

# HARLOW GREEN COMMUNITY PRIMARY SCHOOL



## Intimate Care Policy

2020-2023



This policy links to articles: 16 & 23

# Intimate Care Policy

## 1. Aims

Our school community (children, staff, parents and governors) aims to:

- Learn and grow together within a safe, caring and happy environment
- Continually encourage achievement in all aspects of school life
- Motivate all children with a broad and challenging curriculum
- Treat everyone with honesty and respect
- Ensure opportunities for all

## 2. Introduction

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. Please note: The term parent/s is used to refer to parents, carers and legal guardians.

## 3. Definition of Intimate Care

Intimate care is any care which involves washing, helping with 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 of this document and associated guidance are;

- To provide guidance and reassurance to staff and parent/s
- 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

It is essential that every child is treated as an individual and that care is given as gently and sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position. Given the right approach, intimate care can provide opportunities to teach children about the value of their own bodies, to develop their safety skills and to enhance their self-esteem. Parents and staff should be aware that matters

concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

## **5. 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.

Written permission will be obtained from parents as part of starting school. This will be kept on record to ensure that it is clear that any child, whether it be due to regular need or in an emergency, can be changed quickly in order to minimise the impact on their safety and dignity.

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 Education Health Care Plans (EHCP) 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.

## **6. 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.
- 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 P.E. 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.

## **7. 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 well-being 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.

## **8. Pupil Voice**

Harlow Green Community 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.

## **9. 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.

The gender of the staff who work with children for intimate care is irrelevant but due to the nature of the school and the young children, it will be female staff who will provide this support. 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.

## **10. Staff Professional Development**

To ensure that staff are able to fulfil their role effectively:

- Staff will receive training in good working practices which comply with Health, Safety and Well Being policy requirements when available.
- All staff will receive Annual Child Protection training.
- 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 annually.
- 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.

## **11. 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 & 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 '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
- Changing mat or changing bench
- An effective system should be identified to alert staff for help in emergency

## **12. Invasive Procedures**

Two adults will be 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. School will ensure that there is always a member of staff nearby when intimate care takes place.

### **13. 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 manager/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.

### **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. 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 child protection manager.

### **15. Allegations of abuse**

Personnel working in intimate situations with children can feel particularly vulnerable. This 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.

## **16. Toileting Procedures**

If the toilet management plan has been agreed and signed by parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child.

The plan will consider the following;

- Location of the plan for reference, ensuring discretion and confidentiality will be kept in a secure place.
- Location of recording procedures, ensuring discretion and confidentiality will be kept in a secure place.
- Necessary equipment & waste disposal – see environmental
- Clear labelling of equipment and procedures will be displayed e.g. Wipe table after use
- Racial Equality & 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. Harlow Green Community 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

## **17. Relevant Policies**

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

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

## **Further Guidance**

- Child Protection Procedures – Multi agency ‘Working Together to Safeguard Children’,
- Safeguarding Children in Education: Ref Dfes /0027/2004
- [www.teachernet.gov.uk/childprotection/guidance.htm](http://www.teachernet.gov.uk/childprotection/guidance.htm)
- DfES Supporting Pupils with Medical Needs
- [www.teachernet.gov.uk/wholeschool/healthandsafety](http://www.teachernet.gov.uk/wholeschool/healthandsafety)
- Protecting Children from Abuse: The Role of the Education Service
- [www.dfes.gov.uk/publications/guidanceonthelaw/](http://www.dfes.gov.uk/publications/guidanceonthelaw/)
- DfES Access to Education for Children and Young People with Medical Needs. Ref: DfES 0732/2001
- [www.dfes.gov.uk/sickchildren/](http://www.dfes.gov.uk/sickchildren/)
- Disability Rights Commission
- [www.drc-gb.org](http://www.drc-gb.org)
- Every Child Matters
- [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

## **Appendices**

Appendix 1 Record of Agencies involved

Appendix 2 Record of Intimate Care Intervention

Appendix 3 Permission form for the Provision of Care



**APPENDIX 1**

**RECORD OF AGENCIES INVOLVED**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_

Address/phone/email: \_\_\_\_\_

School Nurse/ Health visitor: \_\_\_\_\_

Continence Advisor: \_\_\_\_\_

Physiotherapist: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_

Hospital Consultant: \_\_\_\_\_

GP: \_\_\_\_\_

EP: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Any other agencies: \_\_\_\_\_

**APPENDIX 2**

**INDIVIDUAL RECORD OF INTIMATE CARE INTERVENTION**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Names of Support Staff Involved: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Procedure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_

Second Signature: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

### APPENDIX 3

#### PERMISSION FORM FOR THE PROVISION OF CARE

(To be filled out before starting Early Years)

Dear Parent/ Carer,

If a child wets or soils themselves while they are at school, it is important that measures are taken to have them changed (and if necessary cleaned) as quickly as possible. Our staff are experienced and trained at carrying out this task if you wish them to do so, or if preferred, the school can contact you or your emergency contact who will be asked to attend without delay.

Harlow Green Community Primary school has an Intimate Care Policy which is available to view on our school website, or feel free to ask for a copy from the main office.

Please complete the permission slip below stating your preference.

Yours sincerely

Mr M Malik  
Head Teacher

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Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

**Please tick as appropriate**

**I give consent for my child to be changed and cleaned by a member of staff if they wet/soil themselves whilst in the care of Harlow Green Community Primary School.**

**I do not give consent for my child to be changed and cleaned by a member of staff if they wet/soil themselves. The school will contact my emergency contact and I will organise for my child to be cleaned and changed. I understand that in the event that I (or the emergency contact) cannot be contacted the staff will act appropriately and may need to come into some level of physical contact in order to aid the child.**

Signature of Parent/ Carer: \_\_\_\_\_ Date: \_\_\_\_\_