



St Leonard's CE(A) First School Intimate Care Policy



'Let your light shine before others so that they may see your good works and give glory to your Father who is in heaven.'

Matthew 5:16

Adopted by the Governing Body:
March 2023
Date for review: March 2024

Date of last policy reviewed	Changes made
September 2018	Dates and names changed.
September 2019	Dates and names changed.
January 2021	Dates and names changed, COVID19, Myconcern, Parent consent additions
January 2022	Addition of email for communication of intimate care with parent
March 2023	'A risk assessment is available to ensure effective infection control' added. 2 members of staff and area for providing care added. Kneeler pad provided for staff. Care plan template added. Bristol stool chart added

Intimate Care

St Leonard's CE (A) First School

Principles

- ✚ The Governing Board 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:
 - safeguarding policy and child protection procedures
 - staff code of conduct and guidance on safer working practice
 - 'whistle-blowing' and allegations management policies
 - health and safety policy and procedures
 - Special Educational Needs policy
- ✚ Plus
 - Staffordshire County Council moving and handling people - guidance note
 - policy for the administration of medicines
- ✚ The Governing Board 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.
- ✚ 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. Staff may use the Bristol stool chart (Appendix) in order to support pupils with medical needs to provide feedback to parents and medical professionals.
- ✚ Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- ✚ All staff undertaking intimate care must be given appropriate training.
- ✚ Parents will be asked for consent upon a child starting school for staff to provide intimate care.
- ✚ This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

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.

Definition

- ✚ Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual

management as well as more ordinary tasks such as help with washing, toileting or dressing.

- ✚ It also includes supervision of pupils involved in intimate self-care.

Best Practice

- ✚ Pupils who require regular assistance with intimate care have written Student Passports, health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. 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 and this should be noted in the plan.
- ✚ Where a care plan or Student passport 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). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone, email or by sealed letter, not through the home/school diary.
- ✚ In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).
- ✚ 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 and any comments such as changes in the child's behaviour. It should be clear who was present in every case. These will be recorded on the school's "Myconcern" safeguarding portal.
- ✚ These records will be kept in the child's online 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. Cleaning supplies, a changing mat

and a kneeler pad are provided. A risk assessment is available to ensure effective infection control.

- ✚ 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.
- ✚ 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.
- ✚ At St Leonard's our aim is to ensure there are always two members of staff present although we accept that this is not always possible and therefore an individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- ✚ Where a pupil requires regular intimate care this will be carried out in the main corridor disabled toilet which has the equipment needed to hand.
- ✚ 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 research 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, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced CRB checks.

- ✚ All staff should be aware of the school's confidentiality policy. 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.

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 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 on the school's Myconcern online portal 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 class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) 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 Headteacher (or to the Chair of Governors if the concern

is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's 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 Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Physiotherapy

- ✚ Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the Student Passport or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist 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 physiotherapist.

Medical Procedures

- ✚ Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or Student Passport and will only be carried out by staff who have been trained to do so.
- ✚ It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- ✚ Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Massage

- ✚ Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

- ✚ It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- ✚ Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- ✚ Care plans should include specific information for those supporting children with bespoke medical needs.
- School staff should use "Myconcern" to report intimate care, the following details should be included in their account.



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'From a tiny spark to a bright flame.'

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INTIMATE CARE RECORD FORM

To be completed and given to the Safeguarding Officer or Deputy (Recorded on Myconcern)

Name of child	
Date	
Time	
Member of staff dealing with intimate care/ any other adults present or informed.	
Child comments (if any)	
Parent/Carer comments	
Parent contacted Yes/No	Telephone number contacted on: _____ Time: _____ OR SEALED letter sent: _____



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INTIMATE CARE PLAN

To be completed and given to the Safeguarding Officer or Deputy (Recorded on Myconcern)

PARENTS/ CARERS	
Name of child	
Type of intimate care needed	
How often care will be given	
Preferred language/ signs/ symbols	
Where care will take place	
What resources and equipment will be used and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan.	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of child	
Date	

Next Review Date:

Toilet Training: Guidance Notes for Parents

Going to the toilet independently is an important for all children. The age at which children become toilet trained varies greatly from child to child.

Before you start:

It is important to avoid rushing into toileting before your child is ready. It can be difficult when friend's children are toileted or you have the pressure of a special event, such as starting nursery, but much of the frustration around toileting can be avoided by waiting until your child indicates they are ready.

Some of the signs to look for include:

- Your child telling you they are actually doing a wee or a poo. With praise they will gradually begin to recognise sooner and sooner until eventually they are able to 'hold on' long enough to get to a potty or toilet in time.
- Taking an interest in going to the toilet with you.
- Pulling at or telling you they have a wet or soiled nappy or even telling you they no longer wish to wear nappies.
- Able to stay dry for extended periods.

Modern nappies often mean children do not feel as wet or soiled as they did in years gone by. By looking out for signs, you can make sure you do not wait too long, or start too early.

Planning:

Once your child is ready to begin toilet training, decide:

- What language you would like to use. For example wee wee, poo, toilet, potty. If your child uses a signing or symbol system, choose appropriate signs.
- Would you like your child to use a potty or a toilet seat for young children? Where will this be kept?
- Who else needs to know? Make sure you let everyone who looks after your child knows that you are beginning toilet training and what you have decided about language and equipment.
- if possible, take your child to the toilet with you and talk through step by step what you are doing. Ask them if they would like to try.
- Introduce the toilet or potty in a comfortable, safe way. Make the experience fun by singing, playing games or reading a story. Give lots of praise, even when the child does not 'go'.

- Use a few drops of food colouring in the toilet bowl. The yellow of the urine will change blue to green, and red to orange. Use cherrios as a target for boys to aim.
- Expect accidents. Try not to show you are disappointed, but deal with accidents in a 'matter of fact' way.

Readiness for Toilet Training:

Use the checklist below to help you decide if your child is ready for toilet training. Not all of the items on the list will be appropriate to every child but the more items on the list that you have ticked, the more likely it is that your child will be successful. Do not be disheartened if you have not been able to tick many of the boxes yet, simply wait a few weeks and consider again.

You may want to share this list with staff at your child's early years setting or school if you are planning toilet training with them.

Child's Name:

Date of Birth:

My child is able to stay dry for an hour or more

My child imitates the actions of others

My child knows what a potty or toilet is for

My child is able to stay on task for 5 minutes or more








My child knows if/s/he has a wet or soiled nappy on

My child is able to indicate his/her needs (using words, signs or gestures)

My child's faeces are solid and well formed

My child is NOT currently experiencing any particularly stressful situations

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid