BRIDGWATER AND TAUNTON COLLEGE TRUST

Personal and Intimate Care Policy and Procedure

2026-27

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Signature of Andy Berry On behalf of sponsor		Date 09/07/2026
Signature of Mark Thomas On behalf of Bridgwater & Taunton College Trust		09/07/2026

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BTCT PERSONAL & INTIMATE CARE POLICY AND PROCEDURE

Bridgwater and Taunton College Trust take our duty of care very seriously and recognise our responsibility at all times, to secure the welfare and safeguarding of all the children and adults in our settings and to enable all children to participate as fully as possible in their setting. Meeting a child's personal or intimate care needs is one aspect of safeguarding.

AIMS

To provide a framework and guidance to ensure:

- The rights and responsibilities of everyone involved in providing intimate or personal care
- Safeguarding of children and staff
- Consistency of approach
- Sensitivity to individual needs
- Appropriate hygiene, health and safety considerations
- Appropriate facilities and equipment are available wherever needed
- All children can participate as fully as possible in all aspects of the setting

In addition to care, safety and hygiene, the procedures must have due regard for dignity and privacy and take into account age, gender, culture and physical and development needs. Staff within individual settings will work in close partnership with parents and carers to share information and provide continuity of care.

DEFINITION

Intimate care and personal assistance involves helping people with aspects of personal care which they would normally undertake themselves. It also applies to physical presence or supervision during such activities.

There are a number of circumstances where such care may be implemented and will usually be in the context of assisting with the needs of very young children or children with short, longer term or permanent needs due to SEN and disability, medical needs or a temporary impairment.
Circumstances where children are unable to independently manage their own care needs may include assisting a child with:

- Toileting
- Changing or washing e.g., after soiling
- Dressing
- Feeding
- Continence care
- Menstrual management
- First aid
- Application of medical treatment other than to arms, face, and legs below the knee

SAFEGUARDING

- Bridgwater and Taunton College Trust recognise that intimate care carries with it risks. It will not be possible to eliminate all risks, but the balance should be on the side of safety. Every individual is entitled to maximum safety and maximum privacy.
- All child protection matters must be reported to the designated safeguarding lead within the individual setting and the appropriate safeguarding procedures followed. All staff are responsible for ensuring they know and implement health and safety guidelines and that any appropriate risk assessments have been carried out and are followed.

ADULTS WITH RESPONSITILITY FOR CARRYING OUT CARE

All adults participating in any activities including intimate/close personal contact or toileting will have undergone statutory checks and be employees of the setting or external professionals who have

responsibility for such care as part of their duties, for example, physiotherapist, school nurse.

Students/volunteers:

- Must not assist with toileting pupils
- Must not assist with any feeding requiring medical training to give food or respond to an emergency situation.
- May assist in helping pupils change for P.E if under the supervision of staff.
- May assist at the dining table in general situations e.g., cutting up food, pouring water
- Must be supervised and not put in a situation where they are alone with children or young people except in extreme/emergency circumstances

See Appendix 1 for more detailed guidance for staff carrying out care

GUIDELINES FOR ADMINISTRATION OF PROCEDURES

GENERAL

Intimate Care Plans will be in place for any child requiring regular intimate care or support. This is a written document that explains what will be done, when and by whom. It will be written with input from the pupil (where possible), parents/carers, school staff and other professionals, such as a school nurse or physiotherapist. Ideally, this will take the form of a meeting. Any historical concerns (such as past abuse) will be taken into account. If needed, the setting will agree appropriate terminology for private parts of the body and functions and note this in the plan. The religious views, beliefs and cultural values of pupils and their families will be taken into account. The child's right to privacy and modesty will be respected. The meeting will consider carefully who will support the pupil with intimate care and if this needs to be a one or two person support approach. As far as possible, each pupil will have a choice about who supports them. We will take into account safer working practice and make sure our processes are transparent. The plan will be reviewed as necessary, but at least annually.

EARLY YEARS TOILETING AND CHANGING

Young children may need changing and assistance with toileting or may not yet be toilet trained. The same general principles apply and in addition:

- Signed parental permission for changing is requested on entry to nursery, Foundation Stage and applies throughout FS and KS1. All FS parents are encouraged to provide a set of spare clothes and school also has spares available.
- Any instances of children being changed are recorded and parents informed when collecting their child. If a child is particularly soiled, distressed, or reluctant to be changed, parents will be contacted to assist.
- In most instances, the procedures can be carried out by one member of staff, unless different procedures are agreed at the initial meeting.

