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Intimate Care Policy

Policy Owner:	Lighthouse Multi Academy Trust
Academy:	Insert academy name
Approved/ Ratified:	Pat Hunt 10.11.26
Review Dates:	November 2027

Document Version Control Log

Version	Modification Date	Synopsis of Changes
1.0	September 2025	
2.0	September 2026	Policy reviewed and updated in line with KCSiE Contents page added

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This policy takes effect from the start of the academic year on 2 September 2026. The review date of November 2026 reflects the scheduled review cycle only and does not delay implementation of the policy.

1. Definition

Intimate care refers to any care that involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child. In the Academy this may occur on a regular basis or during a one-off incident.

The Lighthouse Multi Academy Trust is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes
2. Changing or washing a child who has an accident
3. Assisting with toileting issues
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance
6. Providing comfort to an upset or distressed child
7. Feeding a child

2. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of every child are safeguarded
- Pupils who require intimate care are not discriminated against, in line with the Equality Act 2010
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their child are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

3. Legislation and statutory guidance

This policy should be read in conjunction with, and has regard to, the following legislation and statutory guidance, as applicable:

- Early Years Foundation Stage (EYFS) statutory framework for group and school-based providers;
- Keeping Children Safe in Education (KCSIE);
- Working Together to Safeguard Children;
- Children Act 1989 and Children Act 2004;
- Education Act 2002;
- Equality Act 2010;
- Children and Families Act 2014;
- Special Educational Needs and Disability Code of Practice;
- UK General Data Protection Regulation and Data Protection Act 2018;
- Health and Safety at Work etc. Act 1974;
- Manual Handling Operations Regulations 1992, where applicable;
- Control of Substances Hazardous to Health Regulations 2002, where applicable; and
- relevant local safeguarding partnership procedures.

The policy will be reviewed when relevant legislation or statutory guidance changes.

It also complies with our funding agreement and articles of association.

4. Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has a right to be safe;
- Every child has the right to personal privacy;
- Every child has the right to be valued as an individual;
- Every child has the right to be treated with dignity and respect;
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities;
- All children have the right to express their views on their own intimate care and to have their views taken into account; and
- Every child has the right to have levels of intimate care that are appropriate and consistent.

It is generally expected that most children will be toilet trained by the time they start primary school. However, we do recognise and respect that all children have different needs and some may need support with toileting and intimate changing. This will be discussed with parents and carers prior to children starting school, so academy staff can plan and make provision as needed. This provision will be recorded on an agreed Intimate Care Plan and subject to review. **(Appendix 2)**

5. Links with other Policies

This policy must be read alongside the Trust's Safeguarding and Child Protection Policy. Where an intimate care situation gives rise to a safeguarding concern, the Safeguarding and Child Protection Policy and associated safeguarding procedures take precedence.

This intimate care policy should be read in conjunction with the Trust/ Academy policies as below:

Local Academy Policies	Lighthouse Multi Academy trust Policies
○ Accessibility Plan ○ Equality objectives ○ Health and safety policy ○ Safeguarding and child protection Policy ○ Special Educational Needs Policy	○ Early Years Policy ○ Equity, Equality, Diversity and Inclusion Policy ○ Infection Prevention and control procedures ○ Intimate Care for pupils with complex medical conditions and physical impairments ○ Low Level Concerns Policy ○ RSHE Policy ○ Moving and Lifting Children Policy ○ Safer moving and handling for pupils with physical disabilities and complex needs Policy ○ Staff code of conduct and guidance on safer working practice ○ Supporting pupils with medical conditions Policy ○ Whistle-blowing Policy

6. Trust and Academy Responsibilities

The Trustees are responsible for ensuring that appropriate arrangements are in place across the Trust to safeguard children and that the Trust's policies and procedures comply with statutory requirements.

The Executive Headteacher/Headteacher/ Head of Academy is responsible for ensuring that the policy is implemented within the Academy and that appropriate staff, training, resources, risk assessments and arrangements are in place.

The Designated Safeguarding Lead is responsible for providing safeguarding advice and ensuring that concerns arising from intimate care are managed in accordance with safeguarding procedures.

The SENCO will support appropriate intimate care arrangements for children with SEND where required.

All staff are responsible for following the policy, maintaining children's dignity, reporting concerns and seeking advice where they are unsure how to proceed.

