



Intimate Care Policy

2025-27

St Bartholomew's CE MAT



CEO SIGNATURE

n/a – approval delegated to CEO

CHAIR OF TRUST BOARD SIGNATURE

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Introduction

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children
- To ensure children are treated with dignity, sensitivity and respect, and in such a way that their experience of intimate care is a positive one
- To safeguard adults required to operate in sensitive situations
- To raise awareness and provide a clear procedure for intimate care
- To inform parents/carers in how intimate care is administered
- To ensure parents/carers are consulted in the intimate care of their children

Principles

To safeguard and promote the welfare of pupils at the schools, the Trustees of St. Bartholomew's CE Multi Academy Trust and the Local Governing Boards will act in accordance with all relevant legislation and statutory guidance including, but not limited to the following:

- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- Equality Act 2010
- DfE (2025) 'Keeping Children Safe in Education'

Policy Statement

Our setting is committed to ensuring that all children who require intimate care (including assistance with toileting, changing, hygienic care) are treated with dignity, respect, sensitivity, and in a safe, hygienic environment. We recognise that intimate care is a safeguarding issue and must be handled in a child-centred, consistent way.

We aim to:

- Maintain the child's privacy, rights and dignity
- Minimise risk and ensure safety for children and staff
- Ensure clear communication, consent, and record-keeping
- Enable children (where developmentally able) to gain independence in self-care



- Comply with EYFS 2025 safeguarding / welfare / privacy requirements

This intimate care policy should be read in conjunction with the schools’/Trust’s policies as below:

- Safeguarding and Child Protection Policy
- Staff Code of Conduct and guidance on safer working practice
- Whistleblowing Policy
- Health and Safety Policy
- SEND policy
- Medical Policy

Who this applies to

- All staff who may provide intimate care or toileting assistance to children
- All children needing help with toileting, changing, cleaning, or personal hygiene (e.g. children in nappies, pull-ups, continence pads; children with disabilities or medical needs)
- This policy covers routine care (e.g. scheduled changing), accident / soiling events, and any exceptional or medical intimate care tasks (provided appropriately trained staff and consents are in place)

Definitions

- **Intimate care:** Any care which involves touching or exposure of the genital, anal or other private areas (e.g. nappy / pad changing, toileting assistance, washing intimate parts, applying creams to intimate areas)
- **Personal care:** Non-intimate care (e.g. washing hands, hair, teeth, changing outer clothing) or providing comfort to a distressed child
- **Care plan / Intimate care plan:** A documented and agreed plan for a child who requires regular / specialised intimate care
- **Soiled clothing / “accident”:** When a child’s clothing becomes wet, soiled or requires changing unexpectedly

St Bartholomew’s CE MAT is committed to ensuring that all staff responsible for the intimate care and/or personal care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust. We recognise that there is a need to treat all pupils, 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 a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain. Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils, unless they have been specifically recruited to do so. All staff undertaking intimate care must be given appropriate training, where necessary, and awareness of the child's individual health care plan (IHCP) where applicable and ICP (Intimate Care Plan).

This Intimate Care Policy has been developed to safeguard children and staff.

Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities
- Every child has the right to express their views on their own intimate care and to have such views taken into account
- Every child has the right to have levels of intimate care that are as consistent as possible

In accordance with child focused principles of intimate care, these further principles are adhered to when providing intimate care for children:



1. **Dignity & Privacy:** Children must be treated with respect. Staff must ensure privacy while allowing for safeguarding visibility.
2. **Consent & Communication:** Children should be involved in the process where possible and consent sought at each stage, in age and/or developmental stage appropriate way.
3. **Safeguarding First:** Staff must follow safeguarding procedures; any concerns must be reported to the **Designated Safeguarding Lead (DSL)** immediately.
4. **Staff Competence:** Only trained and DBS-checked staff may provide intimate care.
5. **Parental Collaboration:** Parents / carers are involved in developing **Intimate Care Plans** and informed of incidents.
6. **Record Keeping:** Every intimate care episode is logged in the child's record for transparency.
7. **Equality & Inclusion:** Children with additional needs must be supported, to ensure access to education without discrimination.

Supporting dressing/ undressing

Staff will always encourage children to attempt undressing and dressing unaided. They are aware as children mature there is a requirement for separate changing arrangements and so in KS2, if required, children are allowed to change in different changing rooms (separate gender classrooms).

Providing comfort or support

Children may seek physical comfort from staff (particularly children in Reception). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate, staff must provide care which is suitable to the age, gender and situation of the child.

They should also take into account procedures for educational visits/day trips. Parents will provide the necessary supplies required for intimate care e.g. nappies, catheters, pads and wipes. Where relevant, it is good practice to agree with the pupil and parents/carers



appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as the onset of puberty and menstruation. There must be careful communication with each pupil who needs help with intimate care, in line with their preferred means of communication (verbal, symbolic, etc), to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure. Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Staffing and Supervision

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation, to determine who and how many carers might need to be present when s/he needs help with intimate care, balancing a child's right to dignity and respect with safeguarding responsibilities.