The member of staff may be required to assist the child to:

- Remove their soiled clothes
- Clean the toilet area (this usually includes bottom, genitalia, legs, and feet)
- Dress the child in their spare clothes or those provided by the school
- Record the incident on the designated record sheet.

Soiled clothes will be wrapped in plastic bags and given to parents to take home.

Staff support any toilet training programme requested by a child's GP, the school nurse, the paediatric incontinence team or parent.

TOILETING/CHANGING

The following must be taken into consideration:

- Carry out toileting and changing in a way which allows the need for appropriate privacy whilst protecting staff from allegations and children from possible inappropriate actions.
- Encourage as much independence as possible: allow to dress/undress where physically able.
- Ensure opportunity for using the progression of skills: Dependence-co-operation-participation-supervised independent action- independence
- Own personal hygiene and use of appropriate aids – gloves, aprons etc.
- General hygiene and disposal of waste (soiled nappies, catheters etc. are not clinical waste – double bagging is sufficient).
- Give sufficient time, be aware of expectations and be familiar with the type and frequency of prompts.
- Ensure females (and boys who catheterise) are cleaned front to back.
- Creams etc. only to be used with written permission from parents.
- Appropriateness of male/female assistance with boys/girls.
- Report any concerns/situations which cause embarrassment to line manager e.g., class teacher/SLT

FEEDING/EATING

The following must be taken into consideration:

- As far as possible, maintain social interaction at break/lunchtime.
- Take account of individual likes and dislikes and normal routine.
- Follow hygiene procedures
- Put in place emergency procedures if possible choking may be an issue.

PHYSICAL ASSISTANCE

The following must be taken into consideration:

- Give verbal prompts/instructions before touching, moving or handling.
- Have due regard for instructions given by therapists regarding an individual movement/transfer.
- Always use equipment recommended to assist with moving/transfers.

Toilet Introduction Procedures:

As children develop bladder control, they will pass through the following three stages:

1. The child becomes aware of having wet and/or soiled pants
2. The child knows that urination/defection is taking place and can alert a member of staff
3. The child realises that they need to urinate/defecate and alerts a member of staff in advance

During these stages, members of staff will assess the child over a period of two weeks to determine:

- If there is a pattern to when the child is soiled/wet
- The indicators that the child displays when they need the toilet, e.g., facial expressions

Staff will implement the following strategies to get children used to using the toilet and being independent:

- Familiarise the child with the toilet, washing their hands, flushing the toilet and reference other children as good role-models for this practice
- Encourage the child to use the toilet when they are using their personal indicators to show that they may need the toilet.
- Take the child to the toilet at a time when monitoring has indicated that this is when they would usually need the toilet.
- Ensure that the child can reach the toilet and is comfortable doing so
- Stay with the child and talk to them to make them more relaxed about using the toilet
- Don't force the child to use the toilet if they don't want to, but still encourage them to do so using positive language and praise

- Deal with any accidents discreetly, sensitively and without any unnecessary attention
- Be patient with children when they are using the toilet, and use positive language and praise to encourage them

Record keeping

School staff will inform another member of staff when they are going to assist a pupil with intimate care on their own.

A written record will be kept every time a child has an invasive medical procedure, e.g., support with catheter usage. This will be kept in an agreed format.

Accurate records will also be kept when a pupil receives intimate care. These will be brief but will include date, time, and any comments, such as changes in the child's behaviour. It will be clear who was present in every case. Records will be kept in the child's file and are available to parents/carers on request.

If a pupil without an Intimate Care Plan (or another support plan) has an 'accident' whilst at school (e.g., wetting or soiling themselves) and staff assess that they need help with intimate care, the parents/carers will be informed of this on the same day. This will be communicated appropriately.

Physiotherapy

School staff may be asked to undertake a physiotherapy regime (such as assisting children with exercises). School staff must only do this once the technique has been demonstrated by a physiotherapist and written guidance has been provided. The physiotherapist will observe the member of staff undertaking the exercises. These will be recorded in the pupil's support plan and reviewed regularly. Any concerns about the regime or any failure in equipment will be reported to the physiotherapist. School staff <u>will not</u> devise and carry out their own exercises or physiotherapy programmes.