7. Roles of parents/ carers

Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form. **(Appendix 1)**

For children 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. **(Appendix 2)**

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought via telephone before performing any intimate care procedure and the consent form will be completed afterwards. **(Appendix 3)**

If the Academy is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the Academy will inform parents/carers afterwards.

Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the Academy, parents/carers, the child (where possible) and any relevant health professionals such as the School nurses or physiotherapists.

The Academy will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips/ sporting events/ after the Academy clubs.
Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan in line with the PSHE/RSE curriculum and DFE statutory guidelines.

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 will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 2 for a blank template plan to see what this will cover.

Sharing information

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

8. Role of staff

Any member of staff employed by the Academy may carry out intimate care. (Teachers, Teaching Assistants, Learning Support Assistants, lunch time supervisors,)

Staff providing intimate care must have undergone the appropriate safer recruitment and pre-employment checks for their role in accordance with the Trust's Safer Recruitment Policy and KCSIE. Staff must not undertake intimate care where they are not appropriately authorised or checked for their role.

As a Trust safeguarding requirement, students and volunteers will not normally undertake intimate care. Any exception would require explicit authorisation by the Headteacher/DSL and must be consistent with safer recruitment, DBS and supervision requirements.

How staff will be trained

Staff 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 pupil to have as much participation as possible

They will be familiar with:

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

They will also be encouraged to seek further advice as needed.

Staff undertaking intimate care will receive appropriate supervision and support. Staff will have opportunities to discuss any concerns, incidents, difficulties or safeguarding issues arising from intimate care with their line manager, DSL or another appropriate senior member of staff.

Leaders will monitor intimate care arrangements to ensure that procedures are being followed consistently, children's dignity is maintained and safeguarding arrangements remain effective.

8.1 How do staff support pupils with their intimate care?

Based on research and NHS guidance children should ideally begin toilet training when they show readiness signs, typically between 18 months and 3 years old.

The Academy recognises that children achieve toileting independence at different stages of development. Toilet training will be approached sensitively and in partnership with parents/carers, taking account of the child's age, developmental stage, SEND and any medical or additional needs. A child's need for nappies, pull-ups or support with toileting will not in itself prevent them from accessing Early Years provision.

Nappy/pull ups changing within the EYFS (Early Years and children with additional needs)
In the event of it being necessary to change a child's nappy/pull up, the following procedures will be followed.

In order to care for the children's physical needs we ask that parents/carers:

- Make sure that wherever possible children arrive at the Academy wearing a clean nappy or pull ups
- Provide nappies, wipes and nappy bags for soiled nappies so that if it is necessary to change the child their individual needs can be met.
- Discuss any issues arising from the policy with the child's key person/ class teacher.

We will ensure that:

- Only staff who have undergone the appropriate safer recruitment and pre-employment checks will be able to change or toilet children. There will always be **two adults** present for changing.
    - One staff member to provide intimate care to one child at a time.
    - A second member of staff should be nearby, aware that intimate care is being performed, this is to safegauard the child and member of staff and avoid false allegations.

- A record of all children in nappies/pull ups will be kept in a confidential place to ensure that up to date information on their toileting requirements is available.

- Records relating to intimate care will be retained securely in accordance with the Trust's Records Management and Retention Schedule and applicable data protection requirements.
- Children's nappies or pants will be changed in a private, designated area which complies with Health, Hygiene and Safety regulations.
- Although this area is private, it is not secret and the member of staff can still be easily heard by other staff members.
- A child will never be left alone during changing.
- Staff will wear clean disposable gloves for each child.
- Appropriate hand washing facilities will be available for the adult and the child and hands will be washed using bacterial soap and dried thoroughly with a hand dryer or towel after completing the procedure.
- Dirty nappies/pants will be placed into a nappy sack and then placed into the nappy bin. This bag will be removed every day and disposed of in the Academy bins.
- The child's privacy will be respected at all times during nappy changing.
- If the parent/career has any queries or concerns about this procedure they should talk to their child's key person or any other member of staff.

Following any intimate care a member of staff will complete a group intimate care record sheet**. See Appendix 4** or an individual intimate care record. **(Appendix 5)**

Important Note

For any non-prescription cream for skin conditions e.g. Sudocrem each child should have their own creams and lotions. These can be supplied by the parent/carer and must be clearly labelled with the child's name. Prior written permission must be obtained from the parent/carer. When applying creams for rashes etc., a gloved hand will be used.

For any prescription cream or lotion it must come to the Academy with the prescription label clearly showing on the tube or box and the parent/carer must sign a medical consent form before leaving the item and the child in the care of nursery staff.

