

Intimate Care Policy



Our Mission

'At SS John and Monica's we learn through the example of Jesus to love, respect, understand and value each other'

1. Purpose and intention

SS John & Monica Catholic Primary School is committed to supporting every child's independence while ensuring that pupils who require assistance with intimate or personal care are treated safely, sensitively and with dignity. This policy safeguards children and staff and ensures that intimate care is never a barrier to inclusion, attendance or participation in school life.

Intimate care will always be child-centred. Staff will take account of the child's age, development, communication needs, disability, medical needs, culture, religion and individual preferences, while prioritising safeguarding, dignity and welfare.

2. Legal and statutory framework

This policy has regard to current legislation and statutory guidance, including:
Children Act 1989 and Children Act 2004.

Children's Wellbeing and Schools Act 2026, where relevant to safeguarding and school duties.

Education Act 2002, section 175 – duty to safeguard and promote the welfare of children.

Equality Act 2010 – including duties not to discriminate and to make reasonable adjustments for disabled pupils.

Children and Families Act 2014, including section 100 duty to support pupils with medical conditions and SEND duties.

Health and Safety at Work etc. Act 1974.

Human Rights Act 1998.

UK GDPR, Data Protection Act 2018 and Data (Use and Access) Act 2025.

Keeping Children Safe in Education 2026.

Working Together to Safeguard Children 2026.

DfE statutory guidance: Supporting pupils at school with medical conditions (current version).

SEND Code of Practice: 0 to 25 years.

Protection of Freedoms Act 2012 where relevant to biometric information.

This policy should be read alongside the school's Child Protection and Safeguarding Policy, Supporting Pupils with Medical Conditions Policy, SEND Policy, Staff Code of Conduct, First Aid Policy, Health and Safety Policy, Behaviour Policy, Low-Level Concerns Policy and Moving and Handling procedures.

3. Definition of intimate care

Intimate care is care involving bodily functions, bodily products or personal hygiene that requires direct or indirect contact with, or exposure of, private parts of the body. It may be planned and regular or required unexpectedly.

toileting, continence care and changing nappies/pads;

washing or cleaning following soiling, vomiting or an accident;

changing clothes where intimate assistance is required;

menstrual care;

assistance with bathing or personal hygiene where relevant;

support with some medical procedures or treatments where these involve intimate contact;

supporting a pupil who is learning to manage their own personal care;

feeding or oral care where the level of assistance is personal or requires specialist support.

Routine first aid and administration of medicines are governed principally by the school's First Aid and Supporting Pupils with Medical Conditions policies, although the principles of dignity, privacy, consent and safeguarding in this policy also apply.

4. Core principles

Every child has the right to be safe and protected from harm.

Every child has the right to privacy, dignity and respect.

Children will be encouraged to be as independent as they are able.

Children will be listened to and involved in decisions about their care in a way appropriate to their age, understanding and communication needs.

A child's discomfort, distress, refusal or change in behaviour will be taken seriously.

Care will be provided consistently and sensitively, without discrimination, humiliation or unnecessary delay.

Disabled pupils and pupils with SEND will receive reasonable adjustments so that personal-care needs do not prevent access to education.

Staff will never use intimate care as a punishment, sanction or behaviour-management technique.

5. Planned intimate care and individual care plans

Where intimate care is expected to be regular or ongoing, the school will agree a written Individual Intimate Care Plan with parents/carers and, wherever possible, the child. Where appropriate this will link to an Individual Healthcare Plan, SEN Support Plan or EHC plan.

the care required and the child's level of independence;

the child's preferred communication and how assent/consent will be sought;

the staff authorised and trained to provide care;

privacy arrangements and the location where care will take place;

moving and handling arrangements and equipment, where applicable;

infection prevention and disposal arrangements;

how each episode of care will be recorded and communicated;

known triggers, sensitivities, cultural or religious considerations;

what to do if the child becomes distressed or refuses care;

arrangements for educational visits, clubs and off-site activities;

review arrangements and any relevant professional advice.

Plans will be reviewed at least annually and sooner when the child's needs change, following an incident or concern, or at the request of the child, parent/carer or relevant professional. For pupils with complex or rapidly changing needs, reviews will be more frequent.

6. Consent, assent and the child's voice

Parents/carers will normally provide written agreement for planned, regular intimate care. However, parental consent does not replace the need to involve the child. Staff will explain what they are going to do before and during care and seek the child's cooperation and assent wherever possible.

Use the child's preferred communication method, including words, signs, symbols, objects of reference, eye pointing or other AAC methods.

Offer genuine choices where possible, for example who supports them, the order of tasks or whether they can complete part of the task independently.

Never force routine intimate care where a child is clearly resisting. Pause, reassure and consider whether another trusted adult, parent/carer or health professional is required.

If urgent care is necessary to prevent significant harm, staff will act in the child's best interests, using the least intrusive response necessary, and record and report what happened.

7. Staffing, safer working and supervision

Only staff who are appropriately authorised, informed and, where required, trained will undertake planned intimate care. Relevant staff will have the appropriate pre-employment safeguarding checks for their role.

There is no blanket legal requirement for two adults to be present for every intimate-care task. Requiring two staff routinely can unnecessarily compromise a child's privacy and independence. Staffing will therefore be determined through an individual risk assessment and care plan.

Where one member of staff provides care, another appropriate adult should normally be aware that the care is taking place and the location should support safe working without compromising privacy.

Two staff may be required where identified by risk assessment, for moving and handling, complex medical care, a known safeguarding risk, or where the child's care plan specifies this.

Staff must never use a mobile phone, personal camera or other recording device during intimate care.

Staff must follow professional boundaries and the Staff Code of Conduct at all times.

Where practicable, the child's preference about the member of staff providing care will be respected. A pupil will not be left without necessary care solely because a preferred staff member is unavailable.

8. Good practice during intimate care

Ensure privacy appropriate to the child's age and needs, while maintaining safe working arrangements.

Explain each step before it happens and continue to communicate throughout.

Encourage the child to do as much for themselves as possible.

Use appropriate personal protective equipment (PPE) and follow hand-hygiene and infection-control procedures.

Use appropriate language for body parts and personal care; avoid language that could shame or embarrass.

Keep the child appropriately covered wherever possible and minimise exposure.

Do not make unnecessary physical contact.

Only carry out procedures for which the member of staff is competent and, where required, formally trained.

Use approved moving and handling techniques and equipment where needed.

Dispose of nappies, pads, PPE and contaminated waste safely and hygienically.

Leave the care area clean, safe and ready for use.

9. Toileting and continence

The school recognises that delayed continence or a need for toileting support may be associated with disability, SEND, medical need or development. A child will not be refused admission, excluded from activities or treated less favourably solely because they are not toilet trained or require continence support.

Reasonable adjustments will be made where required. The school will work constructively with parents/carers and relevant health professionals to promote independence while ensuring the child's dignity and access to education.

10. Unplanned or emergency intimate care

Occasionally a child may require intimate care unexpectedly, for example following a toileting accident, illness or soiling. Staff should respond promptly and sensitively rather than leave a child wet, soiled, distressed or unable to participate.

Explain the support needed and seek the child's cooperation.

Use the least intrusive assistance necessary and encourage self-care where appropriate.

Notify parents/carers as appropriate, particularly where significant assistance has been required or there are health/safeguarding concerns.

Record the care in accordance with section 11.

Where urgent action was taken outside an existing care plan, inform the appropriate senior member of staff and review whether a plan is now required.

11. Recording and confidentiality

Planned and unplanned intimate care will be recorded proportionately. Records should provide safeguarding transparency without creating unnecessary or excessively detailed personal information.

For pupils receiving regular planned care, the agreed intimate-care record should normally record the date, time, type of assistance, staff involved and any relevant observations or concerns. Unusual incidents, concerns, injuries, significant distress, changes in presentation or deviations from the agreed plan must be recorded promptly and escalated as appropriate.

CPOMS (Child Protection Online Management System) will be used for safeguarding concerns and significant/unplanned incidents in accordance with school procedures. Routine intimate-care records do not need to be recorded as safeguarding concerns on CPOMS unless the school's agreed recording arrangements require this or there is a safeguarding/welfare issue.

Records will be confidential, stored securely, accessible only to those who need them and retained in accordance with the school's data protection and records-retention arrangements.

12. Safeguarding and responding to concerns

Intimate care places adults in a position of particular trust. All staff must remain alert to signs of abuse, neglect, exploitation or inappropriate practice and must follow Keeping Children Safe in Education 2026 and the school's safeguarding procedures.

Any unexplained injury, bruising, soreness, bleeding, significant change in behaviour, concerning disclosure or other safeguarding indicator must be reported immediately to the DSL or a deputy.

If a child makes a disclosure during intimate care, listen, do not investigate or ask leading questions, reassure appropriately and report immediately.

Any concern about the conduct of an adult, however small, must be reported through the school's low-level concerns or allegations procedures as appropriate.

