



# **Shapla Primary School**

## **Intimate Care Policy and Guidelines for Staff**

Approved Date:  
Review Date: October 2017

Signed .....  
(Chair of Governors)

Shapla Primary School is committed to ensuring that all staff responsible for the Intimate Care of children will undertake their duties in a confident and 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 that some children 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 involve help with drinking, eating, dressing and toileting.

In most cases Intimate Care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process and should only be carried out by suitably trained, competent staff.

### **Our approach to best practice**

The management of all children with Intimate Care needs will be carefully planned. The child who requires Intimate Care will be treated with respect at all times; the child's welfare and dignity is of paramount importance. Confidentiality is also paramount, and the child's needs will be discussed only with those who need to be informed.

Staff who provide Intimate Care will be trained to do so (training includes Child Protection/Safeguarding) and will be 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/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. Copies are kept in the class Medical Needs folder.

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 there is an on-going need for Intimate Care, and where staff and parents and carers have agreed and signed an Intimate Care Plan, one child will be catered for by two adults unless there is a sound reason for having more adults present (e.g. two adults needed to lift a child). In circumstances where a child requires Intimate Care unexpectedly, and no Intimate Care Plan is in place, a second adult should also be in attendance.

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 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.

### **The protection of children**

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 designated person for child protection (currently the Head Teacher – Tim Barnes, Assistant Head Teacher/Phase Leader – Dawn Pritchard, or in the absence of the above personnel, call the child protection advice line.

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 without delay 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.

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

# Detailed Guidance

## 1. Introduction

1.1 The Shapla Primary School Intimate Care Policy and Guidelines for staff who work with children in early years settings and schools has been developed to safeguard children and staff. They apply to everyone involved in the Intimate Care of children. This guidance is based on good practice and practical experience of those working with children and young people requiring Intimate Care.

We believe this policy relates to the following legislation:

- Children Act 1989
- Education Act 1996
- Education Act 2002
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Education and Inspections Act 2006
- Children and Young Persons Act 2008
- School Staffing (England) Regulations 2009
- Equality Act 2010
- Education Act 2011
- Special Educational Needs and Disability (Detained Persons) Regulations 2015

1.2 These guidelines should be read in conjunction with other policies for example:

- Equality Act 2010: Advice for Schools (DfE)
- Dealing with Allegations of Abuse against Teachers and other Staff: Guidance for Local

Authorities, Head teachers, School Staff, Governing Bodies and Proprietors of Independent Schools (DfE)

- Keeping Children Safe in Education 2016: Statutory Guidance for Schools and Colleges (DfE)
- Special Educational Needs and Disability Code of Practice: 0 to 25 Years. Statutory

Guidance for Organisations Who Work with and Support Children and Young People with Special Educational Needs and Disabilities (DfE) and (DoH)

- Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children
- Accessibility Plan
- Equality Policy and Statement
- Safer Code of Conduct Policy
- Safeguarding (Child Protection) and Whistle Blowing Policy
- Health & Safety Policy
- Supporting Children with Medical Needs Policy

1.3 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.

## 2. Definition of Intimate Care

2.1 Intimate Care is any care which involves washing, touching or carrying out an invasive procedure that some children 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 involve help with drinking, eating, dressing and toileting.

2.2 In most cases Intimate Care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process and should only be carried out by suitably trained, competent staff.

### 3. Aims

3.1 The aims of this document and associated guidance are:

- to safeguard the dignity, rights and wellbeing of children and young people and staff
- to provide guidance and reassurance to staff
- to assure parents that staff are knowledgeable about Intimate Care and that their child's individual needs and any concerns they may have are taken into account.

3.2 The principles underlying this policy are that every child has the right to:

- feel safe and secure
- be treated as an individual
- privacy, dignity and a professional approach from all staff when meeting his or her needs
- have their health needs met
- information and support that will enable him or her to make informed and appropriate choices
- be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
- information and procedures for any complaint or queries he or she may have regarding Intimate Care.

### 4. Working with parents

4.1 Partnership with parents is an important principle in any 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.

4.2 Prior written permission must be obtained from parents before and where there are ongoing Intimate Care procedures being carried out (Appendix 1).

