



ST JOSEPH'S RC PRIMARY SCHOOL
BACUP

INTIMATE CARE

Dignity, Safeguarding and Personal Care Policy

“Jesus is the Centre of our lives”

God wants me to be the best me I can be

Our Mission

Through His teaching we aim to value ourselves and each other as unique and precious individuals created by God; we encourage and develop love and respect for each other and for our world; we strive to promote and deepen our Catholic faith through prayer, work and play; we aim to foster a loving, caring environment in which each child can freely learn and develop to their full potential.

2026–2027

Policy information

Document control	Details
Policy title	Intimate Care Policy
Policy lead	Head Teacher
Review date	September 2028
Audience	Staff, governors, families and other stakeholders

Our commitment Every child will be supported with warmth, respect and professional care. Intimate care will be necessary, proportionate and as private as safety allows; the child will be listened to, involved and helped to become as independent as possible.

1. Purpose and Catholic ethos

This policy provides a consistent, child-centred framework for intimate and personal care at St Joseph's RC Primary School, Bacup. It protects children's dignity, health, inclusion and safety while giving staff clear boundaries and procedures.

Our mission—'Jesus is the Centre of our lives'—calls us to recognise the dignity and worth of every child. Our motto, 'God wants me to be the best me I can be', guides us to provide compassionate support that develops confidence, choice and independence.

No pupil will be shamed, punished, denied admission, excluded from education or prevented from taking part in visits and activities because they are not toilet trained or require continence, disability or medical support. The school will make reasonable adjustments and plan safe support with families and professionals.

2. Scope and definitions

Term	Meaning in this policy
Personal care	Help with eating, drinking, dressing, washing, mobility or everyday hygiene that may not involve intimate body areas.
Intimate care	Care involving washing, touching or carrying out a procedure near the genital, anal or breast area; toileting, continence or menstrual care; changing nappies/pads or soiled clothing.
Intimate medical care	A clinical task involving an intimate area, such as catheter or stoma support. It is undertaken only under an individual healthcare plan by a person trained and confirmed competent.
Planned care	Predictable or recurring support described in an agreed individual care plan and risk assessment.
Unplanned / emergency care	Necessary help following an accident, illness or urgent health/safety need. Staff provide the minimum necessary care, preserve dignity, record it and inform parents.

The policy applies on site, during wraparound provision, PE/swimming, educational visits and other school-arranged activities. It applies to employees and appropriately authorised agency staff. Volunteers and placement pupils do not provide intimate care unsupervised.

3. Legal and guidance framework

- Children Acts 1989 and 2004; Education Act 2002, section 175; Working Together to Safeguard Children 2026;
- DfE Keeping Children Safe in Education 2026, effective 1 September 2026;
- Early Years Foundation Stage statutory framework for group and school-based providers, effective 1 September 2026;
- Children and Families Act 2014 and DfE Supporting pupils at school with medical conditions statutory guidance;
- Equality Act 2010, including the duty to make reasonable adjustments; SEND Code of Practice: 0 to 25 years;
- Human Rights Act 1998; UK GDPR and Data Protection Act 2018;
- Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; Manual Handling Operations Regulations 1992; COSHH Regulations 2002; and
- current Lancashire safeguarding-partnership, infection-control, LADO, health, moving-and-handling and waste-disposal procedures.

The current statutory position takes priority if guidance changes during the policy period. Clinical or complex arrangements are agreed with the appropriate health professional and, where needed, the local authority, HR, safeguarding or health-and-safety adviser.

4. Principles of safe and dignified care

- Treat the child as an active participant: explain what is proposed, use correct age-appropriate language, seek assent at every care episode and respond to verbal and non-verbal communication.
- Obtain written parental agreement for planned care, while recognising that consent to a plan does not replace the child's ongoing assent or a dynamic safety check.
- Use the least intrusive support, expose the minimum area for the minimum time and enable the child to complete every step they can manage safely.
- Provide care in a warm, clean, accessible and private space that remains safely interruptible in an emergency. Use an occupied sign and announce entry.
- Use familiar, named and trained adults where possible, with identified backups. Respect preferences relating to sex, faith, culture, communication and privacy where reasonably practicable.
- Never photograph, film or use a personal phone in the care area. Appropriate touch is limited to what the care task requires.
- Routine intimate care is never provided as a punishment, behaviour-management technique or reason to use force.

