

SS John & Monica Catholic Primary School

Intimate Care Policy



Our Mission

*'At SS John and Monica's we learn through the example of
Jesus to love, respect, understand and value each other'*

Intention

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, therefore this policy should be read in conjunction with the following documents:

- Safeguarding and Child Protection Policy
- EAL / SEN Policy
- Staff Code of Conduct
- Physical Intervention Policy
- First Aid Policy
- Keeping Children Safe in Education Current Version
- EYFS Policy

St. John and Monica's School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

Our school recognises that there is a need to treat all children, whatever their age, gender, ability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain. Staff will work in close partnership with parent/carers to share information and provide continuity of care.

Definition of Intimate Care

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 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 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.
- 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.

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. Where there is regular need for intimate care to be given, consent forms must be completed and signed by the parent and uploaded to Child Protection Online Management System [CPOMS]. Only in an emergency should staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents should 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 follow the procedure for reporting low level concerns and report this to the Designated Leader for Safeguarding and Child Protection (DSL), Melanie Elliott.

Recording of Intimate Care

All intimate care provided to a child must be appropriately recorded and reported to ensure transparency and safeguarding. Any unplanned intimate care, for example if a child has wet themselves, been sick, or required support to change clothes following an accident, must be logged promptly on CPOMS. This ensures that relevant staff and leaders are informed, maintains clear records of care given, and supports the school's safeguarding and child protection procedures.

Kommentiert [MSC1]: CPOMS? Spell out in full?

Kommentiert [EG2R1]: Copilot says CPOMS – Child Protection Online Management System

Kommentiert [MS3R1]: Will add as first time mentioned in policy.

Kommentiert [MSC4]: It has January 2027 as the next review date at the bottom of the document, should this be September 2026?

Kommentiert [EG5R4]: I guess one thing is the policy review and another the intimate care arrangements for the pupil

Kommentiert [MS6R4]: No, not all policies are reviewed in Sept. It depends when it was originally set up.

Kommentiert [MSC7]: And parents notified?

Kommentiert [MS8R7]: Of course. For regular intimate care parents also have to sign a consent form.

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. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be 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 care tasks / treatments 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. 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. Two staff members should always be present.
- Make sure practice in intimate care is consistent. As a child may have multiple carers and a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- Ensure any incidents where a child has received emergency intimate care are reported to parents, the DSL and are recorded on CPoms.
- If the intimate care is a regular, planned event there should be regular communication between home and school. This may be in the form of a home-school book, or a more formal record kept in the case of pupils with specific medical needs. In this case the School Nurse will be involved and may support staff and parents by advising what sort of information should be recorded, and monitoring the provision in school.
- 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 and follow school procedure outlined in the Safeguarding and Child Protection Policy.
DSL's and DDSL's in school include DSL – Melanie Elliott ,DDSL – Adrian Ullah, DDSL- Caroline Riches, DDSL- Rosie Doyle, DSL – Hannah Nicholls.

Kommentiert [MSC9]: Do we need to define what 'regular' is in this context?

Kommentiert [MS10R9]: Regular would relate to daily, but not sure a change in language is necessary.

- 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/DSL.
- Report and record any unusual emotional or behavioural response by the child in line with the Safeguarding & Child Protection Policy. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log on CPoms.

Working With Children Of The Opposite Sex

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

- Two members of staff must be present.
- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. 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 a DSL/DDSL 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 a 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.

Mrs Riches

Policy Updated: January 2026

Review Date: January 2028 (or earlier if legislation dictates)

Child _____ Year Group _____

Parental Consent _____



SS John and Monica's Intimate Care Permission Form

Pupil's Personal Details	
Full Name:	
Date of Birth: / /	Parent/Carer name:
Contact details:	
Details of intimate care to be provided (agreed between parents and school)	

I give permission for school to provide intimate care to my child.

I will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)

Signature

Name:

Relationship to child:

Date: / /

