

CHACEWATER PRIMARY SCHOOL INTIMATE CARE POLICY

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues.

Only members of staff will carry out intimate care with children at our school. It is not appropriate to have students or parent helpers carrying out this role. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Chacewater 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. Chacewater Primary School recognises 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 or pain.

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 is of paramount importance. Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training as needed for specific pupils with statements/disabilities) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required. 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 members, who are involved in the intimate care of children/young people, will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved. Exceptions may be made for pupils with learning disabilities with parental consent/agreement.

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 his/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 reasons should be clearly documented. Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

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 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.

All children 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 child's presentation, e.g. marks, bruises, soreness etc s/he will immediately report concerns to the appropriate manager/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. 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 (Child Protection Procedures for details).

Further guidance – this policy should be cross referenced with the KCSIE (Keeping Children Safe in Education guidance.)

Additional Guidance- Appendix 1

Children wearing nappies

Schools may have concerns regarding Child Protection issues when they are asked by parents to admit a child who is still wearing nappies. Child Protection need not present an issue. It is good practice to provide information for parents of the policy and practice in the school. Such information should include a simple agreement form for parents to sign (letter attached) outlining who will be responsible, within the school, for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

Some schools as part of their good practice have introduced a note book to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task. Examples of such good practice provide reassurance for parents that systems are in place and that schools have implemented procedures for staff to follow. During the COVID 19 this will involve staff wearing full PPE.

Changing Facilities

Children who have long-term incontinence will require specially adapted facilities. The dignity and privacy of the child should be of paramount concern. Consideration is given to the siting of this area from a health and safety aspect. The area should not be situated in a thoroughfare, as a changing mat will have to be used on the floor when a child is being changed.

This method of changing a child is recommended, as it avoids having to lift a child and cause possible back injury.

Equipment Provision

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes; changing mat etc. and parent should be made aware of this responsibility. The school is responsible for providing gloves, plastic aprons, a bin, non-allergic wet wipes, and liners to dispose of any waste.

Health and Safety

Staff should wear a plastic apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with liner) which is specifically designated for the disposal of such waste. The bin should be emptied on a weekly basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be made aware of the school's Health and Safety Policy.

Special Needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and IEPs (Individual Education Plans) for each child.

As with all arrangements for intimate care needs, agreements between the child, parents or carers and the school should be easily understood and recorded.

Parents of pupils with regular soiling/wetting will be encouraged to leave a change of clothes in school for the use of their child. Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

Guidance to safeguard children and education staff with regard to situations which may lend themselves to allegations of abuse (physical contact, first aid, showers/changing clothes, out of school activities and photography)

Physical Contact

All staff engaged in the care and education of children need to exercise caution in the use of physical contact. The expectation is that staff will work in “limited touch” cultures and that when physical contact is made with pupils this will be in response to the pupil’s needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Staff should be aware that even well intentional physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. We do however think that a common sense approach is necessary. If a child is showing distress and requires a little hug to comfort them, especially when they are in foundation stage or key stage 1, then this physical contact would be entirely justifiable – see below “Pupils in distress”.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility. Children with special needs may require more physical contact to assist their everyday learning. The general culture of “limited touch” will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child’s needs, consistently applied and open to scrutiny.

Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child’s view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations, wherever possible.

Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control.

In all cases of restraint the incident must be documented and reported. Staff must be fully aware of the school's Physical Intervention Policy,. Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to constitute a criminal offence.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or another adult in school.

Particular care must be taken in instances, which involve the same pupil over a period of time.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance, they should seek further advice, from their line manager or other appropriate person.

First Aid and Intimate Care

Staff who administers first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing) another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for.

Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's views must also be actively sought and, in particular, any discomfort with the arrangements addressed. A letter of agreement will be required between school and those with parental responsibility. (See appendix 2)

Physical Education and other skills coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

Showers/Changing Clothes

Young people are entitled to respect and privacy when changing clothes or taking a shower.

However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

Out of School Trips, Clubs etc

Staff should take particular care when supervising pupils in the less formal atmosphere of a

residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's policy and all LEA guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

On occasions some pupils might be short of funds and would be embarrassed or singled out if this was known. It would be acceptable for a member of staff to subsidise a child, provided that this was disclosed to colleagues.

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in vehicles, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

Photography, videos and similar creative arts

Staff should be aware of the potential for such mediums of teaching to be used for the wrong purposes. Additionally, children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming etc. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to the organisation of these activities.

Schools should have clear policies and protocols for the taking and use of images and of photographic equipment. These should require the justification and purpose of the activity; its content; avoidance of one to one sessions; appropriate privacy when the changing of clothes is required; and arrangements for access to the material and its storage.

Consent to participating in these activities should be sought from the child and those with parental

responsibility at the beginning of courses, but staff should remain sensitive to those children who appear particularly uncomfortable with the activity.

All material produced should be viewed for acceptability by another member of staff.

Appendix 2

Procedure for changing/cleaning children

Where?

