



storyybrook

Intimate Care Policy





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Summary statement





1. Statement of intent

Storybrook SEMH Specialist School is committed to ensuring that all pupils are cared for in a way that safeguards their dignity, wellbeing, and safety at all times. Intimate care is recognised as a particularly sensitive aspect of provision, requiring the highest levels of professional judgement, safeguarding awareness, and ethical practice.

As outlined in the school's safeguarding approach, the welfare of the child is paramount, and safeguarding underpins every decision, interaction, and system within the school. This is especially critical in an SEMH context, where pupils may have experienced trauma, attachment difficulties, or adverse childhood experiences that influence how they perceive physical contact and personal care.

This policy sets out a clear, consistent and legally compliant framework to ensure that:

- pupils are supported safely and respectfully
- staff are protected through clear guidance and boundaries
- all practice is transparent, accountable and defensible

Safeguarding is fully embedded as the golden thread running through all aspects of practice at Storybrook. Intimate care is recognised as a high-risk safeguarding area, and all procedures are designed to ensure that pupils are protected, respected and supported at all times. Leaders have established a strong culture of vigilance, where staff understand that safeguarding is everyone's responsibility and where all actions are underpinned by the principle that the welfare of the child is paramount. Practice is transparent, well understood, and consistently applied across the school.

Leaders ensure that safeguarding arrangements, including those relating to intimate care, are effective and consistently implemented. Regular monitoring, training and review ensure that practice remains compliant with statutory guidance and reflects the needs of the school's SEMH cohort. Leaders take swift and appropriate action where concerns arise.

2. Definition of intimate care

For the purpose of this policy, intimate care refers to any activity that involves supporting a pupil with personal or private aspects of their body or hygiene. While such care is not a routine feature of provision at Storybrook, it may arise occasionally due to the needs of individual pupils or unforeseen circumstances.

In an SEMH setting, it is important to recognise that intimate care extends beyond physical tasks. It also includes any situation where:

- a pupil may feel exposed or vulnerable
- physical proximity is required in a private context
- trust and personal boundaries are particularly significant





Understanding this broader definition ensures that all staff approach such situations with the appropriate level of sensitivity and safeguarding awareness.

3. Legal and statutory framework

This section outlines the statutory and legal context within which this policy operates. Intimate care practice must not be considered in isolation; it sits firmly within the school's wider safeguarding responsibilities and statutory duties.

Storybrook operates in line with national safeguarding guidance, including:

- Keeping Children Safe in Education (KCSIE) 2025
- Working Together to Safeguard Children 2025

These frameworks make clear that:

- safeguarding is everyone's responsibility
- all staff must act in the best interests of the child
- clear systems must be in place to prevent harm

This policy also reflects duties under equality and SEND legislation, ensuring that pupils are supported appropriately while maintaining their rights, dignity, and access to education.

4. Key principles

This section establishes the core values and expectations that underpin all intimate care practice at Storybrook. These principles ensure consistency across staff and provide a clear foundation for decision-making in complex or sensitive situations.

Given the SEMH context of the school, these principles are particularly important. Pupils may:

- have heightened sensitivities to touch
- experience shame or anxiety around care
- respond unpredictably due to dysregulation

Therefore, all practice must be guided not just by procedure, but by professional judgement grounded in safeguarding, empathy, and relational practice.

5. Context of Storybrook provision

This section clarifies the scope and limitations of intimate care within the Storybrook setting, ensuring transparency for staff, families, and external professionals.





As outlined in the Admissions Policy, Storyybrook is a specialist SEMH provision and does not routinely provide high-level personal care . This is a key safeguarding and operational consideration, ensuring that the school can safely meet the needs of its cohort.

However, this does not remove the need for clear procedures. Occasional situations may arise where intimate care is required, and it is essential that staff are equipped to respond:

- safely
- appropriately
- consistently

In line with the school’s safeguarding approach, staff recognise that dysregulated behaviour may indicate an underlying safeguarding need. All incidents, including those involving intimate care, are considered within a safeguarding context, ensuring that potential risks are identified and addressed at an early stage.

6. Roles and responsibilities

Clear roles and responsibilities are essential to ensure that intimate care is delivered safely and that accountability is maintained at all levels of the organisation.

This section outlines the expectations for:

- leadership
- safeguarding staff
- all adults working in the school

In line with Storyybrook’s safeguarding culture, all staff must recognise that:

- safeguarding is “everyone’s responsibility”
- their actions directly impact pupil safety and trust
- failure to follow procedures may place pupils and staff at risk

7. Good practice guidelines

This section provides practical guidance to support staff in delivering intimate care safely and appropriately. It translates safeguarding principles into clear, actionable expectations.

In an SEMH environment, consistency and predictability are critical. Pupils benefit from:

- clear routines
- calm and respectful interactions
- adults who model safe and appropriate behaviour





These guidelines ensure that intimate care is:

- transparent (never secretive)
- proportionate (only what is needed)
- professionally managed

This section provides clear, step-by-step guidance for staff to follow when a pupil requires immediate intimate care (e.g. toileting accident, soiling, or hygiene support). These procedures ensure that all actions are safe, consistent, and fully aligned with safeguarding expectations.

Responding to intimate care incidents in practice

Step-by-step procedure:

Step 1. Assess and respond calmly

- Staff must respond immediately in a calm, non-judgemental and reassuring manner.
- The pupil's dignity, emotional safety and regulation must be prioritised at all times.
- Staff should use supportive, neutral language (e.g. "That's okay, we'll help you get sorted.").

Step 2. Inform another adult

- Staff must inform another member of staff before providing intimate care.
- A second adult must be:
 - aware of the situation
 - available nearby if required
- This ensures transparency and protects both the pupil and staff member.

Step 3. Ensure safe and appropriate supervision

- Staff must avoid being in a fully isolated 1:1 situation wherever possible.
- The environment must allow for appropriate visibility, for example:
 - door left slightly ajar
 - another adult within proximity
- Full privacy should be balanced with safeguarding visibility.

Where a second adult cannot be physically present, they must be immediately available and aware, and the rationale must be justifiable.

Step 4. Prepare the environment and equipment

- Staff must gather all necessary resources before beginning:
 - gloves and apron (PPE)





- wipes / cleaning materials
- spare clothing (if available)
- disposal bags
- Staff must follow appropriate hygiene and infection control procedures.

Step 5. Support the pupil with dignity

- Encourage the pupil to be as independent as possible.
- Only provide the minimum level of support necessary.
- Explain actions clearly and seek verbal or non-verbal consent where appropriate.
- Maintain the pupil's dignity by:
 - shielding from view
 - using respectful language
 - avoiding unnecessary exposure

Step 6. Maintain professional boundaries

- All contact must be:
 - appropriate
 - proportionate
 - necessary
- Staff must follow the Staff Code of Conduct at all times
- Staff must remain aware of their position of trust and avoid any actions that could be misinterpreted.

Step 7. Restore and reintegrate

- Once the pupil is clean and settled:
 - support them to rejoin learning when ready
 - ensure emotional regulation has been restored
- No punitive or shaming responses must ever be used.

Step 8. Record the incident

- The incident must be recorded on the same day in line with safeguarding procedures.
- Records must include:
 - date and time
 - staff involved
 - reason for care
 - actions taken
 - pupil presentation and response
- Records must be factual, objective and stored securely.





Step 9. Report any concerns

- Any concerns arising during the incident must be reported immediately to the DSL in line with the Safeguarding Policy
- This includes:
 - unusual injuries
 - concerning pupil responses
 - staff discomfort or boundary concerns

Important safeguarding expectations

- Intimate care must never be carried out in secrecy
- Staff must always ensure transparency and accountability
- Where repeated incidents occur, consideration must be given to:
 - an Individual Intimate Care Plan (ICP)
 - links with medical needs or SEND provision

These procedures ensure that intimate care is delivered safely, transparently and in a way that actively protects both pupils and staff from harm or misunderstanding.

8. Supporting independence

Promoting independence is a central aim of the Storybrook provision. This section reinforces the importance of enabling pupils to develop self-care skills, autonomy, and dignity.

