



## Intimate Care Policy

### Rationale

Sandal Primary School recognises that children have different rates of development and differing needs during their time at school. Most children achieve continence before starting full-time school. With the development of more early years' education and the drive towards inclusion, however, there are many more children in mainstream educational establishments who are not fully independent. Some children remain dependent on long term support for personal care, while others progress slowly towards independence. The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and families concerned. Difficulties with continence severely inhibit a child's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act in loco parentis are more likely to achieve their full potential.

All children have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the educational curriculum and Sandal Primary School will work to ensure that pupils with continence difficulties are not discriminated against in line with the Equalities Act 2010

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 can include:

- toileting;
- feeding;
- oral care;
- washing;
- changing clothes;
- first aid and medical assistance; and
- 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 of intimate care upon which our policy guidelines are based. Every child has the right to:-

- be safe;

- personal privacy;
- be valued as an individual;
- be treated with dignity and respect;
- be involved and consulted in their own intimate care to the best of their abilities;
- express their views on their own intimate care and to have such views taken into account;

have levels of intimate care that are appropriate and consistent.

### **Aims of this policy**

- To provide help and support to pupils in becoming fully independent in personal hygiene
- To treat continence issues sensitively so as to maintain the self-esteem of the child
- Work with parents in delivering a suitable care plan where necessary
- To ensure that staff dealing with continence issues and other occasions when intimate care is required work within guidelines that protect themselves and the pupils involved

### **School Responsibilities**

All members of staff working with children are checked and vetted to ensure they are safe to do so. Only those members of staff who are familiar with the intimate care policy and all school safeguarding documentation are involved in the intimate care of children. Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents and, when appropriate and possible, by the child. In such cases, consent forms are signed and stored in the child's file. Intimate care arrangements for any pupil who requires this support on a regular basis will be reviewed at least every six months.

The views of all relevant parties should be sought and considered to inform future arrangements. Any amendments to the arrangements should be recorded and made available for all parties involved. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. This act of intimate care would be reported to a member of staff and parents at the earliest possible time following the event. If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Safeguarding Lead.

### **Guidelines for 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. Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Members of 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 forms of assistance can be open to misinterpretation.

1. Involve the child in the intimate care. Try to 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, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
2. 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.

3. Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
4. 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.
5. Promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong 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.
6. If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Safeguarding Lead. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.
7. Parents will only be contacted in extreme cases where soiling is severe and/or linked to illness eg. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.

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

- when intimate care is being carried out, all children have the right to dignity and privacy, ie 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 the Designated Safeguarding Lead and make a written record;
- parents must be informed about any concerns.

### **Care Plans**

Where a pupil has particular needs (eg wearing nappies or pull-ups regularly, or has continence difficulties which are more frequent than the odd 'accident', staff will work with parents/carers (and health visitors/school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily.

The written care plan (Appendix A) will include:

- Who will change the child including back-up arrangements in case of staff absence or turnover
- Where changing will take place
- What resources and equipment will be used (cleansing agents used or cream to be applied?) and clarification of who is responsible (parent or school) for the provision of the resources and equipment.
- How the product, if used will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer

- What infection control measures are in place
- What the staff member will do if the child is unduly distressed

### **Care Plan Agreements**

In these circumstances it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other (see Appendix B).

This will include:

The parent:

- agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- providing the setting/school with spare nappies or pull ups and a change of clothing
- understanding and agreeing the procedures that will be followed when their child is changed at school –including the use of any cleanser or wipes; understanding that, when required, cleaning of the genital area may be required
- agreeing to inform the setting/school should the child have any marks/rash
- agreeing to a ‘minimum change’ policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agreeing to review arrangements should this be necessary

The school:

- agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- agreeing how often the child would be changed should the child be staying for the full day
- agreeing to monitor the number of times the child is changed in order to identify progress made
- agreeing to report should the child be distressed, or if marks/rashes are seen
- agreeing to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child’s needs. Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional (School Nurse or Family Health Visitor) will be closely involved in forward planning.

### **Personal Care Procedures**

Staff will follow agreed procedures (see Appendix C) when attending to the care or continence needs of any pupil within the setting, whether this be a child with a care plan agreement or a child who has had an occasional ‘accident’.

### **Health and Safety Procedures**

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures (see Appendix D) to protect both the child and the member of staff.

### **Child Protection**

The normal process of changing continence or wet/soiled clothes should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of children with staff employed in our school.

If there is known risk of false allegation by a child then a single practitioner will not undertake changing. A student on placement will not change a child unsupervised. Where ever possible, the same member of staff will be allowed to change named children. This reduces the risk to the child and promotes their dignity. The care plan will outline back up or contingency measures in the event that the named member of staff is not available.

### **Monitoring and Review**

The SENCO / Inclusion Leader will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families. This policy will be reviewed at least every three years but will be changed and adapted accordingly if necessary.

### **Related policies**

This policy should be read in conjunction with the following policies

- **Safeguarding Policy**
- **Child Protection Policy**
- **Medical Policy**
- **Health and Safety Policy**

<b>Policy written</b>	2019
<b>Last reviewed on:</b>	Spring 2022
<b>Approved by:</b>	Full Governing Body
<b>Next review due by:</b>	Summer 2025

## **APPENDIX A**

### **Intimate Care Plan**

Name of child:

Name of person(s) to change the child:

Name of person(s) to change the child if main adult unavailable:

Where changing will take place:

What resources and equipment will be used:

Who will provide the resources and equipment that will be used:

Training requirements for staff:

Disposal of product in: Infection control measures:

Special arrangements for trips/ outings:

If the child is unduly distressed, a member of staff will contact the parent/carer

\*If the above named member of staff is not available due to illness or staff training, then another person, familiar to the child will attend to the child's needs.

When will the plan be reviewed:

Review comments:

Signed: Class teacher

Parent.

## **APPENDIX B**

### **Intimate Care Plan Agreements**

The parent:

- I agree to ensure that the child is changed at the latest possible time before being brought to the setting/school
- I will provide the setting/school with spare nappies or pull ups and a change of clothing
- I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes; understanding that, when required, cleaning of the genital area may be required
- I agree to inform the setting/school should the child have any marks/rash
- I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home.
- I agree to review arrangements should this be necessary

Signed: ..... (parent/carer)

The school:

- We agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- We agree to monitor the number of times the child is changed in order to identify progress made
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary.

Signed: ..... (school member of staff)

Name: ..... (school member of staff)

Date: .....

## **APPENDIX C**

### **Personal Care Procedures**

The staff at Sandal Primary will follow agreed procedures:

- Change the child's clothing as appropriate, as soon as possible
- Use appropriate cleaning products and adhere to health and safety procedures (see Appendix D)
- Report any marks or rashes to parents and Head Teacher if appropriate
- Inform parent/carer that a continence issue has arisen during the session
- Contact a parent/carer only where soiling is severe and/or linked to illness eg. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.
- Place a 'Do not enter' sign (visually illustrated) on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child.

## **APPENDIX D**

### **Health and Safety Procedures**

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled continence product used to be double wrapped, or placed in a hygienic disposal unit (identified bin in disabled toilet) if the number produced each week exceeds that allowed by Health and Safety Executive's limit.
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Paper towels available for drying hands.