Assisting a child to change his / her clothes

This is more common in our Early Years Foundation Stage. On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private (in toilet cubicle), unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents/carers will be sent for and asked to assist their child and informed if the child becomes distressed.

Changing a child who has soiled him/herself

If a child soils him/herself in the Academy a professional judgement has to be made whether it is appropriate to change the child in the Academy, or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his / her underwear in private (toilet cubicle/ medical room) and carry out this process themselves.
- The Academy will have a supply of wipes, clean underwear and spare uniform for this purpose. Any clothes which are supplied by the Academy need washing and returning. Parents/ carers will be given a slip to inform them of the clothing which has been borrowed. **(Appendix 7)** The academy will keep a record of what items are borrowed to ensure they are returned and when necessary parents/ carers may be charged for items of clothing not returned. **(Appendix 8)**

- If a child is not able to complete this task unaided, the Academy staff will attempt to contact the emergency contact to inform them of the situation and gain verbal consent to administer intimate care. Parents/ carers will be asked to complete an intimate care form on the same day for any future incidents. **(Appendix 1)**
- If the emergency contact refuses for members of staff in the Academy to administer intimate care they need to come to the Academy within an appropriate time frame to address this themselves. In the meantime the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If none of the emergency contacts can be reached the Head Teacher is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.

The member of Staff who has assisted a pupil with intimate care will complete:

Child Protection/Safeguarding Guidelines

- Ensure that the action you are taking is necessary.
  Get verbal agreement to proceed – CARE – CONCERN – COMMUNICATE.

Pastoral Care Procedures

- Ensure the child is happy with who is changing him / her.
- Be responsive to any distress shown.
- Follow basic hygiene routines
- Always wear protective disposable gloves and a disposable apron.
- Seal any soiled clothing in a plastic bag for return to parents

Providing comfort or support to a child

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Safeguarding Lead (DSL).

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

Please refer to the Intimate Care Policy for pupils with complex medical needs and physical impairments, which outlines the arrangements for supporting a pupil who requires assistance with a specific medical procedure. Where appropriate, these arrangements will be detailed in the pupil's individual care plan and/or healthcare plan and should be followed by appropriately trained staff.

9. Intimate Care Procedures

- ✓ Staff who assist pupils with intimate care should be employees of the Academy, and therefore have undergone the appropriate safer recruitment and pre-employment checks for their role in accordance with the Trust's Safer Recruitment Policy and KCSIE. Staff must not undertake intimate care where they are not appropriately authorised or checked for their role.
- ✓ All staff should be aware of the Academy's confidentiality policy. Sensitive information will be shared only with those who need to know.
- ✓ No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.
- ✓ Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- ✓ All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- ✓ Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care.

- ✓ Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. **(Appendix 4 & 5)**

Guidelines for intimate care posters will be displayed in the Academy in all areas where intimate care will be administered **(Appendix 6)**

When carrying out procedures, the Academy **will** provide staff with:

- Disposable gloves and aprons
- Nappy bags
- Cleaning supplies
- Changing mats and bins
- Spare clothes for boys and girls (pants, socks, tights, trousers)

For pupils needing routine intimate care, the academy 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.

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

EYFS privacy and safeguarding

In accordance with the Early Years Foundation Stage statutory framework, the Academy will ensure that children's privacy is considered and balanced with safeguarding and support needs when changing nappies and supporting children with toileting.

Intimate care areas will provide an appropriate level of privacy and dignity while ensuring that safeguarding arrangements remain effective. Intimate care areas must not become secret or inaccessible spaces, and staff must follow the Trusts safeguarding procedures at all times.

Data protection and confidentiality

Intimate care records contain personal and potentially sensitive information and must be handled in accordance with UK GDPR, the Data Protection Act 2018 and the Trust's Data Protection and Records Management Policies. Records must be stored securely, accessed only by staff with a legitimate professional need, and shared only where there is a lawful basis to do so. Safeguarding information must be shared where necessary to protect a child, in accordance with safeguarding and information-sharing procedures.

Risk assessment

Each Academy will assess the risks associated with the provision of intimate care, including the physical environment, equipment, manual handling, infection control, staffing arrangements, privacy, safeguarding and the individual needs of children.

Individual risk assessments will be completed where a child's needs, disability, medical condition, behaviour or method of intimate care creates additional risks.

What happens if a child refuses intimate care

Where a child refuses or becomes distressed during intimate care, staff will pause the procedure wherever it is safe to do so, seek to understand the child's communication and wishes, and use agreed strategies from the child's intimate care plan. Staff will not use force unless there is an immediate risk of serious harm and any such incident will be reported and recorded in accordance with safeguarding procedures. Persistent refusal or distress will be discussed with the DSL and parents/carers and, where appropriate, relevant professionals.

10. Special Educational Needs

Children with special educational needs and disabilities have the same rights to safety, dignity and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability, learning difficulty or communication need or other SEND will be considered with regard to the individual teaching and SEND plans for each child. As with all arrangements for intimate care needs, agreements between the child, where appropriate, those with parental responsibility and the Academy should be easily understood and recorded in the child's individual intimate care plan. **(Appendix 2)**

Children will be supported to participate in decisions about their intimate care in an age- and developmentally appropriate way. Their wishes, feelings and communication will be listened to and taken into account. Where a child is unable to make or communicate the relevant decision, staff will act in accordance with the child's individual care arrangements, parental agreement, professional advice and their duty to safeguard and promote the child's welfare.

The child's individual needs will be taken into consideration. Some pupils may require non-verbal or alternative strategies to communicate their needs or to understand that an adult is going to provide intimate care. These may include AAC (Augmentative and Alternative Communication), ALD (Aided Language Display), PECS (Picture Exchange Communication System), visual prompts, communication devices or other established communication systems used by the child. Staff may also use Makaton to communicate messages such as 'time for a nappy change' or 'toilet'.

Some pupils may communicate their agreement, understanding or willingness to participate through a verbal response, nod, Makaton sign, communication device, visual symbol or by going with the adult to the intimate care area. Staff should seek the child's cooperation and, where possible, assent, while recognising that these responses do not necessarily constitute informed consent. A child's inability to communicate verbally must not be interpreted as an inability to express preferences, distress, discomfort or refusal. Staff must remain alert to the child's verbal and non-verbal communication and respond appropriately.

Intimate care arrangements will form part of the child's wider support arrangements where appropriate and will be coordinated with the child's EHCP, SEND support plan, healthcare plan, risk assessment and/or other relevant professional advice. Individual intimate care arrangements will be reviewed when there is a significant change in the child's needs, communication, medical circumstances or care requirements.

11. Concerns about safeguarding

Any concern arising during intimate care must be treated as a safeguarding concern where appropriate and reported immediately in accordance with the Academy's Safeguarding and Child Protection Policy and added onto CPOM's.

This includes, but is not limited to:

- unexplained marks, bruising, injuries, bleeding or soreness;
- changes in a child's behaviour or presentation;
- distress or fear associated with a particular person or intimate care routine;
- a disclosure or allegation made by a child;
- a child indicating that they do not want a particular adult to provide intimate care;
- concerns about inappropriate touching or behaviour;
- concerns that a child may be experiencing abuse or neglect; and
- any concern about the conduct of an adult providing intimate care.

Staff must not investigate, ask leading questions or attempt to determine whether abuse has occurred. They must record and report the concern promptly to the DSL or, where appropriate, directly to children's social care or the police in accordance with the Academy's safeguarding procedures.

Allegations and concerns about adults

Any allegation or concern that an adult working in the Academy may have harmed a child, may have committed an offence against or related to a child, or may pose a risk of harm to children will be reported immediately to the Headteacher and managed in accordance with the Trust's safeguarding procedures.

Where the concern meets the relevant threshold, the Local Authority Designated Officer (LADO) will be consulted without delay. The Academy will not undertake its own investigation before receiving appropriate safeguarding advice where this could prejudice a subsequent investigation.

Where a concern does not meet the harm threshold, it will be considered under the Trust's low-level concerns procedures and recorded and managed appropriately.

EYFS notification requirements

For children receiving Early Years provision, the Academy will comply with the notification requirements of the EYFS statutory framework. Where an allegation of harm is made against a person living, working or looking after children on the premises, the Trust/Academy will ensure that Ofsted is notified where required by the EYFS statutory framework and within the required timescale.

The Academy will also notify other relevant agencies where required, including children's social care, the police and/or the Local Authority Designated Officer.

12. Trips and Educational Visits

Pupils who require intimate care must be supported appropriately and safely when participating in educational visits, off-site activities, residential visits and overnight stays. A pupil must not be prevented from participating in an educational visit because they require intimate care, unless this is necessary because their needs cannot be safely met despite appropriate reasonable adjustments and risk management.

The arrangements for intimate care must be considered as part of the educational visit planning and risk assessment process. This includes consideration of the pupil's individual needs, dignity, privacy, safeguarding, medical needs, communication needs, independence and any reasonable adjustments required.

12.1 Before the visit

For any pupil who requires intimate care during a visit or residential stay, the visit leader must ensure that:

- the pupil's intimate care needs are identified and considered as part of the visit risk assessment;
- the pupil's Individual Care Plan, Health Care Plan, intimate care plan or other relevant support plan is reviewed before the visit, where applicable;
- parents/carers and, where appropriate, the pupil are consulted about the arrangements;
- the arrangements are consistent with the pupil's established intimate care plan and normal academy practice wherever reasonably possible;
- sufficient suitably trained staff are available to provide the required care throughout the visit, including during travel and overnight stays;
- staff understand their responsibilities and have received appropriate training and guidance;
- suitable facilities for intimate care have been identified in advance, including appropriate levels of privacy, hygiene and access;
- appropriate supplies and equipment are taken, including continence products, wipes, gloves, disposal bags, spare clothing and any other equipment identified in the pupil's care plan;
- arrangements are made for the safe storage, transport and disposal of continence products, medication and other care-related equipment;
- emergency arrangements are clearly established, including what staff should do if the usual intimate care arrangements cannot be followed;
- the visit leader knows which staff are responsible for providing intimate care and who should be contacted if difficulties arise.

Where a residential or overnight visit is planned, intimate care arrangements must specifically consider sleeping arrangements, access to toilets and washing facilities, changing arrangements, night-time continence needs and any care that may be required outside normal academy hours.

12.2 Staffing and safeguarding

Intimate care must only be provided by staff who are appropriately authorised, suitably trained and familiar with the pupil's needs.

The academy must consider safeguarding when determining which staff will provide intimate care. Staff must follow the academy's safeguarding and intimate care procedures at all times.

Where possible, intimate care should be carried out by the same staff who normally provide the pupil's care. Where this is not possible, the pupil's needs and established arrangements must be communicated to the staff member providing the care before the visit.

Staff must maintain professional boundaries at all times and should never undertake intimate care beyond that which is necessary and agreed within the pupil's care arrangements.

Where circumstances require a departure from the planned arrangements, this must be recorded and reported to the visit leader and, where appropriate, the Designated Safeguarding Lead (DSL) or other relevant member of the academy's safeguarding team.

12.3 Privacy and dignity
The pupil's dignity, privacy and personal preferences must be respected throughout the visit.

Intimate care should take place in a suitable private facility wherever reasonably practicable. Staff should explain to the pupil what they are going to do and encourage the pupil to participate in their own care as far as they are able.
Staff must not expose a pupil unnecessarily or discuss their intimate care needs in front of other pupils or adults who do not need to know.

For pupils who are able to communicate their preferences, their views should be taken into account when determining arrangements for intimate care during the visit.

12.4 Personal care by pupils
Pupils should be encouraged to develop independence in managing their own personal and continence care wherever this is appropriate and safe.

Staff should provide only the level of assistance that the pupil requires and should not routinely undertake care that the pupil can safely manage independently.

12.5 Residential and overnight visits
Additional planning is required for residential and overnight visits because pupils may require intimate care outside normal academy hours.

The visit leader must ensure that:

- arrangements are in place for intimate care throughout the entire period of the visit;
- appropriately trained staff are available overnight where the pupil's care plan requires this;
- staff understand who is responsible for responding to night-time care needs;
- suitable toilet, washing and changing facilities are available;
- sleeping arrangements provide appropriate privacy and safeguarding;
- arrangements for staff entering a pupil's bedroom or bathroom are clearly understood;
- the pupil's dignity and privacy are maintained while ensuring appropriate safeguarding;
- any required medication or medical equipment is managed in accordance with the academy's medication and supporting pupils with medical conditions procedures.

The academy must not assume that a pupil's usual school-day arrangements will automatically be sufficient for a residential visit. The care arrangements must be reviewed specifically for the environment and duration of the visit.

12.6 Emergencies and changes to planned arrangements
If a pupil requires unexpected intimate care or the planned arrangements cannot be followed, staff must respond calmly and sensitively while prioritising the pupil's safety and dignity.

Where possible, staff should contact the visit leader and follow the pupil's existing care plan. If an emergency requires staff to provide care outside the normal arrangements, the circumstances must be recorded and reported to the appropriate member of staff on return to the academy, and to the DSL where there is a safeguarding concern.

A pupil must not be left without necessary care because the usual member of staff is unavailable. The visit leader must ensure that contingency arrangements are in place before the visit begins.

12.7 Safeguarding concerns
Any concern arising during intimate care, including a disclosure, allegation, unexplained injury, concerning behaviour, inappropriate conduct by an adult or child, or a concern that a pupil may have been harmed, must be reported immediately in accordance with the Trust's Safeguarding and Child Protection Policy.

Staff must not investigate or ask leading questions. Concerns must be reported to the DSL or appropriate safeguarding lead in accordance with the Trust's safeguarding procedures.

12.8 Recording
The academy must maintain appropriate records of intimate care provided during visits where this is required by the pupil's individual care arrangements or the academy's procedures.

Records should be factual, proportionate and stored securely in accordance with the Trust's data protection requirements.

12.9 Inclusion and reasonable adjustments
The Trust and its academies will make reasonable adjustments to enable pupils who require intimate care to participate fully in educational visits and residential experiences.

A pupil's disability, medical condition, SEND or intimate care needs must not in themselves be used as a reason to exclude them from a visit. The academy must consider what reasonable adjustments, staffing, equipment, facilities and risk management arrangements can enable the pupil to participate safely.

Where a pupil's needs are complex, advice should be sought from parents/carers and, where appropriate, relevant health professionals or other specialists before the visit.

13. Policy review

The Lighthouse Multi Academy Trust governors will review this policy annually, however the policy may be reviewed earlier than this, if the government introduces new regulations, or if the Multi-Academy Trust receives recommendations on how the policy might be improved.

Appendix 1

Pupil Admissions Form – Reception to Year 6 Parental Consent

Intimate Care

I give permission for a member of staff to change my child if they have had an accident during academy hours. ***If you would like to read our Intimate policy it is on the academy website.***	☐ Yes ☐ No	Parent/carer name	
		Signature of parent/carer with parental repsonsibility (PR)	
		Date	

Pupil Admissions Form – 2 year olds and Nursery Parental Consent

Intimate Care

Potty training is an important milestone in your child's development. We recognise that all children develop at different rates and will work in partnership with families to support this.

Research suggests children are generally ready to move away from nappies, including pull-ups and training pants, between **18 and 30 months (2 ½ years),** where they are developmentally ready. We encourage families to begin toilet training when their child shows signs of readiness, with consistent support between home and nursery.

Is your child toilet trained?	☐ Yes ☐ No ☐ Emerging/ in process	If not fully toilet trained, what stage are they at? *(e.g. uses toilet occasionally, needs reminders, dry during the day, etc.)*	
What does your child currently wear?	☐ Nappies ☐ Pull-ups ☐ Pants during the day	If nappies/pull-ups, are they:	☐ Dry most of the day ☐ Changed at set times ☐ Soiled regularly

I give permission for a member of staff to change my child if they have had an accident during academy hours. ***If you would like to read our Intimate policy it is on the academy website.***	☐ Yes ☐ No	Parent/carer name	
		Signature of parent/carer with parental repsonsibility (PR)	
		Date	

Parental permission for Intimate Care

Academy Logo

Full Name:		Date of Birth:	

I understand that:

- I give permission to the Academy to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.
- I understand that I will be informed discretely should the occasion arise.
- I will advise the head teacher of any medical reason my child may have which affects issues of intimate care.
- I understand that the intimate care provided for my child at Academy will be given by familiar members of staff.
- I understand that the members of staff providing the care for my child have had appropriate training, including in Child Protection.

☐ *I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).*

Instead, the Academy will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).

I understand that if the Academy cannot reach me or my emergency contact, if my child needs urgent intimate care, staff will need to provide this for my child, following the Academy's intimate care policy, to make them comfortable and remove barriers to learning.

Parent/ Carer Name:		Date:	
Parent/ Carer Signature:			
Relationship to child:			
I have parental responsibility ☐ Yes ☐ No			

Appendix 2

Intimate Care Plan

Academy Logo

PARENTS/CARER			
Name of child			
Type of intimate care needed			
How often care will be given			
What training staff will be given			
Where care will take place			
What resources and equipment will be used, and who will provide them			
How procedures will 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 child			
Signature of parent or carer		Date	
CHILD			
How many members of staff would you like to help?			
Do you mind having a chat when you are being changed?			
Signature of child			
Date			

This plan will be reviewed twice a year.

Next review date: _____ To be reviewed by: _____

Appendix 3



Verbal Parental consent for Intimate Care

Academy Logo

Name of pupil	Comments (wet/soiled)	Date & time contacted	Parent/ carer name	Verbal consent given (Y, N)	Member of staff who contacted parent/carer	Date written consent received

Appendix 4

Intimate Care Record for nappy/pull up changing

Staff member:	Date:	Time:	Pupil name:	Comments

Academy Logo

Key:

D – dry

S– soiled

W – wet

PT – used potty/toilet

Appendix 5

Individual Intimate Care Record

(Child has Intimate Care plan in place)

Academy Logo

Full Name:		Date of Birth:	

Date	Time	Comments *(e.g. wet/soiled)*	Staff initials	Staff signature	Witness initials	Witness signature

Appendix 6

Guidelines for Intimate Care

Academy Logo

Please ensure that you adhere to the following guidelines when supporting children with intimate care:

- Protect the child's dignity, privacy and safety.
- Explain what you are doing in an age-appropriate way.
- Encourage the child to do as much as they can independently.
- Balance privacy with safeguarding and supervision.
- Intimate care areas must be private but not secret.
- Follow the child's individual intimate care plan where one is in place.
- Use appropriate PPE (gloves and a disposable apron) and hygiene procedures.
- Never take a mobile phone, camera or personal recording device into the intimate care area.
- Complete the 'Intimate Care Log' in accordance with Academy procedures.
- Always ensure the changing bed/ changing mat is clean before and after use
- Always ensure that wet nappies are put in a bag and disposed of in the provided bin.
- Always ensure that soiled nappies are double bagged and disposed of in the provided bin to minimize odour and prevent leaks.
- Ensure that soiled clothes are also double bagged and parents/ carers are notified at the end of the session/day.
- Report any safeguarding concern immediately to the DSL.
- Report any allegation or concern about an adult in accordance with the Trust's safeguarding and allegations procedures.
- Seek advice if you are unsure.

The number of adults present will be determined by the child's age, needs, circumstances, risk assessment and the nature of the intimate care being provided. A second member of staff should normally be aware that intimate care is taking place and be readily available where this is necessary to safeguard the child and staff member.

Appendix 7

Slip for borrowing the Academy clothes

Academy Logo

On _____(date), _____(child name) has been provided with the following the Academy clothing

_____

_____.

Please can these be washed and returned to the Academy.

Kind regards

Appendix 8



Record for items of clothing borrowed for intimate care

Academy Logo

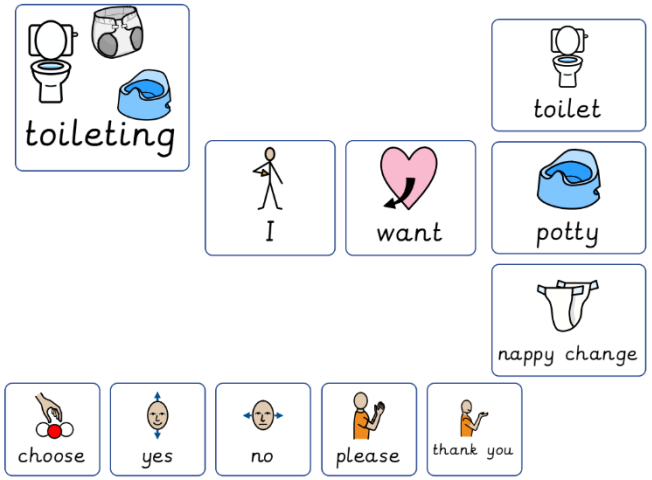
Name of pupil	Date	Items of clothing borrowed	Date parent reminded to return clothes	Date items of clothing returned	Member of staff who received clothing