As a general rule, one trained adult may provide intimate care. Where one member of staff is providing intimate care, they should ensure that they have informed another member staff that this is taking place, where it is taking place and ensure the door is open (where safe and privacy permits) or a visual check is possible.

Two adults may be required if:

- Moving and handling / lifting needed
- Past safeguarding concerns exist
- Medical procedures are involved

Whenever possible, the same staff member(s) should provide care to a particular child, to promote consistency and trust.

Staff must follow the steps in the intimate care plan and maintain dignity, privacy, and safety.

Adults who assist pupils with intimate care should be employees of the school/Trust, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS with a barred list check. All staff should be aware of the school's



confidentiality policy, as contained with the Staff Code of Conduct. Sensitive information will be shared only with those who need to know.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

If a child requires changing, staff will make sure that:

- The procedure is discussed in a friendly and reassuring way with the child, throughout the process in an age/stage appropriate way.
- The child is encouraged to care for him/herself as far as possible.
- Physical contact is kept to the minimum possible to carry out the necessary cleaning.
- Protective gloves and aprons are worn.
- Privacy is given appropriate to the child's age and the situation but children will not be alone in a room with an adult with the door locked. The most suitable locations at each school, should a child require changing, are as follows:
 - St. Bartholomew's CE Primary School: disabled toilets
 - St. Benedict Biscop CE Primary: Changing room
 - Woodfield Primary School: disabled toilet (opposite Silver class)
 - All Saints' CE Primary: first aid room
 - Gnosall St Lawrence: disabled / class toilets
 - Haughton St Giles: disabled toilets KS2 and Reception/Nursery toilets
 - Woodseaves: disabled toilet/class toilets
 - Oak Meadow Primary School: disabled/year group toilets
 - Fairhaven Primary School: disabled toilet/wet room
 - Christ Church: Early Years - nursery changing bed, Years 1-6 x2 disabled toilets
 - St Paul's – Reception classroom toilets
- All spills of vomit, blood or excrement are wiped up and flushed down the toilet (staff will wear appropriate protective clothing) – items that are soiled by the spillages are safely placed in a disposal sack, including any protective clothing worn by staff and disposed of in an external bin in consultation with the school's site manager.
- Any soiling that can be, is flushed down the toilet.
- Soiled clothing is double bagged, unwashed, and sent home with the child.



- A sanitary hygiene bin is located in the KS2 girls' toilet(s) and a supply of sanitary towels are available in the school office.
- Any soiled nappies are carefully disposed of in a yellow clinical waste bag and put into the designated nappy bin (where applicable).

Parental / Carer Involvement, Consent & Communication

- Before a child is admitted / as soon as the need emerges, the setting should discuss with parents / carers and (where appropriate) the child, a plan for intimate care.
- Parents / carers should give **written consent** for **routine intimate care** (e.g. nappies, continence pads) via a consent form.
- For children who need regular intimate care due to a special educational or medical need, a detailed **intimate care plan** (appendix 1) should be co-created, specifying what care is needed, when, by whom, and any special techniques or medical instructions.
- The plan should also record the child's preferences (e.g. gender of caregiver, coverings, timing) where appropriate.
- If a child's condition or needs change, the plan should be reviewed / updated in consultation with parents.
- Parents should supply necessary items (e.g. spare clothes, nappies, wipes, creams) labelled with the child's name.
- In the event of a toileting accident / unexpected need for care, staff should notify the parent / carer on the same day and record details.
- Where a parent refuses to permit a necessary care action, staff must consult the DSL; if the child's welfare is at risk, care may proceed, but the reasons must be documented and parents informed promptly.

Facilities, Privacy & Hygiene

- Intimate care / changing should take place in a **private, designated area** (e.g. changing room, toilet cubicle, dedicated hygiene room) but never behind a locked door. Doors should be kept open whilst maintaining as much privacy as necessary.
- The surface for changing (e.g. changing table, mat) should be of an appropriate height, non-slip, smooth, easy to clean, and covered with disposable liners or clean waterproof sheets.
- Hot water, soap, paper towels, disposable gloves, aprons, cleaning materials, and hand sanitiser must be accessible.



- Staff and children must wash hands before and after any intimate care procedure.
- Surfaces must be cleaned and disinfected between uses.
- Soiled items (nappies, pads, clothing) must be double-bagged, sealed and stored in a designated waste bin / disposal container until removal.
- The school / setting should not launder soiled clothing unless it has safe, designated laundry facilities and risk controls; generally clothing should be returned to parents in sealed bags.
- Adequate ventilation and lighting must be provided.

Intimate Care / Changing Procedures:

1. Preparation

- Assemble all required materials (gloves, aprons, wipes, clean clothes, disposal bags) before entering the area.
- Explain what you are going to do in child-suitable language, giving them choice where possible (e.g. "Would you like me to get your clean clothes now?").

2. During Care

- Wear disposable gloves and apron (or other PPE) throughout.
- Encourage the children to be as independent as possible, whilst providing an appropriate level of support.
- Use gentle, considerate technique; only expose what is necessary, cover the child as much as possible (e.g. use a towel or cloth to cover legs / body).
- Clean from front to back (or as appropriate), using fresh wipes.
- Dispose of used wipes / gloves in a sealed bag.
- Once cleaned, help child into clean clothing and or nappy/pad.
- Ensure the child is comfortable, clean, dry, and dressed appropriately.

3. Aftercare & Handover

- Wash hands / supervise child handwashing.
- Clean and disinfect any surfaces, mats, changing table.
- Seal soiled items in a bag and store/dispose appropriately.
- Record the care event (see next section).



- Tell / debrief the child in simple terms if needed (e.g. "You are clean now, let's go back"), offering support for emotional comfort.

Promoting Child Independence & Dignity

- Encourage the child to contribute as much as possible (e.g. pulling down pants, wiping, dressing) according to their ability.
- Use positive language and reinforcement ("You did a good job pulling up your trousers")
- Offer appropriate privacy (e.g. allow the child to turn away, close a door) whilst balancing supervision for safety.
- Respect child preferences (e.g. whether they prefer a particular staff member, order of cleaning) within safety / operational bounds.

Record Keeping & Documentation

For each intimate care event staff must record:

- Child's name, date, time
- Staff member(s) involved
- What was done (changing, cleaning, any issues)
- Any observations (marks, rashes, skin irritation, bruising, behaviour, child's response)
- The child's consent / cooperation level
- Any deviations from the care plan and justification
- Parent notification / communication (when / how)

For children with an intimate care plan, an individual record log should be kept (appendix 2). For unscheduled intimate care (for example in the case of an accident), this should be kept in the school record log (appendix 3).

These records should be held securely, accessible to the DSL / senior staff, and shared with parents as agreed (while respecting confidentiality). Intimate care plans / consent forms must also be securely stored and updated regularly (e.g. annually or when needs change).

Safeguarding

Staff members working directly with children will receive safeguarding training as part of their mandatory induction, and thereafter, annually, in line with the Safeguarding and Child Protection Policy.



Intimate care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

Members of staff need to have regard to the danger of allegations being made against them and take precautions to avoid this risk:

- Ensure that another member of staff knows what is happening (and intermittently checks if possible).
- Gaining a verbal agreement from another member of staff that the action being taken is necessary.
- Be aware of and responsive to the child's reactions.
- Make a written record of any intimate care provided using the agreed log (see appendix 2).

Whilst dealing with an intimate care procedure, should staff have safeguarding concerns about a child, they should follow the Trust's safeguarding procedures as detailed in the Safeguarding and Child Protection Policy.



Appendix 1 – Intimate Care Plan Template

Intimate Care Plan – [*Name of School*]

Pupil Details

Name of Child:

Date of Birth:

Class/Year Group:

Date Plan Initiated:

Review Date:

Care Needs Summary

Type of Support Required (tick all that apply):

- ☐ Toileting
- ☐ Changing clothes
- ☐ Cleaning after bowel movement
- ☐ Menstrual care
- ☐ Medical procedures (specify):
- ☐ Other (specify):

Frequency of Support:

- ☐ Scheduled (e.g. daily, after lunch) _____
- ☐ Unscheduled/as needed

Staff Involved

Named Staff
Responsible:

--



Trained in Manual Handling/Safeguarding: ☐ Yes ☐ No

Preferred Staff (if applicable):

Procedure Details

Steps of Care:

(Example)

1. Gain child's verbal consent
2. Explain in age appropriate language each step required
3. Carry out care task (describe steps)
4. Record observations and child's response
5. Notify parent/carer if required

Child's Preferences:

(e.g. preferred order of cleaning, preferred staff, use of specific products)

Safeguarding & Consent:

Parental Consent Form Signed: ☐ Yes ☐ No

Child's Consent Level: ☐ Verbal ☐ Non-verbal ☐ Not applicable

Child's Views Considered: ☐ Yes ☐ No

DSL Notified of Plan: ☐ Yes ☐ No

Storage of Records:

☐ CPOMS ☐ Secure folder ☐ Other:

☐ Accessible to DSL/senior staff

☐ Shared with parents as agreed



Review & Monitoring

Review Frequency:

☐ Termly ☐ Bi-annually ☐ Annually ☐ As needs change

Reviewed By:

☐ Headteacher ☐ SENDCo ☐ DSL ☐ Parent/Carer ☐ Child



Appendix 2 – Individual Child Record of Intimate Care

St. Bartholomew's CE MAT

Record of Intimate Care

2025-2026

Name of Child

Date of Birth

Insert picture of child here



Date	Time	Staff Member	Reason for Care (wet/soiled etc)	Observations (marks/rashes etc)	Signature



Appendix 3 – School Unscheduled Record of Intimate Care

Child's Name	Date	Time	Staff Member	Reason for Care	Actions Taken	Parental Notification	Observations (marks, irritation, child response etc)