

The Meadows School



Policy and Guidance for staff who provide Personal and Intimate Care for Children and Young People

Updated: March 2026
Date to be reviewed: March 2027
Ratified by Governors: March 2026

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Introduction

The Governors will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education 2025' to safeguard and promote the welfare of pupils at this school

The Governors recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This school take seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding and this policy applies to everyone involved in the intimate care of children regardless of their position within the school.

These guidelines should be read in conjunction with other policies including:

- Accessibility Policy
- Safeguarding and Child Protection Policy and Procedures
- Health and Safety Policy
- Staff Recruitment Policy
- Positive Handling Policy
- Medication Policy
- Anti-Bullying policy

In the rest of this document the term child/children will be used to refer to children and young people. The term parent/s is used to refer to parents, carers and legal guardians.

The Meadows School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. These guidelines on Intimate Care aim to both protect those being cared for and the staff who care for children's needs.

Dependency on a wide network of carers and other adults is the everyday experience of some disabled children in order that their medical and intimate care needs such as bathing and toileting can be met. The large number of adults involved and the nature of the care needs both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.

We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible. Statutory guidance (Keeping Children Safe in Education 2025) requires the development of local guidelines and training for staff on good practice in intimate care for disabled children. This document meets this statutory requirement.

We recognise that there is a need to treat all children, whatever their age, gender, disability, religion, ethnicity or sexual orientation, with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be positive. It is essential that every

pupil is treated as an individual and that care is given gently and sensitively; no child should be attended to in a way that causes distress, embarrassment or pain.

Legislation/Statutory Guidance that Inform this Policy

- Children Act 1989
- Childcare Act 2006
- Health and Safety at Work Act 1974
- Equality Act 2010
- S.175 / S.57 Education Act 2002
- Children Act 2004
- Dealing with Allegations of Abuse (Statutory Guidance)
- Working Together to Safeguard Children 2023

Definition of Intimate Care

Our definition of Intimate Care is any personal care activity a child would normally be able to do for him/herself which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

It also includes supervision of pupils involved in intimate self-care.

Principles

- The management of all children with intimate care needs will be carefully planned (appendix 1). Children who require regular assistance will have health care plans or intimate care plans agreed by staff, parents/carers and any other professionals involved. Ideally, the plan should be agreed with all key staff, the child (where possible) and parents. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually. They should also take into account procedures for educational visits/day trips (recorded in Evolve educational visit risk assessment and planning pack)
- In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with a catheter usage. When a child has attended the hospital for a procedure parents will contact the school CCNs before returning to school to ensure risk assessments and care plans are robust for their return.
- Accurate records should be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. (Appendix 2)

- These records should be kept in a file and available to parents/carers on request.
- The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Each child's right to privacy will be respected. All staff providing intimate care will be highly aware of the power imbalance and potential embarrassment and shame that can be characteristic of this level of care. Therefore, they will ensure at all times that they do all in their power to avoid a child feeling shamed. This includes being conscious of their own body language and facial expressions in relation to odours, and bodily fluids.
- Staff who provide intimate care are aware that they should NEVER behave in a way that would make a child feel they have done something wrong or should be ashamed of needing intimate care. Students should never be chastised for soiling themselves for example, and staff should be aware of the impact of eye-rolling, sighing or other indicators of frustration. We should never talk about the child in front of them.
- Staff who provide intimate care are trained to do so (including Child Protection and Positive Handling) and are fully aware of best practice. Staff should be fully aware of best practise regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.
- 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 and menstruation. Where possible, these changes will be discussed with parents to ensure the child's needs can be met.
- Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.
- The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. We recognise that children's needs and abilities change and develop over time. Therefore, just because a child could not wipe themselves after toileting a year ago, does not mean they cannot develop these skills now. Thus, the child's intimate care plan will be regularly reviewed with the aim of prioritising independence.
- Staff who provide intimate care should speak to the child by name, explain what they are doing and communicate with all children in a way that reflects their age and understanding. Even where a staff member has provided intimate care for that child on numerous occasions, this does not negate the need to explain what they are doing. Rather, doing so ensures the child's

autonomy is recognised and respected and enables them to feel more safe and vulnerable.