5. Consent, assent and refusal

Parents/carers contribute written consent and information for recurring care. The pupil's views are recorded in a way suited to their age and communication. Staff explain each step immediately before it occurs and watch for discomfort, withdrawal or refusal.

If a child says or shows "no" Pause, preserve privacy, reassure and find out what is wrong without pressure. Offer time, a familiar adult, a different method or other reasonable option. Contact the parent and/or health professional where needed. Care is not forced simply to complete a routine.

Where delay creates an immediate risk of serious harm, staff act in the child's best interests and provide only the minimum care necessary within their competence. Emergency first aid is not withheld for lack of prior written consent. The decision, care, child's response and parent notification are recorded promptly.

6. Individual intimate care plan

A written plan is completed before predictable or recurring care begins and reviewed at least annually, when needs change, after a significant incident or at the request of the child, parent or professional. It is co-produced with the pupil and parent and informed by health, SEND or therapy advice where relevant.

Plan area	Required detail
Child's voice	Preferred words, communication, signs of assent/refusal, privacy, adult preferences, sensory needs and independence goals.
Care procedure	When, where and how care occurs; products/equipment; step-by-step support; skin care; changing; disposal and cleaning.
Staffing	Named trained staff where possible and backups; whether one or two adults are required and why; how privacy and safe working are balanced.
Health and safety	Moving/handling, infection, allergy, skin integrity, seizures, distress/behaviour, environment, emergency and equipment controls.
Medical needs	Link to healthcare plan; clinical instructions; competence requirements; emergency contacts and escalation.
Communication	What is logged, when parents are informed, significant-event threshold, review dates and record access.

7. Staffing and safe working

There is no automatic requirement for two adults to provide routine intimate care. A single named, trained employee may provide planned care where the individual plan and risk assessment show this is safe. Requiring an unnecessary observer can reduce privacy and dignity.

- Two trained adults are used where moving/handling, a clinical procedure, the child's preference, communication, distress, behaviour, safeguarding history, environmental risk or professional advice requires it.
- Where direct observation is unnecessary, a second adult may remain nearby and available. The child is never left exposed while staff seek help.
- Staff do not provide care beyond their training, competence or the agreed plan. Agency staff must be specifically authorised and briefed; volunteers and pupils on placement do not undertake intimate care unsupervised.
- Changes of staff are introduced sensitively. Staff may raise a conflict of interest or boundary concern, but the school remains responsible for arranging appropriate care without discrimination.
- Doors are not secured in a way that prevents emergency access. Practice balances privacy with safe, accountable working.

8. Toileting, continence and menstrual care

- Toileting and continence needs are approached without shame, blame or public discussion. Accidents are managed calmly and promptly.
- Children have timely access to toilets and drinking water and are not routinely expected to wait for fixed break times where this conflicts with their needs.
- Nappies, pads and clothing are changed using the agreed products and technique. Soiled items are bagged or disposed of safely and discreetly.
- Menstrual products are accessible privately and without stigma. Pupils are supported with changing, disposal, spare clothing, pain or health concerns and requests for a trusted adult.

- Persistent constipation, diarrhoea, pain, bleeding, skin damage, repeated urinary infections or marked changes are reported to parents and escalated for medical/safeguarding advice as appropriate.

9. Infection prevention, facilities and equipment

- Wash and dry hands before and after care. Single-use gloves and aprons are selected by risk and changed between children/tasks; gloves never replace hand hygiene.
- Use a designated changing surface or accessible facility where required. Clean and disinfect contact surfaces and equipment after use in line with product instructions and COSHH assessment.
- Dispose of nappies, pads, PPE, sanitary and clinical waste through the correct lidded containers and contracts. Manage sharps only under a clinical plan.
- Follow the bodily-fluid spill procedure; bag contaminated clothing discreetly and never rinse it by hand in a pupil-care sink.
- Keep supplies secure, in date and accessible to staff. Hoists, changing beds and other equipment are maintained, inspected and used only by trained staff.

