



Intimate Care Policy

Shirland Primary School

January 2023

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The Intimate Care policy has been developed as a result of discussions between staff and governors.

Introduction

Shirland 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, embarrassment or pain. The Intimate Care Policy and guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Definition of Intimate Care

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of an insulin injection, epipen or rectal medication. In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure, only a person suitably trained and assessed as competent will undertake the procedure. Any additional training will be provided by the school.

Aims

The aims of this document and associated guidance are;

- To provide guidance and reassurance to staff and parent/s
- To safeguard the dignity, rights and wellbeing of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

Principles

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to information and support that will enable him or her to make informed and appropriate choices

- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
- Every child (and parent) has the right to information and procedures for any complaint or queries he or she may have regarding intimate care.

Our Approach to Best Practice

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. Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities are to be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

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 education to the children in their care as an additional safeguard to both staff and children 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 themselves.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, one child will be catered for by one trained adult, unless there is a sound reason for having more adults present. If this is the case, the reasons will be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's intimate 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.

Working with Parents

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities. Prior permission must be obtained from parents before Intimate care procedures are carried out. (see appendix 7) Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Education Plans (IEPs), Health Care plans and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence. However, information concerning intimate care procedures should not be recorded

in home/school books as it may contain confidential information that could be accessed by people other than the parent and named staff member.

Writing an Intimate Care Plan

Where a routine procedure is required, an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following should be considered;

- a) whole school implications
 - The importance of working towards independence
 - Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming, etc.
 - Ensure that there is enough stock of equipment and medication (within date) such as nappies (which will be provided by the parents)
 - Who will substitute in the absence of the appointed person.
- b) Classroom management
 - The child's seating arrangements in class
 - A system for the child to leave class without disruption to the lesson
 - Avoidance of missing the same lesson all year due to medical routines
 - Awareness of a child's discomfort which may affect learning
 - Implications for PE e.g. discreet clothing, additional time for changing
 - Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child has an odour

All plans will be clearly recorded to ensure clarity of expectation, roles and responsibilities. They will reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure will also be included to explain how concerns arising from the intimate care process will be dealt with.

Links with other agencies

Positive links with other agencies will enable school-based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's wellbeing and development remains paramount. The school nurse will be informed of all children requiring intimate care and provide training to enable the school to fully meet individual needs.

Pupil Voice

Shirland Primary school will agree the appropriate terminology for private parts of the body and functions to be used by staff. It may be possible to determine a child's wishes by observation of reactions to the intimate care. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates. It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing. To ensure effective communication with the child, staff will ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

Recruitment

Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict. Recruitment and selection of candidates for posts involving intimate care will be made following the usual Safeguarding, Criminal Records Bureau checks, equal opportunities and employment rights legislation.

Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post. Wherever/if possible, staff should work with children of the same sex in providing intimate care respecting their personal dignity at all times. Intimate care can only be provided in school by those who have a job description to reflect this or have specifically indicated a willingness to do so.

Staff Professional Development

- Staff will receive training in good working practices which comply with Health, Safety and Well Being policy requirements when available.
- All staff will receive Child Protection training every 2 years.
- Staff will be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.
- Staff will receive Moving and Handling training at least every year (if required)
- Newly appointed staff will be closely supervised until completion of a successful probationary period.
- Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.
- The school and individual staff will keep a dated record of all training undertaken.

The following guidelines will be used in training appropriate staff and those identified to support intimate care.

Staff members should be able to;

- Ensure that sensitive information about a child is only shared with those who need to know, whether it is parents or members of staff specifically involved with the child. Other personnel will only be given information that keeps the child safe.
- Consult parents about arrangements for intimate care.
- Ensure staff are aware of the set procedures, the Child Protection Policy & Health & Safety Policy etc
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole school approach to intimate care.

In addition, identified staff members should be able to;

- Access other procedures and policies regarding the welfare of the child e.g. Child Protection
- Identify and use a communication system that the child is most comfortable with.
- ‘Read’ messages a young child is trying to convey
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when Child Protection Procedures must be followed.

Environmental

Where children have a long - term incontinence or a disability requiring regular intimate care, the school will require specially adapted facilities. Specialist advice from medical or therapy staff will be sought when considering space, heating, ventilation and lighting.

Additional considerations we have in place include:

- Facilities with hot and cold running water
- Protective clothing including disposable protective gloves - provided by the school
- Labelled bins for the disposal of soiled items (soiled items being ‘double bagged’ before being placed in bin)
- Waste for incineration (e.g. needles, catheters etc)
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers , Anti-bacterial hand wash

- Supplies of appropriate clean clothing, nappies, disposal bags and wipes (provided by parents/carers)
- An effective system should be identified to alert staff for help in emergency

Invasive Procedures

Two adults will be present when invasive procedures are performed.

