The Children First Learning Partnership

Intimate Care and Hygiene Policy

The Intimate Care and Hygiene Policy in respect of the Children First Learning Partnership has been discussed and adopted by the Directors Board on	
Chair of Board:	*Mrs N. Chell*
Responsible Officer:	*CEO – Mrs A Rourke*
Agreed and ratified by the Directors Board on:	
To be reviewed:	

1. Policy Statement

Children First Learning Partnership is committed to ensuring that every child is treated with dignity, respect, compassion and kindness. We recognise that supporting children with intimate care and personal hygiene needs is an important part of safeguarding, promoting welfare and enabling all children to access education fully and successfully.

The Trust acknowledges that children may require support with intimate care for a variety of reasons. Some children may require short-term assistance due to illness, injury or developmental needs, whilst others may require ongoing support because of SEND, medical conditions or disabilities. Regardless of the reason, all children are entitled to receive support that protects their privacy, promotes their independence and safeguards their emotional and physical wellbeing.

Intimate care should never be viewed solely as a practical task. The manner in which intimate care is delivered can significantly affect a child's confidence, self-esteem, emotional security and trust in adults. For many children, requiring personal care support can be embarrassing or distressing. Staff must therefore approach all intimate care situations with sensitivity, patience and understanding.

The Trust expects all staff to demonstrate the highest standards of professionalism when providing intimate care. Children should feel safe, listened to and respected, and staff should feel confident that they are working within clear safeguarding procedures and professional boundaries. This policy supports a culture where the welfare of the child is paramount and where dignity, respect and safeguarding underpin every interaction.

2. Purpose

The purpose of this policy is not simply to establish procedures, but to create a consistent culture across the Trust where children's personal care needs are recognised and met appropriately.

The policy aims to provide clarity for staff, children, parents, carers and professionals regarding how intimate care will be managed safely and respectfully. It seeks to ensure that all staff understand their responsibilities, are aware of safeguarding expectations and feel confident in responding to intimate care needs professionally.

A further purpose of the policy is to ensure that no child is disadvantaged in accessing education because of continence issues, disability, medical needs or developmental differences. The Trust is committed to inclusion and recognises that children whose personal care needs are not met appropriately may experience barriers to learning, attendance, participation and social development.

Through this policy the Trust seeks to balance the child's right to privacy and dignity with the need to maintain robust safeguarding arrangements which protect both children and staff.

3. Scope

This policy applies to all children attending Children First Learning Partnership schools and settings, regardless of age, stage of development, disability, gender, ethnicity, religion or belief.

The policy recognises that intimate care needs can arise unexpectedly and may affect any child, even where no prior support arrangements are in place. Whilst some pupils may have long-term identified needs, others may require occasional assistance due to illness, accidents, anxiety, emotional distress, injury or other unforeseen circumstances.

The principles within this policy apply to all educational provision delivered by the Trust including mainstream classrooms, specialist provisions, early years settings, wraparound care, educational visits, residential visits and transport commissioned by the school.

All adults working on behalf of the Trust share responsibility for safeguarding children and promoting their welfare. Therefore, all staff are expected to understand the principles of this policy, even where intimate care is not a routine aspect of their role

4. Definition of Intimate Care

Intimate care refers to any intervention which involves helping a child with activities that they would normally undertake themselves if they were able to do so independently.

Whilst intimate care often relates to toileting and changing, staff should recognise that children may perceive a wide range of personal care activities as intimate. This may include assistance with washing, dressing, changing clothing, managing continence products, menstrual care, personal hygiene routines or certain healthcare procedures.

The Trust recognises that a child's understanding of privacy and dignity develops over time. Staff should therefore consider not only the task being undertaken, but also how the child experiences that support.

Regardless of age or need, every child has the right to be treated respectfully and to have their privacy protected whenever intimate care is provided.

5. Principles

The principles contained within this policy should guide all decision-making and practice.

Staff should always remember that intimate care is not something that is done *to* a child but something that is provided *with* a child. Children should be actively involved in their care wherever possible and should feel they have a voice in decisions that affect them.