4.3 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 in the development of Individual Learning Plans (ILPs), Health Care Plans and any other plans that might involve Intimate Care.

4.4 Exchanging information with parents is essential through personal contact, telephone or correspondence. However, it may not be appropriate to record information concerning Intimate Care procedures in home/school books as it may contain confidential information that could be accessed by people other than the parent and staff member.

4.5 Parents are expected to provide fresh supplies appropriate clean clothing, nappies, disposal bags and wipes when required.

### 5. Writing an Intimate Care Plan

5.1 Where a routine procedure is required, an Intimate Care Plan should be agreed in discussion with the child, school/setting staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on a regular basis.

5.2 In developing the plan the following should be considered:

#### Whole school/setting implications:

- importance of working towards independence
- arrangements for home-school transport, sports day, school performances, external assessments, school trips, swimming, etc.
- who will substitute in the absence of the appointed person providing the Intimate Care
- strategies for dealing with pressure from peers, e.g. teasing/bullying

### **Management of the Learning Environment:**

- child's seating arrangements in class
- system for the child to leave class with minimal disruption to the lesson
- avoidance of missing the same lesson all year
- awareness of a child's discomfort which may affect learning
- implications for PE e.g. discreet clothing, additional time for changing

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

5.4 Appendices 2, 3, 4, and 5 are available as templates to support this process, if appropriate.

### **6. Links with other agencies**

6.1 Positive links with other agencies will ensure the child's well-being and development remains paramount. This will enable school based plans to take account of the knowledge, skills and expertise of other professionals.

6.2 It is recommended good practice that relevant health and other agency professionals are informed of all children requiring Intimate Care, e.g. School Nurse, Health Visitor (for under 4 years).

### **7. Pupil voice**

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

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

7.3 Agree appropriate terminology to be used by staff for private parts and bodily functions and record them in the Care Plan.

7.4 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.

7.5 Every attempt should be made to determine the child's wishes (e.g. by observation of their reactions to the Intimate Care).

7.6 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.

### **8. Recruitment**

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

8.2 Recruitment and selection of candidates for posts involving Intimate Care should be made following the usual Disclosure and Barring Service (DBS) checks, equal opportunities and employment rights legislation.

8.3 Candidates should be made fully aware of what the post requires, including the developmental needs of the child and what is detailed in their job description before accepting the post.

8.4 Enquiries should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable the school to identify and provide necessary support and reasonable adjustments so far as is reasonably practicable.

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

8.6 Trained staff should be available to substitute and undertake specific Intimate Care tasks in the absence of the appointed person.

8.7 Intimate Care can only be provided in schools/settings by those who have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements. Those employees agreeing to undertake Intimate Care will receive appropriate training to undertake these tasks.

## 9. Staff development

9.1 Staff should receive training in good working practices, appropriate to their role, which comply with the school Health & Safety Policy requirements.

9.2 Staff must receive Safeguarding and Child Protection training in line with LBTH requirements.

9.3 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.

9.4 Where appropriate staff must receive Safer Handling training if and when required.

9.5 Newly appointed staff through the induction process should be closely supervised until completion of a successful probationary period.

9.6 All staff should have an understanding of the school/setting approach to Intimate Care through continuing professional development.

9.7 Whole school staff training should foster a culture of good practice and a whole school/setting approach to Intimate Care.

9.8 It is imperative for the school/setting and individual staff to keep a dated record of all training undertaken.

9.9 The following guidelines should be used in training senior staff and those identified to support Intimate Care.

Senior staff members should be able to:

- 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.
- consult parents about arrangements for Intimate Care.
- ensure staff are aware of the set procedures, the Safeguarding Policy and Health & Safety Policy, etc.
- ensure staff understand the cultural needs of all children and seek specialist advice when necessary.
- ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- 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:

- access other procedures and policies regarding the welfare of the child e.g. Safeguarding, Safer Handling Policy,
- identify and use a communication system that the child is most comfortable with.
- communicate with and involve the child in the Intimate Care process.
- offer informed 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 Safeguarding Procedures must be followed.

