

# Intimate Care Policy



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## Statement of intent

The Arthur Terry Learning Partnership (“ATLP”) takes the health and wellbeing of its students and staff very seriously. As described in the Supporting Children with Medical Conditions Policy, The Trust aims to support students with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The ATLP recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any student with an impairment affecting their ability to carry out normal day-to-day activities must not be discriminated against.

Students will always be treated with care and respect when intimate care is given, and no student will be left feeling embarrassed, excluded, or disadvantaged.

## 1.1 Legal framework

This policy has due regard to relevant legislation and guidance, including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- Equality Act 2010
- Section 175 of The Education Act 2002
- DfE ( 2023 ) Keeping Children Safe in Education
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This policy will be implemented in conjunction with:

- ATLP Health and Safety Policy
- ATLP Supporting Children with Additional Health Needs Policy
- ATLP First Aid Policy
- ATLP Child Protection and Safeguarding Policy
- ATLP Staff Code of Conduct
- ATLP Whistleblowing Policy
- ATLP SEND Policy
- ATLP Educational Visits Policy

## 1.2 Definitions and Key Principles

For the purpose of this policy:

- Intimate care is any issue which involves washing, touching, or carrying out an invasive procedure (such as cleaning up a student after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure, only a person suitably trained and assessed as competent should undertake the procedure (e.g., the management of catheters).
- The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. This policy acknowledges that there will be times when a member of staff will provide intimate care as part of their duty of care whilst acting in loco parentis. This may be the case of a child having an accident or sudden illness.

- Staff, for whom providing regular intimate care is part of their job description (or commensurate to their job grade), will have this clearly documented in their job description. In this case the provision will be clearly detailed in both the child's written plan, known as an Intimate Care Plan (ICP) and within the job description of the staff member. In both situations the procedures and processes outlined in this document, which represent good practice, will be followed.
- All staff undertaking regular intimate care will be given appropriate training, relevant to the individual child. This should be delivered by a health care professional. This may include training in terms of specialised equipment such as hoists or standing frames.
- Staff behaviour will be open to scrutiny and staff will work in partnership with parents/carers to provide continuity of care to children wherever possible.
- Additional vulnerabilities that might arise from a physical disability or learning difficulty, will be considered with regard to individual teaching and ICP's for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the individual school should be easily understood and recorded.
- These arrangements will be regularly reviewed, and the child will be consulted as part of the process.
- ATLP is committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner. The Trust recognises that there is a need to treat all children, whatever their age, gender, disability, religion, ethnicity, pregnancy status, or sexual orientation with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment, humiliation, pain, bullying or teasing.

### **Child focused principles of intimate care**

The ATLP firmly believes:

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

## **1.3 ATLP Intimate Care Approach**

The management of all children with intimate care needs will be carefully planned by schools in partnership with parents/carers. Wherever possible staff will adopt a **hands-off** approach but will

recognise that there will be situations where this is not possible. This might be situation whereby a child has an accident or is unwell. These will be the exceptions rather than the rule and as such would come under the ATLPs duty of care to a child whilst acting in loco parentis. On these occasions staff will follow the key principles and guidance laid out in this document to protect both the child and staff member.

Staff who provide intimate care are trained to do so and made fully aware of best practice. Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation.

Apparatus will be provided to assist with children who need special arrangements following assessment from a health or social care professional as required.

All instances of intimate care provision will be recorded as outlined below;

- Appendix B – Record of Intimate Care Interventions for Children without an ICP
- Appendix C - Record of Intimate Care Interventions for children with an ICP
- If it is considered that intimate care may be a safeguarding concern, this will also be logged on My Concern. This is to protect both staff and children.

There may be other occasions in which intimate care is provided on a more regular or long-term basis. In these situations, details of how this care will be provided will be clearly outlined in a written plan (ICP) drawn up with all relevant parties. This may form part of an Education Health Care Plan (EHCP). A risk assessment must be carried out, any historical concerns noted and provision for any educational visits /day trips made.

Where students with complex and or long-term health conditions have an EHCP which includes intimate care, the plan should take into account the principles and best practice guidance in this policy and a minimum number of changes will be agreed.