Swimming:

Where a child needs additional support for changing, parental permission will be sought, and an Intimate Care Plan will be drawn up so as to maintain dignity but increase independence.

Medical procedures:

Pupils with a disability might need help with medical procedures such as the administration of epilepsy medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers and documented in the pupil's individual Medical Healthcare plan. They will only be carried out by staff who have been trained, by relevant professionals. Staff will follow infection control guidelines and ensure that any medical items are disposed of correctly. If a pupil needs examining in an emergency aid situation, it is best to have another adult present, whilst respecting the child's privacy and dignity.

Massage:

Massage can be used as a supportive approach with babies/pupils who have complex needs to develop sensory awareness, tolerance to touch or to help them relax. Massage undertaken in school will only cover the hands, feet, and face of pupils in order to safeguard both pupils and adults and where possible, pupil permission to touch given.

Other policies and documents

This Intimate Care policy should be read alongside the school's:

- Trust and school Safeguarding policies
- Trust Code of Conduct and guidance on safer working practice
- 'Whistle-blowing' and allegations management policies
- Health and Safety policy and procedures
- Special Educational Needs and Disability policy

It should also be read alongside the:

- Moving and Handling policy
- DfE guidance 'Supporting pupils at school with medical condition
- Keeping Children Safe in Education 2025
- Working Together to Safeguard Children 2026

APPENDIX 1

ADDITIONAL INTIMATE CARE GUIDELINES FOR STAFF

The essential requirement for good intimate care is that staff treat all children/young people with dignity and respect. It is also important that everyone sees themselves as belonging to a team. This ensures continuity and consistency of practice as well as allowing pupils to choose a personal carer with whom they feel comfortable.

This is translated into practice in various ways:

- Be sensitive to the child's needs and preferences
  If the child indicates a preference for a particular sequence, then should be followed rather than a sequence imposed by the carer. As long as necessary tasks are completed for the comfort and well-being of the individual, the order in which these tasks are completed is not important.
- Ensure privacy appropriate to chronological age and situation
  The physical layout of the area to be used for the intimate care should be so designed to ensure maximum privacy and maximum safety. The facilities should safeguard the staff's physical well-being. The number of staff required should reflect the safety requirements. No unnecessary staff should be present, and no other staff should interrupt the care procedure.
- When carrying out intimate care away from school, remember the main issues of privacy and safety Most public places now provide a specially designed accessible toilet. Use this facility whenever possible. Carry with you those items deemed necessary for you to carry out intimate care tasks.
- Encourage the individual to care for him/herself as far as possible
  This means allowing time and giving support where appropriate. Where possible, the learning of self-help skills should be seen as an educational priority.
- Be aware of and responsive to the child's reactions
  Always explain what the task involves and how you are going to carry it out. If their response is negative or fearful, be reassuring and check either with the child or with a knowledgeable adult as to what would be a more appropriate method of care. Respect the child's right to give or withdraw their consent, to express their views on their own care and to have these taken into account.
- Encourage a positive body image
  Confident, assertive children/young people who feel their body belongs to them are less vulnerable to sexual abuse. The approach taken to provide intimate care is important: it conveys messages about their body's 'worth'. Routine care should be relaxed and supportive. All adult behaviour should be appropriate to the child/young person's chronological age.

Intimate Care Parental Consent Form

This form is to be completed by the Pre-school leader/early years foundation stage lead or SENCO and signed by parents/carers.

Name of child:		Date of birth:	
Name of class teacher/key worker:		Class /Tutor Group:	
Area of Need:			

Care requirements, including frequency (working towards independence must be considered):

The table below outlines the member/s of staff responsible for carrying out your child's intimate care programme, as well as the member of staff responsible in their absence:

Name of staff member/s:	
Name of staff member (in the above staff member's absence):	

Where will the intimate care be carried out?

What equipment/resources will be required?

What infection control procedures are in place?

What disposal procedures are in place?

What actions will be taken if any concerns arise?

What do parents/carers need to provide?

What are the recording and reporting procedures?

I have read the Personal and Intimate Care Procedures for ……and I agree

to the intimate care plan outlined above:

Signature of parent/carer:		Date:	
Signature of early years foundation stage lead/SENCO:		Date:	