Holy Cross RC Primary School

Intimate Care Policy

Signed_____ [Headteacher] Date November 2025

Signed_____ [Chair of Governors] Date November 2025

Next Review Date November 2026

Glossary

CPOMS	Child Protection Online Monitoring System
DBS	Disclosure and Barring Service
LADO	Local Authority Designated Officer
SEND	Special educational needs and disabilities
Advocate	A supporter
Autonomy	Independent decision making
Outside Agencies	External professionals (e.g. NHS, social workers)

INTRODUCTION

At Holy Cross RC Primary School we are committed to ensuring equal opportunities for all children. We aim to develop a culture of inclusion and respect which enables all children to participate fully in school life.

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

All action taken by Holy Cross RC Primary will be in accordance with current legislation including:

- The Equalities Act 2010
- The Children and Families Act 2014
- Keeping Children Safe in Education 2022

This policy should be read in conjunction with the following policies:

- Behaviour policy
- Equalities policy
- Health and Safety policy
- Medical policy
- Safeguarding policy
- SEND policy

AIMS

This policy aims to ensure that:

- Intimate care is carried out properly and respectfully by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Children with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parent/carers 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, positive handling, safeguarding protocols awareness) that protect themselves and the children involved

ROLE OF PARENTS

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parent/carers will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the consent form, an intimate care plan will be created in discussion with parent/carers.

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.

If the school is unable to get in touch with parent/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out in the child's best interest to ensure that the child is comfortable, and the school will inform parents afterwards.

ROLE OF STAFF

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. Two members of staff are required to be present when intimate care is given.

Staff will receive training in the specific types of intimate care they undertake, along with regular safeguarding training.

Holy Cross RC Primary School is committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner at all times. We recognise the need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

INTIMATE CARE PLANS

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

The school will work with parent/carers 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 parents will be consulted.

These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health. These will be agreed and signed up to by the parent/carers and the children if able and appropriate.

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 child's needs.

OUR APPROACH TO BEST PRACTICE

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance. Each child's right to privacy will be respected.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be

provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to these children as an additional safeguard to both the staff and children involved.

Careful communication takes place with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Wherever possible the same child will not be cared for by the same adult on a regular basis. There will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Each child with an intimate care plan will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parent/carers who are encouraged to reinforce the personal safety messages within the home.

THE PROTECTION OF CHILDREN

Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated safeguarding lead. A clear record of the concern will be completed on CPOMS.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs continue to be met. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed including liaison with the LADO.