The Trust recognises that every child is unique. What feels comfortable and appropriate for one child may be different for another. Staff should therefore seek to understand each child's communication style, preferences, cultural background, sensory needs and developmental stage.

Children should be encouraged to develop independence at a pace appropriate to their individual needs. Even where children require significant adult support, staff should focus on fostering self-esteem and promoting participation rather than creating dependency.

Respect should underpin every aspect of care. Respect is demonstrated through the language adults use, the time they give children, the protection of privacy and the recognition that intimate care can be a highly personal and sometimes vulnerable experience.

6. Safeguarding Considerations

Intimate care should always be regarded as a safeguarding activity.

Children requiring intimate care may, by the nature of their needs, be more vulnerable than their peers. Some children may be unable to communicate discomfort or concerns effectively. Others may have experienced trauma, neglect or abuse which influences how they respond to physical assistance from adults.

Staff should understand that intimate care situations present opportunities both to safeguard and to identify concerns. During personal care routines adults may observe changes in a child's presentation, behaviour or emotional wellbeing that would not otherwise be apparent.

A child may choose to disclose worries or abuse whilst receiving intimate care. This may occur because the child feels safe, because they are receiving one-to-one attention or because the care activity prompts discussion about their body and wellbeing.

For these reasons, staff must remain professionally curious. They should never dismiss patterns of behaviour, repeated injuries, unexplained marks or unusual emotional responses. Whilst intimate care must never become an investigative process, observations should be recorded factually and discussed with the Designated Safeguarding Lead without delay.

Safeguarding requires adults to be vigilant, compassionate and responsive. Protecting children is not separate from intimate care; it is an integral aspect of it.

7. Roles and Responsibilities

Safeguarding children during intimate care is a shared responsibility, and all adults working within the Trust must understand the important role they play in protecting children, promoting dignity and ensuring that personal care is delivered safely, respectfully and in line with safeguarding expectations. Intimate care should always be viewed as both a welfare responsibility and a safeguarding responsibility. Staff must recognise that children receiving intimate care may be particularly vulnerable and that their actions, attitudes and professional conduct can have a significant impact on a child's wellbeing, confidence, emotional security and sense of safety.

All adults involved in intimate care must understand that they are acting in a position of trust. The quality of their interactions with children can directly influence children's wellbeing, self-esteem and feelings of safety. Staff should promote positive relationships, respect children's rights and ensure that all care is delivered in a manner which safeguards dignity whilst fostering independence.

A culture of openness, accountability and professional reflection should be promoted throughout the Trust. Staff should feel confident to seek advice, report concerns and discuss safeguarding issues without fear of criticism. Seeking support should be viewed as good professional practice and evidence of a strong safeguarding culture.

8. Partnership with Parents and Carers

Positive relationships with parents and carers play a significant role in ensuring effective intimate care arrangements.

Many families may feel anxious, embarrassed or concerned when discussing their child's personal care needs. Staff should approach such discussions sensitively and respectfully, recognising that these conversations can be difficult for families.

The purpose of partnership working is to achieve consistency between home and school where possible. Children often benefit when routines, language and expectations are similar across different environments.

Communication should be honest, supportive and solution focused. Rather than focusing solely on difficulties, discussions should recognise the child's strengths, progress and developing independence.

The Trust recognises that parents and carers are experts in understanding their child's individual needs. Their views should be valued when planning support arrangements, whilst ensuring that safeguarding responsibilities remain the responsibility of the school.

Consent for adults to support and assist pupils with their intimate care and hygiene is provided for all children via Arbor on an annual basis. Where pupils with SEND and identified medical needs require ongoing support an additional Intimate Care Plan **(Appendix A)** and in some cases an additional Intimate Care Risk Assessment **(Appendix C)** will be completed.

