

Cottenham Primary School



INTIMATE CARE POLICY

Dated:	Autumn 1 2025									
Reviewed by:	Premises, Health and Safety Committee									
Next Review date:	Autumn 1 2026									
Equality Review Checklist	<p>In reviewing this policy due consideration must be given to the impact that changes may have on issues of equality for the protected groups:</p> <table><tr><td>Age</td><td>Disability</td><td>Religion or belief</td></tr><tr><td>Race</td><td>Pregnancy and Maternity</td><td>Sex</td></tr><tr><td>Sexual orientation</td><td>Gender reassignment</td><td>Marriage/civil partnerships</td></tr></table> <p>If the equality of a protected group is likely to be compromised by changes to the policy then please complete an equality risk assessment, tick in the box and circle the characteristics affected:</p> <p style="text-align: right;"><input type="checkbox"/></p>	Age	Disability	Religion or belief	Race	Pregnancy and Maternity	Sex	Sexual orientation	Gender reassignment	Marriage/civil partnerships
Age	Disability	Religion or belief								
Race	Pregnancy and Maternity	Sex								
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Cottenham Primary 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. We recognize that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

What is Intimate Care?

Intimate care is any personal care that most people usually carry out for themselves.

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned and should be a positive experience for all involved. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity are of paramount importance.

Staff who provide this care are trained to do so (including Safeguarding & Child Protection and Manual Handling training) and are fully aware of best practice, including having read the **Guidance for Safer Working Practice for Adults who Work with Children and Young People in Education Settings (2022)**. Suitable equipment and facilities can be identified to assist with children who need special arrangements by an assessment from an Occupational Therapist. (OT)

It is the school's responsibility to support staff that are carrying out intimate care procedures. Advice can be given by contacting the Occupational Therapy service, school nurse or the Education Safeguarding Team as required. Whenever possible, staff who are involved in the intimate care of children will not usually be involved with the delivery of relationships and sex education to the children in their care as an additional safeguard to both staff and children involved. If staff are involved, care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.

Children will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will ensure each child does as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up as appropriate and shared and agreed by the child and their parents/carers.

Each child's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the child is being cared for. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. In this case, the reasons should be clearly documented and reassessed regularly. Wherever reasonable and practical, staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence, for example female staff supporting boys when there are no male staff.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The principles and guidelines in this policy will also apply to situations where intimate care is needed because a child, who can under normal circumstances attend to their own needs, has an accident and soils/wets themselves to a degree that they need support in their care. In such situations, where prior agreement cannot be sought, staff administering that care should record the details as an **Intimate Care Incident** on Medical Tracker.

Safeguarding Children

Cambridgeshire and Peterborough Safeguarding Children Partnership Board Interagency Procedures will be adhered to alongside CPS' **Safeguarding & Child Protection Policy** and procedures.

All children will be taught personal safety skills as part of Personal Social and Health Education (PSHE) relative to their age, ability and understanding. Research indicates that children with an awareness of personal safety and the ability to be assertive are more resilient to abuse. These skills will be shared with parents/carers to enable them to be consolidated within the home/community.

If a member of staff has any concerns about physical or behavioral changes in a child's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the CPS Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Leads (DDSLs) in the school.

If a child is displaying inappropriate sexual behavior/language, advice should be sought from the appropriate source (e.g. in schools this might be: DSL, DDSLs, School Nurse, Social Care, Education Safeguarding Team, Cambridgeshire Sexual Behaviour Service).

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process to reach a resolution. Staffing schedules will be altered until the issue/s are resolved so that the child's needs remain paramount. Further advice, following the Interagency Procedures, will be taken from outside agencies as necessary.

If a child makes an allegation against a member of staff the **CPS Procedures for Dealing with Allegations of Abuse against Staff and Volunteers** will be followed, as outlined in the **CPS Safeguarding and Child Protection Policy**. All staff involved in intimate care are required to have read this **CPS Intimate Care Policy** and the **Guidance for Safer Working Practice** as previously mentioned. Also, all staff involved in intimate care should be aware of the need to refer to other CPS policies for clarification of practices and procedures.

Appendix 1

Intimate Care Plan

Child's Name:				School Name:	
DOB:		Male/ Female		Date:	

Description of Intimate Care Needs

Task: Identify one part of this process, which could be developed so that greater independence/involvement can be achieved.

Action Plan – Describe the steps needed to achieve this task

- 1.
- 2.
- 3.

The following people will be assisting in the above activities:

Named Person:
.....

Additional people who may be involved to cover when the named people are absent:

.....
.....

I am in agreement with the above procedures being undertaken: (Please sign as appropriate)

Person for whom the plan is for

Parent/Carer

SENCO/Inclusion officer

Teaching Assistant(s) Teaching Assistant (s)

Date Date for review