- Two carers need to be present when a child is toileted. Best practice would be to ensure that one carer is able to observe and monitor the child for any signs of distress/discomfort and to pause the process if necessary. This is particularly pertinent for children who have communication difficulties.
- Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys, as no male staff are available.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. During these discussions, staff may also wish to raise:
 - Changes in the child's needs such as needing larger or smaller sized underwear and/or pads,
 - The child's response to their own puberty and/or menstruation and any support that can be put in place.
 - Different options for the child's comfort such as the removal/non-removal of pubic hair, options for sanitary protection etc.
 - Any concerns that need to be explored further.
- The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation (Appendix 1).

The Protection of Children

Child Protection Procedures and Working Together to Safeguard Children Statutory Guidance 2023 will be accessible to staff and will be adhered to.

From a child protection perspective, it is acknowledged that intimate care involves risk for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Safeguarding Lead.

As with all education settings across the UK, there is a statutory duty to report any concerns relating to Female Genital Mutilation. Staff delivering intimate care are

best placed to spot any physical signs of FGM and in this event, they would follow the Safeguarding and Child Protection policy. However, ALL staff have had detailed and practical training on their duties around FGM.

Similarly to the above, at the time of writing this policy (Feb. 2026), there was an upcoming - but not yet in place - statutory duty to report Child Sexual Abuse (CSA) for all professionals working within education settings. Therefore, all staff delivering intimate care are aware of physical and other signs and indicators of CSA and would follow the Safeguarding and Child Protection policy in this instance.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Actions and responses such as flinching or a child pulling away should be noted and logged (on CPOMS) and where possible, intimate care should be paused until the child can be reassured and supported to share any concerns they have.

Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, Child Protection/ Managing Allegations procedures will be followed

Intimate Care involving students' genitalia.

This section of the policy is to ensure that all staff are clear and feel confident in the expectations of providing intimate care when this may involve students' genitalia. This might occur when a child needs support with:

- Showering
- Toileting and wiping themselves afterwards
- Support with changing sanitary items.

Unless a child's parents have specifically outlined terms they would like staff to use to describe their child's genitals; all staff should use correct biological terminology such as: penis, anus, vulva, vagina, labia, testicles etc.

As with all intimate care, the child should be supported to self-care as independently as possible. This might include staff empowering them to do part of their care process themselves such as using wipes to wipe their anus, or sticking their sanitary pad to their pants themselves.

Staff are trained to avoid any unnecessary touching of genitals and to keep this to an absolute minimum. Staff should consider how best to ensure a child is clean and comfortable without needing to make excessive contact with the child's genital and anal areas. For example:

- This may mean using wet wipes to ensure wiping of genital and anal areas is completed as quickly and thoroughly as possible or
- In the scenario that a child has experienced a large bowel movement and faeces (and/or menstrual blood) has got into intimate crevices (such as under the foreskin of the penis or under the labia of the vulva for example); staff should not pull back - or instruct the child to pull back – such areas and rather, should take the decision to clean the child as much as possible in order for them to be thoroughly cleaned. If this has not resolved matters, staff can make parents aware so they can more thoroughly clean the child themselves when the child has returned home.
- Parents must be informed that the child has experienced a large bowel movement and that staff have completed intimate care to make the child as clean and comfortable as possible, but parents should be given the option to come and collect their child if they feel they need further attention.

Working with Parents/Carers

Partnership with parent/carers is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities. A clear account of the agreed arrangements will be recorded (Appendix 1)

Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Health Care plans and any other plans that identify the support of intimate care.

Exchanging information with parents is essential through personal contact, telephone or correspondence. However information concerning intimate care procedures should not be recorded on Class Dojo as it may contain confidential information that could be accessed by people other than the parent and staff member. It is appropriate to request more pads via class dojo in a one to one chat with the relevant parent/carer.

