

Intimate Care Policy



Thorn Grove Primary School

Approved by the Governing Body on:	10 July 2023
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1. Introduction

Thorn Grove is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. 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.

2. Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but 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 equipment such as colostomy bags, catheters and other such equipment. It may also require the administration of an insulin injection, epi-pen injection 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 medical procedure only a person suitably trained and assessed as competent should undertake the procedure.

The issue of intimate care is a sensitive one. The staff and Governing Body recognise it's duties in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against. Any staff who have agreed to provide such care will need to work closely with parents/carers to agree how best to meet the child's needs whilst preserving their dignity with a high level of privacy, choice and control. There needs to be a high awareness of child protection issues.

Thorn Grove Primary School is committed to ensuring that any staff who have agreed to provide intimate care will undertake their duties in a professional manner at all times. No child should be attended to in a way that causes distress, embarrassment or pain.

3. Aims

The aims of this document and associated guidance are:-

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

4. Principles Relating to Children Wearing Nappies

It is generally expected that most children will be toilet trained and out of nappies before they start nursery or school. However, it is inevitable that, from time to time, some children have accidents and need attending to. Additionally, the Disability Discrimination Act provides protection for anyone who has a physical, sensory or mental impairment. Delayed continence is not necessarily linked with learning difficulties, but children with global development delay who may not have been identified by the time they enter nursery or school are likely to be late coming out of nappies.

Schools have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the needs of children with delayed language or any other type of delayed development. Children should not therefore be excluded from normal pre-school or school activities solely because of incontinence, nor should they be sent home to change or be required to wait for their parents to attend to them at school.

We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults. It is important to remember that, for some children, achieving continence will never be possible and assistance with toileting needs is provided sensitively to allow pupils continued access to the full curriculum and allow them to maintain dignity in front of other pupils and staff.

4.1. Toileting in the Foundation Stage

Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to Manage their own basic hygiene and personal needs, including dressing, going to the toilet and understanding the importance of healthy food choices. . Children who are unable to go to the toilet independently are assisted according to their level of need.

4.2. Toileting in Key Stage 1

As part of our transition process from Reception into Year One we will inform parents new to this stage of the toileting policy, emphasising that we will change children for the occasional 'accident' but not routinely as part of day to day personal care. This will be applicable for the time a child is in key stage one (unless a parent informs us differently in writing).

4.3. Toileting in Key Stage 2

Any child that soils or wets will not be changed by any member of staff. However, we will provide a private, safe space (junior toilets) where the child may change on their own. We will supply suitable cleaning materials, clean clothes (to the best of our ability out of the 'spares box') and a carrier bag. Parents would be informed.

5. Individual Care Plans

Where a pupil has particular needs (e.g. 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 an intimate care plan. This has to be carefully planned and consideration to be given to:-

The child	Each child has a right to privacy and the school will take into consideration, subject to the child's age and understanding, their preferences regarding the sequence and level of support given and the appropriate terminology for private parts of the body and bodily functions. 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. 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.
Parents	Partnership with parents is a vital 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 or cultural sensitivities. The views and preferences of parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.
Staff	The staff who will provide the intimate care need to be consulted, arrangements agreed between staff and parents /carers and additional Safeguarding and Health and Safety training provided, where needed.

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, where appropriate.

In developing the Intimate Care Plan (see appendix 1), the following should be considered:-

- Staff ratios and procedures
- Who will substitute in the absence of the appointed person
- The importance of working towards independence
- Toilet arrangements and equipment e.g. spare clothes and disposable gloves, cleansing agents
- Clarification of who is responsible (parent or school) for the provision of the resources and equipment
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries

- Training requirements for staff
- Arrangements for school trips and outings
- Awareness of a child's discomfort which may affect learning
- Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child has an odour
- The child/young person's seating arrangements in class
- A system for the child/young person to leave class without disruption to the lesson
- Avoidance of missing the same lesson due to routines
- Implications for PE, including swimming etc e.g. discreet clothing, additional time for changing
- Care plan review arrangements

In some instances, specialist apparatus will need to 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 individuals.

The resulting Intimate Care Plan will be available to the class teacher and member of staff giving the care and not displayed for all to view, thus helping to support the child/young person's dignity. All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with. The Intimate Care Plan should also be uploaded onto Arbor (with restricted access) so PPA teachers, music teachers / staff covering the class are aware of the existence of an Intimate Care Plan so they can be vigilant and aware of the needs of the child.

6. Care Plan Agreements

Where the intimate care needs are not a result of a physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development, parents will be supported to progress toilet training at home and/or referred to specialists who can offer assistance & guidance.

