ST FRANCIS OF ASSISI CATHOLIC PRIMARY SCHOOL
INTIMATE CARE POLICY

Reviewed October 2025
Next Review: October 2026

1. Aims.

2. Legislation and statutory guidance

3. Role of parents / carers

4. Role of staff

5. Intimate care procedures

6. Monitoring arrangements

7. Links with other policies

8. Appendix Documents

- Appendix 1: Link to parent/carer consent google form.
- Appendix 2: Template for intimate care plan.
- Appendix 3: Template for Intimate care record.
- Appendix 4: Daily Intimate care monitoring record

From September 2025, this policy has been reviewed to ensure alignment with Keeping Children Safe in Education 2025 and current safeguarding procedures. All staff authorised to provide intimate care must be appropriately trained and must follow this policy consistently, preserving children's dignity, privacy and safety.

Intimate care plans will be reviewed at least annually and whenever a child's needs or circumstances change (e.g. health, independence, puberty, staffing)

This policy reinforces that any concerns about a pupil's response, distress or change in well being observed during intimate care must be recorded and immediately reported following our safeguarding procedures.

Family involvement and pupil assent (where appropriate) remain central throughout.

AIMS FOR INTIMATE CARE POLICY

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.
- Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence as well as more ordinary tasks such as help with washing, toileting or dressing.
- It also includes supervision of pupils involved in intimate self-care e.g. if a child is able to clean themselves, the supervising adult may need to give directions to support them.

2. LEGISLATION AND STATUTORY GUIDANCE

This policy complies with statutory safeguarding guidance and The Equality Act.

The Equality Act 2010

The Equalities Act 2010 which encompasses the Disability Discrimination Act (DDA) requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. In light of historical practices that no longer comply with new legislation, changes will particularly be required wherever blanket rules about continence have been a feature of a setting/school's admissions policy. Settings and schools will also need to set in motion action that ensures they provide an accessible toileting facility if this has not previously been available. The Department of Health has issued clear guidance about the facilities that should be available in each school or nursery. (Good Practice in Continence Services, 2000 page 22 and 23)

Achieving continence is one of numerous developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a setting/school. In some cases, this one developmental area has assumed significance beyond all others. Parents are sometimes made to feel guilty that this aspect of learning has not been achieved whereas other delayed learning is not so stigmatising.

Definition of Disability in the Equalities Act 2010

The Equalities Act provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on their ability to carry out normal day- to-day activities. The effect must be substantial and long-term. It is clear therefore, that anyone with a named condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties. However, children with developmental delay which may not have been identified by the time they enter a setting/ school are likely to be later coming out of nappies.

Education providers have an obligation to meet the needs of children with delayed self-care in the same way as they would meet the individual needs of children with delayed language or any other kind of delayed development. Children should not be excluded from normal early years activities solely because of incontinence.

Inclusion

The Children and Families Act 2014 places a statutory duty on schools to support pupils with medical conditions, including bladder and bowel problems.

Schools cannot turn away children who have not yet learned to control their bladders or bowels, but must work to support those children in the setting/environment so they can play an active role in school life, remain healthy and achieve their academic potential.

School governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure the needs of children that are not toilet trained are effectively supported.

Asking parents/carers of a child to come and change a child is likely to be a direct contravention of the Equalities Act and leaving a child in a soiled nappy or pad for any length of time pending the return of a parent is a form of abuse. For more detail on this and other unacceptable practice, see the statutory Guidance on implementing the Children and Families Act.

3. ROLE OF FAMILIES

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), families will be asked to sign a consent form. This will include all children in the Early Years Foundation Stage or where there is a child who needs intimate care.

All families will be required to fill out a consent form on an annual basis or when circumstances for a child may change. This form will be routinely sent out to all families on an annual basis and should be filed out by the families whose children require intimate care.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with families (see section 3.2 below).

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. Two members of staff should always be present.

While St Francis Primary School recognises that **two members of staff should always be present** when providing intimate care, it is understood that, on occasion, this may not be possible due to operational constraints or unforeseen circumstances.

In such cases, the school will ensure that intimate care is still carried out **safely, respectfully, and in full compliance with safeguarding requirements**, following these procedures:

1. **Prior Notification:**
    - The staff member must inform a senior leader (Head of School, Senior Assistant Head, or Designated Safeguarding Lead) before providing care.
    - The reason for proceeding with only one adult must be recorded in the *Intimate Care Record* or *Self-Reporting Tracker*.

2. **Visibility and Safety:**
    - The changing area door must remain **unlocked** and, where appropriate, **slightly open** to maintain both the child's privacy and staff safeguarding.
    - Another staff member must be aware of the care being provided and check in at an appropriate interval.
3. **Recording:**
    - Details of the incident must be recorded on the *Intimate Care Record* immediately after completion, stating that only one staff member was present and explaining why.
    - The senior leader or DSL must review this record the same day.
4. **Parental Communication:**
    - Parents/carers will be informed on the same day that intimate care was required and that a single staff member provided assistance.
5. **Safeguarding and Dignity:**
    - The child's dignity, comfort, and independence will always be prioritised.
    - Staff will encourage the child to do as much as possible independently.
    - Appropriate protective equipment (gloves, aprons) and hygiene standards must be used.