Writing an Intimate Care Plan

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following should be considered;

- a) Whole School implications for personal care:
 - Skin care
 - Dressing and undressing
 - Washing non-intimate body parts
 - Prompting to go to the toilet

- Detail how to make the pupil relaxed and safe
 - Detail how to communicate with the person and for them to communicate with you
 - Detail how to support the person to be as independent as possible
 - Please detail where equipment is kept
- b) Whole School implications for intimate care:
- Dressing and undressing (underwear)
 - Helping someone use the toilet
 - Changing continence pads (faeces and urine)
 - Bathing and showering
 - Washing intimate parts of the body
 - Changing sanitary wear
 - Suppositories/stomas/catheter (please see CCNs)
 - Use of pads and when they are
 - Use of other aids such as a bottle
 - Detail how to make the pupil relaxed and safe
 - Detail how to communicate with the person and for them to communicate with you
 - Detail how to support the person to be as independent as possible
 - Please detail where equipment is kept

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. Concerns arising from the intimate care process will be reported through the schools safeguarding processes (child protection/staff concerns) or escalation (medical) through care plans procedures outlined by CCNs.

Links with Other Agencies

- Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well-being and development remains paramount.
- It is recommended good practice for the school nurse to be informed of all children requiring intimate care.

Pupil Voice

- Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.
- Agree appropriate terminology for private parts of the body and functions to be used by staff in line with the PHSE curriculum.
- It may be possible to determine a child's wishes by observation of reactions to the intimate care.
- Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

- It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.
- To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

Recruitment

Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.

Recruitment and selection of candidates for posts involving intimate care should be made following the usual Enhanced DBS checks, equal opportunities and employment rights legislation.

Candidates must be made fully aware of what will be required and detailed in their job description before accepting the post.

Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.

Where possible, pupils may be involved in the recruitment process, dependent on their age and ability to understand.

It is recommended that candidates have an opportunity to meet the child with whom they will be working.

Wherever possible, staff should work with children of the same sex in providing intimate care respecting their personal dignity at all times.

Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.

Intimate care can only be provided in school settings by those who have been appropriately trained and this will be discussed at interview.

Staff Development

Staff must receive Child Protection training every year.

Staff must fully understand the intimate care policy and guidelines within the context of their work.

Where appropriate staff must receive Manual Handling training at regular intervals.

Newly appointed staff should be closely supervised until completion of a successful probationary period.

Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.

It is imperative for the school and individual staff to keep a dated record of all training undertaken.

The following guidelines should be used in training senior staff and those identified to support intimate care. Senior staff members should be able to;

Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.

Consult parents about arrangements for intimate care

Ensure staff are aware of the set procedures, the Safeguarding and Child Protection Policy & Health & Safety Policy etc.

- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole school approach to intimate care
- Wherever possible, avoid using staff involved in intimate care, in the delivery of sex education, as an additional safeguard to both staff and children involved. In addition identified staff members should be able to;
- Access other procedures and policies regarding the welfare of the child e.g. Child Protection
- Identify and use a communication system that the child is most comfortable with.
- 'Read' messages a young child is trying to convey
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when Child Protection Procedures must be followed.

Environmental Advice

When children need intimate care facilities, reasonable adjustments will need to be made. All school visits and trips will be planned taking into consideration facilities and equipment required to meet the personal and intimate care needs of the students; it should not be a barrier to trips taking place for all cohorts of students at The Meadows.

The Meadows School has specially adapted facilities and equipment to meet the needs of all individuals.

Additional considerations may include:

- Facilities with hot & cold running water
- Protective clothing including disposable protective gloves - provided by the school
- Labelled bins for the disposal of wet & soiled nappies/pads (soiled items being 'double bagged' before being placed in bin)
- Waste for incineration (e.g. needles, catheters etc.)
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers Anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- An effective system should be identified to alert staff for help in an emergency

Invasive Procedures

It is recommended that two adults are present when invasive procedures are performed. Whilst this may be seen as providing protection against a possible allegation against a member of staff, it further erodes the privacy of the child.

Schools should make arrangements to ensure that there is always a member of staff nearby when intimate care takes place.

Vulnerability to Abuse

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. Staff should be encouraged to listen to the child at all times.

It is essential that all staff are familiar with the school's Safeguarding and Child Protection Policy and Procedures, Working Together 2023 and the Child Protection Procedures and local procedures for Managing Allegations Against Staff.

