

Intimate Care Policy

SLATED ROW SCHOOL

Headteacher: Mr J Budd

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1. INTRODUCTION

This policy applies to everyone involved in the intimate care of children regardless of their position within the school.

These guidelines should be read in conjunction with other policies including:

- Accessibility Policy
- Child Protection Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Administration and Storage of Medication Policy
- Physical Intervention Policy
- Meeting the Medical Needs of Pupils Policy
- Anti-bullying policy

In the rest of this document the term child/children will be used to refer to children and young people. The term parent/s is used to refer to parents, carers and legal guardians. The term school includes all Early Years settings. Post 16 pupils based at our school also follow this system of good practice.

Slated Row 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. These guidelines on Intimate Care aim to protect both those being cared for, and the staff providing the care.

Dependency on a wide network of carers and other adults is the everyday experience of some disabled children in order that their medical and intimate care needs such as bathing and toileting can be met. The large number of adults involved and the nature of the care needs, increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries.

We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible. (Appendix 1-3). Statutory guidance (*Working Together to Safeguard Children 2013*) requires the development of local guidelines and training for staff on good practice in intimate care for disabled children. This document meets this statutory requirement and is also applicable to children without disabilities.

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.



2. LEGISLATION / STATUTORY GUIDANCE THAT INFORM THIS POLICY

- Children Act 1989
- Childcare Act 2006
- Health and Safety at Work Act 1974
- Equality Act 2010
- S.175 / S.57 Education Act 2002 (local authorities, governing bodies of maintained schools and institutions in the further education sector)
- Education (Independent School Standards) (England) Regulations 2010
- Children Act 2004
- [Dealing with Allegations of Abuse](#) (Statutory Guidance)
- London Child Protection Procedures: [Chapter 15](#)
- Working Together to Safeguard Children 2013

3. DEFINITION

Our definition of Intimate Care is any personal care activity a child would normally be able to do for him/herself which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

4. BEST PRACTICE PRINCIPLES

4.1 The management of all children with intimate care needs will be carefully planned.

4.2 Prior permission must be obtained from parents before intimate care procedures are undertaken (see Appendix 2). This may include Health Care plans and any other plans which identify the support of intimate care where appropriate.

4.3 The most appropriate environment (this is usually the changing room, medical room or adapted areas of specified toilets) should be selected to ensure privacy and dignity at all times. Care should always be undertaken with tact, sensitivity and in an unhurried manner. Whenever possible, gloves should be worn.

4.4 If washing is required, always use a disposable cloth or baby wipe and, where possible, encourage the child to attempt to wash private parts themselves. Emphasis should be on staff providing the minimum level of assistance and intervention, compatible with the particular circumstances and the child's needs.



4.5 Parents who have children wearing nappies will be asked to supply appropriately sized nappies and wipes. The school will supply gloves and disposal bags. We also require parents to supply specialist swimwear designed to promote hygiene in the swimming pool.

4.6 The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Each child's right to privacy will be respected.

4.7 Staff who provide intimate care are trained to do so (including Child Protection) and are fully aware of best practice.

4.8 Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from the Physiotherapist/ Occupational Therapist.

4.9 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.

4.10 Individual intimate care plans will be drawn up for particular children as felt appropriate to suit the circumstances of the child.

4.11 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.

4.12 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 adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

4.13 Wherever possible staff should only care intimately for older/more aware pupils of the same sex. Male staff will not be asked to carry out intimate care procedures on female pupils. However, in the case of younger pupils and older boys with more significant learning difficulties female staff will assist in their needs as the majority of staff are female and this is the only practical option.

4.14 Intimate care arrangements will be discussed with parents/carers as appropriate and recorded on the child's care plan if there is one.

4.15 The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation (appendix 2).



Dealing with toilet accidents

Accidents and unexpected soiling will sometimes occur. On these occasions there may not be a personalised care plan in place or prior parental authorisation. Children, parents and staff all have responsibilities linked to this issue:

- Children must be taught strategies to make their need for the toilet clear either verbally or using a sign or symbol.
- Staff who have children on toilet training programmes must ensure that relevant staff beyond the immediate class team are aware and competent in maintaining programme consistency.
- Staff will ensure that all children have regular opportunities and encouragement to go to the toilet at suitable times during the day.
- All staff will ensure that any soiling incidents are dealt with quietly and respectfully to avoid any embarrassment for the child.
- Parents must keep children who are unwell away from school to reduce the chance of stomach bugs from spreading. They must also come to the school as quickly as possible to care for their child who has become unwell.

Please see Toilet Training Chart – Appendix 3.

5. THE PROTECTION OF CHILDREN

5.1 Milton Keynes Child Protection Procedures, and Working Together Statutory Guidance will be accessible to staff and will be adhered to.