10. Moving, handling and clinical procedures

Where a child cannot transfer safely, an individual moving-and-handling assessment specifies technique, number of staff and equipment. Staff do not manually lift outside their training or improvise unsafe transfers. A change in mobility, pain or equipment condition triggers reassessment.

Catheterisation, stoma care or another delegated clinical task is undertaken only when the individual healthcare plan gives clear instructions and a relevant healthcare professional has trained the named person and confirmed competence. Medicine administration follows the school's Medicines/Supporting Pupils with Medical Conditions Policy.

11. Safeguarding and professional boundaries

Report—do not investigate Staff report concerns immediately and preserve the child's exact words. They do not ask leading questions, photograph marks, examine beyond the care need or conduct an internal investigation before safeguarding/LADO advice.

- Unexplained or concerning marks, pain, bleeding, repeated infection, fear of a person or task, sexualised behaviour, significant change, disclosure or other indicator is reported immediately to the DSL under the Safeguarding Policy.
- A concern or allegation about an adult is reported to the headteacher; if it concerns the headteacher, to the chair of governors. The KCSIE allegations/low-level-concern and Lancashire LADO routes are followed.
- If a child is in immediate danger or needs urgent medical help, call 999 and inform the DSL as soon as safe.
- Staff never promise secrecy, ridicule the child, make unnecessary comments about the body, use personal devices or share care information outside the need-to-know team.
- Reasonable force is not used to compel routine toileting or intimate care. Any exceptional intervention to prevent immediate serious harm must be lawful, necessary, proportionate and managed under the separate policy.

12. Recording, communication and confidentiality

Routine records are brief, factual and proportionate. They identify the pupil, date/time, type of care, staff involved and any variation or relevant response. They do not contain gratuitous intimate detail. Parents receive information in the manner agreed in the plan.

- Record and notify the parent on the same day where care was unplanned or significantly different, the child was distressed/refused, there was injury, pain, unusual observation, missed care, equipment failure or another concern.
- Safeguarding information is recorded on the approved safeguarding system and reported verbally without delay. A routine care log is not a substitute for a safeguarding referral.
- Records are stored securely, accessible only to those with a legitimate role, retained under the school retention schedule and shared lawfully and proportionately.
- Information follows the child on transition where necessary for safe care, with appropriate parent/pupil involvement and secure transfer.

13. Inclusion beyond the classroom

PE, swimming, wraparound provision and educational visits are planned so the pupil can participate safely and with dignity. The visit risk assessment covers accessible toilets/changing, privacy, staffing, transport, equipment, disposal, medicines, emergencies and contingency. A child is not excluded simply because care takes extra planning or staff time.

14. Roles and responsibilities

Role	Responsibility
Governing body	Approves assures equality, safeguarding, facilities, staffing, training, data protection and monitoring.
Headteacher	Ensures safe arrangements, resources, risk assessment, staff authorisation, parent partnership, incident response and policy implementation.
DSL	Receives child-protection concerns, advises on plans where risk is relevant and follows referral, allegation and LADO procedures.
SENDCo / medical lead	Coordinates plans and professional advice, reasonable adjustments, healthcare links, training and review.
Named care staff	Follow the plan, seek assent, maintain dignity and infection control, record care and report changes or concerns immediately.
Parents/carers	Share accurate information and supplies, contribute to planning and review, and notify school of changes. Parents are not required to attend school routinely to provide care that school has agreed to support.
Pupils	Are listened to and supported to communicate choices, discomfort and preferences and to develop independence at their own pace.

15. Training, supervision and staff wellbeing

Before undertaking care, staff receive role-appropriate training in safeguarding, professional boundaries, the individual plan, communication and assent, infection prevention, recording and emergency action.

