



Cramlington Village Primary School

Intimate Care Policy

July 2020



“Empowering everyone to achieve”

Policy Title	Intimate Care
Policies that interrelate	Safeguarding Children Policy PSHE Policy Health and Safety Policy Supporting pupils and school with medical conditions & Managing Medical Needs in School Policy
Legal and Statutory documents linked	Education Child Protection Procedures Inter-Agency Child Protection Procedures
Governor Committee responsibility	Education
Date of last review	March 2017, Jan 2020, July 2020
Reviewer name and position	D Wylie / A Milligan
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Date approved by Governors	
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Introduction

At Cramlington Village Primary School we recognise that all children have different rates of development and differing needs during their time at school. Most children achieve continence before starting full-time school. With Cramlington Village Primary School having a nursery class and being a fully inclusive school, there is the possibility of more children who are not fully independent. Some children remain dependent on long term support for personal care, while others progress slowly towards independence. The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and families concerned. Difficulties with continence severely inhibit a child's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act in loco parentis are more likely to achieve their full potential. At Cramlington Village Primary School we are committed to ensuring that all children are able to access the whole curriculum and are able to be included in all aspects of school life. This includes providing suitable changes of clothing and attending to continence / intimate care needs of our children where necessary.

Aims

Cramlington Village Primary 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. Cramlington Village Primary 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.

All children have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the educational curriculum. Cramlington Village Primary School will work:

- to ensure that children with continence difficulties are not discriminated against in line with the Equalities Act 2010
- to provide help and support to children in becoming fully independent in personal hygiene
- to treat continence issues sensitively so as to maintain the self-esteem of the child
- work with parents in delivering a suitable care plan where necessary
- to ensure that staff dealing with continence issues work within guidelines that protect themselves and the children involved (link to Health and Safety (H&S) Policy and guidelines and Safeguarding Children Policy)

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a child 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, (e.g. the administration of rectal diazepam.)

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. 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.

Childrens Needs

The staff work hard to build effective relationships with the parents and carers of the children attending Cramlington Village Primary School. Any particular needs that a child may have will be dealt with sensitively and appropriately, working with parents/carers to ensure that each child can access the curriculum. Any child who has personal care or continence needs will be attended to in a designated area within school. Parents will only be contacted in extreme cases where soiling is severe and/or linked to illness eg. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.

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 will be trained to do so (including Child Protection and Health and Safety training in lifting and moving) and made 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 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.

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 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 reasons should be clearly documented.

Wherever possible the same child will be cared for by the same key worker on a regular basis as agreed with parents/carers in the care plan. This helps to provide greater privacy for the child and helps to ensure their dignity is maintained. If there is a concern that over-familiar relationships are developing this will be reviewed as part of the care plan, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.

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.

Care Plans

Where a child has particular needs (eg wearing nappies or pull-ups regularly, or has continence difficulties which are more frequent than the odd 'accident', staff will work with parents/carers (and health visitors/school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily. The written care plan (Appendix A) will include:

- Who will change the child including back-up arrangements in case of staff absence or turnover
- Where changing will take place
- What resources and equipment will be used (cleansing agents used or cream to be applied?) and clarification of who is responsible (parent or school) for the provision of the resources and equipment.
- How the product, if used will be disposed of, or how wet or soiled clothes will be kept until they can be returned to the parent/carer
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries
- Training requirements for staff
- Arrangements for school trips and outings
- Care plan review arrangements - these should be at least every 6 months even if no change is needed, but may need to be more frequent if a child's needs change. The review should also consider any additional staff training needs.



Care Plan Agreements

In these circumstances it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other (see Appendix B). This will include:

The parent:

- agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- providing the setting/school with spare nappies or pull ups, disposal bags, wipes and a change of clothing
- understanding and agreeing the procedures that will be followed when their child is changed at school –including the use of any cleanser or wipes
- agreeing to inform the setting/school should the child have any marks/rash
- agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home
- agreeing to review arrangements should this be necessary.

The school:

- agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- agreeing how often the child would be changed should the child be staying for the full day
- agreeing to monitor the number of times the child is changed in order to identify progress made. This may include having a notebook 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
- agreeing to report should the child be distressed, or if marks/rashes are seen
- agreeing to review arrangements should this be necessary
- agreeing to provide gloves, plastic aprons, a bin and liners to dispose of any waste.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs. Should a child with complex continence needs be admitted, the school will consider the possibility of special



circumstances and/or provision being made. In such circumstances, an appropriate health care professional (School Nurse or Family Health Visitor) will be closely involved in forward planning.