5.2 All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.

5.3 In the case of Primary School pupils it will usually be a female member of staff to cater for children of both sexes. In the Secondary part of the school discretion will be used to ensure that boys who have a higher level of awareness and ability are only dealt with by male staff wherever possible. Boys with more severe learning difficulties and lower privacy awareness will be dealt with by known and trusted members of staff who may be female. Male staff will deal with boys but not girls of any age.

5.4 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 nominated child protection co-ordinator.

5.5 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.



5.6 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.

5.7 If a child makes an allegation against a member of staff, Child Protection/ Managing Allegations procedures will be followed.

5.8 All staff will be required to confirm that they have read this Policy and other policies the school may hold for clarification of practices and procedures.

6. WORKING WITH PARENTS

6.1 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.

6.2 Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met including Health Care plans and any other plans that identify the support of intimate care.

6.3 Exchanging information with parents is essential through personal contact, telephone or correspondence.



7. WRITING AN INTIMATE CARE PLAN

7.1 Where an intimate care plan is required this 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.

7.2 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.
- Who will substitute in the absence of the appointed person.
- Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if the child has an odour.

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.

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



8. LINKS WITH OTHER AGENCIES

8.1 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.

8.2 It is recommended good practice for the school nurse to be informed of all children requiring intimate care.

9. PUPIL VOICE

9.1 Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.

9.2 Agree appropriate terminology for private parts of the body and functions to be used by staff.

9.3 It may be possible to determine a child's wishes by observation of reactions to the intimate care.

9.4 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.

9.5 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, AAC body movements and eye pointing.

9.6 To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in any agreed Intimate Care Plan.



10. RECRUITMENT

10.1 Parents must feel confident that relevant staff have been carefully vetted and trained, helping to avoid potentially stressful areas of anxiety and conflict.

10.2 Recruitment and selection of candidates for posts involving intimate care should be made following the usual Enhanced Criminal Records Bureau checks, equal opportunities and employment rights legislation.

10.3 Candidates must be made fully aware of what will be required and detailed in their job description before accepting the post.

10.4 Enquires 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.

10.5 Where possible, pupils may be involved in the recruitment process, dependent on their age and ability to understand.

10.6 It is recommended that candidates have an opportunity to meet the child with whom they will be working.

10.7 Wherever possible, staff should work with children of the same sex in providing intimate care, especially for senior pupils respecting their personal dignity at all times.

10.8 Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.

10.9 Intimate care can only be provided in school and foundation stage settings by those who have been appropriately trained and have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements.



11. STAFF DEVELOPMENT

- 11.1 Staff must receive Child Protection training every year.
- 11.2 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.
- 11.3 Where appropriate staff must receive Moving and Handling training at regular intervals.
- 11.4 Newly appointed staff should be closely supervised until completion of a successful probationary period.
- 11.5 Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.
- 11.6 It is imperative for the school and individual staff to keep a dated record of all training undertaken.
- 11.7 The following guidelines should be used in training senior staff and those identified to support intimate care. Senior staff members should be able to:
- 1) 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.
 - 2) Consult parents about arrangements for intimate care.
 - 3) Ensure staff are aware of the set procedures, the Child Protection Policy & Health & Safety Policy etc.
 - 4) 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.
 - 5) Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
 - 6) Ensure staff know of a whole school approach to intimate care.
 - 7) Wherever possible, avoid using staff involved in intimate care, in the delivery of sex education, as an additional safeguard to both staff and children involved. In addition identified staff members should be able to;
 - i. Access other procedures and policies regarding the welfare of the child e.g. Child Protection.
 - ii. Identify and use a communication system that the child is most comfortable with.
 - iii. 'Read' messages a young child is trying to convey.
 - iv. Communicate with and involve the child in the intimate care process.
 - v. Offer choices, wherever possible.



- vi. Develop, where possible, greater independence with the procedure of intimate care.
- vii. 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.

12. ENVIRONMENTAL ADVICE

12.1 When children need intimate care facilities, reasonable adjustments will need to be made. Where a purpose built toilet is not available, the use of a screen to make the area private is acceptable.

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

12.3 Additional considerations may include:

- Facilities with hot & cold running water.
- Protective clothing including disposable protective gloves - provided by the school.
- Labelled bins for the disposal of wet & soiled nappies/pads (soiled items being 'double bagged' before being placed in bin).
- Waste for incineration (e.g. needles, catheters etc.) -**contact Milton Keynes Hospital for further details.**
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash etc.
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes.
- Changing mat or changing bench.
- An effective system should be identified to alert staff for help in emergency.

13. INVASIVE PROCEDURES

13.1 It is recommended that two adults are present when invasive procedures are performed unless the parents have agreed to the presence of one adult only. Whilst this may be seen as providing protection against a possible allegation against a member of staff, it further erodes the privacy of the child.