The following are factors that can increase a child's vulnerability:

- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
- Children with disabilities may have less control over their lives than others
- Children do not always receive sex and relationship education and may therefore be less able to recognise abuse.
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

If a child is hurt accidentally he or she should be immediately reassured and the staff member should check that he or she is safe and the incident reported immediately

to the nominated Designated Safeguarding Lead, Fiona Lee and recorded on CPOMS.

If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the Designated Safeguarding Lead, Fiona Lee and recorded on CPOMS.

Allegations of Abuse

All staff working in intimate situations with children can feel particularly vulnerable. The school policy can help to reassure both staff involved, and the parents of vulnerable children.

Action should be taken immediately should there be a discrepancy of reports between a child and the personal staff assistants, particularly with reference to time spent alone together.

It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis.

Where there is an allegation of abuse, the guidelines in The Meadows School Managing Allegations and Child Protection Procedures should be followed.

Toileting Procedures

The plan should consider the following;

- Location of the plan for reference, ensuring discretion and confidentiality
- Location of recording procedures, ensuring discretion and confidentiality
- Necessary equipment & waste disposal – see environmental advice
- Clear labelling of equipment and procedures e.g. Wipe table after use.

Health and Safety Issues

Barrier materials will always be used e.g. disposable gloves. Appropriate Lifting and Handling Procedures will be followed when necessary and appropriate risk assessments will be completed in relation to barrier materials and lifting and handling.

Appendix 1

Personal and Intimate Care Plan.

Name of pupil:

Written by:

Date of completion:

Parent / carer signature:

Personal Care

Please complete following to highlight the pupils' needs in relation to **personal care** and how those needs are to be met. Independence must be promoted where possible. Personal care is about supporting a variety of self-care needs including:

- Skin care
- Dressing and undressing
- Washing non-intimate body parts
- Prompting to go to the toilet

- Detail how to make the pupil relaxed and safe
- Detail how to communicate with the person and for them to communicate with you

- Detail how to support the person to be as independent as possible
- Please detail where equipment is kept

Clearly detail the level of support a pupil needs and indicate if need is indicated in individual risk assessment

Initial Assessment	
Does the pupil require any assistance with personal care (as above)	Yes
	No
If NO, this is the end of this section, however it must still be reviewed. If YES, please continue.	

Need	How it will be met	Signed by pupil/parent	Date

Intimate Care

Please complete the following to highlight the pupils' needs in relation to **intimate care** and how those needs are to be met. Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene, which demand direct or indirect contact with, or exposure of the genitals. Independence should be promoted where possible. Examples of intimate care:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces and urine)
- Bathing and showering

- Washing intimate parts of the body
- Changing sanitary wear
- Suppositories/stomas/catheter (if pupils are known to use the these please speak to the school nurse)
- Use of pads and when they are
- Use of other aids such as a bottle
- Detail how to make the pupil relaxed and safe
- Detail how to communicate with the person and for them to communicate with you
- Detail how to support the person to be as independent as possible
- Please detail where equipment is kept

Clearly detail the level of support a pupil needs and indicate if need is indicated in individual risk assessment.

Staff will make every effort, using all the facilities available to provide high levels of cleanliness at all times. When pupils have passed a large bowel movement parents will be notified and will be able to collect the pupil if they wish or if they feel further attention is required.

Levels of Support Assessment for Toileting and Intimate Care

Please complete each of the sections separately.

Initial Assessment	
Does the pupil require any assistance with intimate care? (Care of an intimate nature can involve touching of body parts/ or intensive support with these aspects. E.G. Dressing and undressing (underwear)/ helping someone use the toilet, changing continence pads, bathing and showering, washing intimate parts of the body, changing sanitary wear, Suppositories/stomas/catheter (if pupils are known to use the these please speak to the school nurse). If you are unsure of this question, please do read through and check the sections within this assessment to confirm if you need to undertake this assessment.	Yes
	No
If NO, this is the end of the section, however it must still be reviewed. If YES, please continue.	