The Protection of Children

Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of ability, 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 appropriate Head Teacher/ designated person for child protection. 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 procedures will be followed (see Multi - Agency Child Protection Procedures for details)

Vulnerability to abuse

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self worth. Staff should be encouraged to listen. It is essential that all staff are familiar with the school's Child Protection Policy and procedures.

The following are factors that can increase a child's vulnerability;

- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
- Children with disabilities may have less control over their lives than others
- Children do not always receive sex and relationship education and may therefore be less able to recognise abuse.
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the designated safeguarding lead.

Allegations of abuse

Personnel working in intimate situations with children can feel particularly vulnerable. Our school policy can help to reassure both staff involved and the parents of vulnerable children. Action will be taken immediately should there be a discrepancy of reports between a child and the personal assistant, particularly with reference to time spent alone together. It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis. Where there is an allegation of abuse, the guidelines in the Child Protection procedures will be followed.

Toileting Procedures

see appendix 5

The plan will consider the following;

- Location of the plan for reference, ensuring discretion and confidentiality will be kept securely by the SENCo.
- Location of recording procedures, ensuring discretion and confidentiality will be kept securely by the SENCo.
- Necessary equipment and waste disposal – see environmental
- Clear labelling of equipment and procedures will be displayed e.g. wipe table after use

Racial Equality and Equal Opportunities Statement

All children have equal access and inclusive rights to the curriculum regardless of their age, gender, race, religion, belief, disability or ability. We plan work that is differentiated for the performance of all groups and individuals. Shirland Primary School is committed to creating a positive climate that will enable everyone to work free from racial intimidation and harassment and to achieve their full potential. Policies are available on each of these that expand on this further.

Relevant Policies

These guidelines should be read in conjunction with our other policies;

- Accessibility Policy
- Child Protection Policy
- Health & Safety Policy
- Moving and Handling Policy
- The Administration of Medicines in Schools
- Anti-bullying policy

Appendices

Appendix 1 Model policy for Schools

Appendix 2 Record of Agencies involved

Appendix 3 Record of Intimate Care Intervention

Appendix 4 Working Towards Independence record

Appendix 5 Toilet Management Plan

Appendix 6 Agreement Between Child And Teaching and Learning Assistant

Appendix 7 Permission For Schools To Provide Intimate Care

APPENDIX 2

RECORD OF AGENCIES INVOLVED

Child's Name.....

DOB.....

Name/Role Address/phone/email.....

Parent/Carer.....

School Nurse/Health visitor.....

Continence Advisor.....

Physiotherapist.....

Occupational Therapist.....

Hospital Consultant.....

Hospital School Service.....

Physical/Sensory Service.....

GP.....

EP.....

Social Worker.....

APPENDIX 3**RECORD OF INTIMATE CARE INTERVENTION**

Child's Name.....

DOB.....

Name of Teaching and Learning Assistant Involved.....

Date	Time	Procedure	Staff Signature	Second Staff Signature

APPENDIX 4

WORKING TOWARDS INDEPENDENCE RECORD

Child's Name.....

DOB.....

Name of Teaching and Learning Assistant Involved.....

I can already...

Aim...

I will try to...

Review date.....

Parents/Carer.....

Child (if appropriate).....

Teaching and Learning Assistant

SLT/SENDCo.....

Date.....

APPENDIX 5

TOILET MANAGEMENT PLAN

Child's Name.....

DOB.....

Name of Teaching and Learning Assistant Involved.....

Area of need.....

Equipment required.....

Location of suitable toilet facilities.....

Support required:

Frequency of support.....

Working towards Independence

Child will try to...

Teaching and Learning Assistant will.....

Target Achieved.....

Review Date.....

Parents/Carer.....

Child (if appropriate).....

Support staff.....

SLT/SENDCo.....

Date.....

APPENDIX 6**AGREEMENT BETWEEN CHILD AND TEACHING AND LEARNING ASSISTANT**

Child's Name..... DOB.....

Teaching and Learning Assistant's Name.....

Teaching and Learning Assistant

As the Teaching and Learning Assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stop what I am doing to help you in the toilet, as soon as you ask me
- I will avoid all unnecessary delays
- When you use our agreed emergency signal, I will stop what I am doing and come and help
- I will treat you with respect and ensure privacy and dignity at all times
- I will ask permission before touching you or your clothing
- I will check that you are as comfortable as possible, both physically and emotionally
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

Child

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me
- I will try to use the toilet at break time or at the agreed times
- I will only use the agreed emergency signal for real emergencies
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change
- We will review this agreement on.....

Child (if appropriate).....

Teaching and Learning Assistant.....

Date.....

APPENDIX 7

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

I understand that;

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting
- I will advise the Head Teacher of any medical complaint my child may have which affects issues of intimate care

Name.....

Signature.....

Relationship to child.....

Date.....

Child's Surname.....

Child's Forename.....

Male/Female.....

Date of birth.....

Parent/carers name.....

Address.....

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