

Intimate Care and Toileting Policy

Written January 2018

St Martin's CE Primary School

1 - Principles

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2012) to safeguard and promote the welfare of pupils¹ at this school.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' policy
- health and safety policy and procedures
- Special Educational Needs policy
- Supporting pupils with medical conditions

The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

1 References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

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In accordance with the Frays Trust supporting pupils with medical conditions policy, where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

All staff undertaking intimate care must be given appropriate training from the SENDCo.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2 - Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

3 - Definition of Intimate Care:

Intimate care can be defined as any care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the intimate personal parts of the body. Most young people usually carry this out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs.

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear)
- supporting someone use a potty or toilet
- changing nappies
- cleaning / wiping / washing intimate parts of the body
- application of prescribed cream

Definition of Personal Care:

Although it may involve touching another person, it is less intimate and usually has the function of helping with personal presentation.

Personal care tasks specifically identified as relevant include:

- feeding
- administering oral medication
- hair care



- dressing and undressing (clothing)
- washing non-intimate body parts
- prompting to go to the toilet

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

4 - Best Practice

Pupils who require regular assistance with intimate care have written EHC Plans, health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or occupational therapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions.

Where a care plan or EHCP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). Any incidents will be recorded in the wetting/accident log. It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times, who changed them, who informed the parents and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

These records will be kept in the child's file and available to parents/carers on request.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

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Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research² which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care should be employees of the school, or agency staff with an enhanced DBS check, not students or volunteers. All staff undertaking intimate care will have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the need for confidentiality. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5 - Child Protection

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's child protection procedures will be adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will

² National Children's Bureau (2004) *The Dignity of Risk*

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be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils 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 pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated safeguarding Lead (as per child protection policy). The matter will be investigated at an appropriate level (usually the Head teacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head teacher (or to the Executive Head teacher if the concern is about the Head teacher) who will consult the Local Authority Designated Officer in accordance with the Frays Trust Policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head teacher or to the Executive Head teacher, in accordance with the child protection procedures and 'whistle-blowing' policy.

The normal process of changing a nappy or supporting toileting 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 nappy changing process to ensure that abuse does not take place. However, in some instances it may be appropriate for two members of staff to change/support a child i.e. if a child gets very distressed or has made an allegation previously.

6 - Health and safety

Spillages of bodily fluids should be dealt with as outlined in the Health and Safety policy. The same precautions will apply for nappy/pull ups changing.

This should include:

- Staff to wear fresh disposable aprons and gloves while changing a child
- Soiled nappies/pull ups securely wrapped and disposed of appropriately
- Changing area/ toilet to be left clean
- Hot water and soap available to wash hands as soon as changing is done
- Paper towels available to dry hands

Intimate care can take substantial amounts of time but should be an enjoyable experience for the child and for the parents. It is essential that every child is treated as an individual and that care is given as



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gently and as sensitively as possible. Children should be treated with dignity and respect and given privacy appropriate to the child's age and situation. The child should be encouraged to express choice and to have a positive image of his/her body. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse.

Intimate care arrangements must be agreed by the school, parents and child (if appropriate), and be recorded in the child's personal file and consent forms signed by the parents and child (if appropriate). Practitioners should not undertake any aspect of intimate care that has not been agreed between the school, parents and child (if appropriate). The school will make provisions for emergencies i.e. a key person is on sick leave. Intimate care arrangements should be reviewed at least yearly as part of the child's annual review if they have an EHCP or annually in all other cases. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

7 - Occupational Therapy

Pupils who require occupational therapy whilst at school should have this carried out by a trained occupational therapist. If it is agreed that a member of the school staff should undertake part of the occupational therapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the occupational therapist personally, written guidance given and updated regularly. The occupational therapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the occupational therapist.

