



Batley Multi Academy Trust

Intimate Care Policy

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Statement of Intent

The Board of Trustees of Batley Multi Academy Trust (the Trust) and each school's Local Governing Board will act in accordance with Section 175 of the Education Act 2002, and the statutory framework guidance [Keeping Children Safe in Education](#) and [Early Years Foundation Stage \(2012\)](#), to safeguard and promote the welfare of learners within the Trust.

The Trust takes seriously its responsibility to safeguard and promote the welfare of learners in its care. Meeting a learner's intimate care needs is one aspect of safeguarding.

The Board of Trustees recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any learner with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.

This Intimate Care policy should be read in conjunction with the Trust and school's policies and Local Authority policies referenced below:

- Trust Safeguarding and Child Protection policy
- SEND Code of Practice
- Trust SEND Policy
- Trust - guidance on safer working practice
- Trust Whistleblowing Policy
- Trust Health and Safety Policy
- Trust First Aid policy
- Trust Supporting Learners with Medical Conditions Policy
- Each school's Special Educational Needs and Disabilities Information Report
- Policy/advice for administration of medicines
- DfE Keeping Children Safe in Education
- Local Authority Safeguarding Children's Partnership - Child Protection guidelines

The Board of Trustees is committed to ensuring that all colleagues responsible for the intimate care of learners will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all learners whatever their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity with respect and dignity when intimate care is given. Learner welfare is of paramount importance and their experience of intimate and personal care should be a positive one. It is essential that every learner in our Trust family of schools is treated as an individual and that care is given gently and sensitively.

No learner should be attended to in a way that causes distress or pain.

Colleagues will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.

Where learners with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

Colleagues must be given the choice as to whether they are prepared to provide intimate care to learners.

All colleagues undertaking intimate care must be given appropriate training and signed off as fully competent in each procedure, for each learner, in order to undertake any role involving intimate care.

This Intimate Care policy has been developed to safeguard learners and colleagues. It applies to every member of the Trust's workforce, involved in the intimate care of our learners.

Principles of Intimate Care

The following are the fundamental principles which this policy and guidelines are based upon:

- Every learner has the right to be safe.
- Every learner has the right to personal privacy.
- Every learner has the right to be valued as an individual.
- Every learner has the right to be treated with dignity and respect.
- Every learner has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every learner has the right to express their views on their own intimate care and to have such views taken into account.
- Every learner has the right to have levels of intimate care that are as consistent as possible.
- Every learner's needs vary, therefore careful consideration will be given to each individual's situation to determine how many colleagues need to be present when a learner requires intimate care support.

The Trust is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan for an individual learner, in ways that:

- Maintain the dignity of the individual learner.
- Are sensitive to their needs and preferences.
- Maximise safety and comfort.
- Protect against intrusion and abuse.
- Respect the learner's right to give or withdraw their consent.
- Encourage the learner to care for themselves as much as they are able and protect the rights of everyone involved.

The diversity of individuals and communities is valued and respected and no child or family is discriminated against.

Definition

Intimate care can be defined as any physical care in personal hygiene and physical presence or observation during such activities. These may involve:

- Body bathing other than to arms, face and legs below the knee.
- Toileting, wiping and care in the genital and anal areas.

- Dressing and undressing.
- Application of medical treatment, other than to arms, face and legs below the knee.
- Supporting the changing of sanitary protection.
- Continence support, including any medical conditions.
- Massage.

It also includes supervision of, and promoting the learner to be involved in the development of their own intimate care.

Intimate care will normally be undertaken on each school's premises, in a designated area. However, there will be occasions (trips and residential visits) where intimate or invasive care is required to take place off-site. In these circumstances, all necessary precautions should be taken, including a detailed risk assessment, to ensure that the level of care is not compromised and the learner's dignity is maintained at all times.

Best Practice

Learners who require regular assistance with intimate care have a written My Support Plan (MSP), health care plan or intimate care plan agreed by colleagues, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. The health care plan or intimate care plan must be agreed with parents/carers in regards to their child and school nurse if required, as to the best practice ratio of 1:1 or 2:1 staff support. This will depend on the support required by the learner and based on their age and need. All learners with an intimate care plan must have a signed agreement from parent/carer with a signed copy at the individual school.

Ideally, the plan should be agreed at a meeting at which all key colleagues and the learner should also be present wherever possible/appropriate. 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).

Where relevant, it is good practice to agree with the learner and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a care plan or MSP is not in place, parents/carers will be informed the same day if their child/young person has needed help with meeting intimate care needs (for e.g. has had an 'accident' and wet or soiled themselves). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through a home/school diary.

Accurate records should also be kept when a learner requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the learner's behaviour. It should be clear who was present in every case. For a copy of the school's log, please see Appendix A.

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

All learners will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Colleagues will encourage each individual learner to do as much for themselves as possible to promote greater independence and self-esteem.

Colleagues who provide intimate care are trained in personal care according to the needs of the learner. Colleagues should be fully aware of best practice regarding infection control, including the requirement to wear the following:

- Fresh, disposable aprons and gloves.
- Paper towels to be available to dry hands.

Furthermore, colleagues should be aware of the following:

- Wash hands with hot water and soap available as soon as possible.
- Soiled nappies/pull ups to be securely wrapped and disposed of appropriately.
- Changing area/toilet to be left clean.

Colleagues will be supported to adapt their practice in relation to the needs of individual learners taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each learner who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the learner is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. Learners who present with impaired cognition and/or interaction must have intimate care procedures explained to them, but in a method that they will fully understand i.e in writing, visual aids, social stories or using sign/gesture.

Colleagues who provide intimate care should speak to the learner personally by name, explain what they are doing and communicate with all learners in a way that reflects their age (where appropriate).

Every learner's right to privacy and modesty will be respected. Careful consideration will be given to each learner's situation to determine who and how many carers might need to be present when they need help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the learner's privacy and dignity. Wherever possible, the learner's wishes and feelings should be sought and taken into account.

Colleagues should enable the learner to be prepared for and to anticipate events while demonstrating respect for their body, for e.g. by giving them a strong sensory clue such as using a sponge or pad to signal an intention to wash or change. If washing is necessary,

always use a sponge or flannel and where possible encourage the learner to attempt to wash private parts of the body themselves.

The religious views, beliefs and cultural values of children and learners and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, such as in relation to staff caring for learners of the same sex, there is research which suggests there may be missed opportunities for learners due to over anxiety about risk factors; ideally, every learner should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a learner. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist learners with intimate care must be employees of the school, not learners or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks and the relevant training, which will be logged on each school's Single Central Record. Colleagues will be fully trained and competent before undertaking any procedure.

If colleagues notice any injuries or marks on a learner, they should follow the procedure as outlined in the Trust's Safeguarding and Child Protection policy. No member of staff will carry, or use a mobile phone, camera or any similar device whilst providing intimate care.

Confidentiality

Sensitive information will be shared only with those who need to know - such as parents/carers or other members of staff who are specifically involved with the learner.

Other adults within school are told what is necessary for them to know to keep the learner safe. We inform parents/carers through our Safeguarding and Child Protection Policy that where colleagues have concerns about a learner's wellbeing or safety arising from something said by the learner or an observation made by the staff then our Designated Safeguarding Leaders will be informed. This may lead to the procedures set down in our Safeguarding and Child Protection policy being implemented.

Information concerning intimate care procedures are made through one of the following:

- Letter handed directly to the parents/carers, or if parents/carers are not available at home time, a letter is sent in a sealed envelope.
- Personal contact (and recorded in a log).
- Telephone call – between member of staff and parent/carer (and recorded in a log).

Sharing information between home and schools is important to secure the best care for learners. Parents/carers and staff are made aware that matters concerning intimate care will

be dealt with confidentiality and sensitively and that the learner's right to privacy and dignity is maintained at all times.

Child Protection/Safeguarding

The Board of Trustees, Local Governing Boards and colleagues at all schools within the Trust recognise that learners with special educational needs and/or disabilities are particularly vulnerable to all types of abuse.

From a safeguarding perspective it is acknowledged that intimate care involves risks for learners and adults as it may involve colleagues touching private parts of a learner's body. In all schools within the Trust, best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice. Where appropriate, learners will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a learner's presentation, e.g. unexplained marks, bruises, etc. they will immediately report concerns to the Designated Safeguarding Lead (DSL) or member of the Safeguarding team. A clear written record of the concern will be completed and a referral made to the Duty and Advice team in accordance with the Trust's safeguarding procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the learner at increased risk of suffering significant harm.

If a learner becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Headteacher. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue(s) is/are resolved so that the learner's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a learner, or any other person, makes an allegation against an adult working at any school within the Trust, this should be reported to the Headteacher (or to the Chair of the Local Governing Board of the individual school and the CEO if the concern is about the Headteacher) who will liaise with the Local Authority Designated Officer in accordance with the Trust's policies.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, or the CEO if the concern is about the Headteacher, in accordance with the safeguarding procedures and whistleblowing policy.

Toilet Training

We acknowledge that starting school is an important and potentially challenging time for both learners, families and schools. It is also a time of growth and very rapid developmental change for all learners. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which learners master the skills involved in being fully toilet trained. For a variety of reasons, learners in the EYFS may:

- Be fully toilet trained across all settings.
- Have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning in Foundation Stage or Year One or Two.
- Be fully toilet trained at home but prone to accidents in new settings.
- Be on the point of being toilet trained but require reminders and encouragement.
- Not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme.
- Be fully toilet trained but have a serious disability or learning difficulties.
- Have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage.
- Have SEND and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting.

However, admitting learners who are not yet toilet trained or who have incontinence problems into any school is a decision made by the Headteacher.

At the earliest opportunities, we encourage and advise parents/carers to toilet train their child at home as part of their daily routine and as a school we will reinforce these routines whilst avoiding any unnecessary physical contact. Parents/carers are their child's first teacher and the Trust believes there should be a strong parent/school partnership to ensure consistency during school hours and at home.