Where the school and parents are working together to develop a child's independence or reduce the amount of educational time being missed as a result of intimate care, the school may feel it is appropriate to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other (see Appendix 2). This will include:

The Parent/Carer:

- 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
- 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 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.

7. 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 all candidates for posts follows the DBS procedure, equal opportunities and employment rights legislation, and with regard to guidance and legislation detailed in Keeping Children Safe in Education and Safer Recruitment in Education
- At least one person on each interview panel must be accredited in safer recruitment
- Candidates should be made fully aware of what will be required and any intimate care requirements should be detailed in their job description before they accept the post, where known in advance
- Enquiries should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical
- No employee can be required to provide intimate care, although they may agree to assist, unless it is detailed in their job description

8. Staff Development

- Staff must receive safeguarding training every year
- Staff must 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
- Whole school staff training should foster a culture of good practice and a whole school approach to intimate care
- It is imperative for the school and individual staff to keep a dated record of all training undertaken

Senior staff members should be able to:

- Ensure that sensitive information about a child is only shared with those who need to know, such as parents and members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe
- Consult parents about arrangements for intimate care
- Ensure staff are aware of all appropriate procedures, Child Protection and Safeguarding 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:

- 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/Safeguarding procedures must be followed

9. Environmental Considerations

Thorn Grove is fortunate to have appropriate space and facilities for intimate care to take place as required by the Disability Discrimination Act 1995 – with both a toilet and disabled changing bed.

If any additional facilities are required, environmental advice pertinent to a child/young person can be gained by contacting the Occupational Therapist who supports the child/young person in the setting.

10. Moving and Handling

Assisting personal care tasks may present challenges for moving and handling. At all times the child/young person's wishes and choices must be considered, but procedures must also take into account the safety of the people who are assisting. Manual handling risks need to be assessed and identified and measures put in place to reduce the risk, as required. This may involve small items of equipment, such as grab rails or steps, or may be more complex equipment such as mobile or ceiling track hoists and electric height adjustable changing benches.

11. Health and Safety

Staff wear a plastic apron and gloves when dealing with a child who is soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a daily/weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Changing areas should be prepared before use and cleaned thoroughly afterwards. Any additional hygiene products required can be ordered from the Premises Officer / Finance Officer and should be stored securely.

12. Safeguarding & Allegations of Abuse

- It is essential that all staff are familiar with the school's Child Protection and Safeguarding Policies and procedures
- 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 misunderstands or misinterprets an action / instruction, the incident should be reported immediately to the designated line manager
- Personnel working in intimate situations with children can feel particularly vulnerable. The school policy can help to reassure both staff involved and the parents of vulnerable children
- Action should 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 and Safeguarding procedures should be followed

APPENDIX 1: INTIMATE CARE PLAN

Name of child:	Date of Birth:
Class:	Male / Female:
Medical Condition (if applicable):	
Description of intimate care needs:	
Name of person (s) to provide intimate care:	
Name of person(s) to provide intimate care if main adult unavailable*:	
Facilities and Equipment Required:	
Who will provide the resources and equipment that will be used:	
Infection control measures:	
Disposal arrangements:	
Staff training needs:	
Important notes (cultural sensitivities, agreed names for parts of body, dignity/discretion measures):	
Curriculum Specific Needs (PE, Trips):	
Ongoing Development - 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:- 1. 2. 3. 4.	
When will the plan be reviewed:	

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 with the child will attend to the child's needs.

SENDCo / Inclusion Leader approval:		Date:	
Parent/Carer:		Date:	

APPENDIX 2: INTIMATE CARE PLAN AGREEMENTS

Name of child:	Date of Birth:
Class:	Male / Female:
Medical Condition (if applicable):	

Care Plan Agreements

Parent / Carer:

- I give consent for my child to be assisted with toileting procedures and / or nappy changing by staff at Thorn Grove Primary School
- I agree to ensure that my 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 and any cleaning wipes / creams
- 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
- I agree to inform the setting/school should my 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 understand that one or possibly two members of staff will be present when my child is assisted
- 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 will encourage progress towards independence targets by allowing the child access to the toilet when they feel they might need it, giving them praise and positive encouragement to support them with learning how to toilet themselves
- We will keep the number of staff involved in changing the child to a minimum in order to maintain dignity
- Key persons will be gentle when changing; they will avoid pulling faces and making negative comment about 'nappy contents'
- We will ensure that the child is treated with respect and dignity when being assisted
- Nappies and 'pull-ups' are disposed of hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home

Signed: (school member of staff)

Name: (school member of staff)

Date: