

## **Chacewater School**



## **Intimate Care Policy**

Ratified Date: September 2024

Review Date: September 2025

## **Introduction**

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues and will be respectful of their needs. Staff behaviour is open to scrutiny and staff at Chacewater School work in partnership with parents/carers to provide continuity of care to children wherever possible.

Staff deliver a full personal safety curriculum, as part of Relationship, Sex and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents/carers who are encouraged to reinforce the personal safety messages within the home.

Chacewater 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 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**

All children who require intimate care are treated respectfully at all times: the child's welfare and dignity are of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety as required) and are fully aware of best practice. Equipment will be provided to assist with children who need special arrangements following assessment from professionals in their care plans following assessments 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 who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to their children as an additional safeguard to both staff and children involved. Exceptions may be made for pupils with learning disabilities with parental consent/agreement.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children 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 themselves as they 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 and in consultation with parents/carers. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer, and health.

Chacewater School recognises that every child has the right to be accepted for who they are without regard to race, culture and beliefs and will ensure that the values of the parent/carer and child are taken into account when developing an individual intimate care plan

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 needs help with intimate care. Where possible one child will be cared for by two adults.

It is possible that the same child may not always be cared for by the same adult on a regular basis.

Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the **child's intimate care plan**. Please see **Appendix A** for care plan template which is stored on edukey provision map. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

As a child approaches puberty or where a medical condition sees the early onset of puberty, the school will ensure that the individual intimate care plan will be reviewed with the parent/carer to take into account the views and needs of the child/young person.

Each child will have an assigned senior member of staff (SENDSCO) to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

### [The Protection of Children](#)

Chacewater School Child Protection Procedures and the South West Child Protection Procedures ([www.swcpp.org.uk](http://www.swcpp.org.uk)) will be accessible to staff and adhered to.

Where appropriate, 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 Designated and/or Deputy Designated Safeguarding lead. A clear record of the concern will be completed and referred to social care and/or the Police if necessary. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. A copy of the school's Child Protection Procedures is available in the School Office and on the website.

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 (see the school's Child Protection Procedures and the South West Child Protection Procedures [www.swcpp.org.uk](http://www.swcpp.org.uk)). This includes referring to the Local Authority Designated Officer, 01872 254547

### Health and Safety

When changing nappies/pull-ups and/or dealing with wet/soiled items, staff must wear fresh gloves each time and dispose of them in the Medical Waste Bin. The nappies/pull-ups will also be placed in the Medical Waste Bin which will be emptied daily by a Waste Transfer Company organised by *Mitie*.

### Soiling/wetting of children not subject to a care plan

Due to the young age of the children, on occasion they may wet or soil themselves during the school day. If a member of staff becomes aware that a child has wet or soiled themselves, the teacher will be informed immediately. The child will be given the option to change themselves in spare clothes independently in the toilets (age and understanding dependent) with an adult by the door if necessary, or if support is needed, two adults will help the child to change and support them with cleaning. Their dignity will be respected at all times and they will be consulted throughout. Once this has happened, the class teacher will fill in a form (**Appendix B**) which will go into the child's bag at the end of the day. Classteacher / office staff will call parents ahead of pick up time if the incident is out of character or if it was particularly upsetting for the child.

### Children wearing nappies/pull-ups

Where a child is wearing nappies/pull-ups in school, an intimate care plan will be created in conjunction with parents, class teacher and SENDCo. Reasons behind why the child is wearing nappies/pull-ups will be investigated with the parents and if required, referrals to the school nursing/health visiting service may be requested for support.

### 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. Children are encouraged if possible to change as independently as possible, however, if having to physically change a pupil, a changing mat may have to be used on the floor when a child is being changed, as it avoids having to lift a child and cause possible back injury. In our accessible toilet, we have a hoist at Chacewater school for children that are unable to access this method.

### Equipment Provision

Parents should provide nappies/pull-ups, disposal bags, wipes, changing mat etc and parents should be made aware of this responsibility. The school is responsible for providing gloves, plastic aprons, a bin 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, 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 (situated in the staff disabled toilet). 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 Educational Needs and Disabilities**

Children with special educational 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 intentioned 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 educational 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, some children can 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.

### 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.

### Changing for Physical Activity

Young people are entitled to respect and privacy when changing clothes for a physical activity. However, there must be the required level of supervision to safeguard young people with regard to health and safety. If there is a need to change for a club boys and girls change separately in different classrooms. Adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it (standing by the door where possible), avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour. If they need support to change their clothes or with buttons, tights or trouser clasps, an adult will help them with this. They will ensure this is done in the classroom with all other pupils and the door open.

**Appendix A – Intimate Care Plan: Agreement and Consent Form**

**Toileting Skills Checklist**

<b><u>Child's Name:-----</u></b>	
<b><u>Please state if child is wearing nappies or pull-ups:</u></b>	

	<b><u>Skills</u></b>	<b><u>Achieved</u></b>	<b><u>Partly Achieved</u></b>
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?		

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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?		



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31.	Has passed urine on toilet?		
32.	Has had bowel movement on toilet?		
33.	Can independently complete pulling down trousers from: When wearing stretchy waist trousers		
	Calves		
	Knees		
	Thighs		
	Hips		
	Waist		
34.	Can independently complete pulling down underwear from:		
	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		

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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.	Will independently complete pulling up underwear from: Needs help pulling up pants and straightening them up		
	Hips		
	Thighs		
	Knees		
	Calves		
49.	Will independently complete pulling up trousers from: Needs help pulling up trouser and straightening them up		
	Hips		
	Thighs		
	Knees		
	Calves		
50.	Can manage fastenings independently		

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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		

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70.	Returns to class independently		
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**Appendix B – changing after wetting/soiling**

Date.....

Dear Parent

Your child.....soiled/wet themselves today.

They changed their clothes independently

They changed their clothes with adult support

They were changed by an adult

The matter was dealt with swiftly and sensitively by.....

In accordance with our policy the incident has been recorded.

In your bag you will find soiled/wet clothes. Would you kindly return the school's clothes after they have been laundered.

Thank you

Yours sincerely

Class Teacher