9. Individual Intimate Care Plans

Children First Learning Partnership recognises that some children may require ongoing, regular or specialised support with intimate care. In such circumstances, an Individual Intimate Care Plan (IICP Appendix A) should be developed to ensure that support is delivered consistently, safely and in a manner that promotes dignity, wellbeing and independence. The use of individual planning aligns with child-centred safeguarding practice and ensures that reasonable adjustments are made to meet the needs of individual children. Where appropriate, ,Appendix C: Intimate Care Risk Assessment may also be created to identify additional control measures required.

Individual Intimate Care Plans are intended to provide clarity and consistency for everyone involved in supporting a child. They help to ensure that the child receives appropriate care regardless of which trained member of staff is providing support and reduce the likelihood of misunderstandings, inconsistent practice or safeguarding concerns.

10. Procedures for Intimate Care

Every intimate care interaction should begin with preparation and communication.

Staff should never rush intimate care tasks simply because the school day is busy. Taking a few moments to explain what is happening, reassure the child and prepare the environment can significantly reduce anxiety and promote cooperation.

Children should be spoken to throughout the process. Adults should explain actions before they occur and provide reassurance where needed. The tone of voice used by staff is particularly important. A calm, respectful and reassuring approach helps children feel safe and valued.

The language used by adults should always preserve dignity. Staff should avoid language that could shame, blame or embarrass a child following accidents or personal care difficulties.

Every intimate care interaction should seek to strike an appropriate balance between assistance and independence. Children should be supported to complete any aspects of care they can manage independently, even if this takes additional time.

Intimate care should conclude positively, enabling the child to return to learning and social activities with confidence and dignity preserved.

11. Staffing Arrangements

The relationship between the child and the adult providing care is often an important factor in ensuring positive outcomes.

Where possible, schools should seek to provide consistency by identifying a small number of trained adults who know the child well and understand their needs. Familiarity can reduce anxiety and improve communication.

The Trust acknowledges that intimate care can sometimes feel challenging for staff, particularly when supporting children with complex needs. Staff should therefore have access to guidance, training, supervision and support to ensure they feel confident in undertaking their responsibilities.

Whilst safeguarding is paramount, the Trust recognises that children also need caring, nurturing and responsive adults. Professional boundaries should never create distance that prevents compassionate support.

Effective intimate care requires staff to combine empathy with professionalism, kindness with vigilance, and sensitivity with accountability.

12. EYFS Specific Arrangements

Within the Early Years Foundation Stage, practitioners recognise that children develop continence and self-care skills at different rates. Variations in development are normal and should not be viewed negatively.

Children who experience accidents or require support with personal care should receive the same warmth, encouragement and opportunities as their peers. Personal care needs should never become a barrier to participation, learning, play or social interaction.

Toilet training and self-care are important developmental milestones. Staff should therefore work collaboratively with families to encourage confidence and independence whilst remaining responsive to each child's unique developmental journey.

Practitioners should remain mindful that repeated accidents, changes in toileting behaviour or significant hygiene concerns may sometimes indicate emotional, developmental, medical or safeguarding concerns which warrant further discussion and monitoring.

13. Menstrual Care

The Trust recognises that menstruation can be an emotional and sensitive aspect of growing up for many children and young people.

Some pupils may feel anxious, embarrassed or uncertain when managing menstruation at school. Others may require practical support due to SEND, medical needs or learning difficulties. Staff should respond with sensitivity, reassurance and respect.

Schools should strive to create an environment where pupils feel comfortable seeking help and accessing support. Menstrual health should be regarded as a normal aspect of wellbeing and should never become a source of shame, stigma or exclusion.

Where support is required, staff should ensure that privacy and dignity remain central to all interactions. Pupils should be reassured that support is available and that asking for assistance is entirely appropriate.

14. Children with SEND or Medical Needs

Supporting children with SEND requires a particularly thoughtful and personalised approach.

Many children with SEND experience barriers that can affect communication, understanding, mobility, emotional regulation, sensory processing or personal independence. These barriers may influence how intimate care is delivered and how children experience support.

For some children, physical assistance may be required over many years. For others, support needs may fluctuate depending on health, anxiety levels or environmental factors. Staff should avoid assumptions and recognise that children's needs can change over time.

Children with SEND may communicate discomfort, distress or concern in ways that differ from their peers. Staff should develop an understanding of each child's communication methods and behavioural cues. Seemingly minor changes in behaviour can sometimes indicate pain, anxiety, illness or safeguarding concerns.

Some children may find changes to routine particularly challenging. Consistency in staffing, environment, language and expectations can therefore be highly beneficial.

The Trust also recognises that children with SEND face increased safeguarding vulnerability. Communication difficulties, dependency on adults and social isolation can create additional barriers to recognising harm or reporting concerns. Staff must therefore maintain particularly high levels of vigilance and ensure that safeguarding practice remains child centred at all times.

15. Educational Visits and Residential Visits

Children First Learning Partnership is committed to ensuring that children and young people who require intimate care are able to participate fully in educational visits, residential experiences, outdoor learning activities and enrichment opportunities wherever it is safe and appropriate to do so. A child's need for intimate care should not automatically prevent them from accessing the same opportunities as their peers. Inclusion remains a core principle of Trust practice.

When planning educational visits, schools must consider the intimate care needs of pupils as part of the overall risk assessment process. Planning should take place sufficiently in advance to ensure that appropriate arrangements can be implemented effectively and safely.

Consideration should be given to:

- the child's individual needs;
- staffing arrangements and supervision levels;
- privacy and dignity requirements;
- access to suitable toileting and changing facilities;
- storage of continence products, spare clothing and equipment;
- access to washing facilities;
- medical requirements;
- transportation arrangements;
- emergency procedures;
- communication needs.

Where a pupil has an Individual Intimate Care Plan, this should be reviewed prior to the visit to ensure arrangements remain appropriate within the different environment.

Parents and carers should be involved in the planning process where intimate care support is likely to be required. Discussions should seek to promote confidence and reassurance whilst ensuring that staff understand individual routines, preferences and any concerns.

For residential visits, additional planning may be necessary to address:

- overnight arrangements;
- changing facilities;
- bathing or showering arrangements;
- sleeping accommodation;
- medical support requirements;
- maintaining confidentiality and dignity.

Staff should ensure that a child's personal care needs are managed discreetly and sensitively. Children should not be made to feel different, excluded or embarrassed because of their care needs.

Schools should ensure that staff involved in supporting intimate care during visits are appropriately trained and understand their safeguarding responsibilities. The same safeguarding standards that apply within school must apply during all off-site activities.

Where circumstances change during a visit and staff become concerned that appropriate support cannot be provided safely, the welfare of the child must remain the primary consideration and advice should be sought from senior leaders where necessary.

16. Record Keeping

Accurate, timely and appropriate record keeping is an essential component of safeguarding practice. Records provide evidence that support has been delivered appropriately, help ensure consistency between staff, enable concerns to be identified and monitored and support effective communication with parents, carers and relevant professionals.

The Trust recognises that effective record keeping protects both children and staff and contributes significantly to robust safeguarding arrangements. All records relating to intimate care should be completed professionally, respectfully and in accordance with data protection requirements. A record **(Appendix B)** will be shared with parents after every incident of intimate care and **Appendix E** will also be completed to provide a running record for leaders to monitor and analyse trends, patterns and changing needs.

Recording Routine Intimate Care

Schools may determine local recording arrangements for routine intimate care support.

Where ongoing support is provided through an Individual Intimate Care Plan Appendix B – **Intimate Care Record** will be used to record the care which includes the following information:

- date and time;
- nature of support provided;
- staff member involved;
- any concerns identified;
- significant changes in presentation;
- refusal of support;
- communication with parents where appropriate.

Recording arrangements should be proportionate and reflect the level of need identified for the child. Alongside **Appendix B** which will be provided to parents, **Appendix E** will also be completed to provide a running record for leaders to monitor and analyse trends, patterns and changing needs.

Recording Accidents and Incidents

Staff should record using Appendix B – Intimate Care Record:

- toileting accidents requiring significant staff support;
- recurring accidents;
- hygiene concerns;
- distress or unusual behaviour;
- damage to clothing requiring parental notification;
- incidents occurring outside normal arrangements.