## 10. Environmental advice

10.1 When children need Intimate Care, reasonable adjustments will need to be made.

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

10.3 Additional considerations may include:

- facilities with hot & cold running water.
- protective clothing including disposable protective gloves and aprons - provided by the school.
- foot operated labelled bins with lids should be used for the disposal of wet & soiled nappies/pads, urinary catheters (soiled items being 'double bagged' before being placed in bin).
- waste for incineration (sharps boxes of needles, etc) - contact the waste contractor for further details.
- supplies of suitable cleaning wipes and materials: anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash.
- supplies of appropriate clean clothing, nappies, disposal bags and wipes – normally provided by parents and carers.
- a changing mat or changing bench.
- an effective system should be in place to alert staff for help in an emergency.

## 11. Invasive procedures

11.1 It is recommended that two adults are present when invasive procedures (e.g. the administration of rectal diazepam) are performed unless the parents have agreed to the presence of one adult only.

## 12. Vulnerability to abuse

12.1 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.

12.2 It is essential that all staff are familiar with the school's Child Protection Policy and procedures.

12.3 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.

12.4 If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the designated line manager.

## 13. Allegations of abuse

13.1 Personnel working in intimate situations with children can feel particularly vulnerable. The Shapla Primary School policy can help to reassure both staff involved and the parents of vulnerable children.

13.2 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.

13.3 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.

13.4 Where there is an allegation of abuse, the guidelines in the LBTH procedures should be followed.

#### **14. Intimate Care Plans (appendix 5)**

14.1 If the Intimate Care Plan has been agreed and signed by parents, children and staff involved, it is acceptable for two members of staff to assist unless there is an implication for safe moving and handling of the child.

14.2 The plan should consider the following:

- location of the plan for reference (in medical needs folder) ensuring discretion and confidentiality
- location of recording procedures (in medical needs folder), ensuring discretion and confidentiality
- necessary equipment & waste disposal – see environmental advice
- clear labelling of equipment and procedures e.g. wipe table after use
- clear time lines for review
- on-going review of the child's developing needs with parents

## **Appendix 1 - Permission to provide intimate care**

I understand that:

I give permission to the school/setting to provide appropriate intimate care support to my child.

I will advise the head-teacher/Inclusion manager of any medical complaint my child may have which affects issues of intimate care.

**Name:**

**Signature:**

**Relationship to child:**

**Date:**

**Agreement of all those involved:**

**Review date:**

**Parents/Carer:**

**Child (if appropriate):**

**Teaching Assistant:**

**Senior Management/SENCo:**

**Date:**

## Appendix 2 – Agreement between child and teaching assistant

**Child's name: DOB:**

**Teaching assistant(s):**

### **Teaching assistant**

As the Teaching 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 Intimate Care/Toilet Management Plan.

### **Child** (To be explained and communicated wherever possible)

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.

**N.B: The above agreement will be personalised on a case by case basis**



**Appendix 4 - Working towards independence record**

<b>Child's name: DOB:</b>
<b>Name of support staff:</b>
<b>I can already:</b>
<b>Aim:</b> <b>I will try to</b>

### Appendix 5 - Intimate Care Plan

<b>Child's name: DOB: Pupil's preferred method of communication:</b>	
<b>Personal Care/Clinical Procedure</b>	<b>Named/Trained Staff</b>
<b>Catheterisation</b>	
<b>Supervised self-catheterisation</b>	
<b>Pad Change</b>	
<b>Menstruation</b>	
<b>Assistance with toileting</b>	
<b>Supervised toileting</b>	
<b>Enteral feed</b>	
<b>Tracheostomy care</b>	
<b>Other</b>	
<b>Where will procedure take place?</b>	
<b>What equipment is needed for the procedure?</b>	
<b>What happens if...?</b>	
<b>I do this myself...</b>	
Location of the plan	
Location of recording procedures	

### Safe System of Work

It is assumed that the named staff following these systems of work have been trained to carry out the required techniques for the school documented
<b>Procedure 1</b>
<b>Procedure 2</b>
<b>Pupil's Views</b>
<b>Parents/Carers Views</b>