



INTIMATE CARE POLICY

Policy review: September 2025

Next Review: September 2026

POLICY FOR INTIMATE CARE

Introduction

Fens 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 recognise 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 or pain.

Intimate care is a care which involves washing, touching or carrying out an intimate procedure (such as cleaning up a pupil after they have soiled themselves or in extreme circumstances an invasive procedure for example inserting a catheter) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. Occupational Health instructed therapy exercises). It may also require the administration of rescue medication and some 1st aid.

Child Focused Principles of Intimate Care

The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs and follow the principles set out below:-

- 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 be involved and consulted in 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.

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times: the child's welfare and dignity is of paramount importance. See appendix 1 for the cases where the school is responsible for providing intimate care.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) 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 development changes such as the onset of puberty and menstruation.

Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing him/ herself. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Intimate care arrangements will be discussed with parents/carers on a regular basis. 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 Protection of Children

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

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 Headteacher, Deputy Headteacher or a member of the safeguarding team in line with the School Child Protection Policy.

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 remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary child protection procedures will be followed.

Changing Facilities

Fens Primary School has disabled toileting facilities in all areas of the school, and in addition there is a wash room in the EYFS area.

If a child needs specialist equipment to change them, this will be resourced through physiotherapist/occupational therapists, as required.

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies and swim pants when required. Fens Primary School provides wipes, gloves, plastic aprons, and nappy bins to dispose of any waste. See appendix 1 for the cases where the school is responsible for providing intimate care.

Health and Safety

Staff should always wear a new disposable apron and disposable gloves when dealing with a child who is wearing soiled pants or when changing a soiled nappy. Any soiled waste should be placed in a disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste and are located in each designated areas.

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of the child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible,

consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

Physical Intervention – (Also refer to School Behaviour Policy)

All relevant teaching and support staff in Fens Primary School are Team Teach trained as there are occasions where it is necessary for staff to use physical intervention strategies to prevent children from inflicting damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control.

In all cases of physical intervention the incident must be documented and reported. All staff are fully aware of the school's Physical Intervention Policy which complies with the Local Authority policy.

Under no circumstances is it permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or another agency e.g. CAMHS, Educational Psychologist etc. that a pupil is already working with.

Particular care must be taken in instances which involve the same pupil over a period of time.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice from the Headteacher, Deputy Headteacher or SEND CO

Physical Education and other skills coaching including Physiotherapy and Massage

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Pupils who require physiotherapy whilst in school should have this carried out by a trained physiotherapist. If it is to happen in school, it needs to be agreed as part of a health or care plan, then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated as appropriate.

Massage may be used with children who have sensory issues. It is recommended that massage undertaken by school staff should be confined to parts of the body such as hands, feet and face in order to safeguard the interests of both the children and adults.

Any adult undertaking massage with a child should only do so when a qualified member of staff (for example a practitioner from Small Steps or an Occupational Therapist) have demonstrated how to undertake the task and has agreed that the school staff member is performing the massage correctly. This activity should also be only undertaken with the permission of the parents and the child.

Showers/changing clothes

Young people are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct, eg adults must not change in the same place as children or shower with children.

Out of school trips, clubs etc.

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with the school's policy and all Local Authority Guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the Headteacher or Deputy Headteacher. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child unless they have special permission from the Headteacher or Deputy Headteacher.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Appendix 1

Children who will always be changed:-

- Children with an Education Health Care Plan (EHCP), where it is linked to their EHCP requirements.
- Children with a diagnosed condition that means intimate care is required, the child may or may not be on the SEND register, however the school will be in receipt of a clinical diagnosis letter from a medical professional.
- A child with a recognised mental health need and this is supported by professionals.
- A child has developmental delay that is being actively supported by parents and professionals, the child will be on the SEND register at range 4i or above and this would then be part of the child's Individual Education Plan or Co-ordinated Support Plan.
- When a child has an irregular bowel movement or "wets themselves" and this is not a common occurrence and the child has made an effort to go to the toilet and help with the process of cleaning themselves.

Situations where a parent will be contacted in order for the child to be changed:-

- Where a child has had an incident of diarrhoea and needs to be taken home and needs to be kept off school for 48 hours in order not to spread infection.
- Where an adult at home has administered medication and this causes bowel movements that the child cannot control; leading to multiple instances of soiling, multiple meaning more than once a day.
- Where the child has soiled themselves and needs to be cleaned more than the school can provide.