Where an ICP is not in place, parents / carers will be informed on the same day if a child has had help with intimate care, such as in the case of an accident or illness. The incident will be recorded on the child's file as indicated above and parents/carers will be notified verbally via telephone or at the end of the day.

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 can. This may mean, for example, giving the child responsibility for washing themselves. Individual ICP's will be drawn up for particular children as appropriate to suit the circumstances of the child. (See relevant Appendix G and H). Parents must complete a Home School Agreement/Permission for School to Provide Intimate Care form (Appendix A), for all children who have an intimate care plan or possible additional intimate care needs.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many adults might need to be present when a child is toileted. The intimate care for one child will always be administered by **two** adults.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may be waived where failure to provide appropriate care would result in negligence for example, a female member of staff supporting boys, as no male staff are available. This is sometimes the case when students are changing for swimming.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's ICP (where in place). The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The family's cultural practices will always be taken into account for cases of intimate care.

Parents will be contacted if the student refuses to be changed or becomes distressed during the process or if the member of staff is unable to clean the child sufficiently.

Where relevant, to promote good practice, the appropriate terminology for private parts of the body and functions will be agreed with the student and parents/carers. These should be noted in the plan.

At the end of each academic year, intimate care records must be reviewed by the head teacher. The head teacher must ensure that procedures for staff training, including reporting systems, supervision and monitoring are fully established and reviewed annually along with Intimate Care records. The headteacher should include these reviews when reporting to the appropriate Strategic Lead. The Strategic Lead should confirm annually with the Director of Education that this process has been followed.

## 1.4 Child Protection and Safeguarding

The ATLP takes seriously its responsibility to safeguard and promote the welfare of children and young people in its care.

The process of assisting with intimate care to meet a child's needs is an aspect of safeguarding and should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to supervise, the ATLP upholds this expectation as it is best practice to safeguard both children and staff. All staff delivering intimate care will have an enhanced DBS. Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the students in their care as an extra safeguard to both staff and students involved.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated, and the outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process to reach a resolution. Staffing schedules will be altered until the issue is resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a member of staff has any concerns about the provision of intimate care by another colleague, they will report this to the Headteacher/DSL **immediately**.

If a child makes an allegation against a member of staff, all necessary procedures as outlined in the ATLP Safeguarding and Child Protection Policy will be followed.

If any member of staff has concerns about physical changes to a student's presentation, such as marks or bruises, they will report the concerns to the Headteacher /DSL **immediately**.

## **1.5 Working in partnership to support independence.**

The ATLP recognises the need to support children to become independent and self-managing, particularly in terms of intimate care. The ATLP firmly believes that working in partnership with parents, other professionals and young people is best to achieve this.

The ATLP appreciates that there may be some aspects of intimate care that some young people will need support for in the long term. However, the aim is to support as many children as possible to manage these tasks on their own.

To support this the Home School Agreement clearly identifies the roles all individuals have to play. (Appendix A).

The process for the management of a child's personal care needs will need to be further clarified through an 'Intimate Care Plan' (See Appendix G and H).

A risk assessment (Appendix D) must be completed whenever an ICP or EHCP is in place.

In the very small number of cases where parents do not co-operate or where there are concerns that:

- the child is regularly coming to school/nursery in very wet or very soiled nappies/clothes;
- there is evidence of excessive soreness that is not being treated;
- the parents are not seeking or following advice;

There should be discussions with the school's DSL about the appropriate action to take to safeguard the welfare of the child.

Staff should take care (both verbally and in terms of their body language) to ensure that the child is never made to feel as if they are being a nuisance.

Should a child with complex continence needs be admitted, the child's medical practitioners will need to be closely involved and a separate, Individual Health Care Plan and toilet-management plan may be required.

## **1.6 Parental responsibilities**

Parental responsibilities are outlined in the Home School Agreement – see Appendix A.

Parents will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.

Parents will provide spare nappies, incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.

Parents will inform the school should their child have any marks/rashes.

Parents will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing. These will be recorded in the ICP.

A copy of this policy will be read and signed by parents to ensure that they understand the policies and procedures surrounding intimate care.