13.2 Schools should make arrangements to ensure that there is always a member of staff nearby when intimate care takes place.



14. 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 to the child at all times.

14.1 It is essential that all staff are familiar with the school's Child Protection Policy and Procedures, Working Together 2013 and the [Milton Keynes Council Protection Procedures](#) and local procedures for Managing Allegations Against Staff.

14.2 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.

14.3 If a child is hurt accidentally he or she should be immediately reassured and the staff member should check that he or she is safe and the incident reported immediately to the nominated Child protection Co-ordinator.

14.4 If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the Nominated Child Protection Co-ordinator.

15. ALLEGATIONS OF ABUSE

All staff 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.

15.1 Action should be taken immediately should there be a discrepancy of reports between a child and the personal staff assistant, particularly with reference to time spent alone together.

15.2 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.

15.3 Where there is an allegation of abuse, the guidelines in the [Milton Keynes Council Managing Allegations Child Protection Procedures](#) should be followed.



16. TOILETING PROCEDURES

16.1 If the intimate care agreement has been agreed and signed by parents, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child.

16.2 The staff involved in the intimate care/toileting should consider the following;

- Location of the plan for reference, ensuring discretion and confidentiality.
- Location of recording procedures, ensuring discretion and confidentiality.
- Necessary equipment & waste disposal – see environmental advice.
- Clear labelling of equipment and procedures e.g. wipe table after use.

17. HEALTH AND SAFETY ISSUES

Barrier materials will always be used e.g. disposable gloves. Appropriate Lifting and Handling Procedures will be followed when necessary.

APPENDIX 2

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

Dear Parent/Carer

I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached Policy to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out 'intimate care' procedures when necessary.

Yours sincerely,

Mr J D Budd
Headteacher



I have read a copy of the School's 'Intimate Care Policy.'

I agree to the school carrying out 'intimate care' on my son/daughter when necessary.

Signed: _____

Name: _____

Name of child: _____

Date: _____

Appendix 3:

Week Beginning:

Name:

Time	Staff	Mon		Time	Staff	Tues		Time	Staff	Wed		Time	Staff	Thurs		Time	Staff	Fri	

Specify current routine and any changes necessary as result of record evaluation:

Toilet Training Chart: W=wet S=soiled D=dry U=urinated B=bowels open

Appendix 4: Toileting plan discussion with parents/carers

Record of discussion with parents/carers

Pupil's name:..... DoB..... Date of meeting:.....

Persons present.....

	Details	Action
Working towards independence E.g. taking pupil to toilet at timed intervals, rewards		
Arrangements for nappy changing E.g. who, where, privacy		
Level of assistance needed E.g. undressing, hand washing, dressing		
Moving and handling needs E.g. equipment, training needs, hoisting equipment		

<p>Infection control</p> <p>E.g. wearing gloves, nappy disposal</p>		
<p>Sharing information</p> <p>E.g. nappy rash, infection, family/cultural customs</p>		
<p>Resources needed</p> <p>E.g. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves</p>		
<p>Other</p>		

Appendix 5: Intimate care checklist (can be used as preparation for plan)

Planning for intimate care

Pupil's name:..... DoB.....

	Discussion	Actions
<p>Facilities</p> <p>Suitable toilet identified?</p> <p>Adaptations required?</p> <ul style="list-style-type: none"> • Changing table/bed • Grab rails • Step • Locker for supplies • Hot and cold water • Lever taps • Mirror at suitable height • Disposal unit/bin • Hoist • Other moving and handling equipment • Emergency alarm • Other 		
<p>Family provided supplies</p> <ul style="list-style-type: none"> • Nappies/pads • Catheters • Wipes • Spare clothes • Other 		
<p>School provided supplies</p> <ul style="list-style-type: none"> • Toilet rolls • Antiseptic cleanser • Cloths/paper towels • Soap • Disposable gloves/aprons • Disposal sacks • Urine bottles • Bowl/bucket • Milton/sterilising fluid • Other 		

<p>Good practice</p> <ul style="list-style-type: none"> • Advice sought from Health professionals? • Moving and Handling Co-ordinator? • Parent/carer views • Pupil's views • How does child communicate? • Agree use of language to be used • Preferences for gender of carer • Training required for staff? • Awareness raising for all staff • Other 		
<p>PE issues</p> <ul style="list-style-type: none"> • Discreet clothing required? • Privacy for changing? • Other <p>Specific advice for swimming</p> <ul style="list-style-type: none"> • From parents/carers • From Health professionals • Manual Handling Co-ordinator 		
<p>Support</p> <p>Designated staff</p> <p>Back-up staff</p> <p>Training for back-up staff</p> <p>Transport</p> <p>School visits</p> <p>After school clubs</p> <p>Toilet management/intimate care plan to be prepared</p> <ul style="list-style-type: none"> • By whom • When • To be reviewed when 		