The Federation of St Paul & St Martin of Porres Catholic Primary Schools

Intimate Care Policy

June 2026

Policy Originator	St Martin of Porres
Governor Responsible	Susan Bartlett/Andrea Smith
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Signed	Susan Bartlett

The Federation of St Paul and St Martin of Porres Catholic Primary was established on 1st September 2021 and whilst the two schools of St Paul's Catholic Primary School and St Martin of Porres Catholic Primary School operate as two separate schools they are overseen by a single governing body. The Federation of St Paul and St Martin of Porres Catholic Primary Schools will be herein referred to as 'the Federation'.

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1. Introduction

Intimate care can be defined as care tasks of a personal nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing, feeding and dressing and providing comfort to an upset or distressed child. Changing catheter or stoma bags and administering medication or medical treatments would also come under this remit.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at both schools within the Federation work in partnership with parents/carers to provide continuity of care to children wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

The Federation 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. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

3. Legislation and statutory guidance

This Intimate Care Policy relates to the safeguarding of children. It has been written and should be read with reference to our Federation Safeguarding and Child Protection Policy (September 2025) and any or all of our other policies relating to safeguarding.

Reference should also be made to the Department for Education's document: 'Keeping Children Safe in Education' (KCSIE) 2025.

4. Role of parents/carers

4.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a consent form and provide an adequate supply of necessary items (e.g. nappies, wipes, creams, changes of clothing). All parents of Reception children will be asked to sign a consent form (Appendix 1) at the start of the academic year to give staff permission to provide intimate care, if need be, with toileting issues.

For children whose needs are more complex or who need particular support outside of what's covered in the consent form (if used), an intimate care plan will be created in discussion with parents/carers (Appendix 2).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents/carers afterwards.

4.2 Creating an intimate care plan

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

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

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed once a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See appendix 2 for an example plan to see what this will cover.

4.3 Sharing information

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

5. Role of the staff

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required. The physiotherapist/occupational therapist will also show the staff how to use the equipment correctly.

All staff have regular safeguarding training and, if necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as possible.

All staff are familiar with hygiene and health and safety procedures.

All staff will maintain records relating to intimate care. These will be maintained securely and in accordance with the Federation's data protection procedures.

Staff should seek further guidance or support where required.

6. Intimate care procedures

6.1 Staffing – Best practice approach

Each child's right to privacy, dignity and safety will be respected at all times. Careful consideration will be given to the individual needs and circumstances of each child when determining the level of support required during intimate care. Wherever possible, intimate care will be provided by one member of staff. However, in some circumstances, it may be appropriate for two adults to be present, for example where this is identified through a risk assessment, moving and handling needs, medical needs, safeguarding considerations, or where additional support is required to ensure the safety and dignity of the child and staff. Any arrangements involving two adults should be clearly documented within the child's intimate care plan.

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. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to their children as an additional safeguard to both staff and children involved.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it. As far as possible, the child should have a say in who by and how their intimate care needs are managed.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Wherever practicable, intimate care arrangements will avoid creating over-dependence on a single member of staff. However, the federation recognises that some children may benefit from consistency and familiarity with trusted adults in order to support their emotional wellbeing, communication needs or additional needs.

Children and parents may raise concerns with the class teacher, SENDCo, DSL or another trusted member of staff to communicate any issues or concerns that they may have about the quality of care they receive.

6.2 Arrangements

Intimate care procedures will normally take place in the medical room or another appropriate private area.

When carrying out intimate procedures the school will provide protective gloves, cleaning supplies, changing mats and bins.

For pupils needing routine care, the school expects parents to provide, when necessary, a good stock (at least a week's supply) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled and discreetly returned to parents at the end of the day.

The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

6.3 Safeguarding concerns

Staff carrying out intimate care should follow the Federation's Staff Code of Conduct and safer working practice guidance at all times.

Mobile phones, cameras or personal recording devices must not be used during intimate care procedures unless authorised for a specific medical or safeguarding purpose.

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 DSL or assistant DSLs. A clear record of the concern will be completed on the Federation's safeguarding records system - My Concern - and referred to social care and/or the police if necessary. (Please see Safeguarding and Child Protection Policy – September 2025).

Any concerns about the safety or welfare of a pupil will be reported immediately to the local authority's children's social care team.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the DSL.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the Federation's safeguarding procedures.

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. 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.

6.4 Specific procedures for nappy changing in nursery/early years

The Federation recognises that children develop toileting independence at different rates. We will work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

The schools will record the number of soiling incidents in school, and liaise with the pupil's parents/carers about whether there is a change in the pattern of soiling incidents, at home or at school and/or whether the current plan is working.

6.5 Specific procedures for toileting accidents

- Key persons are aware of the young children in their care who are in nappies or 'pull-ups' and those children who have occasional accidents.
- Young children should wear 'pull-ups' or other types of training pants as soon as they are comfortable with this and their parents agree.
- Changing areas will be warm, safe, hygienic and respectful of children's dignity and wellbeing.
- Each child's bag is collected before changing so their nappies, pull ups and changing wipes are to hand.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are in the toilet area.
- We are gentle when changing; we avoid pulling faces and making negative comments.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children to take an interest in using the toilet.
- We encourage children to wash their hands with soap and to dry them.
- Children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically. Any soiled clothes will be sent home. Ordinary pants that have been wet or soiled are bagged and sent home to parents.

7. Monitoring arrangements

This policy will be reviewed by the Federation SENDCo once a year. At every review, the policy will be approved by the Curriculum Committee.

8. Links with other policies

This policy links to the following policies and procedures:

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

- First Aid Policy
- Whistleblowing Policy
- Staff Code of Conduct
- Disciplinary Policy

Appendix 1: Parent/Consent Form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's intimate care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I **do not** give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 2: Intimate care plan

INTIMATE CARE PLAN	
PARENTS/CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

Appendix 3: Record of Intimate Care Intervention

RECORD OF INTIMATE CARE INTERVENTION				
Pupil's name:			**Class/Year Group:**	
Name of support staff:				
Date:			**Review Date:**	
Date	**Time**	**Procedure**	**Staff Signature**	**Second signature**