



FARNWORTH CHURCH OF ENGLAND PRIMARY SCHOOL

INTIMATE CARE POLICY

Recommended by	J. Stillings
Originally approved by	IEB
Original approval date	20.10.11
Current version number	1.3
Current version approved by	Finance, Premises, Health, Safety and Welfare Committee
Current version approval date	17 May 2017
Current version review date	Autumn 2020

CHANGE RECORD FORM

Version	Date of change	Date of release	Changed by	Reason for change



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Related Policies:

This policy is part of a whole school strategy to ensure that all members of our school community are kept safe and that their welfare is a high priority. It should be read in conjunction with the following policies:

Policies	
<ul style="list-style-type: none"> Allegations Against Adults Policy Attendance and Pupil Leave of Absence Children Missing Education Confidentiality Emergency planning Equalities Good Behaviour and Anti-bullying Policy for children missing education Safeguarding Safer Recruitment Policy 	<ul style="list-style-type: none"> Sex and Relationships Education Social Media Staff Behaviour / Code of Conduct Special Educational Needs and Disability Supporting Children with Medical Conditions in School Use of Physical Intervention / Restraint Policy Whistleblowing Policy Working with separated families

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Approved by:	Finance, Premises, Health, Safety and Welfare Committee		Status:	Agreed	
Date of Approval:	17.5.17	Date of Issue	7.6.17	Date of Review	Autumn 2020



1. Background

1.1 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 individuals remain dependent on long-term support for personal care, whilst others progress slowly towards independence.

1.2 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 the families concerned. Difficulties with continence can severely inhibit an individual'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.

1.3 Children with continence problems are a very diverse group. However, broadly speaking, children with continence problems can be divided into the following groups:

1. Late developers

The child may be developing normally but at a slower pace.

2. Children with some development delay

Many more of these children are now in early years and mainstream settings.

3. Children with physical disabilities

e.g. cerebral palsy, spina bifida, obvious physical impairment. Long-term continence development/management plans are likely to be needed.

4. Children with behavioural difficulties

Delayed toilet training may be part of more general emotional/behavioural difficulties.

2. Curriculum guidance for the Foundation stage

2.1 One of the Early Learning Goals in (ELG 5: 'Health and Self Care') is for children to

manage their own basic hygiene and personal needs successfully, including dressing and going to the toilet independently

2.2 Early years practitioners are expected to give particular attention to

Planning for the development of independence skills, particularly for children who are highly dependent upon adult support for personal care

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3. Principles

3.1 Every effort should be made to encourage independence before a child arrives at school.

3.2 Some children achieve independence relatively easily while others may never achieve full independence. Children should not be excluded from everyday educational activities solely because of a manageable condition.

3.3 Educational settings should plan for the development of independence skills, particularly for children who are highly dependent upon adult support for personal care.

3.4 Children should be treated with dignity and respect by carers who are aware of the importance of helping them to develop as far as possible towards independence in personal care.

3.5 There are wide variations in the facilities available in educational settings for carrying out personal care. However, as far as is reasonably practicable, settings should aim to ensure that staff are able to handle children's care needs safely and with dignity.

3.6 Each child's case should be considered individually. Policies which state that no child may be admitted unless they are continent are likely to breach the law.

3.7 Educational settings should aim to develop their ability to cope with the needs of children who are incontinent in line with the Special Educational Needs and Disability Code of Practice: 0 to 25 years (DfE January 2015) and in line with their duties under the Equality Act 2010. They should indicate the ways in which they plan to meet the needs of these children as far as is reasonably practicable.

3.8 Information should be available for parents about facilities, staffing issues and access for children with disabilities.

3.9 Settings should have admission procedures which include questions relating to personal care needs.

3.10 Before admitting a child who has a continence problem, educational settings should draw up a continence care plan agreed by the setting, parents/carers and colleagues from the School Health Service. The child should also be consulted, if appropriate, as well as the staff involved in carrying out the care. The plan should include information about when and where the child will be cared for, and the practices to be used if necessary. It should specify the people who will be carrying out the care duties. Parents should be informed if there is a change of staff. It should include reference to a care diary if the setting decides that this is needed. The continence care plan should be signed by all involved in drawing it up, and must include parental consent and a review date.

3.11 Staff carrying out care responsibilities are required to follow the procedures specified in the basic hygiene precautions to be taken when dealing with pupils with bladder and bowel problems (Appendix 3).

3.12 Any moving and handling that is necessary should be carried out in accordance with LA guidelines.

3.13 The setting should ensure that staff have appropriate information and training, including regular review of procedure and practice.

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3.14 Systems of care should be implemented that

- Preserve the dignity and independence of the child or young person and avoid the risk of ridicule or bullying from peers and staff;
- Carry out the continence treatment of management plan as agreed in the assessment;
- Enable good pathways of communication from child or young person to the school-based carer, the multi-disciplinary team and the parent or carer;
- Provide adequately trained school-based care staff.

3.15 The school believes the following to be reasonable steps to safeguard children and to maintain a child's dignity whilst acknowledging professionals' fear about allegations of abuse:

- Inform a colleague when a child needs to be taken to the toilet.
- Make a record of each occasion, including time and duration.
- Consideration should be given to providing intimate care to children of the opposite sex. In considering this issue, attention should be paid to the age of the child, his/her wishes and feelings, any expressed parental directions along with the wishes and feeling of the member of staff concerned.

4. Practice

4.1 Written permission to give intimate care must be obtained from the parent/carer using appendix 1. Children's Social Care must be informed for children who are on the child protection register.

4.2 Staff will use appropriate protective equipment e.g. gloves.

4.3 Parents will supply the necessary change of clothing.

4.4 Children should be changed by one adult to protect the child's dignity and encourage them to become independent. Another adult must be informed before the child is helped to change.

4.5 The occasion must be recorded in the Pro-forma in appendix 2 and the parent must be informed.

4.6 Any child protection concerns should follow the normal routes. (See Safeguarding policy).

5. Monitoring and Evaluation of the Policy

The policy will be reviewed every three years by the Governing Body.

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Appendix 1

Parental Permission for Intimate Care

I give permission forto receive intimate care (for example helping with changing or following toileting) should the need arise.

Staff with responsibility for intimate care are:

I understand the above named staff are doing this on a voluntary basis and will endeavour to encourage my child to achieve independence in this area with dignity and respect.

I will provide the necessary change of clothes.

I understand I will be informed discretely on each occasion this happens.

Signed:

Parent / Carer of:

Date:

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Appendix 3

BASIC HYGIENE PRECAUTIONS

- Wash hands prior to giving support
- Wear gloves/apron if necessary
- Use baby wipes if necessary
- Dispose of non-flushable items via medical waste bin.
- Wash hands after supporting child with incontinence.

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