Records should be completed as soon as possible following the incident. Alongside Appendix B which will be provided to parents, **Appendix E** will also be completed to provide a running record for leaders to monitor and analyse trends, patterns and changing needs.

Recording Safeguarding Concerns

Where a safeguarding concern arises during intimate care, staff must follow the school's safeguarding policy and procedures and report to the DSL

Examples may include:

- unexplained bruising;
- marks or injuries;
- repeated soreness;
- disclosures;
- significant changes in behaviour;
- concerning interactions between adults and children.

All safeguarding concerns should be recorded on the school's safeguarding system – My Concern

Confidentiality and Storage

Records relating to intimate care contain personal and often sensitive information.

Information must be:

- stored securely;
- accessible only to authorised staff;
- managed in accordance with UK GDPR and Data Protection legislation;
- retained in line with Trust retention schedules.

Confidentiality should always be respected; however, confidentiality must never prevent information being shared where safeguarding concerns exist.

Monitoring Records

The DSL and senior leaders should periodically review records to identify:

- recurring patterns;
- emerging safeguarding concerns;
- training needs;
- support requirements;
- effectiveness of care plans.

Patterns of accidents, distress or physical concerns may indicate medical, emotional, developmental or safeguarding needs which require further assessment or support.

17. Allegations Against Staff

Children have the right to be protected from harm and all concerns regarding the conduct of adults must be taken seriously. The Trust is committed to maintaining a culture of vigilance, transparency and accountability where safeguarding concerns can be raised without fear.

Whilst the overwhelming majority of staff act professionally and appropriately, safeguarding systems must be sufficiently robust to ensure that concerns are identified, reported and managed effectively.

All adults working within the Trust must understand that they are in positions of trust and that their behaviour both in and outside of work can affect professional relationships with children.

Professional Boundaries

Staff involved in intimate care must:

- maintain professional boundaries at all times;
- follow agreed procedures;
- work within Individual Intimate Care Plans;
- avoid unnecessary physical contact;
- use respectful and age-appropriate language;

- ensure their actions are capable of being openly explained and justified.

Professional curiosity and self-awareness should be exercised at all times.

Reporting Concerns

Any allegation, concern or low-level concern relating to the conduct of an adult must be reported immediately.

Concerns may include:

- inappropriate behaviour during intimate care;
- breaches of professional boundaries;
- concerning language;
- failure to follow agreed procedures;
- unsafe practice;
- neglectful actions or omissions;
- behaviour that causes a child distress or discomfort.

Staff must never:

- attempt to investigate concerns themselves;
- discuss concerns unnecessarily with colleagues;
- delay reporting.

Concerns should be reported in accordance with the Trust Safeguarding and Child Protection Policy and KCSIE procedures.

Low-Level Concerns

The Trust recognises the importance of identifying and responding to low-level concerns before they escalate.

A low-level concern may involve behaviour that:

- is inconsistent with the Staff Code of Conduct;
- falls below expected professional standards;
- creates uncertainty regarding professional judgment.

All low-level concerns should be recorded and managed in accordance with Trust procedures and KCSIE requirements.

Allegations Meeting the Harm Threshold

Where concerns indicate that an adult may have:

- harmed a child;
- committed a criminal offence against a child;
- behaved in a manner indicating they may pose a risk to children;

- behaved in a way that raises safeguarding concerns,

the Headteacher must refer the matter immediately in accordance with local authority and Local Authority Designated Officer (LADO) procedures.

Support for Children and Staff

The Trust recognises that allegations and concerns can be distressing for everyone involved.

Throughout any process:

- the welfare of the child remains paramount;
- children should receive appropriate support;
- staff should be treated fairly and in accordance with established procedures;
- confidentiality should be maintained as far as possible.

The Trust seeks to foster a culture where safeguarding concerns are recognised early, reported promptly and addressed professionally in order to maintain the safety and wellbeing of all children.

18. Training

Training should not be viewed as a one-off event but as part of an ongoing culture of safeguarding and professional development.