Where an allegation may meet the harm threshold, the Head Teacher/Chair of Governors and Local Authority Designated Officer (LADO) procedures will be followed.

Staff must not promise confidentiality to a child.

Safeguarding information will be recorded clearly, including the concern, actions, decisions, rationale and outcome.

The school's current DSL and deputy DSL arrangements are published in safeguarding information and staff materials. Named individuals are not fixed within this policy so that safeguarding responsibilities remain accurate when staffing changes.

13. Working with children of a different sex

Intimate care may be provided by an appropriately trained and authorised member of staff of a different sex where this is necessary and appropriate. Decisions will be based on the child's needs, wishes, age, development, privacy and safeguarding risk assessment rather than a blanket rule.

The child's dignity must be protected at all times. If a child shows distress or discomfort, staff should stop where safe to do so, provide reassurance, establish the reason and seek alternative support where possible.

14. Menstrual care

Pupils who menstruate will be supported discreetly and sensitively. Period products will be accessible, and pupils who require assistance with changing or disposal will be supported in accordance with this policy. Staff will promote independence and dignity and will consider whether additional support is needed for pupils with SEND or medical needs.

15. Medical procedures and specialist care

Where intimate care involves a medical procedure, staff will follow the pupil's Individual Healthcare Plan and the Supporting Pupils with Medical Conditions Policy. Staff will only undertake specialist procedures when they have received appropriate training and have been assessed as competent where required.

The school will seek advice from relevant health professionals where care needs are complex. Staff must not undertake a procedure they do not understand or for which they have not been appropriately trained.

16. Moving and handling

Where intimate care involves lifting, transfers, positioning or specialist equipment, an individual moving and handling risk assessment will be completed where necessary. Staff will receive appropriate training and follow the agreed plan. Manual lifting will be avoided where safer equipment or techniques are required.

17. Infection prevention and control

Wash hands before and after care and use PPE appropriate to the task.

Use disposable gloves and aprons where contact with bodily fluids is possible.

Follow school procedures for cleaning, spillages and contaminated clothing.

Store clean clothing, pads and personal-care items appropriately and separately for individual pupils where necessary.

Dispose of waste safely in accordance with infection-control and waste arrangements.

Report exposure to blood or bodily fluids and follow first-aid/occupational health procedures.

18. Educational visits and extended school activities

A pupil will not be excluded from a school visit, residential experience, club or other activity simply because they require intimate care. The school will plan reasonable adjustments, staffing, facilities, privacy, medication and emergency arrangements in advance through appropriate risk assessment.

19. Parents and carers

Parents/carers are important partners in planning care. They should provide relevant and up-to-date information, suitable personal-care items where agreed, and notify the school of changes in the child's health or care needs.

The school will communicate respectfully and will not make parents feel that their child's care needs are an inconvenience or condition of attendance.

20. Training

Staff providing intimate care will receive information and training appropriate to the pupil and task. This may include safeguarding, professional boundaries, infection prevention, continence care, communication, SEND, moving and handling and specific medical procedures. Training and competency records will be maintained where appropriate.

21. Monitoring and review

The Head Teacher and SENDCo will monitor implementation. The Governing Board will provide appropriate oversight. This policy will be reviewed annually and sooner if legislation, statutory guidance, school practice or pupil needs require changes.

Appendix 1 - Individual Intimate Care Plan

Plan detail _____ Agreed arrangements _____

Pupil name _____

Date of birth / year group _____

Parent/carer _____

Relevant SEND / medical / communication needs _____

Care required and frequency _____

What the pupil can do independently _____

Pupil's communication, preferences and signs of distress _____

Agreed staff / staffing arrangements _____

Privacy and location arrangements _____

PPE / equipment / moving and handling _____

Recording and parent communication arrangements _____

Action if child refuses/becomes distressed _____

Professional advice / linked IHP or EHC plan _____

Date agreed _____

Review date _____

Parent/carer signature: _____ Date: _____

School representative: _____ Date: _____

Pupil contribution/assent (where appropriate): _____

Appendix 2 - Intimate Care Record

Date	Time	Care/support provided	Staff	Any concerns/variation	Parent informed if required
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Appendix 3 - Parent/Carer Agreement

I give permission for SS John & Monica Catholic Primary School to provide the intimate care described in my child's agreed Individual Intimate Care Plan. I understand that my child will be supported with dignity, privacy and respect and encouraged to be as independent as possible.

I will inform the school of any change that may affect my child's personal care, medical needs, continence, infection risk, medication or agreed arrangements.

Child: _____ Year group: _____

Parent/carer: _____ Relationship: _____

Signature: _____ Date: _____