



Newall Green Primary School

Aiming High To Reach Our Goals

Firbank Road, Newall Green, Wythenshawe, Manchester, M23 2YH
Tel: 0161 437 2872 Fax: 0161 436 2178 www.newallgreen.manchester.sch.uk



Intimate Care Policy 2024

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Amendments	<ul style="list-style-type: none">• Updated Safeguarding section• Updated to include RP and AP• Updated to include creating a Personal Care Needs Plan• Updated to include off site trips, special educational needs and complex needs.• Update to Safeguarding section.
Related Policies/Guidance	<ul style="list-style-type: none">• Child protection and Safeguarding policy• Inclusion policy• Supporting Pupils with Medical Conditions policy• Staff Code of Conduct
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Newall Green Primary School Intimate Care Policy

Introduction

The intimate care policy at Newall Green Primary School is committed to ensuring that all staff responsible for the intimate care of the children will undertake their duties in a professional manner at all times. Procedures have been adopted with referral to DfE Guidance including Keeping Children Safe in Education (2023) and Working Together to Safeguard Children (2018). We recognise there is a need to treat all children with respect; no child should be attended to in a way that causes stress or pain and instead this time is used to create opportunities for children's Personal, Social and Emotional Development.

Contents of policy

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1) What is intimate care?

Working with young children will often require adults to be involved in duties which require intimate care of children. Staff have been placed in a position of great trust and will be expected to carry out this sort of procedure whilst children are in our care. Intimate care covers any task that involves the washing, touching or carrying out a procedure to intimate personal areas and is associated with bodily functions and personal hygiene, including toileting, washing and dressing. Intimate care is a sensitive issue and will require staff to be respectful of a child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There should be a high level of awareness of child protection issues. Staff behaviour must be open to scrutiny and staff should work in partnership with parents/carers to provide continuity of care to children wherever possible.

2) Who will undertake Intimate Care?

- Intimate care is only to be carried out by named staff and not visitors, volunteers or parents/carers other than the child's own.
- In most circumstances, the child's regular teacher or teaching assistant will be responsible for changing them. However, this is not always possible so another member of staff may need to carry out the procedure as and when required.
- As we do not allow people other than staff members to change children, the child will know who is changing them and will have seen them before.
- The experience is made as pleasant for the child as possible by ensuring that they are spoken to at all times, provided with as many opportunities to be independent and praised for this. This can be used as an opportunity to chat/count/sing songs with the child about their learning experiences that day.

3) Where will the Intimate Care take place?

- Intimate care will usually take place in the toilets which are private enough to respect the child's dignity but also allow the adult to be seen at all times to prevent them from allegations or bringing their behaviour into question.
- No adult will be left alone behind a fully closed door when carrying out intimate care procedures. This puts both the safety of the child and staff member at risk.
- In Early Years, the RP and AP, all intimate care procedures carried out are recorded on the daily log sheet and signed by the person carrying out the procedure, detailing the procedure carried out and any notes e.g. if child was upset or a rash was present. In KS1 and KS2 the staff member will notify the parents in line with the child's personal care plan/individual healthcare plan. Any child receiving regular intimate care support must have a Personal Care Needs Plan that is signed by parents and staff. Where appropriate, older children may also sign to say they are happy with it.

- Where possible, another adult should stay close by while the procedure is carried out, but does not need to stand as a 'witness' to the procedure.
- If a child refuses staff assistance a parent or carer will be called.
- If a child is unduly distressed by the experience, a phone call will be made to parents/carers. They may be asked to take the child home if the child is distressed or unwell.

4) What safeguarding procedures will be followed?

Staff members will follow the school's Safeguarding and Child Protection Policy. If a member of staff notices marks, injuries, bruising or undue soreness, staff members will follow the school's Safeguarding policy. This means it will be reported to the designated safeguarding lead (DSL) and recorded using the school's CPOMS system.