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 designated safeguarding lead.

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. This will form part of the care plan review. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staff responsibilities 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 Inter - Agency Child Protection Procedures for details)

Child Protection

The normal process of changing continence or wet/soiled clothes 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 changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of children with staff employed in our school. If there is a known risk of false allegation by a child then a single practitioner will not undertake changing. A student/trainee on placement will not change a child unsupervised. Wherever possible, the same member of staff will be allowed to change named children. This reduces the risk to the child and promotes their dignity. The care plan will outline backup or contingency measures in the event that the named member of staff is not available

Changing facilities

Where a child is having the occasional soiling/urinating accident it may be appropriate for them to be changed in the toilets in their area. This is most likely for children in EYFS.



Children who have long term incontinence will require specially adapted facilities. A large disabled toilet / changing facility is available in school with lifting equipment. This facility may also be used for older children who want to be removed from their peers and keep their need for intimate care private. It also has a changing station for changing younger children and reduces the risk of back injury.

Personal Care Procedures

The staff at Cramlington Village Primary School will follow agreed procedures (see Appendix C) when attending to the care or continence needs of any child within the setting, whether this be a child with a care plan agreement or a child who has had an occasional 'accident'.

Health and Safety Procedures

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures (see Appendix D) to protect both the child and the member of staff.

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 care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the organisation should be easily understood and recorded. 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.

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.

Physical Contact

All staff engaged in the care and education of children and young people 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 children this will be in response to the child'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.

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.

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.

Physical Education and other skills coaching

Some staff are likely to come into physical contact with children 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 child might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable child in the demonstration.

Children in distress

There may be occasions when a distressed child 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. Where appropriate the child's consent should be sought e.g. asking the child if they would like a cuddle.

Judgement will need to take account of the circumstances of a child'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.

Particular care must be taken in instances which involve the same child 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.

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 the child's needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerability 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, eg adults must not change in the same place as children or shower with children.

Monitoring and Review

The SENCo / Inclusion Leader will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families. It is the SENCO / Inclusion Leader's responsibility to ensure that all practitioners follow the school policy. Any concerns that staff have about child protection issues will be reported to the Designated Safeguarding Lead (DSL) and subsequently the Principal for further referral if appropriate. This policy runs alongside other school policies, particularly Safeguarding Children, SEND, and Health and Safety.



APPENDIX A

Cramlington Village Primary School - INTIMATE CARE PLAN

Name of child:	
Name of person(s) to change the child:	
Name of person(s) to change the child if main adult is unavailable:	
Where will changing take place:	
What resources and equipment will be used:	
Who will provide the resources and equipment that will be used:	
Training requirements for staff:	
Disposal of product in:	
Infection control measures:	
Special arrangements for trips / outings:	
When will the plan be reviewed:	
Review comments:	

If the child is unduly distressed, a member of staff will contact the parent/carer.

*If the above named member of staff is not available due to illness or staff training, then another person, familiar to the child will attend to the child's needs.

SENCO/ Inclusion Leader approval:

Date:



APPENDIX B

Cramlington Village Primary School - INTIMATE CARE PLAN AGREEMENTS

The parent/carer:

- I agree to ensure that my child is changed at the latest possible time before being brought to school
- I will provide school with spare nappies or pull ups and a change of clothing
- I understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes
- I agree to inform school should the child have any marks/rash
- I agree to a 'minimum change' policy i.e. school will not undertake to change the child more frequently than if s/he were at home.
- I agree to review arrangements should this be necessary

Signed: (parent/carer)

The school:

- We agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- We agree to monitor the number of times the child is changed in order to identify progress made
- We agree to report should the child be distressed, or if marks/rashes are seen
- We agree to review arrangements should this be necessary.

Signed: (school member of staff)

Name: (school member of staff)

Date:



APPENDIX C

Personal Care Procedures

The staff at Cramlington Village Primary School will follow agreed procedures:

- Change the child's clothing as appropriate, as soon as possible
- Use appropriate cleaning products and adhere to health and safety procedures (see Appendix D)
- Report any marks or rashes to parents and Principal if appropriate
- Inform parent/carer that a continence issue has arisen during the session
- Contact a parent/carer only where soiling is severe and/or linked to illness eg. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.
- Place a 'Do not enter' sign (visually illustrated) on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child.

APPENDIX D

Health and Safety Procedures

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled continence product used to be double wrapped, or placed in a hygienic disposal unit (identified bin in 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.
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Paper towels available for drying hands.