- Disabled toilet
- Foundation Stage toilets when quiet if necessary

Procedure

- Promote independence
- Support independence
- Adult to change and clean child

Equipment to use

- Plastic aprons
- Gloves
- Non-allergic wet-wipes
- Nappy sacks for soiled wipes (place in yellow lined bin)
- Nappy sacks for soiled underwear/clothes
- Soil bin
- Alcohol gel

Plastic glasses

Intimate Care Plan: Agreement & Consent Form

The purpose of the Agreement and Consent form is to ensure that parents/carers and professionals agree with what care is to be given and that staff have received any appropriate training that may be relevant.

Child's Name	DOB
Date agreed	Agreed review date

Reasons why intimate care is to be provided: (e.g. lack of training / development delay / medical need)			
Who will provide this care: (staff names and roles)			
Details of care to be provided (where, when, arrangements for privacy etc):			
Consent provided by:			
Names of parents / carers			
Signatures		Date	
School:			

Names of Staff Members		Roles	
Signatures		Date	
Reviews:			
Review Date			
Outcome of Review			

Toileting Skills Checklist

Child's Name:	
Please state if child is wearing nappies or pull-ups:	

	Skills	Achieved	Partly Achieved
1.	Awareness of toileting needs?		
2.	Has periods of being dry?		
3.	Some regularity in wetting / soiling?		
4.	Pauses while wetting / soiling?		
5.	Shows some indication of awareness of soiling?		
6.	Shows some indication of awareness of wetting?		

7.	Understands signs / words given for communicating toileting needs e.g. toilet, potty, wet, dry, wee, poo etc.?		
8.	Can express some appropriate signs / words to communicate toileting needs?		
9.	Needs physical aids / support to access the toilet area?		
10.	Can access the toilet area with prompts?		
11.	Can access the toilet area independently?		
12.	Feels comfortable and relaxed in the toilet area?		
13.	Needs physical assistance to follow toilet routines e.g. lining up to go there, hand washing etc?		
14.	Needs some prompting to follow toilet routines?		
15.	Follows some toilet routines independently?		
16.	Will fetch & pass required changing items e.g. nappy, wipes?		
17.	Cooperates with having clothes removed / pulled down by appointed adult, for changing purposes?		
18.	Cooperates with having nappy changed?		
19.	Cooperates with cleaning up procedures?		
20.	Will sit on the potty with nappy on, with physical support?		
21.	Will sit on the potty with nappy on, unaided?		
22.	Will sit on the potty with nappy off, with physical support?		
23.	Will sit on the potty with nappy off, unaided?		
24.	Needs physical aids/special supports to enable sitting on the toilet?		
25.	Will sit on the toilet with nappy on, with physical support?		
26.	Will sit on the toilet with nappy on, unaided?		
27.	Will sit on the toilet with nappy off, with physical support?		
28.	Will sit on the toilet with nappy off, unaided?		
29.	Has passed urine into potty?		

30.	Has had bowel movement on potty?		
31.	Has passed urine on toilet?		
32.	Has had bowel movement on toilet?		
33.	<i>Can independently complete <u>pulling down trousers</u> from:</i> When wearing stretchy waist trousers		
	Calves		
	Knees		
	Thighs		
	Hips		
	Waist		
34.	<i>Can independently complete <u>pulling down underwear</u> from:</i>		
	Calves		
	Knees		
	Thighs		
	Hips		
	Waist		
35.	Girls: Can lift skirt & pull down all necessary clothing independently		
36.	Boys: Can pull down all necessary clothing independently		
37.	Will put toilet lid/seat in appropriate position		
38.	Will sit on the toilet and pass urine on a regular basis		
39.	Will stand at urinal/toilet to pass urine		
40.	Will sit on the toilet for a bowel movement on a regular basis		
41.	Needs assistance to get off the toilet		
42.	Will get off the toilet without assistance		
43.	Will get toilet tissue appropriately		
44.	Will wipe themselves with tissue		

45.	Will throw tissue in the toilet		
46.	Will flush the toilet		
47.	Will replace toilet seat / lid appropriately		
48.	<i>Will independently complete <u>pulling up underwear</u> from: Needs help pulling up pants and straightening them up</i>		
	Hips		
	Thighs		
	Knees		
	Calves		
49.	<i>Will independently complete <u>pulling up trousers</u> from: Needs help pulling up trpuswers and straightening them up</i>		
	Hips		
	Thighs		
	Knees		
	Calves		
50.	Can manage fastenings independently		
51.	Girls: Can rearrange skirt appropriately		
52.	Needs prompting to wash hands		
53.	Needs help to roll up sleeves		
54.	Can roll up sleeves independently		
55.	Needs help to operate taps		
56.	Will operate taps independently		
57.	Will hold hands under water for appropriate length of time		
58.	Will put soap on hands with help		
59.	Will put soap on hands independently		
60.	Rinses off soap		
61.	Needs assistance to dry hands on towel		

62.	Dries hands independently and appropriately		
63.	Puts used towel in bin with prompting		
64.	Puts used towel in bin without prompting		
65.	Will follow all toilet routines regularly with prompts & reminders		
66.	Has frequent accidents		
67.	Has occasional accidents		
68.	Will follow all toilet routines independently		
69.	Needs prompting to return to class		
70.	Returns to class independently		