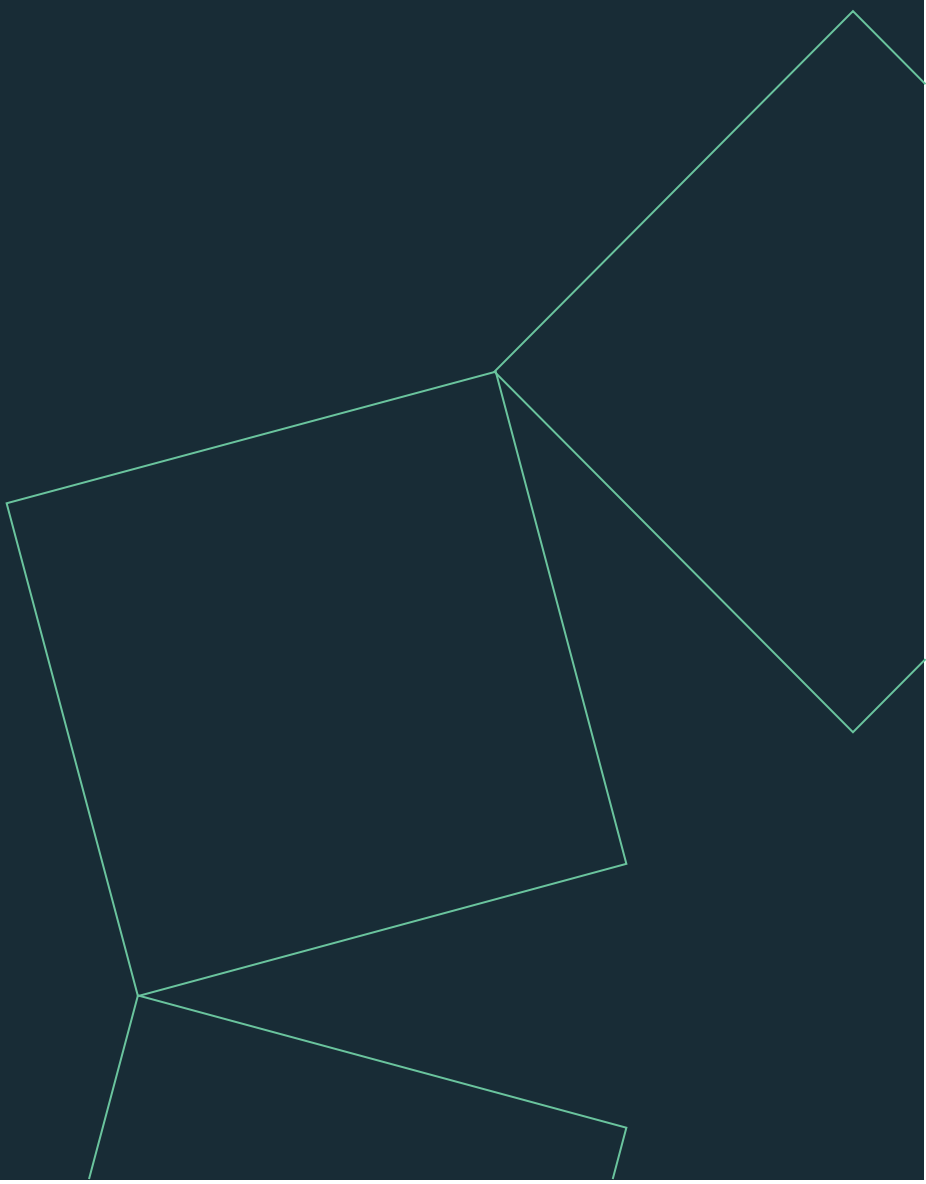




OFG
Education

INTIMATE CARE POLICY

Children's Education & Care



INTIMATE CARE POLICY

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1.0 AIMS

Intimate care refers to carrying out tasks for another person that require close personal contact including toileting, washing, changing, touching, or carrying out a procedure to children's and young people's intimate personal areas.

