



**The Bishops'**  
CofE Learning Academy



# Intimate Care Policy

Version Number	V3
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Scheduled Review Date	October 2026
Statutory or Best Practice Policy	Best Practice
School or Trust Policy	School

We want to ensure that your needs are met.  
If you would like this information in any other format, please contact us on  
01637 303106 or email [info@kernowlearning.co.uk](mailto:info@kernowlearning.co.uk).

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## Christian Distinctiveness

At The Bishops' Church of England Learning Academy, our mantra, 'Faith to Belong, Believe, Aspire and Achieve' is based on The Parable of the Mustard Seed:

If you have faith as small as a mustard seed, you can say to this mountain, 'Move from here to there,' and it will move.

Nothing will be impossible for you. Matthew 17:20 This underpins our Christian vision statement at The Bishops':

We belong to Team Bishops' where through our Christian distinctiveness and nurturing ethos we celebrate our differences. We believe that we will achieve through inspirational, exciting and challenging learning that utilises our natural environment. We aspire to create endless possibilities for our pupils and to make a positive contribution to society. We achieve by enabling everyone to flourish academically, spiritually and emotionally.

## Aims

The Bishops' Church of England Learning Academy is committed to include all children and ensure that our school enables everyone to flourish academically, spiritually and emotionally. No child is excluded from participating in our school who may, for any reason, not yet be toilet trained and who may be wearing nappies or equivalent. When children have medical or developmental needs we provide intimate care that has been recognised as an assessed need and indicated in the care plan for an individual child.

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 children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children 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

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

## Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#). It also complies with our funding agreement and articles of association.

## Role of parents - Seeking parental permission

- For children whose needs are more complex or who need particular support), an intimate care plan will be created in discussion with parents (see section 3.2 below).
- Where there isn't an intimate care plan in place, parental permission will be sought before performing any intimate care procedure.
- If the school is unable to get in touch with parents 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 school will inform parents afterwards.

## Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.



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

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 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 1 for a blank template plan to see what this will cover.

### **Sharing information**

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

### **Role of staff**

Which staff will be responsible:

- Any roles who may carry out intimate care will have this set out in their job description. No other staff members can be required to provide intimate care.
- All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

### **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 is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures, including those related to COVID-19.

### **Intimate care procedures**

How procedures will happen:

- Procedures will be carried out in the children's toilets or disabled toilet.
- As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they possibly can. This may mean, for example, giving the child responsibility for washing themselves.
- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Best practice is for two adults to be present, one caring for the child and one nearby, however one child may be cared for by one adult if necessary, the adult will then record the care and report to the SENDCo. Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol. When carrying out procedures, the school will provide staff with protective gloves, cleaning supplies, changing mats and bins.
- For pupils needing routine intimate care, the school expects parents 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 at the end of the day.



## Concerns about safeguarding

- If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.
- If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to Kim Price (SEND Co) or Rachel Murray (DSL).
- If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

## Physical Restraint

All staff receive up-to-date behaviour management training. Where deemed necessary, identified staff are advised to attend an authorised training course dealing with de-escalation and positive handling techniques in line with the school's approach to positive pupil behaviour and discipline.

In the majority of cases, de-escalation and diffusion are the appropriate methods of dealing with situations that might result in a threat to the health and safety of any individuals. On rare occasions it may be appropriate for staff to intervene physically with or between pupils. These include:

- preventing a pupil behaving in a way that leads to significant damage to property
- preventing a pupil behaving in a way that disrupts a school event or a school trip or visit
- preventing a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others
- preventing a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground
- restraining a pupil at risk of harming themselves through physical outbursts.

Any intervention should be a last resort and be proportionate, reasonable and necessary, and be done with the aim to reduce not provoke.

All staff have a duty of care to pupils. To take no action, where the outcome is that a pupil injures him/herself, another pupil, or a staff member, could be seen as negligence.

## What is Reasonable Force?

The term 'reasonable force' covers the broad range of actions used by most teachers at some point in their career that involve a degree of physical contact with pupils. Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a student needs to be restrained to prevent violence or injury.

'Reasonable in the circumstances' means using no more force than is needed.

## De-escalate and Diffuse: Advice for Staff

Members of staff facing confrontational situations with pupils are reminded that the following behaviours can either reduce or inflame incidents, and that a brief moment of risk assessment may allow the time to decide on the appropriate action necessary.

- Remain calm – the ability to try and remain calm and appear relaxed is less likely to provoke.
- Be aware of Space – try to be aware of the space around you and avoid stepping into another individual's personal/intimate space.
- Try to take a step back outside the circle of danger.
- Pacing and Chasing – angry people often pace around in tense situations and staff should try to avoid the temptation to follow as they attempt to help them calm down. This can be counter-productive as it may trigger an animal chase response and drive the other person away. Where possible it is preferable for the staff member to stand still, speaking calmly, clearly and confidently – or even sit down.



- Intonation - when people are anxious or angry they tend to talk faster, higher and more loudly. In a potential crisis situation staff need to deliberately speak slower, lower and more quietly.

### **Practical Advice for Staff**

#### Help Script:

- Connect by using pupil's name
- Recognise the feelings
- Tell the pupil you're there to help
- You talk and I will listen
- Give direction
- Offer opportunities to help solve any problem

#### **Diffusing body language responses:**

- Social distance
- Sideways stance, step back
- Intermittent eye contact
- Relaxed body posture
- Palms open

#### **Calm Stance:**

- Think of the values of stepping back from a situation, both physically and emotionally
- Allows a more considered response
- Time to make a 'dynamic' risk assessment and seek assistance
- Allows other person 'take up' time to make their own choices

### **Use of physical restraint**

Physical restraint should be applied as an act of care and control with the intention of re-establishing verbal control as soon as possible and, at the same time, allowing the pupil to regain self-control. It should never take a form which could be seen as a punishment. Staff are only authorised to use reasonable force in applying physical restraint, although there is no absolute definition of this, as what constitutes reasonable force depends upon the particular situation and the pupil to whom it is being applied.