This approach is consistent with the **London Child Protection Procedures** and **Keeping Children Safe in Education (KCSIE, 2025)**, which state that single-adult intimate care may occur where justified, provided safeguarding transparency and record-keeping measures are in place.

If the school is unable to get in touch with families and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable. Where intimate care has been given, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person at handover or by telephone. In Key Stage 2 parents should be contacted by telephone to inform them of the incident.

Two members of staff will always be present supporting children with intimate care needs.

3.2 Creating an intimate care plan

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

The school will work with families 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 family will be consulted.

The plan will be reviewed twice 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 1 for a blank template plan to see what this will cover.

3.3 Sharing information

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

4. ROLE OF STAFF

4.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes; Nursery officer, Learning support assistant and teaching assistant.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

4.2 How staff will be trained

Staff will receive:

- Training in best practice with regards to intimate care and hygiene procedures
- Regular safeguarding training
- Manual handling training, where necessary

If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures, including those related to COVID-19
- They will also be encouraged to seek further advice as needed.

5. INTIMATE CARE PROCEDURES & RECORDING

5.1 How procedures will happen

- At all possible times 2 members of staff will be present for an intimate care procedure. In the instance that two members of staff are not available, and to ensure that the child's dignity, wellbeing and hygiene are maintained an intimate care procedure may be carried out by one adult.

- Two members of staff must always be the case where there is a known risk of false allegations by a pupil.

- Pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for him/herself as they can. This may mean, for example, giving the child responsibility for washing themselves independently or under the direction of an adult.

- Accurate records should also 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 3)

It is acceptable for all members of staff regardless of their gender to carry out an intimate care procedure on any pupil (male or female) as long as they have an enhanced DBS with a barred list check. Where possible parental preferences will be taken into account.

Procedures will be carried out in a dedicated space within the school. This may differ depending on the age of the child.

When carrying out procedures, the school will provide staff with:

- ➢ Protective gloves
- ➢ Cleaning supplies including antibacterial soaps and wipes
- ➢ Changing mats
- ➢ Nappy bins
- ➢ Hand washing facilities

All of these should be available within the designated spaces, within the school.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources including:

- ➢ Nappies
- ➢ Wipes
- ➢ Nappy sacks
- ➢ 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.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

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 designated safeguarding lead or deputies.

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 school's safeguarding procedures.

6. MONITORING ARRANGEMENTS

This policy will be reviewed by the SENDCo, EYFS Lead and Safeguarding Lead annually. At every review, the policy will be approved by the school governing body including the executive headteacher and head of school.

Where a child has an individual 'Intimate Care Plan', it will be reviewed annually or if a change occurs to the intimate care required.

7. LINKS WITH OTHER POLICIES

This policy links to the following policies and procedures:

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

8. APPENDIX DOCUMENTS

Appendix 1

Link to parent consent google form: Intimate Care Parental Consent Form

Appendix 2

St Francis of Assisi Primary School
Template for Intimate Care Plan

Name of child		**D.O.B**	
Type of intimate care needed:			
How often?			
Where will care take place?			
What resources and equipment will be used?			
Parents should ensure they provide the school with the following	☐ Nappies ☐ Baby Wipes ☐ Nappy Sacks ☐ Spare clothes		
How will procedures take place in the event of a trip?			
What training will staff be given?			
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan			
Parent/Carer name			
Relationship to child			
Signature of parent		**Date:**	
For older children:			
How many members of staff would you like to help?		**Do you mind having a chat when you are being changed or washed?**	**Yes / No**
Signature of child (if possible		**Date:**	
Intimate care plans will be reviewed twice a year or more frequently if needed.			
Next review date:		**To be reviewed by:**	

Appendix 3

St Francis of Assisi Primary School
Template for Intimate Care Record

Name of child			
Staff member			
Staff member			
Time of intimate care procedure initiated		**Time of Intimate care procedure concluded**	
Details of need (If a second staff member was not present give reasons)			
Details of procedure - What steps did you take?			
Parent informed		**Date and time**	
Parent signature		**Date**	
Staff member signature		**Date**	
A copy of the intimate care record will be given to the parent / carer and a copy will be kept for the school record.			

Appendix 4: Daily Intimate care monitoring record		
Date:		
Name: **Staff:** **Time:** ☐ **Wet** ☐ **Soiled** **Other information:**	**Name:** **Staff:** **Time:** ☐ **Wet** ☐ **Soiled** **Other information:**	**Name:** **Staff:** **Time:** ☐ **Wet** ☐ **Soiled** **Other information:**
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