Area	Criteria	Additional Information
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Moving and Handling Please select only 1 of the following criteria *If learner scores 2 or 1 a Manual Handling Assessment must be undertaken	Learner is hoisted from wheelchair to toilet or changing bed and requires 2-1 support	
	Learner is physically supported to move and requires	
	Learner is physically supported to move and requires	
	Learner requires no physical assistance	

Area	Criteria	Additional Information
Intimate care Please select only 1 of the following criteria	Learner needs high level of support with wiping/cleaning genitals/bottom (high physical contact)	
	Learner needs medium amount of support with wiping / cleaning genitals/ bottom (medium physical contact and guidance)	
	Learner needs mild amount of support with wiping/ cleaning genitals (direction and guidance)	
	Learner needs no help / supervision with wiping/cleaning genitals/bottom	

Area	Criteria	Additional information
Menstrual support Please select only 1 of the following criteria	Learner needs high level of support with periods (high physical contact)	
	Learner needs medium amount of support with periods (medium physical contact and guidance)	
	Learner needs mild amount of support with periods (direction and guidance)	
	Learner needs no help / supervision with periods	

Area	Criteria	Additional information
Vulnerability – Communication / cognition Please select only 1 of the following criteria	Learner requires significant support to communicate and is unlikely to have capacity (subject to a mental capacity assessment) to raise concerns or discuss potential safeguarding issues. The learner is reliant on affective communication, communicates pre-intentionally and unconventionally communicates or the learner intentionally communicates and unconventionally communicates (pre-symbolic)	
	Learner requires moderate support to communicate and may have some capacity (subject to a mental capacity assessment) to raise concerns or discuss potential safeguarding issues. The learner intentionally communicates and uses concrete symbol	
	Learner requires moderate support to communicate and may have some capacity (subject to a mental capacity assessment) to raise concerns or discuss potential safeguarding issues. The learner uses abstract symbols	
	Learner requires moderate support to communicate and may have some capacity (subject to a mental capacity assessment) to raise concerns or discuss potential safeguarding issues. The learner uses a level of language	
	Learner requires no support to raise concerns or discuss potential safeguarding issues.	

Area	Criteria	Additional information
Vulnerability – physical (Part 1) Please select only 1 of the following criteria	Learner is unable to move him/herself from a situation	
	Learner is able to move him/herself from a situation	

Vulnerability – physical (Part 2) Please select only 1 of the following criteria	Learner is unable to physically protest if a safeguarding situation arises	
	Learner is able to physically protest if a safeguarding situation arises	

Area	Criteria	Additional Information
Sexual expression (Part 1) Please select only 1 of the following criteria	Learner exhibits sexualised behaviour, is not aware of personal/private and are not able to effectively regulate sexualised urges through temporarily abstaining	
	Learner exhibits sexualised behaviour but with verbal prompting can regulate sexualised urges	
	Learner has no sexualised behaviour of concern	
Sexual expression (Part 2) Please select only 1 of the following criteria	Learner exhibits sexualised behaviour towards other people needs intensive support to regulate behaviours towards other people	
	Learner exhibits sexualised behaviour towards other people but with verbal prompting can regulate behaviours towards other people	
	Learner has no sexualised behaviour patterns	

Area	Criteria	Additional Information
Intent of allegation Please select only 1 of the following criteria	Learner / Parent has frequently made allegations that have been unfounded	
	Learner / Parent has historically made allegations that have been unfounded	

	Learner / Parent has made no allegations	
Additional Information (If required)		

Area	Criteria	Additional Information
Level of independence Please select only 1 of the following criteria	Learner needs high amount of direction with toileting routine (High amount of physical support and high level of prompting)	
	Learner needs medium amount of direction with toileting routine (Some physical support, direction and guidance)	
	Learner needs mild amount of support with toileting routine (direction and guidance)	

Area	Criteria	Additional information
Behaviour Please select only 1 of the following criteria	Learner requires 2-1 support with possible physical intervention if required and intensive support with regulation of behaviour.	
	Learner requires 1-1 support and intensive support with regulation of behaviour.	
	Learner needs no help / supervision with toileting routine due to behaviour	

Need	How it will be met	Signed by pupil/parent	Date

Parents – please sign and return by __/__/__

If we do not receive your signed form, we will assume you are in agreement with the agreed plan.

The Meadows School Intimate Care Log



Date	Student	Staff	Time Out	Time Returned	Comments
		1			
		2			
		1			
		2			
		1			
		2			
		1			
		2			
		1			
		2			
		1			
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