



**To Be Ratified Nov 23**

**Our mission: Valuing Potential; Creating Opportunities**

**HARTSBOURNE PRIMARY SCHOOL  
INTIMATE CARE POLICY**

**(To be read in conjunction with the Accessibility Policy, Administration of Medicines, Behaviour Policy, Child Protection Policy, Health & Safety Policy, Moving and Handling Policy, Physical Intervention Policy, SEND Policy)**

DATE OF POLICY	SEPTEMBER 2023	DATE OF NEXT REVIEW	SEPTEMBER 2025
MONITORED BY	SENCO AND SLT	Full Governing Body	

**RATIONALE**

Hartsbourne 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. 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.

**Definition**

Intimate care is any care 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, support with the changing of sanitary protection 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).

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment.

**Principles**

Every child has the right to:

- o Feel safe and secure.
- o Be treated as an individual.
- o Remain healthy.
- o Privacy, dignity and a professional approach from all staff when meeting his or her needs.
- o Information and support that will enable him/her to make informed and appropriate choices.
- o Be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- o Information and procedures for any complaint or queries he or she may have regarding intimate care.



## **AIMS AND APPROACHES TO GOOD PRACTICE**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and any courses specific to need) and are fully aware of best practice. Suitable equipment and facilities will 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/her 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.

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 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.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's 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.

### **Child Protection**

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 via CPOMS to the appropriate 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. As far as practicable, 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 (see Child Protection Policy for details). All staff providing intimate care for children will be required to confirm that they have read the policy and guidance for staff and of the need to refer to other policies the school may hold for clarification of practices and procedures.

### **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. Information to help make the process of intimate care as comfortable as possible will be sought from parents, including knowledge and understanding of any religious/cultural sensitivity.

Prior permission will be obtained from parents before intimate care procedures are carried out.

Parents will be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Personal Provision Maps (PPM's), Health Care plans and any other plans that identify the support of intimate care.

The school will exchange information with parents through personal contact, telephone or correspondence. However information concerning intimate care procedures will not be recorded in home/school books as they may contain confidential information that could be accessed by people other than the parent and staff member.



## **POLICY GUIDANCE**

### **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;

#### **Whole school implications:**

- o The importance of working towards independence for the pupil.
- o Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming, etc.
- o Consideration of a TA substitute in the absence of the appointed person.
- o Strategies for dealing with pressure from peers.e.g. teasing/bullying, patronizing.

#### **Classroom management:**

- o The child's seating arrangements in class.
- o A system for the child to leave class without disruption to the lesson.
- o Avoidance of missing the same lesson all year due to medical routines.
- o Awareness of a child's discomfort which may affect learning.
- o Implications for PE e.g. discreet clothing, additional time for changing.

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 should also be included to explain how concerns arising from the intimate care process will be dealt with.

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

## **PUPIL VOICE**

The following principles will be implemented whenever possible:

- o Allow the child, subject to age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.
- o Agree appropriate terminology for private parts of the body and functions to be used by staff.
- o It may be possible to determine a child's wishes by observation of reactions to the intimate care.
- o 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.
- o 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.



- o Communication methods may include words, signs, symbols, body movements and eye pointing.
- o To ensure effective communication with the child, staff should 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. The following principles will be implemented:

- o Recruitment and selection of candidates for posts involving intimate care should be made following the usual Criminal Records Bureau checks, equal opportunities and employment rights legislation.
- o Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.
- o 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.
- o It is recommended that candidates have an opportunity to meet the child with whom they will be working.
- o Wherever possible, staff should work with children of the same sex in providing intimate care respecting their personal dignity at all times.
- o Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.

NB: No employee can be required to provide intimate care. Intimate care can only be provided in school and foundation stage settings by those who have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements.

## **STAFF DEVELOPMENT**

Whole school staff training should foster a culture of good practice and a whole school approach to intimate care. It is imperative for the school and individual staff to keep a dated record of all training undertaken.

Wherever possible, avoid using staff who are involved in intimate care, in the delivery of sex education, as an additional safeguard to both staff and children involved.

The following guidelines should be used in training senior staff and those identified to support intimate care.

### **Staff should receive training in good working practices which address the following:**

- o Hertfordshire's Health & Safety and Well Being policy requirements
- o Child Protection training (every 3 years).
- o The specific types of intimate care that they carry out.
- o An understanding of the intimate care policy and guidelines within the context of their work.



- o Newly appointed staff should be closely supervised until completion of a successful probationary period.

**Senior staff members should:**

- o Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
- o Consult parents about arrangements for intimate care.
- o Ensure staff are aware of the set procedures and policies of the school.
- o Ensure staff understand the needs of specific groups of pupils (eg refugee children) and seek specialist advice when necessary.
- o Ensure staff know who to ask for advice if they are unsure/uncomfortable about a situation.