Many pupils in SEMH settings may have experienced:

- disrupted development
- reduced opportunities for independence
- over-reliance on adults

Where appropriate, staff must:

- support pupils to take increasing responsibility
- avoid creating dependency
- celebrate progress in self-care

9. Individual intimate care plans

While intimate care is not routine, some pupils may require planned and ongoing support. This section outlines the requirement for structured, individualised planning in such cases.





When an ICP is required

An ICP must be put in place where intimate care is not a one-off or occasional incident, but forms part of an ongoing or predictable need.

This includes where:

- repeated incidents of soiling, toileting accidents, or hygiene support occur
- a pupil has an identified SEND need (including SEMH-related needs) impacting independence in self-care
- there is a medical condition affecting continence, hygiene, or personal care
- intimate care is identified within an EHCP, professional report, or multi-agency plan
- a risk assessment indicates increased safeguarding, behavioural, or emotional risk during care
- the pupil's presentation suggests that unplanned care could place the pupil or staff at risk

Where any of the above apply, care must move from a reactive response to a planned, structured and agreed approach.

Relationship to other plans

ICP decisions must be considered alongside existing plans to ensure a joined-up approach:

- EHCP (where applicable)
- Individual Healthcare Plan (IHP) for medical conditions
- Behaviour Support Plans / Risk Assessments
- Safeguarding records

Where a medical need is the primary driver, an IHP will take precedence, with the ICP supporting practical delivery.

Development of an ICP

An ICP must be developed collaboratively and include:

- clear description of the pupil's needs
- level and type of support required
- agreed procedures for care
- identified risks and control measures
- strategies to promote independence
- SEMH considerations (e.g. triggers, regulation strategies)
- named staff responsible for implementation





The plan must be:

- agreed with parents/carers
- signed by relevant parties
- shared with all appropriate staff

Parental and Pupil Involvement

Parents/carers must be:

- informed of the need for an ICP
- involved in developing the plan
- asked to provide consent and relevant information

Where appropriate, the pupil should also be:

- involved in discussions
- supported to express preferences
- reassured and prepared for how care will be managed

Review and monitoring

ICPs must be working documents and reviewed regularly to ensure they remain appropriate and effective.

Review must take place:

- at least termly
- following any significant incident
- when there is a change in need or presentation

Reviews should consider:

- progress towards independence
- effectiveness of strategies
- any safeguarding concerns
- whether care can be reduced or adapted

Recording and oversight

- All ICP-related care must be recorded in line with safeguarding procedures
- Leaders (including the DSL) must maintain oversight of pupils with ICPs
- Patterns and incidents must be monitored and reviewed





Safeguarding Rationale

This approach ensures that care is proactive rather than reactive, reducing risk and improving outcomes.

The information below sets out how pupil's needs move from occasional or situational intimate care to a medical need requiring formal healthcare planning. This ensures that pupils receive appropriate, lawful and well-coordinated support, and that staff act within clearly defined procedures.

Implementing an ICP ensures that care is planned rather than reactive, staff responses are consistent, risks are identified and managed proactively, and provision aligns with EHCP, SEND and safeguarding needs. This approach ensures that practice is transparent, accountable and focused on achieving the best possible outcomes for the pupil.

Understanding the difference

At Storybrook:

- Intimate Care refers to occasional or situational support, such as:
 - a toileting accident
 - hygiene support following illness
 - one-off or infrequent incidents
- Medical Needs refer to ongoing, diagnosed or predictable conditions that require structured and consistent support.

Indicators that care becomes a medical need

A pupil's needs must be considered a medical need where one or more of the following apply:

- The pupil has a diagnosed medical condition affecting continence, hygiene, or bodily function
- Intimate care is required regularly or predictably, rather than occasionally
- There is a need for specific procedures, medication, or clinical guidance
- Care is required as part of an ongoing treatment or health plan
- There is risk of harm or deterioration without consistent medical management
- Advice or involvement is required from health professionals

In these cases, care must not be managed solely through informal or reactive approaches.

Transition from ICP to Medical Need

Required response





Where a need is identified as medical:

- an Individual Healthcare Plan (IHP) must be developed in line with the Supporting Pupils with Medical Conditions Policy
- the plan must:
 - clearly outline medical needs and procedures
 - include guidance from healthcare professionals where appropriate
 - define roles, responsibilities, and emergency responses

Where appropriate, an ICP may still be used alongside the IHP to support the practical delivery of care.