## **1.7 Equipment & facilities**

Staff receive health and safety training as appropriate to their job role.

Any member of staff that is required to assist a student with changing a medical bag will be trained to do so, will be named in the ICP plan, and will carry out the procedure in accordance with the ATLP Supporting Children with Medical Conditions Policy.

Suitable equipment and facilities will be provided to assist students who need special arrangements following assessment from a health or social care professional.

Wherever possible there should be access to an extended disabled toilet facility with a washing facility which includes a changing area.

The changing area or toilet will be left clean.

Hot water and soap will be available to wash hands. Paper towels will be available to dry hands.

Staff will wear disposable aprons and gloves while assisting a student in the toilet or while changing a nappy, incontinence pad or medical bag.

Soiled nappies, incontinence pads and medical bags will be securely wrapped and disposed of appropriately.

Mobile students will be changed while standing up.

Students who are not mobile will be changed on a purpose-built changing bed or changing mat on the floor.

## 1.8 Swimming

Students regularly participate in swimming lessons: during these lessons, students are entitled to privacy when changing; however, some students will need to be supervised during changing.

Parental consent will be obtained before assisting any students in changing clothing before and after swimming lessons.

Details of any additional arrangements will be recorded in the student's individual ICP.

## 1.9 Offsite visits

Before offsite visits, including residential trips, the student's ICP will be amended to include procedures for intimate care whilst away from the school premises.

Staff will apply all the procedures described in this policy during residential and off-site visits and will follow the guidance outlined in the ATLP Educational Visits Policy.

## 1.10 Monitoring and review

This policy is reviewed every **two years** by the **Trust Board**.

Intimate Care Plans, staff training reporting procedures, monitoring and supervision to be reviewed annually by Headteachers who will then report to the appropriate Strategic Lead who will support the process. The Strategic Lead will inform The Director of Education that this process has been completed. All changes must be communicated to relevant stakeholders by the headteacher.

## 1.11 Appendices

Appendix A - Home School Agreement/ Permission for School to provide Intimate care.

Appendix B - Record of Intimate Care Intervention for children without an ICP.

Appendix C - Record of Intimate Care Intervention for children with an ICP.

Appendix D - Risk Assessment for Providing Intimate Care.

Appendix E - Procedure for Intimate Care following an accident or illness.

Appendix F - Children wearing nappies and changing procedures.

Appendix G - ICP for children wearing nappies or pull ups.

- Appendix: H - ICP for children requiring regular Intimate Care.
- Appendix I - Agreement between Student and Staff member named in ICP.

## 1.12 Appendix A. Home School Agreement/Permission for school to provide Intimate Care Form

### Home School Agreement

#### Parents/ Carers:

- agree to change the child at the latest possible time before coming to school.
- will provide spare nappies, wet wipes, disposable bags and a change of clothes.
- understand and agree to the procedures to be followed during changing at school.
- agree to inform school should the child have any marks/rash.
- agree how often the child should be routinely changed if the child is in school for the day and who will do the changing.
- agree to review the arrangements, in discussion with the school, should this be necessary.
- agree to encourage the child's participation in intimate care procedures and this agreement wherever possible.

#### The school:

- agree to change/support the child to change should they soil themselves or become wet.
- agree how often the child should be routinely changed if the child is in school for the full day and who would be changing them.
- agree a minimum number of changes.
- agree to keep an accurate record of all intimate care interventions.
- agree to report to the headteacher should the child be distressed or if marks/ rashes are seen.
- agree to review arrangements, in discussion with parents/ carers, should this be necessary.
- agree to encourage the child's participation in intimate care procedures wherever possible.
- discuss and take the appropriate action to respect the cultural practices of the family.

#### Permission for school to provide Intimate Care.

Child's Full Name	
Male/Female	

Date of Birth	
Class	
Parent/Carer's Full Name	
Address	

I understand/agree that:

- I have been provided with a copy of the ATLP Intimate Care Policy and have read and understood it.
- I give permission to the school to provide appropriate intimate care support to my child e.g., changing soiled clothes, washing and toileting.
- Staff involved in delivering intimate care will keep a log of when intimate care is provided which I can request to see if required.
- I will advise the headteacher of any medical complaint my child may have which affects issues of intimate care.

Signed: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_





## 1.15 Appendix D Risk Assessment for Providing Intimate Care

Child's Name:

Name of School:

Date of Risk Assessment:

	Yes	Notes
Does weight/size/shape of student present a risk?		
Does communication present a risk?		
Does comprehension present a risk?		
Is there a history of child protection concerns?		
Are there any medical considerations? Including pain/discomfort?		
Has there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Does behavior present a risk?		

Is staff capability a risk? (back injury/pregnancy)		
Are there any risks concerning individual capability (Student)? <ul style="list-style-type: none"> <li>• General Fragility</li> <li>• Fragile Bone</li> <li>• Head Control</li> <li>• Epilepsy</li> <li>• Other</li> </ul>		
Are there any environmental risks? Heat/Cold		

If yes to any of the above a detailed intimate care plan should be prepared

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

## 1.16 Appendix E Procedure for Intimate Care following an Accident or Illness

1. Should a child have “an accident” in school or need changing they are always treated respectfully and with dignity.
2. The toilet for people with disabilities has changing facilities.
3. The toilet for people with disabilities has a facility to enable washing extreme soiling/wetting/sickness.
4. Spare clothes/equipment are kept in the classroom.
5. For minor “accidents” the TA (or appropriate member of staff) will accompany the child and support them to clean up and get fresh clothing. The TA (or appropriate member of staff) will encourage the child to put wet clothes into their bags and put fresh clothes on. This must be recorded as a Record of Intimate Contact for children without an ICP – see Appendix B.
6. For soiling/wetting/vomiting the child will need to be cleaned up or assisted to clean themselves up as soon as possible for their own wellbeing and comfort.  
  
In extreme situations where this is not practicable, parents will be called into school to assist the child in this process or to take them home.
7. Headteacher/SLT should be informed and advise on appropriate action.
8. Parents/carers are contacted and a verbal request to clean the child sought. There should be at least one other person to witness the call. This should be recorded and signed/dated/time recorded.
9. There are a variety of child friendly washing toiletries and toweling available.
10. To promote good practice 2 persons must be present – preferably 2 TA’s (or appropriate members of staff) However the Headteacher or member of SLT will also support when required.
11. TA (or appropriate member of staff) will set up the washing facility to ensure the water temperature is correct.
12. Child will be supported to remove clothing and put it into a bag to be sent home.
13. Child encouraged and supported to wash self. TA’s (or appropriate member of staff) will stand away from direct eyeline of washing to preserve dignity.
14. Child will be wrapped in towel for TA(or appropriate member of staff) to support child to dry correctly.
15. Fresh clothes provided.
16. If child is unwell child will be sent home as arranged in phone call
17. Incident will be recorded on Record of Intimate Contact for children without an ICP – see Appendix B.

## 1.17 Appendix F. Children wearing nappies and changing procedures

Starting school has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. It is hoped that all children starting school will be toilet trained and out of nappies. But, as with all developmental milestones in the foundation stage, there is wide variation in the time at which children master the skills involved in being fully toilet trained. Children in the Foundation Stage 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 the Foundation Stage.
- 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 serious disabilities 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 SEN that make it unlikely that they will be toilet trained during the Foundation Stage.

Admitting children who have continence problems into Foundation Stage and Key Stage 1 provision can present a challenge to schools. Schools should work in partnership with external agencies such as the School Nursing Service to draw up a plan to support the child to become toilet trained as soon as possible. The purpose of this policy and guidelines is to identify best practice to achieve the full inclusion of such children. It is good practice to provide parents of such children with details of this policy and practice in the school. Such information should include a simple agreement between school and carers as to who will be responsible within the school for changing the child and when and where this is to be carried out. This will be outlined in the ICP.

Whenever possible it is recommended that:

- Mobile children are changed standing up
- If this is not possible the next best alternative is to change a child on a changing bed in the medical room.
- Children in the Foundation Stage may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed.  
If facilities described above are not available, then children in the Foundation Stage may be changed on a changing mat on the floor.  
Children in year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up.