Providing intimate care is a reasonable adjustment for children and young people who need help with intimate tasks. This is a statutory right under the [Equality Act 2010](#).

This policy aims to ensure that:

- Intimate care is carried out properly by team members, in line with any agreed care and support plans



- The dignity, rights and wellbeing of children and young people are safeguarded.
- Children and young people who require intimate care are not discriminated against, in line with the [Equality Act 2010](#).
- Parents/carers/ those with parental responsibility and social workers (where applicable), are assured that team members are knowledgeable about intimate care and that the child/young person's needs are met.
- When providing intimate or personal care, team members will make every reasonable effort to respect the child/ young person's preferences and care choices, or those expressed by their parents/carers/those with parental responsibility about who delivers their care and treatment.
- Team members carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect them and the child/young person.

2.0 LEGISLATION & GUIDANCE

This policy has been developed in line with [Keeping Children Safe in Education](#), [Working together to safeguard children](#), and the [Equality Act 2010](#) . It must be read and applied alongside the setting's:

- Safeguarding Policy
- Accessibility plan
- Health and safety policies
- Medication Policy
- Data Protection Policy
- Whistleblowing Policy
- Equality & Diversity Policy
- Managing Allegations against Employees Policy & Procedure

3.0 ROLE OF PARENTS / CARERS/THOSE WITH PARENTAL RESPONSIBILITY

3.1 Seeking parental permission

For children and young people who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers/those with parental responsibility will be asked to sign a consent form.

For children and young people 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/those with parental responsibility (see section 3.2 below).

Where there is not 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 setting is unable to get in touch with parents/carers/those with parental responsibility, but an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child/young person is comfortable, and the setting will inform parents/carers those with parental responsibility afterwards.

3.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the setting, parents/carers/, the child/young person (where possible) and any relevant health professionals.

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/those with parental responsibility will be consulted.

The setting will work with the child/young person and their parents/carers/those with parental responsibility taking their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

The plan will be reviewed termly, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a child's/young person's needs.

3.3 Sharing information

The setting will share information with parents/carers/those with parental responsibility as needed to ensure a consistent approach. It will expect parents/carers/ those with parental responsibility to also share relevant information regarding any intimate matters as needed.

4.0 ROLE OF TEAM MEMBERS

4.1 Which team members will be responsible

Any team members who may carry out intimate care will have this set out in their job description. This includes teachers, teaching assistants, care managers and team members. Team members without this specification in their job description are not required to provide intimate care.

All team members at the setting who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) check before appointment, as well as other checks on their employment history. Team Members will treat children and young people with dignity and respect at all times and ensure that Children and young people are not neglected with regard to intimate care or left in undignified situations.

4.2 How team members will be trained

Team members 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 child/young person to have as much participation as possible.

They will be familiar with:

- The control measures set out in risk assessments carried out by the setting
- Hygiene and health and safety procedures

Team members will also be encouraged to seek further advice as needed.

The team member's line manager must be satisfied that the team member is competent and has received sufficient training before they can provide intimate care. If this is not possible the team member should not provide intimate care unsupervised.

For guidance on training options please contact the Training Team (training@ofgl.co.uk)

5.0 INTIMATE CARE PROCEDURES

5.1 How procedures will happen

Depending on the level of support a child requires there may be one or two team members present to support and assist. Two team members should be assigned to support where there is a known risk of false allegations by a child/young person.

When carrying out procedures, the setting will provide team members with appropriate PPE e.g. protective gloves, cleaning supplies, changing mats, and bins. Separate bins will be provided for nappies and other sanitary waste.

For children/young people needing routine intimate care, the setting expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing. If the child/young person does not have a spare set of clothing the setting will dress them in spare clothing they have available. Settings must ensure that there is an adequate supply of the necessary resources, residential settings must have a clear process of auditing and restocking.

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

5.2 Clinical Support with intimate care

Occupational therapists from the clinical team are trained to support the development of independence in toileting, as well as managing any physical challenges that an individual may have that are impacting on independent toileting. Team members can seek guidance from an Occupational Therapist when developing toileting independence plans for children with complex needs. This may include specialist training and provision of equipment.

Our Speech and Language therapists are also able to support with any visuals or Augmentative and Alternative Communication (AAC) that are required to encourage the development of independent toileting skills and understanding of the toileting sequence.

5.3 Concerns about safeguarding

If a team member, whilst 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 safeguarding procedures as set out in the setting's Safeguarding Policy

If a child is hurt accidentally or there is an issue when carrying out the procedure, the team member will report the incident immediately to the Designated Safeguarding Lead (DSL).

If another team member has concerns about the way intimate care is being provided for a child or young person or they witness something that concerns them, they must inform their line manager and/or the DSL immediately. Concerns can also be raised with the Headteacher/Registered Manager, Regional Director or Managing Director. Team members are reminded that the Whistleblowing Policy is available if they do not feel comfortable raising their concern internally.

If a child/young person makes an allegation against a team member, that team member will stop providing intimate care for the child/young person and the responsibility for intimate care of that child will be given to another team member immediately. The allegation will be reported and investigated following the procedures set out in the Safeguarding Policy, Managing Allegations Against Employees Policy & Procedure, and Disciplinary Policy.

In line with the Managing Allegations Against Employees Policy & Procedure, a risk assessment must be carried out in relation to the team member the allegation has been made about on the same working day as



the allegation is made. All risk assessments must be signed off by the line Manager and the Headteacher/Head of Service or Care/Registered Manager as applicable, and the Regional Director.

Safeguarding@ofgl.co.uk can be contacted for advice

6.0 MONITORING ARRANGEMENTS

Each child/young person's intimate care plan will be reviewed termly. For children and young people with complex needs, the review may include input from the Clinical Team that support the child.

7.0 USEFUL INFORMATION

[NSPCC: Intimate Care](#)

NSPCC: [Navigating puberty](#)

Bladder & Bowel UK (ERIC- The Children's Bowel & Bladder Charity): [Managing-Continence-Problems-in-Schools-July-2025.pdf](#)

8.0 APPENDIX 1 – INTIMATE CARE PLAN

Intimate care plan	
Name of student	
Type of intimate care needed (the plan)	
How often will care be given?	
What training will staff be given?	
Where will care take place?	
What resources and equipment will be used, and who will provide them?	
How will procedures 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 student	
Signature of parent or carer	



Date			
Student			
Visual supports and/or AAC can be used to help communication. For non-verbal children/young people a parent/carer or team member who knows the student well can help to identify what would be preferable for them.			
How many members of staff would you like to help?			
Do you mind having a chat when you are being changed or washed?			
Do you have any further requests/preferences?			
Signature of student			
Date			
This plan will be reviewed termly			
Next review date:		To reviewed by:	

9.0 APPENDIX 2 – TEMPLATE PARENT/CARER CONSENT FORM

Permission for intimate care to be provided	
Name of student	
Date of birth	
Name of parent/carer/ person or agency with parental responsibility	
Address	
Please review and respond to the following statements to confirm your consent for intimate care in school	Please delete as appropriate
I give permission for the school to provide appropriate intimate care to my student (e.g. changing soiled clothing, washing and toileting)	Yes / No
I give permission for team members to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	Yes/No



I will advise the school of anything that may affect my student's personal care (e.g. if medication changes or if my student has an infection)		Yes / No
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns		Yes / No
I do not give consent for my student 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 student 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 student needs urgent intimate care, staff will need to provide this for my student, following the school's intimate care policy, to make them comfortable and remove barriers to learning.		If you do not give consent for your student to be given intimate and are agreeable to the statement provided here please tick this box below. ☐
Parent/carer signature		
Name of parent/carer		
Relationship to student		
Date		



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