Moving/handling and clinical tasks require specific practical training and competence confirmation. Training is refreshed when guidance, needs or equipment change.

Staff can request advice, debrief and supervision after difficult care or an incident. Injury, exposure, near miss or equipment failure is reported through safeguarding and health-and-safety systems and prompts review before care resumes.

16. Complaints, monitoring and review

Concerns may be raised with the headteacher under the Complaints Policy. Complaints about adult conduct do not replace safeguarding, whistleblowing or LADO procedures. A complaint never delays urgent protection or healthcare.

The headteacher reports anonymised assurance to governors at least annually, including plan completion and review, training/competence, staffing, incidents, refusal/distress, complaints, safeguarding referrals, inclusion and equality impact. This policy is reviewed annually and sooner after statutory change, a serious incident or a material change in provision.

Appendix 1: Individual intimate care plan

Field	Agreed information
Child / plan details	Name, DOB/class, parent contacts, start date, review date and linked healthcare/EHCP/risk plans.
Child's voice	Preferred words/communication; assent/refusal signs; privacy, staff and cultural preferences; independence goals.
Care needed	Frequency/triggers, location, step-by-step help, child-led steps, products, clothing and disposal.
Staffing	Named staff/backups; one/two-person decision and rationale; visibility/emergency access arrangements.
Health / safety	Skin, allergy, infection, moving/handling, medical, distress, environmental and equipment controls.
If care cannot proceed	Refusal response, missed-care threshold, parent/health contact, emergency and safeguarding escalation.
Recording / communication	Routine log, same-day notification triggers, secure system and information-sharing arrangements.
Agreement	Pupil contribution/assent method; parent, school and professional signatures/dates; review outcome.

Appendix 2: Care record and significant variation

Record item	To be completed
Pupil / date / time	_____
Care provided / location	_____
Staff involved	_____
Child assent / response	_____
Variation, refusal or observation	_____
Action / advice / safeguarding	_____
Parent informed	By whom / when / method: _____
Staff signature / system reference	_____

Appendix 3: Staff training and competence record

Field	Record
Staff member / role	_____
Child / procedure	_____
Core training	Safeguarding ☐ assent/dignity ☐ infection control ☐ recording ☐
Specific training	Moving/handling ☐ equipment ☐ clinical task ☐ communication/SEND ☐
Trainer / qualification	_____
Observed competence	Method, outcome, assessor and date: _____
Limitations / supervision	_____
Review / refresher due	_____

Appendix 4: Plan review checklist

- Has the child's communication, assent, preference and independence goal been reviewed directly with them?
- Is parental and professional information current, and are linked healthcare, SEND and risk plans consistent?
- Is staffing necessary and proportionate, with trained backups and no avoidable loss of privacy?
- Are the room, equipment, PPE, cleaning, waste and moving/handling arrangements safe and accessible?
- Do records show distress, refusal, pain, skin/continence change, missed care, incidents or recurring variation requiring action?
- Can the child access the full curriculum, wraparound provision, PE, swimming and visits with reasonable adjustments?
- Have safeguarding, allegation, data-sharing, emergency and parent-communication routes been tested and understood?

Appendix 5: Key references current at adoption

Area	Reference
Safeguarding	Keeping Children Safe in Education 2026; Working Together to Safeguard Children 2026; Children Acts 1989 and 2004.
Early years	EYFS statutory framework for group and school-based providers, effective 1 September 2026.
Medical / SEND	Children and Families Act 2014; Supporting pupils at school with medical conditions; SEND Code of Practice.
Equality / rights	Equality Act 2010; Human Rights Act 1998; DfE Equality Act advice for schools.
Safety / information	Health and safety, manual handling and COSHH legislation; UK GDPR; Data Protection Act 2018.
School links	Safeguarding; Medicines/Medical Conditions; SEND; Health and Safety; Behaviour/Reasonable Force; Data Protection; Complaints; Educational Visits; Staff Code of Conduct.