There are some forms of physical intervention, which may involve minimal physical contact, such as blocking a pupil's path or the staff member physically interposing him or herself between the pupil and another pupil or object.

In some circumstances, direct physical contact may be necessary. In all circumstances other methods should be used if appropriate and effective physical restraint should be a last resort. When physical restraint becomes necessary:

- Tell the pupil what you are doing and why
- Involve yourself in a prolonged verbal exchange with the pupil
- Use the minimum force necessary
- Attempt to reason with the pupil
- Involve another member of staff if possible
- Don't involve other pupils in the restraint
- Tell the pupil what s/he must do for you to remove the restraint (this may need frequent repetition)
- Touch or hold the pupil in sexual areas
- Use simple and clear language
- Twist or force limbs back against a joint
- Hold limbs above a major joint if possible e.g. above the elbow



- Bend fingers or pull hair
- Relax your restraint in response to the pupil's compliance
- Hold the pupil in a way which will restrict blood flow or breathing e.g. around the neck
- Slap, punch, kick or trip up the pupil
- Act in temper (involve another staff member if you fear loss of control)

### **Actions after an incident**

Physical restraint often occurs in response to highly charged emotional situations and there is a clear need for debriefing after the incident, both for the staff involved and the pupil.

A member of the leadership team should be informed verbally of any incident as soon as possible and all interventions should be recorded on the Safeguarding Manager system. All sections of this report should be completed clearly and accurately, so that in the event of any future complaint a full record is available.

The senior leadership team will take responsibility for making arrangements for debriefing once the situation has stabilised.

An appropriate member of the teaching staff should always be involved in debriefing the pupil involved and any victims of the incident should be offered support, and as far as is reasonably practicable, the parent of the pupil should be informed on the same day.

If the behaviour is part of an ongoing pattern it may be necessary to address the situation through the development of a behaviour plan, which may include an anger management programme, or other strategies agreed by the SENCO.

Any behaviour plan should always be discussed and agreed with the parent. It is also helpful to consider the circumstances precipitating the incident to explore ways in which future incidents can be avoided.

As far as is reasonably possible, a member of the leadership team will contact parents as soon as possible after an incident, normally on the same day, to inform them of the actions that were taken and why, and to provide them with an opportunity to discuss it.

### **Risk Assessments**

If we become aware that a pupil is likely to behave in a disruptive way that may require the use of reasonable force, we will plan how to respond if the situation arises. Such planning will address:

- Management of the pupil (e.g. reactive strategies to de-escalate a conflict)
- Involvement of parents to ensure that they are clear about the specific action the school might need to take
- Briefing of staff to ensure they know exactly what action they should be taking (this may identify a need for training or guidance)
- Identification of additional support that can be summoned if appropriate

### **Complaints**

A clear Intimate Care including Restraint policy, adhered to by all staff and shared with parents, should help to avoid complaints from parents. It is unlikely to prevent all complaints, however, and a dispute about the use of force by a member of staff might lead to an investigation, either under disciplinary procedures or by the Police and social services department under child protection procedures. It is our intention to inform all staff, pupils, parents and governors about these procedures and the context in which they apply.



### **Monitoring arrangements**

For all monitoring of local policies, we adopt a rigorous and reflective approach. We take into account multiple perspectives on the effectiveness and success of the policy and procedures in question, including:

- the experience of the member(s) of staff designing and delivering the provision;
- feedback from our pupils
- observations and feedback from staff – both internal and external
- engagement in research, relevant literature, and continuing professional development (e.g. relevant training/workshops).

These perspectives inform our action plans for each aspect of our school provision – with an emphasis on meaningful reflection, improvement and enabling everyone to flourish.

### **Links with other policies**

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- Health and safety
- SEN
- Supporting pupils with medical conditions

## Appendix 1: template intimate care plan

### Healthcare Plan for 2024-25

**Name of School/Setting:** The Bishops' C of E Learning Academy

**Child's Name:**

**Class:**

**Date of Birth:**

**Medical diagnosis:**

**Date:**

**Review Date:**

#### Contacts for child:

<b>Name</b>		<b>Name</b>	
<b>Relationship to child</b>		<b>Relationship to child</b>	
<b>Telephone</b>	Home Work Mobile	<b>Telephone</b>	Home Work Mobile

#### CLINIC/HOSPITAL/Medical CONTACT:

<b>Name:</b>	
<b>Hospital:</b>	
<b>Telephone:</b>	

#### Describe medical needs and daily care requirements:

<b>Medical/intimate care Need</b>	<b>Details</b>	<b>Action</b>

#### Named adults who are supporting this child: (delete as appropriate)

<b>Name</b>	
<b>Class</b>	
<b>Role</b>	

<b>Name</b>	
<b>Class</b>	
<b>Role</b>	





<b>Name</b>	
<b>Class</b>	
<b>Role</b>	

<b>Name</b>	
<b>Class</b>	
<b>Role</b>	

<b>Name</b>	
<b>Class</b>	
<b>Role</b>	

**Form completed by:**  
**SENDCo agreement: Kim Price**  
**Parental agreement:**

**Date:**  
**Date:**

This plan will be reviewed twice a year.  
Next review date:  
To be reviewed by:

## Appendix 2: Template for Intimate Care for Nursery pupils / Short term care needs

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child:	
Date of birth:	
Name of parent/carer:	
Address:	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I <b>do not</b> give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school 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).</p> <p>I understand that if the school 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 school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature:	
Name of parent/carer:	
Relationship to child:	
Date:	