Integrated approach

In many cases, pupils at Storybrook may have overlapping SEMH, SEND and medical needs. **Therefore:**

- ICPs, IHPs, Behaviour Plans and EHCPs must be aligned and not operate in isolation
- staff must have access to clear, consistent guidance across all plans
- leaders must ensure that provision is coordinated and regularly reviewed

Safeguarding considerations

Failure to recognise when intimate care becomes a medical need may:

- place the pupil at risk
- lead to inconsistent or inappropriate care
- result in staff operating outside their level of competence

Therefore, staff must:

- escalate concerns promptly
- seek guidance from the DSL and senior leaders
- ensure that care is managed within the appropriate framework

Leadership oversight

Leaders are responsible for:

- ensuring correct identification of needs
- overseeing the development of ICPs and IHPs
- monitoring patterns of incidents
- ensuring staff are trained and confident





Summary of thresholds

Type of Need	Response
One-off / occasional incident	Record + follow intimate care procedure
Repeated incidents / emerging pattern	Implement ICP
Diagnosed / ongoing medical condition	Implement IHP (with ICP if needed)

10. Hygiene and infection control procedures

Hygiene and infection control measures that must be followed during all intimate care procedures. These measures ensure that risks to pupils and staff are minimised and that care is delivered safely, in line with health and safety expectations.

Use of personal protective equipment (PPE)

Staff must use appropriate PPE when providing intimate care, including:

- disposable gloves
- disposable apron

PPE must be:

- worn for all contact involving bodily fluids
- changed between pupils and tasks
- removed and disposed of immediately after use

Staff must wash hands thoroughly:

- before and after providing care
- after removing PPE

Safe disposal of waste

All waste must be disposed of safely and hygienically:

- Soiled materials (e.g. wipes, gloves, aprons) must be placed in a sealed disposable bag
- Bags must be disposed of in accordance with the school's waste procedures
- Soiled clothing must be:
 - double-bagged
 - returned to parents/carers where appropriate



**Staff must ensure that:**

- no contaminated materials are left accessible
- disposal is carried out immediately after the incident

Cleaning and infection control**Following any intimate care incident:**

- surfaces must be cleaned using appropriate cleaning products
- any contaminated areas must be disinfected promptly
- equipment used must be cleaned or disposed of appropriately

Staff must follow basic infection control principles, including:

- avoiding cross-contamination
- using designated cleaning materials
- maintaining a clean and safe environment

Managing risk of infection

Staff must be aware of potential infection risks and take appropriate precautions, particularly where:

- there is contact with bodily fluids
- the pupil is unwell or has a known infection
- multiple incidents occur

Where there are concerns regarding infection risk:

- advice must be sought from senior leaders
- additional control measures may be implemented

Staff responsibilities**All staff are responsible for:**

- following hygiene procedures consistently
- using PPE correctly
- maintaining a clean and safe environment
- reporting any concerns relating to health and safety

Failure to follow hygiene procedures may place pupils and staff at risk and will be treated as a breach of professional expectations.





11. Recording and reporting

Accurate recording is a critical safeguarding measure. This section emphasises the importance of clear, factual and timely documentation.

In line with safeguarding expectations:

- all incidents must be recorded
- records must be objective and evidence-based
- information must be shared appropriately

This protects:

- pupils (through accountability)
- staff (through transparency)
- the school (through defensible practice)

12. Safeguarding and concerns

Given the nature of intimate care, the risk of misunderstanding, misinterpretation, or harm is increased, and therefore robust procedures are essential.

Storybrook operates a strong safeguarding culture in which:

- concerns are reported immediately
- no concern is too small
- patterns of behaviour are identified early

This aligns with:

- the Safeguarding Policy
- the Low-Level Concerns Policy

As a result of this strong safeguarding culture:

- pupils feel safe and are treated with dignity and respect
- staff are confident, consistent and professionally accountable
- safeguarding risks are minimised through clear systems and early intervention
- intimate care is delivered safely, sensitively and in the best interests of every child

13. Professional boundaries

Maintaining professional boundaries is essential in all aspects of school life, but particularly in intimate care situations. This section reinforces expectations around safe, appropriate and ethical conduct.



**Staff must be aware that:**

- they are in a position of trust
- their actions may be scrutinised
- boundaries must never be blurred

Clear boundaries protect both pupils and staff and are a fundamental aspect of safer working practice.

Staff consistently maintain clear and appropriate professional boundaries, recognising their position of trust. **All intimate care is carried out in line with safer working practice guidance, ensuring that:**

- no member of staff is placed in a vulnerable position
- pupils are protected from harm
- all interactions remain appropriate, proportionate and necessary

The school promotes a culture of openness and professional curiosity in which all concerns, including low-level concerns, are taken seriously and recorded appropriately. Staff understand that even minor concerns may indicate wider patterns of behaviour and must be reported in line with the school's procedures. This proactive approach strengthens safeguarding practice and minimises risk.

14. Equality and inclusion

Storybrook ensures that intimate care practice reflects the school's commitment to equality, inclusion, and non-discrimination.

All pupils must:

- be treated fairly and with dignity
- have their individual needs recognised
- receive appropriate adjustments where required

This is particularly important in a SEND and SEMH context, where needs may vary significantly.

15. SEMH-specific considerations

As a specialist SEMH provision, the school recognises that pupils may have experienced trauma, attachment disruption or adverse childhood experiences. Intimate care is therefore delivered through a trauma-informed, relational approach in which staff prioritise emotional safety, trust and regulation. Staff understand that behaviour is a form of communication and adapt their responses accordingly, ensuring that care is sensitive, respectful and responsive to individual need.



**Pupils may:**

- experience heightened emotional responses
- have trauma-linked triggers
- struggle with trust and boundaries

Therefore, staff must:

- prioritise emotional regulation
- use relational approaches
- adapt their responses to the individual child

16. Training

Effective training ensures that all staff are confident, competent, and consistent in their approach. This section outlines the school's commitment to providing high-quality safeguarding and SEMH training.

Training will ensure that staff:

- understand risks associated with intimate care
- know how to respond appropriately
- maintain professional boundaries

In conjunction with this, all Storybrook staff receive regular safeguarding training, including safer working practice and guidance on managing intimate care. As a result, staff demonstrate a clear understanding of:

- appropriate professional boundaries
- how to minimise risk to pupils and themselves
- when and how to report concerns

Staff are confident in applying this knowledge in practice and understand that any failure to follow procedures may place pupils at risk.

17. Monitoring and review

This section outlines how the school ensures that the policy remains effective and up to date. **Regular monitoring ensures that:**

- practice remains consistent
- risks are identified early
- improvements are made where necessary

This reflects the school's commitment to continuous improvement and safeguarding excellence.





18. Linked Policies

Intimate care does not operate in isolation. This section highlights the interconnected nature of safeguarding and school policies, ensuring a coherent and joined-up approach.

Staff must understand how this policy aligns with:

- Safeguarding and Child Protection Policy
- Behaviour and Relationships Policy
- Staff Code of Conduct Policy
- Special Educational Needs and Disabilities Policy
- Managing Pupils with Medical Conditions Policy

19. Summary statement

At Storyybrook, leaders have established clear, robust systems for managing intimate care, ensuring that all practice is:

- clearly recorded
- appropriately supervised
- regularly reviewed

This ensures that all actions are transparent, defensible, and in the best interests of the child. Leaders maintain effective oversight and respond promptly to any concerns, ensuring that safeguarding procedures are consistently applied.

Intimate care is always delivered in a child-centred manner, with due regard to the pupil's:

- dignity
- privacy
- voice
- individual needs

Wherever possible, pupils are supported to develop independence and are actively involved in decisions about their care. Staff communicate clearly and sensitively, ensuring that pupils feel safe, respected and understood.

At our school, intimate care is:

- carefully considered
- rarely required
- always safeguarding-led





All practice reflects the school's core ethos of:

- safety
- belonging
- dignity
- relational trust

Leaders ensure that this policy is not only in place but consistently implemented in practice through training, monitoring and ongoing review.