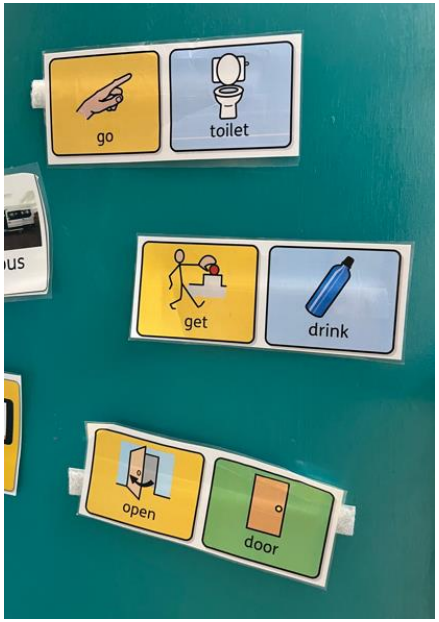
Appendix 9

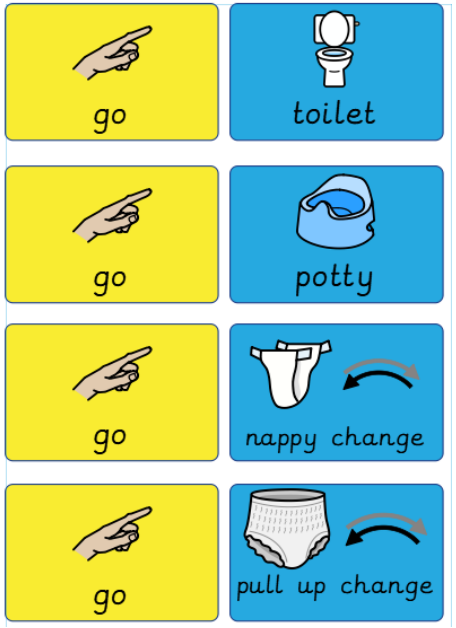
Examples of non-verbal strategies to communicate such as AAC (Augmentative Aided Communication), ALD (Aided Language Display) or PECS (Picture Exchange Communication System





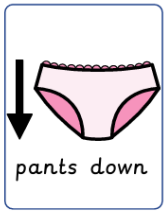








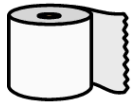
Going to the toilet



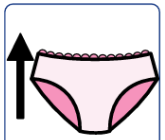
pants down



wee or poo



toilet paper



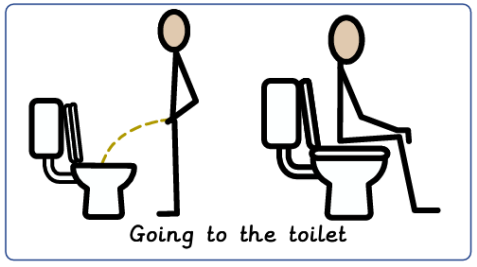
pants up



flush toilet



wash hands



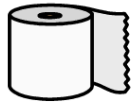
Going to the toilet



pants down



wee or poo



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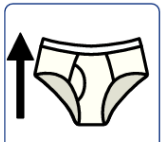


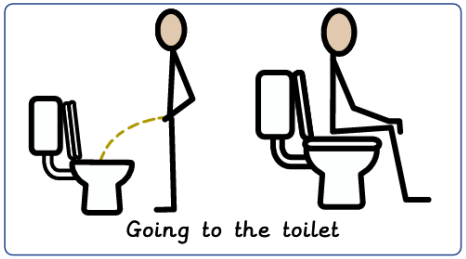
pants up



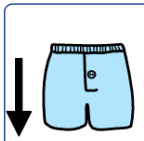
flush toilet



wash hands



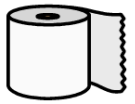
Going to the toilet



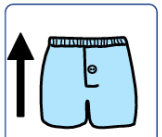
boxers down



wee or poo



toilet paper



boxers up



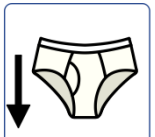
flush toilet



wash hands



Sitting on the potty



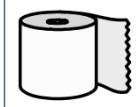
pants down



sit on potty



wee or poo



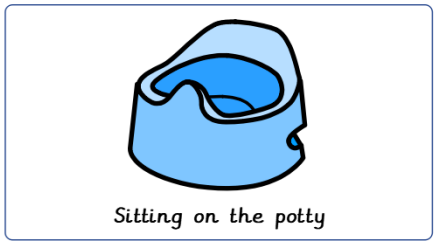
toilet paper



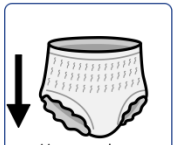
pants up



wash hands



Sitting on the potty



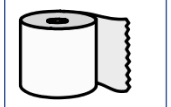
pull up down



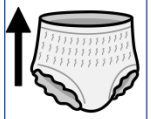
sit on potty



wee or poo



toilet paper



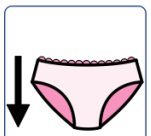
Pull up up



wash hands



Sitting on the potty



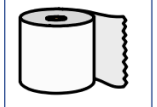
pants down



sit on potty



wee or poo



toilet paper

pants up

wash hands