**In addition identified staff members should be able to;**

- o Access other procedures and policies regarding the welfare of the child e.g. Child Protection.
- o Identify and use a communication system that the child is most comfortable with.
- o 'Read' messages a young child is trying to convey.
- o Communicate with and involve the child in the intimate care process.
- o Offer appropriate choices, wherever possible.
- o Develop, where possible, greater independence with the procedure of intimate care
- o 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.

## **MANAGING THE SCHOOL ENVIRONMENT**

When children need intimate care facilities, reasonable adjustments will need to be made. Not every school has a purpose built toilet but the use of a screen to make the area private is acceptable. 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.

**Additional considerations may include:**

- o Facilities with hot and cold running water.
- o Protective clothing including disposable protective gloves - provided by the school
- o Labelled bins for the disposal of wet/soiled nappies/pads (soiled items will be 'double bagged').
- o Waste for incineration (e.g. needles, catheters etc) go in the yellow bin in the school office.
- o Supplies of cleaning materials eg: anti-bacterial spray/hand-wash, sterilising fluid.
- o Supplies of appropriate clean clothing, nappies, disposal bags and wipes.
- o Changing mat or changing bench.
- o An effective system should be identified to alert staff for help in emergency.

## **INVASIVE PROCEDURES**

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 providing protection against a possible allegation against a member of staff, it could be interpreted as eroding the privacy of the



child. Therefore, schools should make arrangements to ensure that there is always a member of staff nearby when intimate care takes place.

### **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:**

- o Need help with intimate care are statistically more vulnerable to exploitation and abuse.
- o Have disabilities may have less control over their lives than others.
- o Do not always receive sex/relationship education may be less able to recognise abuse.
- o Experience multiple carers.
- o May not be able to distinguish between intimate care and abuse.
- o May not be able to communicate.

If a child is hurt accidentally s/he should be immediately reassured and the adult should check that s/he 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 line manager.

### **ALLEGATIONS OF ABUSE**

Personnel 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. Where there is an allegation of abuse, Hertfordshire's Child Protection procedures will be followed.

Action should 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.

### **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 should consider the following;

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

### **Further Guidance**

Child Protection Procedures at [www.hgfl.herts.gov.uk](http://www.hgfl.herts.gov.uk).

Residential Special Schools – National Minimum Standards, Inspection Regulations



[www.csi.org.uk/information\\_for\\_service\\_providers/national\\_minimum\\_standards](http://www.csi.org.uk/information_for_service_providers/national_minimum_standards).

Safeguarding Children in Education: Ref Dfes /0027/200.

[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).





## **RECORD KEEPING**

### **RECORD OF AGENCIES INVOLVED**

NAME:	DATE OF BIRTH:
YEAR GROUP:	DATE:

<b>ROLE</b>	<b>NAME</b>	<b>CONTACT DETAILS</b>
Contenance Advisor		
Educational Psychologist		
GP		
Hospital School Service		
Occupational Therapist		
Pediatrician		
Parent/Carer		
Physical/Sensory Service		
Physiotherapist		
School Nurse/Health visitor		
Social Worker		

### **RECORD OF INTIMATE CARE INTERVENTION**

NAME:	DATE OF BIRTH:		
Name of Support Staff Involved:			
Date:	Time of Procedure:	Signature:	Second Signature:

### **RECORD OF WORKING TOWARDS INDEPENDENCE**

CHILD'S NAME:	DATE OF BIRTH:	DATE:
Name of TA		
I can already...		
Aim: I will try to...		
Review date		
Parents/Carer		
Child		



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## TOILET MANAGEMENT PLAN

CHILD'S NAME:	DATE OF BIRTH:	DATE:
NAME OF TEACHING ASSISTANT		
AREA OF NEED		
EQUIPMENT REQUIRED		
LOCATION OF SUITABLE FACILITIES		
SUPPORT REQUIRED		
FREQUENCY OF SUPPORT		

### AGREEMENT BETWEEN CHILD AND PERSONAL ASSISTANT

Child's Name..... DOB.....

Personal Assistant's Name.....

#### 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 in the toilet, as soon as you ask me. I will avoid all unnecessary delays.
- ❖ When you use our agreed emergency signal, I will stop what I am doing and come and help.
- ❖ 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 only use the agreed emergency signal for real emergencies.
- ❖ 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).....

Personal Assistant.....

Date.....

**PERMISSION FOR SCHOOLS 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 and toileting.

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

Name.....

Signature.....

Date: .....

Relationship to Child: .....

CHILD'S FIRST NAME:	CHILD'S LAST NAME:
MALE/FEMALE	
DATE OF BIRTH:	
PARENT/CARER'S NAME	
ADDRESS	
TELEPHONE NUMBER	