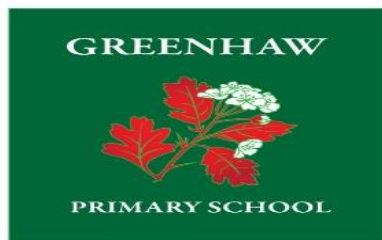


# **Greenhaw Primary & Nursery School**



## **INTIMATE CARE POLICY**

Date approved by Board of Governors: February 2022

Review Due: February 2023

## **Intimate Care Policy**

The Intimate Care policy has been developed in line with the DE/EA guidance on the Intimate Care Policy and Guidelines regarding children.

### **Introduction**

Greenhaw Primary & Nursery 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.*

### **Definition of Intimate Care**

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Intimate care may involve washing, touching 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.

Intimate care may also involve help with drinking, eating, dressing, menstrual care, supervision of a child involved in intimate self-care 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**

The aims of this document and associated guidance are;

- To provide 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 child's individual needs and concerns are taken into account

## **Principles**

This document embraces the principles of The Children (N.I.) Order 1995, Cooperating to Safeguard Children 2003 and The Area Child Protection Committees' Regional Policy and Procedures 2005.

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to information and support that will enable him or her to make informed and appropriate choices
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
- Every child (and parent) has the right to information and procedures for any complaint or queries he or she may have regarding intimate care

## **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child's welfare and dignity is of paramount importance. Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities are to be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

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

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. 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 trained adult, unless there is a sound reason for having more adults present. If this is the case, the reasons will be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's intimate care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

## **Working with Parents**

Partnership with parents is an important principle in any school 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. Prior permission must be obtained from parents before Intimate care procedures are carried out (see appendix 7). 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 Individual Education Plans (IEPs), Health Care Plans and any other plans which identify the need for intimate care where appropriate. Exchanging information with parents is essential through face-to-face contact, telephone or written 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.

## **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 PE 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 medical services. A procedure will also be included to explain how concerns arising from the intimate care process will be dealt with (e.g. School's Complaint's Policy).

### **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.

### **Pupil Voice**

Greenhaw Primary & Nursery 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/carers 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.

### **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, AccessNI checks, equal opportunities and employment rights legislation.

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

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

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.

## **Staff Professional Development**

- Staff will receive training in working practices which comply with Health & Safety.
- All staff will receive Safeguarding/Child Protection training as part of Whole School 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 where appropriate.
- Newly appointed staff will be closely supervised until completion of a successful probationary period.
- The school will keep a dated record of all training undertaken.
- 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

In addition identified staff members should be able to;

- Access other procedures and policies regarding the welfare of the child e.g. Child Protection Policy
- 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

## **Environmental**

Where children have a long - term incontinence or a disability requiring regular intimate care, the school may 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
- 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

## **The Protection of Children**

The School's Child Protection/Safeguarding Policy will be adhered to. If a member of staff has any concerns about changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Teacher for child protection. Further advice will be sought from outside agencies if necessary. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

## **Vulnerability to abuse**

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. 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 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.

## **Toileting Procedures (see appendix 4)**

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

The plan will 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.
- Clear labelling of equipment and procedures will be displayed e.g. Wipe table after use.

### **Relevant Policies**

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

- Child Protection/Safeguarding Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Safe Handling Policy
- The Administration of Medicines in Schools
- Staff Code of Conduct
- Anti-bullying policy

### **Further Guidance**

Regional Intimate Care Policy and Guidelines Regarding Children.  
Area Child Protection Committee's Regional Policy and Procedures April 2005.

### **Appendixes**

Appendix 1 Record of Agencies involved  
Appendix 2 Record of Intimate Care Intervention  
Appendix 3 Working Towards Independence record  
Appendix 4 Toilet Management Plan  
Appendix 5 Agreement Between Child And Personal Assistant  
Appendix 6 Permission For Schools To Provide Intimate Care



## **APPENDIX 1**

### **RECORD OF AGENCIES INVOLVED**

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

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

Address: \_\_\_\_\_

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

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

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

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

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

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

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

Physical/Sensory Service: \_\_\_\_\_

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

Others: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPENDIX 2

### RECORD OF INTIMATE CARE INTERVENTION

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

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

Name of support  
staff involved: \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature(s): \_\_\_\_\_

\_\_\_\_\_

## **APPENDIX 3**

### **WORKING TOWARDS INDEPENDENCE PLAN**

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

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

Date of Plan: \_\_\_\_\_

Name of support  
staff involved: \_\_\_\_\_

I can do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will try to do: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review date: \_\_\_\_\_

Parents/Carer: \_\_\_\_\_

Child (if appropriate): \_\_\_\_\_

Personal Assistant: \_\_\_\_\_

Senior Management/  
SENCO: \_\_\_\_\_

## APPENDIX 4

### TOILET MANAGEMENT PLAN

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

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

Date of Plan: \_\_\_\_\_

Name of support  
staff involved: \_\_\_\_\_

Area of need: \_\_\_\_\_

Equipment required: \_\_\_\_\_

Location of suitable  
toilet facilities: \_\_\_\_\_

Support required: \_\_\_\_\_

Frequency of support: \_\_\_\_\_

Signed:

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

SENCO: \_\_\_\_\_

## APPENDIX 5

### AGREEMENT BETWEEN CHILD AND PERSONAL ASSISTANT

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

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

Personal Assistant's Name: \_\_\_\_\_

Date of Agreement: \_\_\_\_\_

#### **Personal Assistant**

As the Personal Assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stop what I am doing to help you
- I will avoid all unnecessary delays
- I will treat you with respect and ensure privacy and dignity at all times
- I will ask permission before touching you or your clothing
- I will check that you are as comfortable as possible, both physically and emotionally
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

#### **Child**

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me
- I will try to use the toilet at break time or at the agreed times
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed

• I may talk to other trusted people about how you help me. They too will let you know what I would like to change

• We will review this agreement on: \_\_\_\_\_

• Child (if appropriate): \_\_\_\_\_

• Parent/Carer: \_\_\_\_\_

• Personal Assistant: \_\_\_\_\_

## **APPENDIX 6**

### **PERMISSION FOR GREENHAW PRIMARY & NURSERY SCHOOL TO PROVIDE INTIMATE CARE**

I understand that;

• I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing, toileting, administering medication.

• I will advise the Principal of any medical complaint my child may have which affects issues of intimate care.

Name: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

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

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

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

Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Number(s): \_\_\_\_\_