Staff should consider the child's preference for changing and the outcome of any risk assessments.

Staff will record any procedures of intimate care including changing nappies.

When children are admitted into school wearing nappies/pull ups an ICP, will need to be completed alongside the parents. Parents will sign Appendix A, Home School Agreement/Permission for School to Provide Intimate Care form.

Parents have a role to play when their child is still wearing nappies. The parents should provide nappies, disposal bags and wipes. The parents should be made aware of this responsibility. The school will provide gloves, plastic aprons, a bin and liners to dispose of waste.

Staff should always wear an apron and gloves when dealing with a child who is being changed.

Any soiled waste should be placed in a polythene waste disposal bag, which can be tied. The bag should be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and will then be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the School's Health and Safety policy.

1.18 Appendix G ICP for children wearing nappies or pull ups	
Child's Name:	DOB:
Class:	Completed by:
Date of Plan:  Has the parent completed a 'Home School Agreement/Permission for School to Provide Intimate Care form? <b>YES/NO</b> <i>If answer is 'No' please action.</i> 'Agreement between Student and Staff Member' form signed by parent? <b>YES/NO</b> <i>If answer is 'No' please action.</i>	Date to Review Plan:
Who will change the child?	
How will the child be changed? E.g., standing up in a toilet cubicle, lying down on a mat on the floor	
Copies of procedure for changing given to parent where available	
Who will provide the resources? E.g., wipes, nappies, disposable gloves	

<p>Parents will provide:</p> <p>Nappies</p> <p>Wipes</p> <p>Disposable bags</p> <p>Spare clothes</p>	
<p>How will wet/soiled clothes be dealt with?</p>	
<p>Do a minimum number of changes need to be agreed?</p>	
<p>How will the child be encouraged to participate in the procedure?</p>	
<p>Any other comments/important information:</p> <p>e.g., medical information</p>	
<p><b>Toilet Management Plan</b></p>	
<p>Area of need</p>	<p>Equipment required.</p>
<p>Support required.</p>	<p>Frequency of support</p>

Location of suitable toilet facilities	

**Working towards Independence**

<u>Child will try to</u>	<u>Member of Staff will</u>	<u>Target achieved (date)</u>

This plan has been discussed with me and I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child's participating in toileting procedures at home as appropriate and where possible.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Carer's Full Name: \_\_\_\_\_



Parents will provide:

Nappies

Wipes

Disposable bags

Spare clothes

How will wet/soiled clothes be dealt with?

How will the child be encouraged to participate in the procedure?

Any other comments/important information:

e.g., medical information

**Intimate Care Management Plan**

Area of need

Equipment required.

Support required.

Frequency of support

Location of suitable toilet facilities	

**Working towards Independence**

<u>Child will try to</u>	<u>Member of staff will</u>	<u>Target achieved (date)</u>

This plan has been discussed with me and I agree to provide the resources indicated above and encourage my child's participation in toileting procedures and independent health care at home as appropriate and where possible.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Carer's Full Name: \_\_\_\_\_

## 1.20 Appendix I Agreement between Student and Staff member named in ICP

Student's name: \_\_\_\_\_ Class/year group: \_\_\_\_\_

Name of support staff involved: \_\_\_\_\_

Date: \_\_\_\_\_ Review date: \_\_\_\_\_

### Support staff

As the member of staff helping you with intimate care, you can expect me to do the following:

- When I am the identified person, I will stop what I am doing to help you. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask your permission before touching you or your clothing.
- I will check that you are as comfortable as possible, both physically and emotionally.
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will listen carefully if there is something you would like to change about your Intimate Care Plan.
- 

### Student

As the student who requires help with intimate care, you can expect me to do the following:

- I will try, whenever possible, to let you know a few minutes in advance that I am going to need help with intimate care, so that you can make yourself available and be prepared to help me.
- I will try to use the toilet at break time, or at the agreed times.
- I will only use the agreed emergency signal for real emergencies.
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.
- 

Signed: \_\_\_\_\_ Member of Staff

Signed: \_\_\_\_\_ Student

Signed: \_\_\_\_\_ Parent