All staff engaged in the care and education of pupils 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 pupil, an observer or anyone the action is described. Staff must, therefore, always make considered judgements when executing their duties, be prepared to justify actions and accept that all physical contact will be open to scrutiny.

Any physical contact with an individual pupil is likely to be open to question unless the justification for this is formally agreed upon by the pupil, the school and those with parental responsibility.

Pupils with complex health and/or 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 each pupil. The arrangements must be understood and agreed upon by all concerned, justified in terms of the pupil's needs, consistently applied and open to scrutiny. Consultation with colleagues and, where possible, parents/guardians will take place where any deviation from the agreed arrangements is anticipated. Any deviation and the justification for it will be fully documented and reported.

Extra caution is required by staff where it is known a pupil has previously suffered abuse or neglect. In this case, the pupil may view physical contact to be associated with such previous experiences and may result in staff being more vulnerable to allegations of abuse. Additionally, many such pupils may present as extremely needy and actively seek out inappropriate physical contact. In such circumstances, staff

should deter the pupil, minimising any negative experience. In such cases, staff should maintain appropriate supervision ratios to safeguard against possible allegations.

5) What is the procedure for changing a child?

1. Ensure all changing equipment and resources are to hand.
2. Staff to reassure the child and make changing an enjoyable time from beginning to end by chatting/singing and building attachments.
3. Staff to take children to the designated changing area and ensure that the child is happy and comfortable with being changed by talking to them throughout and telling them what they are about to do before each step.
4. Firstly, staff to put on a disposable plastic apron to protect their clothing from contamination.
5. Disposable gloves should be worn. Please note, the use of disposable gloves is not a substitute for good hand hygiene and hands must still be washed at the end of the routine.
6. Disposable gloves and aprons should be changed each time a child is changed.

7. Adult to encourage the child to undress independently where possible. If adult help is needed, the adult is to remove only the clothes required to reach soiled nappy/pants unless further soiling has occurred and the child needs to be changed fully.
8. Adult to remove the soiled nappy/pants, double-bag in a nappy bag and place into the nappy bin.
9. Children's skin to be cleaned with disposable wipes (by the child whenever possible) and disposed of in a nappy bag into the nappy bin.
10. If the child's care plan requires nappy creams or lotions to be used, practitioners to follow procedure outlined in this plan for the individual child. No products are to be shared between children or applied without parental consent.
11. Child to be dressed or encouraged to dress in clean clothes if soiled. Dirty clothes to be put into a plastic bag and given to parents/carers when the child is picked up at the end of the session. Staff members will not attempt to wash or rinse the clothes. Encourage child to wash their hands.
12. Nappy changing mats/area should be wiped with anti-bacterial wipe or spray and dried after each use.
13. Staff to wash and dry their hands following the procedure, after glove removal and before leaving the changing area or handling another child.
14. In Early Years, the RP and the AP, the staff member will sign the Intimate Care log so that the child's parent/carers can be informed on collection of the child. In KS1/KS2 the staff member will notify the parents in line with the child's personal care plan/individual healthcare plan.

6) Out-of-school trips, clubs, etc

Employees should take particular care when supervising and providing intimate care for pupils in the less formal atmosphere of a residential setting, off-site visit 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 that expected within the school. Staff and volunteers involved in such activities should be familiar with all relevant school policies and all Manchester City Council's guidance regarding out-of-school activities. To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, residential etc. It is important to exercise caution to ensure a pupil is not compromised or that the member of staff does not attract allegations of overly intrusive or abusive behaviour.

7) Special Educational Needs/Complex health needs

Pupils with special/complex health needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each pupil. As with all arrangements for intimate care needs, agreements between the pupil, those with parental responsibility, and the school should be easily understood and clearly recorded.

Regardless of age and ability, the views and emotional responses of pupils with special/ complex health needs should be actively sought (with advocacy arrangements in place for those who require assistance) in regular reviews of these intimate care arrangements.

Teachers need to create a Personal Care Needs Plan for children who require regular changing. This should be written and agreed by parents and staff and signed by both.