Staff involved in intimate care should understand not only the procedures they are expected to follow but also the principles that underpin them. Effective practice depends upon staff understanding the links between intimate care, safeguarding, dignity, inclusion, child development and SEND.

Opportunities for discussion, reflection and supervision can help staff develop confidence and explore complex situations appropriately. Leaders should foster a culture where staff feel comfortable seeking advice or raising concerns without fear of criticism.

Regular safeguarding updates should reinforce the importance of professional boundaries, child-centred practice and the role of intimate care in safeguarding children.

A well-trained workforce is central to ensuring that children receive high-quality support and that safeguarding responsibilities are consistently met.

CFLP Staff Guidance: Good Practice in Intimate Care

Children who require intimate care are in a particularly vulnerable position. Staff must always be mindful that the quality of support provided can have a significant impact upon a child's dignity, emotional wellbeing, safety and self-esteem. Intimate care must never be viewed simply as a practical task. It is an opportunity to promote independence, respect and positive relationships whilst maintaining professional boundaries.

Staff should approach all intimate care interactions in a calm, sensitive and reassuring manner. Children should be spoken to respectfully and involved in decision-making appropriate to their age and level of understanding. The child's preferences, wishes and feelings should be considered wherever possible in accordance with the child-centred principles of safeguarding practice.

At all times staff should seek to preserve the child's privacy by:

- closing doors where appropriate;
- using designated care facilities;
- ensuring unnecessary staff or pupils cannot observe;
- covering the child as much as possible during care activities;
- maintaining confidentiality regarding the child's needs.

The child's dignity should always be paramount.

Communication with Children During Intimate Care

Staff should explain clearly, in language appropriate to the child's age and understanding:

- what support is needed;
- why assistance is being provided;
- what will happen next;
- when the task is complete.

Before providing assistance, staff should seek the child's agreement where they have capacity to express this.

Examples of appropriate language include:

"Your clothes are wet, so I am going to help you get changed."

"I am going to help wipe your hands and make sure you're comfortable."

"You can do the first part yourself and I will help if you need me."

Children should never be rushed, shamed, criticised or compared with other children because of their continence or personal care needs.

Promoting Independence

A central aim of intimate care support is to maximise independence.

Staff should:

- encourage children to undertake tasks independently whenever possible;
- provide verbal prompts before physical support;
- recognise and celebrate progress;
- work consistently with agreed toileting or personal care programmes;
- avoid creating unnecessary dependency.

Children should be supported to develop confidence and self-esteem through age-appropriate independence.

Professional Boundaries

All staff involved in intimate care must maintain clear professional boundaries at all times.

Staff must:

- only undertake intimate care tasks necessary to meet identified needs;
- avoid unnecessary physical contact;
- explain actions before carrying them out;
- work within agreed care plans;
- follow safeguarding procedures;
- immediately report concerns.

Staff must never:

- use intimate care as a punishment or behaviour strategy;
- engage in unnecessary conversations of a personal nature;
- take photographs or record images;
- use mobile phones during intimate care procedures;
- permit intimate care to occur in unsuitable locations;
- make comments that may embarrass, humiliate or distress a child.

KCSIE emphasises that safeguarding is everyone's responsibility and that staff must maintain professional curiosity and professional boundaries.

Responding to Dilemmas and Situations of Concern

There may be occasions where staff feel uncertain about a situation.

Examples may include:

- a child becoming distressed during intimate care;

- a child refusing support;
- repeated accidents that are unusual for the child;
- unexplained bruising, marks or soreness;
- disclosures made by the child;
- inappropriate behaviour by an adult or another child.

Where concerns arise, staff should:

1. Reassure the child.
2. Complete essential care.
3. Record factual information.
4. Report concerns immediately to the DSL.
5. Avoid leading questions or investigating independently.

Any unexplained injury, recurring soreness, unusual marks or changes in behaviour may represent a safeguarding concern and must be reported in accordance with child protection procedures.

Intimate Care and Safeguarding

Intimate care can provide opportunities for practitioners to identify safeguarding concerns which may otherwise remain hidden.

Staff must remain alert to:

- frequent unexplained injuries;
- genital soreness or infections;
- fearfulness around intimate care;
- age-inappropriate sexualised behaviour;
- significant behavioural changes;
- disclosures indicating neglect or abuse.

The welfare of the child must always be the paramount consideration.

If concerns arise, staff must follow the school's safeguarding procedures and report immediately to the Designated Safeguarding Lead.

Supporting Children with SEND

Some children with SEND may require long-term intimate care support throughout their education.

Staff working with these pupils should:

- respect communication preferences;
- understand sensory needs;
- use visual supports where appropriate;
- follow individual risk assessments;

- work in partnership with parents and professionals;
- maintain consistency of approach.

A child's disability must never reduce safeguarding expectations. Children with SEND can be particularly vulnerable to abuse and barriers to communication can mean concerns are less likely to be identified.

Toileting Accidents and Unexpected Incidents

Occasional accidents are a normal part of children's development.

When accidents occur staff should:

- respond discreetly and sensitively;
- reassure the child;
- provide clean clothing where available;
- maintain privacy;
- avoid drawing attention to the incident;
- notify parents where appropriate.

Staff should record any recurring pattern of accidents so that additional support can be considered.

Under no circumstances should a child be left in wet or soiled clothing for prolonged periods, as this may impact on their welfare, dignity and health.

Guidance for EYFS Staff

In EYFS settings, practitioners recognise that continence develops at different rates and that children may require varying levels of support.

Staff should:

- work positively with families to support toilet training;
- avoid placing pressure on children;
- maintain regular communication with parents/carers;
- ensure changing procedures are hygienic and respectful;
- support children to develop confidence and independence.

Children should not be treated less favourably because they are not yet toilet trained and should continue to access the full curriculum and experiences available within the setting

APPENDIX A

Individual Intimate Care Plan (IICP)

Child's Name: _____

Date of Birth: _____

Year Group/Class: _____

School: _____

Date Plan Created: _____

Review Date: _____

Individuals Involved in Planning

Name	Role
	Parent/Carer
	Class Teacher
	SENDCo
	DSL
	Health Professional
	Other

Child's Views and Preferences

What is important to the child?

What helps the child feel comfortable and safe?

Preferred method of communication:

☐ Verbal

☐ Visual prompts

☐ Makaton

☐ PECS

☐ Assistive Technology

☐ Other _____

Description of Intimate Care Needs

Level of Support Required

Activity	Independent	Prompting Required	Physical Assistance Required
Toilet use	☐	☐	☐
Dressing	☐	☐	☐
Hand washing	☐	☐	☐
Continence management	☐	☐	☐
Menstrual care	☐	☐	☐
Other	☐	☐	☐

Equipment Required

☐ Nappies

☐ Pull-ups

☐ Continence Products

☐ Wipes

☐ Disposable Gloves

☐ Apron

☐ Specialist Equipment

Details:

Staffing Arrangements

Named Staff:

1. ---
2. ---
3. ---

Safeguarding Considerations

Relevant vulnerabilities or concerns:

Emergency Procedures

Signatures

Parent/Carer: _____ Date _____

School Representative: _____ Date _____

SENDCo: _____ Date _____

Kingsfield First School

Individual Intimate Care Plan (IICP)

Child's Name: _____

Date of Birth: _____

Year Group/Class: _____

School: _____

Date Plan Created: _____

Review Date: _____

Individuals Involved in Planning

Name	Role
	Parent/Carer
	Class Teacher
	SENDCo
	DSL
	Health Professional
	Other

Child's Views and Preferences

What is important to the child?

What helps the child feel comfortable and safe?