Learners beyond the EYFS but throughout the primary stages of education may also experience difficulties with independence and require support with intimate care issues. These issues are likely to relate to complex health needs or a specific disability recognised within relevant legislation.

Nappy Changing

Learners who are not yet fully toilet training will require their nappies or pull-ups to be regularly checked and changed. An intimate care agreement should be written and signed by parents/carers and the class teacher.

Any member of staff who has an enhanced DBS check has a responsibility to change a learner's nappy should it be soiled. Learners should be changed at lunchtime, at home time and at any other time during the day should it be necessary.

Nappies or soiled clothing should be changed in the toilet cubicles in the learners' classroom/cloakroom. Nursery and Reception learners should ideally remain standing but if necessary, the learner should lay on a changing mat and never directly on the floor. Learners in Key Stage 1 and 2 should be changed whilst standing. Privacy and dignity should be maintained at all times. The door to the toilet should be left ajar and never locked.

Parents/carers should provide nappies, nappy sacks, wipes and spare clothing for learners who may require it throughout the school day. Some classes may have a small stock of nappy sacks, wipes, spare clothing and nappies, which can be used if a parent/carer has forgotten to send in these items. However, parents/carers should be asked to send in these items as quickly as possible as the school will not have an endless supply. A letter asking parents/carers to send in the required items should be sent out.

Soiled nappies should be double wrapped and placed in the relevant waste bin.

Colleagues should wear disposable gloves and aprons when dealing with soiled clothing or nappies. The changing area should be cleaned after use. Hot water and soap should be available to wash hands after the task has been completed. Paper towels should be available for drying hands.

If a learner is unduly distressed about having their nappy changed, parents/carers should be contacted to discuss the matter. A plan should be put into place for individual learners, which can include a social story.

Physiotherapy

Learners who require physiotherapy whilst at school should have this carried out by a trained Physiotherapist. If it is agreed in the MSP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting learners with exercises), then the required technique must be demonstrated by the Physiotherapist personally, written guidance given and updated regularly. The Physiotherapist should observe the member of staff applying the technique when they first receive this guidance, and immediately following any updates.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the Physiotherapist.

Medical Procedures

Learners who have additional medical needs might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or MSP and will only be carried out by staff who have been trained to do so.

It is particularly important that these colleagues should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained. If an examination of a learner is required in an emergency aid situation it is advisable to have another adult present, with due regard to the learner's privacy and dignity.

Massage

Massage is now commonly used with learners who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation and de-escalation.

It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and the learner.

Any adult undertaking massage for learners must have received appropriate training.

Care plans should include specific information for those supporting learners with bespoke medical needs.

Health and Safety

Where relevant, induction procedures and continued CPD sessions are in place within school to support colleagues in dealing appropriately with issues of intimate care.

We have procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a learner accidentally wets or soils themselves, or is sick whilst on the premises.

The same precautions will apply for nappy/pull ups/changing. This includes:

- Colleagues wear fresh disposable aprons and gloves while changing a learner.
- Soiled nappies/pull ups securely wrapped and disposed of appropriately.
- Changing area/toilet to be left clean.
- Caretaking/cleaning staff to be informed.
- Hot water and soap available to wash hands as soon as changing is done.
- Paper towels to be available to dry hands.

Facilities and Resources

We have ensured there are suitable hygienic changing facilities for changing any learner who is in nappies and we ensure that an adequate supply of spare clothes and any other necessary items are available. We will follow the relevant guidance, ensuring that:

- Mobile learners are changed standing up.
- Learners in Nursery and Reception may be changed on a changing mat on the floor if it is not possible for them to change standing up.
- Learners in year 1 and above are only changed in a toilet cubicle standing up, where appropriate.

Partnership Working

Partnerships with parents/carers is an important principle in our Trust and is particularly necessary in relation to learners. Much of our information regarding the process of intimate care is made available from parents/carers. Regular consultation and information sharing remains an essential feature of this partnership.

Issues around toileting are discussed at a meeting with the parents/carers prior to admissions into the school/setting. This is done through a home visit. The SENDCo must be made aware of these at this point. This will include admissions for learners into nursery and reception and will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor.

If we are aware that there are a disproportionate number of learners arriving at school who are not yet toilet trained, we are advised to make contact with the Health Visitor to discuss our concerns.

For cases where parents/carers do not cooperate or where there are concerns that:

- The learner is regularly coming to school in very wet or very soiled nappies/pull ups.
- There is evidence of excessive soreness that is not being treated.
- The parents/carers are not seeking or following advice.

We will initially raise our concerns with the parents/carers. A meeting may be called that could possibly include the Health Visitor and the Headteacher to identify the areas of concern and how all present can address them. If these concerns continue, our procedures set out in the Trust's Safeguarding and Child Protection policy will be followed.

Additional support for parents/carers is also available by calling the Single Point of Contact on 0300 304 5555 or visiting locala.org.uk

Appendix A - Intimate Care Log

Name of learner	Year group	Date	Time	Reason for intimate care (soiled, wet, sickness or play-related)	Name of person carrying out intimate care	Any other comments	Parents/carers informed. By who? When?