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St Winefride's Catholic Primary School

Intimate Care Policy



Date policy last reviewed: November 2025

Signed by:

Jennifer Davies

Headteacher

Date: 24th November 2025

24th November 2025

Dr Mark Branch

Chair of governors

Date:



St. Winefride's Catholic Primary School **Intimate Care Policy**

Mission Statement

Welcome to St Winefride's where we come together to LEARN, LAUGH, LISTEN, LIVE and LOVE in the presence of Jesus.

At our school, we believe that everyone is valued as a unique gift from God.

We work together to create an engaging learning environment, where all children are challenged to achieve their full potential.

At St Winefride's Catholic Primary school, we recognise in everyone, the dignity and beauty of the person, made in the image and likeness of God. We value each individual and respect them regardless of their background and circumstances because they are our brothers and sisters in the family of God, and we are called to love and value everyone.

Rationale

It is our intention to develop independence in each child; however there will be occasions when additional help is required.

Our Intimate Care Policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our provision of pastoral care.

The principles and procedures apply to everyone involved in the intimate care of children. Children are generally more vulnerable than adults and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities could include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- the supervision of a child involved in intimate self-care.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy 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.
- all children have the right to be involved and consulted in their own intimate care to the best of their abilities.
- all children have 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 appropriate and consistent.

School Responsibilities

All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and volunteers.

Only those members of staff, who are familiar with the intimate care policy and other pastoral care policies of the school, are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child.

Consent forms are signed by the parent and stored in the child's file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to a Designated Safeguarding Lead. (DSL).

Designated Safeguarding Lead – **Jennifer Davies**

Deputy Designated Safeguarding Lead – **Sarah Bannister**

SENDCO – Mrs A Jones

Guidelines For Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff.

- Involve the child in the intimate care.
- Try to encourage a child's independence as far as possible in his or her intimate care.
- Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible.
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
- Care should not be carried out by a member of staff working alone with a child.
- Make sure practice in intimate care is consistent.
- As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Be aware of your own limitations.
- Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL.
- If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL.
- Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log.

Working With Children Of The Opposite Gender

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, ie they should be appropriately covered, the door closed or screens/curtains put in place.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- Report any concerns to the DSL and make a written record.
- Parents must be informed about any concerns.

Communication With Children

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method

and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level.
- use simple language and repeat if necessary.
- wait for response.
- continue to explain to the child what is happening even if there is no response.
- treat the child as an individual with dignity and respect.

Health and Safety

Guidelines for Changing Children

- If possible children should be changed standing up or using the changing table (designated toilet – left hand side of the main corridor leading to the hall) to avoid staff lifting children.
- The child's skin should be cleaned with a disposable wipe.
- Nappy creams/lotions should be labelled with the child's name and used only if prescribed for that child (by their parents) they must not be shared.
- Disposable gloves should be worn when changing nappies. The nappy should be folded inward to cover faecal material and double wrapped in a nappy bag. Soiled nappies should be disposed of into the bin provided. The disposal bin should be lined and emptied daily, replacing the used bin liner.
- Any soiled or damp clothing should be placed in a plastic carrier bag in the bin provided in the hygiene suite.
- Once the child has been changed and removed from the changing area, the surface should be cleaned with an antibacterial detergent spray or wipe and left to dry.
- Gloves, apron and any items used for cleaning the changing area will be wrapped and disposed of via domestic waste.
- Hands should be thoroughly washed afterwards.
- Complete the intimate care record.

Policies

- These guidelines should be read in conjunction with policies:
- Health and Safety Policy
- Child Protection and Safeguarding Policy
- Administering Medicine Policy
- Complaints Policy The Governing Body reviews this policy every two years. The Governors may, however, review the policy earlier than this, if the government introduces new regulations, or if the governing body receives recommendations on how the policy might be improved.

Safeguarding

Staff are trained on the signs and symptom so child abuse and are aware of up-to-date safeguarding guidance. They will report concerns to the Safeguarding Lead (J Davies) or Deputy (S Bannister). Examples of potential concerns are any physical or emotional changes, such as marks, bruises, soreness, distress etc . Staff are also aware that newly developed continence issues, as well as ongoing continence issues, can sometimes be a possible indicator of trauma. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the Headteacher will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

Dealing with body fluids – Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely. We have nappy bags and bins, lots of first aid and protective equipment etc. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterwards. Soiled children’s clothing will be bagged to go home– staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

Appendix 1

(Letter to parent(s) outlining policy/procedures and their consent to carry out ‘intimate care’)

Dear Parents, I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached guidelines to ensure that your child’s needs are met in a professional and dignified manner at all times. I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out ‘intimate care’ procedures when necessary.

Yours sincerely,

Headteacher

I have read a copy of the School’s ‘Intimate Care Policy.’ I agree to the school carrying out ‘intimate care’ on my son/daughter when necessary. Signed: _____

Name: _____

Name of child: _____

Date: _____

Appendix 2

TOILET TRAINING/CHANGING RECORD (To be completed after each ‘intimate care’ activity) Child’s Name _____ DOB: _____

Date	Time	Adult	Action Taken:
