



St. John's C of E Primary School

Intimate Care Policy

School Policy	Prepared by subject leader S Clemence
School Staff were consulted on this document	Autumn 2023
It was adopted by the Full Governing Body	Autumn 2023
To be reviewed	Autumn 2024 To be attached to Inclusions Policy

Our Vision

Learn Together • Achieve Together • Celebrate Together
"and let your light shine." Matthew 5:16

Our Mission Statement

To enable all children to achieve their true potential in a caring Christian community.

Our Values

Respect • Responsibility • Kindness • Truthfulness • Perseverance

1. Introduction

Staff who work with young children or children/young people who have special educational needs or disabilities (SEND) will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

The Intimate Care Policy and Guidelines applies to everyone involved in the intimate care of children at St John's. This policy should be read in conjunction with other policies held by the school including Child Protection Policy, Health and Safety Policy, Inclusion Policy, Touch Policy, Safer Recruitment Policy, Equalities Policy and Code of Conduct.

2. Aims

All children have a right to be safe, to be treated with courtesy, dignity and respect. They have the right to feel safe and secure and be treated with a professional approach.

- To ensure that all pupils with continence difficulties are not discriminated against in line with the Equality Act 2010.
- To provide guidance and reassurance for staff.
- To provide help and support in pupils becoming fully independent or to achieve the highest level of autonomy that is possible for their given age and abilities.
- To treat continence issues with sensitivity in order to maintain the self-esteem of the child.
- To work with parents/carers to create a suitable care plan where necessary.
- To ensure that staff involved in intimate care work within guidelines that protect themselves and the pupils involved.

3. Definition of Intimate care

Intimate Care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.

4. Our Approach to Best Practice

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Such behaviour is open to scrutiny and staff at St John's work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

St John's C of E Primary 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. St John's C of E Primary School recognises 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 or pain. Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will 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 individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved

in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle children 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 themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult.

Wherever possible the same child will not be cared for by the same adult on a regular basis; where possible there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parent/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints, e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

5. The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of 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. A clear record of the concern will be completed and referred to social care and/or the Police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

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.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated 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.

6. Care Plans

Where a pupil has 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 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 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 by the experience or if the staff member notices marks or injuries;
- Training requirements for staff;
- Arrangements for school trips and outings;
- Care plan review arrangements.

7. 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;
- 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 how often the child would be changed if 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;
- agree to ensure sensitive information about a child is only shared with those who need to know;
- 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. These plans include a full risk assessment to address issues such as moving and handling, personal safety and health of the child and the carer.

8. Personal Care Procedures

The staff at St John's 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.'

9. 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.

10. Monitoring and Review

The SENCo will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families. It is the SENCo's responsibility to ensure that all practitioners follow the school policy.

Any concerns that staff have about child protection issues will be reported to the Designated Safeguarding Lead (DSL) for further referral if appropriate. This policy runs alongside other school policies.

APPENDIX A
School Intimate Care Plan

Name of child:	
Name of staff member(s) to change child:	
Name of person to change child if main adult(s) unavailable:	
Where changing will take place:	
What resources and equipment will be needed:	
Who will provide resources and equipment:	
Training requirements for all staff:	
Disposal of waste products:	
Infection control measures:	
Special arrangements for trips:	
Date of Plan:	
Review date of Plan:	
Review comments:	

If the child is unduly distressed staff will contact parent/carer.

Signed SENCo

Signed Parent

APPENDIX B
School 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.
- 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: (Staff Member)

Date:

APPENDIX C

School Personal Care Procedures

The staff at St John's C of E Primary School 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 e.g. 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

School 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 (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.