Preferred method of communication:

☐ Verbal

☐ Visual prompts

☐ Makaton

☐ PECS

☐ Assistive Technology

☐ Other _____

Description of Intimate Care Needs

Level of Support Required

Activity	Independent	Prompting Required	Physical Assistance Required
Toilet use	☐	☐	☐
Dressing	☐	☐	☐
Hand washing	☐	☐	☐
Continence management	☐	☐	☐
Menstrual care	☐	☐	☐
Other	☐	☐	☐

Equipment Required

☐ Nappies

☐ Pull-ups

☐ Continence Products

☐ Wipes

☐ Disposable Gloves

☐ Apron

☐ Specialist Equipment

Details:

Staffing Arrangements

Named Staff:

1.
2.
3.

Safeguarding Considerations

Relevant vulnerabilities or concerns:

Emergency Procedures

Signatures

Parent/Carer: _____ Date _____

School Representative: _____ Date _____

SENDCo: _____ Date _____

APPENDIX B

Intimate Care Record Sheet

Child Name: _____

Date: _____

Time: _____

Staff Member: _____

Nature of Support Provided

☐ Toileting Assistance

☐ Changing Clothing

☐ Nappy Change

☐ Continence Support

☐ Menstrual Support

☐ Hygiene Support

☐ Other

Details:

Child's Presentation

☐ No concerns observed

☐ Distress observed

☐ Behaviour change observed

Details:

Parent Informed?

☐ Yes

☐ No

Method:

☐ Telephone

☐ Face to Face

☐ Email

☐ Home-School Communication System

Staff Signature:

Kingsfield First School

Intimate Care Record Sheet

Child Name: _____Date: _____Time: _____

Staff Member: _____

Nature of Support Provided

☐ Toileting Assistance ☐ Changing Clothing ☐ Nappy Change

☐ Continence Support ☐ Menstrual Support ☐ Hygiene Support

☐ Other

Details:

Child's Presentation

☐ No concerns observed ☐ Distress observed ☐ Behaviour change observed

Details:

Parent Informed?

☐ Yes ☐ No

Method:

☐ Telephone ☐ Face to Face ☐ Email ☐ Home-School Communication System

Staff Signature:

APPENDIX C

Intimate Care Risk Assessment

Child Name: _____

Assessment Date: _____

Assessor: _____

Review Date: _____

Hazard/Risk	Likelihood	Impact	Control Measures
Child falls during changing			
Injury during transfer			
Child distress			
Communication barrier			
Infection control			
Safeguarding concern			
Staff injury			
Staff allegation			

Additional Controls Required

Staffing Requirements

☐ One trained adult

☐ Two adults required

Reason:

Assessor Signature:

Headteacher/SENDCo:

Kingsfield First School

Intimate Care Risk Assessment

Child Name: _____

Assessment Date: _____

Assessor: _____

Review Date: _____

Hazard/Risk	Likelihood	Impact	Control Measures
Child falls during changing			
Injury during transfer			
Child distress			
Communication barrier			
Infection control			
Safeguarding concern			
Staff injury			
Staff allegation			

Additional Controls Required

Staffing Requirements

☐ One trained adult

☐ Two adults required

Reason:

Assessor Signature:

Headteacher/SENDCo:

APPENDIX D

Intimate Care Monitoring and Audit Tool

To be completed termly by DSL/Safeguarding Lead.

Audit Question	Yes	No	Action Required
Policy reviewed within previous 12 months?	☐	☐	
Staff trained?	☐	☐	
Care plans reviewed?	☐	☐	
Risk assessments current?	☐	☐	
Recording completed appropriately?	☐	☐	
Safeguarding concerns escalated correctly?	☐	☐	
Parents informed appropriately?	☐	☐	
Facilities suitable and hygienic?	☐	☐	
PPE available?	☐	☐	
Monitoring undertaken by leaders?	☐	☐	

Areas of Strength

Areas for Development

Actions

Completed By:

Date:

APPENDIX E

Intimate Care - Record Sheet

Name of pupil	Class	Date	Time	Procedure	Staff Involved	Signature(s)	Comments	Form shared with parent (Tick)

Kingsfield Intimate Care Record Sheet

Intimate Care - Record Sheet

Name of pupil	Class	Date	Time	Procedure	Staff Involved	Signature(s)	Comments	Form shared with parent (Tick)