilst at school will have the intervention of a trained physiotherapist. If it is agreed in a student's IHCP that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. Where the required technique has not been demonstrated by the physiotherapist, the programme should be simple and have written guidance that is clear (i.e. with pictures and clear instructions that include number of repetitions and any time limits).
- 6.1 Under no circumstances will school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.2 Any concerns about the regime or any failure in equipment will be reported to the physiotherapist.

Medical Procedures

- 7.0 Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be planned with parents and carers and health professionals, documented in the IHCP and will only be carried out by staff who have been trained to do so.
- 7.1 Any members of staff who administer first aid will be appropriately trained in line with the School's First Aid Policy. If an examination of a student is required in an emergency aid situation another adult will be present, with due regard to the student's privacy and dignity.

Residential Trips

- 8.0 Residential educational visits are an important part of our school experience. Particular care will be taken when supporting a student with intimate care needs in this less formal setting.
- 8.1 Informal relationships can be more common in residential trips, but staff will still adhere to appropriate school policies because some specific intimate care issues may arise in a residential context.
- 8.2 If a student with intimate care needs is sharing a room with other students, consideration will be given to the privacy of both the individual and the peers they are sharing a room with.

8.3 A risk assessment of the residential trip will be undertaken well in advance and uploaded to EVOLVE and all stakeholders involved will receive a copy. Any changes to the Moving and Handling Plan, Intimate Care Plan and Personal Emergency Evacuation Plan will be made to reflect the different venues and activities.

Record Keeping

8.0 For students with an IHCP, a written record will be kept in the agreed format (see appendix A) every time a student has physiotherapy or requires assistance with intimate care.

8.1 These records will be kept in the student's file and available to parents and carers on request.

8.2 For students without an IHCP, should intimate care be required, a log will be kept on SIMs in the Medical Events section. This will also be logged on My Concern if there is a safeguarding concern.

Appendix A

Provision of Intimate Care or Physiotherapy

Name of Student: _____

Date	Time	Procedure	Staff Signature	Witnessing Member of Staff