CRIGGLESTONE ST. JAMES CE PRIMARY ACADEMY

Intimate Care Policy



September 2024

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Rationale

At Crigglestone St James CE Primary Academy we seek to educate our children intellectually, socially, morally, aesthetically, physically and spiritually within a school based on Christian principles and values. We are committed to enabling each child to achieve their full potential regardless of race, creed, gender or ability.

As a school, we take the health and wellbeing of our pupils very seriously. The Academy aims to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.

The governing board recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting their ability to carry out normal day-to-day activities must not be discriminated against. Pupils will always be treated with care, sensitivity and respect when intimate care is given, and no pupil will be left feeling embarrassed or as if they have created a problem. The guidance in this policy applies to everyone involved in the intimate care of children.

Crigglestone St James CE Primary Academy 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 any way that causes distress, embarrassment or pain.

1. Legal framework

This policy has due regard to relevant legislation and guidance, including, but not limited to the following:

- Children and Families Act 2014
- Education Act 2011
- Health Act 2006
- Equality Act 2010
- DfE (2024) 'Keeping children safe in education'

This policy will be implemented in conjunction with the Academy's:

- Health and Safety Policy
- First Aid Policy
- Safeguarding and Child Protection Policy
- Staff Code of Conduct
- Whistleblowing Policy
- Administering Medication Policy

2. Definitions

Pupils may be unable to meet their own care needs for a variety of reasons and may require regular support. For the purpose of this policy, intimate care is defined as any care which may involve the following:

• Washing

- Touching
- Carrying out an invasive procedure
- Changing a child who has soiled themselves
- Providing oral care
- Feeding
- Dressing
- Assisting in toilet issues
- Providing comfort to an upset or distressed pupil

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of 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 should undertake the procedure.

3. Aims

The aims of this document and associated guidance are:

- To provide guidance and reassurance to staff.
- To safeguard the dignity, rights and wellbeing of children and young people.
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account.

4. Our approach to best 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 are of paramount importance.

Staff who provide intimate care are trained to do so (including in Safeguarding and moving and handling if appropriate) 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 the 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 so 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. 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 reason should be clearly documented.

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.

5. 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. 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 D).

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 Educational Health Care Plans (EHCPs) and any other plans that identify the support of intimate care.

Exchanging information with parents is essential through personal contact, telephone and 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 parents and staff members.

6. Creating an Intimate Care Plan

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child (where appropriate), 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 sports day, school performances, examinations, school trips, swimming etc.
 - Who will substitute in the absence of the appointed person.
 - Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child has an odour.
- 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.

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

7. 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 wellbeing and development remains paramount.

It is good practice for the school nurse to be informed about children requiring intimate care.

8. Pupil voice

The Academy will agree appropriate terminology for private parts of the body and functions to be used by staff.

It may be possible to determine a child's current wishes by observation of reactions to the intimate care and amend if applicable.

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.

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.

The Academy will ensure effective communication and identify this in the agreed Intimate Care Plan.

9. Health and safety

The Health and Safety Policy lays out specific requirements for cleaning and hygiene, including how to deal with spillages, vomit and other bodily fluids. The following procedures will be used by all staff completing intimate care:

- The changing area or toilet will be left clean. Hot water and soap will be available to wash hands. Paper towels will be available to dry hands.
- Any member of staff that is required to assist a pupil with changing a medical bag will be trained to do so and will carry out the procedure in accordance with the specific training given.
- Staff will accompany the child to the accessible toilet.
- Staff will wear disposable aprons and gloves while assisting a pupil in the toilet or while changing a nappy, incontinence pad or medical bag.
- Soiled nappies, incontinence pads and medical bags will be securely wrapped, double bagged and disposed of appropriately.

Where more than one pupil requires intimate care/toileting, where possible, staff will follow an agreed toileting timetable.

10. Facilities and equipment

When children need intimate care facilities, reasonable adjustments may need to be made if appropriate facilities are not available.

- The school has an accessible toilet with a washbasin which includes a changing area, soap and warm water.
- Mobile pupils will be changed while standing up.
- Pupils who are not mobile will be changed on a changing mat, on the fold away changing table or on the floor (as a last resort).

Suitable equipment and facilities will be provided to assist pupils who need special arrangements following assessment from a physiotherapist or occupational therapist. This may include the following:

- Changing mat
- Frame or sidebar
- Non-slip step
- Cupboard (to store items for intimate care)
- Adapted toilet seat or commode seat
- Hoist
- Protective clothing including disposable gloves/aprons
- Tissue rolls (for changing mat/cleansing)
- Supply of hot water
- Soap
- Barrier creams
- Supplies of suitable cleaning materials, anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposable bags and wipes
- Labelled bins for the disposal of wet & soiled nappies/pads (soiled items being `double bagged' before being placed in a bin)
- Waste for incineration (e.g. needles, catheters etc.) The Academy will contact the LA and Health Professionals if these are needed.
- Clinical waste bag
- Spillage kit

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 or menstruation.

Where children have long-term incontinence or a disability requiring regular intimate care; the school may require specially adapted facilities. Specialist advice from Health Professionals and Physical & Medical Teams will be sought.

11. School responsibilities

- Arrangements will be made with a multi-agency to discuss the personal care needs of any pupil prior to them attending the school.
- Pupils who require intimate care will be involved in planning for their own healthcare needs wherever possible.
- In liaison with the pupil and parents, an individual intimate care plan/toilet protocol will be created to ensure that reasonable adjustments are made for any pupil with a health condition or disability.
- Regular consultations will be arranged with all parents and pupils regarding toilet facilities.
- The privacy and dignity of any pupil who requires intimate care will be respected at all times.
- A trained member of staff will change the pupil, or assist them in changing themselves if they become wet, or soil themselves.
- Any pupil with wet or soiled clothing will be assisted in cleaning themselves and will be given spare clothing, nappies, pads, etc., as provided by the parents. In the event of no spare clothes being provided by parents, spare clothes in school will be used.
- Members of staff will react to accidents in a calm and sympathetic manner.
- Accurate records of times, staff, and any other details of incidents of intimate care will be logged as agreed with parents. This could be in a record book or on CPOMS.
- Arrangements will be made for how often the pupil should be routinely changed if the pupil is in school for a full day, and (where possible) the pupil will be changed by a designated member of staff.
- A minimum number of changes will be agreed.
- The family's cultural practices will always be taken into account for cases of intimate care.
- Parents will be contacted if the pupil refuses to be changed, or becomes distressed during the process.
- Excellent standards of hygiene will be maintained at all times when carrying out intimate care.

12. Parental responsibilities

- Parents will change their child, or assist them in going to the toilet, at the latest possible time before coming to school.
- If needed, parents will provide spare nappies, incontinence pads, medical bags, wet wipes and a change of clothing in case of accidents.
- A copy of this policy will be read and signed by parents to ensure that they understand the policies and procedures surrounding intimate care.
- Parents will inform the school should their child have any marks/rashes.
- Parents will come to an agreement with staff in determining how often their child will need to be changed, and who will do the changing.

13. Safeguarding

 Intimate care is a regulated activity; therefore, only members of staff who have an enhanced DBS certificate with a barred list check are permitted to undertake intimate care duties.

- It is essential that all staff are familiar with the Academy's Safeguarding and Child Protection Policy, the Intimate Care Policy and the Intimate Care Plan.
- 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.
- Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the pupils in their care as an extra safeguard to both staff and pupils involved.
- Individual intimate care plans will be drawn up for pupils as appropriate to suit the circumstances of the pupil.
- Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers will need to be present when the pupil requires intimate care.
- If any member of staff has concerns about physical changes to a pupil's presentation, such as marks or bruise, they will report the concerns to the Designated Safeguard Lead immediately and follow the school's safeguard procedure.
- Special consideration will be taken to ensure that bullying and teasing does not occur.
- 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. The incident will also be recorded on CPOMs.
- If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the Designated Safeguard Lead.

14. Allegations of abuse

Personnel working in intimate situations with children can feel particularly vulnerable. The relevant school policy (for example: Safeguarding Policy, Intimate Care Policy, Staff Code of Conduct) can help to reassure both staff involved and the parents of vulnerable children.

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.

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. 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.

Where there is an allegation of abuse, the Academy will follow its procedures in its Safeguarding and Child Protection Policy.

15. Invasive Procedures

It is not necessary that two adults are present when invasive procedures are performed unless stated otherwise in the relevant school policy or requested by parents. Whilst having 2 adults present may be seen as providing protection against a possible allegation against a member of staff; it further erodes the privacy of the child.

16. Swimming

- Pupils in year 4 regularly participate in swimming lessons at Sun Lane swimming baths: during these lessons, pupils are entitled to privacy when changing, however some pupils will need to be supervised during changing.
- Parental consent will be obtained before assisting any pupils in changing clothing before and after swimming lessons.
- Details of any additional arrangements will be recorded in the pupil's individual intimate care plan/protocol.

17. Offsite visits

- Before offsite visits, including residential trips, the pupil's individual intimate plan/protocol will be amended to include procedures for intimate care whilst off the school premises.
- Staff will apply all the procedures described in this policy during residential and offsite visits.
- Consent from a parent will be obtained and recorded prior to any offsite visit.

18. Toilet training

- Members of staff providing care will inform another member of staff prior to taking a pupil to be changed or to use the toilet.
- Where potties are used, they will be emptied immediately and cleaned with an antibacterial spray. The potty or toilet is checked to assess whether it is clean before use and toilet paper is well stocked.
- Protective clothing (gloves and aprons) will be worn before each change and the area should be prepared to ensure it is clean and suitable for use. Gloves must be worn at all times when changing nappies, and during any instances where the member of staff could come into contact with bodily fluids.
- All pupils will be accompanied to the toilet and will be appropriately supervised and supported during the toilet training stage. Staff will be sensitive and sympathetic when changing pupils and will not make negative facial expressions or negative comments. Pupils' efforts will be reinforced by praise where appropriate.
- Staff are required to ensure that soiled/wet nappies are changed as soon as possible. Where pupils are left in soiled nappies and/or clothes, this will be dealt with in line with the school's Disciplinary Policy and Procedure.
- Pupils will be encouraged to wash their hands with soap and warm water, with assistance provided where necessary.
- If a pupil has a toileting accident, they will be offered assistance to change or be changed by a member of staff regardless of their age.
- To build independence, pupils will be encouraged to replace their own clothes and flush the toilet, if they are capable of doing so.
- Parents are consulted on the approach to toilet training their pupil to ensure there is consistency with the approach at home. Pupils' progress is discussed at handover with parents. If any pupil is struggling with toilet training techniques or has any

issues, e.g. a rash, this will be discussed with the headteacher and the pupil's parents.

19. Monitoring and review

This policy is reviewed every two tears by the Headteacher, the Designated Safeguard Lead, the SENDCo and Governors. All changes are communicated to relevant stakeholders.

The scheduled review date for this policy is September 2026.

This policy was reviewed on 11.10.24

Signed:

Headteacher: Beverley Minor: B. T.

Designated Safeguard Lead: Beverley Minor B. H.

SENDCo: Jenny Butterworth

Governor: Carolyn Sadler:

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APPENDIX A

Staff training

- Staff should receive training in Safer Working Practice which complies with the Academy's Healthy and Safety and Child Protection policy requirements.
- Staff must receive Child Protection training at least every 2 years.
- Where appropriate, 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.
- Where appropriate, staff will receive regular Moving and Handling training at least every 2 years.
- Newly appointed staff should be closely supervised until completion of a successful probationary period.
- Whole school 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.
- 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, 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 that staff are aware of the set procedures, the Safeguarding Policy & Health & Safety Policy etc.
- 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.
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation
- Ensure staff know of a whole school approach to intimate care. 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
- Identify and use a communication system that the child is most comfortable with.
- `Read' messages a young child is trying to convey
- 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
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when safeguarding procedures must be followed.



APPENDIX B

Record of Intimate Care Intervention

Pupil's name:		Class/year group:			
Name of support staff:					
Date:		Review date:			
Date	Time	Procedure		Staff signature	Second signature



APPENDIX C

TOILET MANAGEMENT PLAN

Class/year group:			
Review date:			
Area of need			
Equipment required			
of suitable toilet facilities			
Frequency of support			

Working towards independence

Pupil will try to	Support staff will	Parents will	Target achieved date

Parent/Carer:	
SENDCO	
Support staff:	
Child (if appropriate):	DATE:



APPENDIX D

a) AGREEMENT BETWEEN PUPIL AND SUPPORT ASSISTANT

Pupil's name:		Class/year group:	-
Name of support	staff involved:		
Date:	Review date:		

Support staff

As the personal assistant helping you with intimate care, 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.
- When you use our agreed toilet 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 listen carefully if there is something you would like to change about your Intimate Care Plan.

Pupil

As the pupil who requires help with intimate care, 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 help with intimate care, 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.

Signed: _____ Personal assistant

Signed: ______ Pupil (if appropriate)

DATE: _____



b) PARENTAL PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE

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
Relationship to child
Date
Child's Surname
Child's Forename
Male/Female
Date of birth
Parent/carers name
Address