

Policy for Managing Intimate Care



Capenhurst CE (controlled) Primary School

Reviewed: September 2021

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This document sets out the policy and guidelines for managing intimate care of pupils at Capenhurst CE Primary School. Many children experience difficulties at times for a variety of reasons. Some children and young people are delayed in achieving continence, some may experience early puberty. An increasing number of children with disabilities and medical needs are being included in mainstream educational settings, many of whom require assistance with intimate care tasks. All children have the right to have their needs met with sensitivity.

Aims:

- To safeguard the rights and promote the welfare of children
- To provide guidance and reassurance to staff whose contracts include intimate care
- To assure parents and carers that their child's needs will be met
- Remove barriers to learning and participation and ensure inclusion for all children

Principles

Every Child Matters

All children must be welcomed and not excluded from any activities because of a delay in achieving continence. Neither will they be required to wait for parents/carers to arrive to attend to them, or sent home to change.

Commitments:

- to protect a child's dignity with a high level of privacy, choice and control
- to promote independence wherever possible
- to consult parents and carers and respect their views and wishes and take religious and cultural values into account

Definition of intimate care:

For the purpose of this document, intimate care refers to care tasks of an intimate nature, associated with bodily functions and personal hygiene. These include dressing and undressing, feminine hygiene, washing, helping someone use the toilet and changing pads or continence products.

All staff may potentially be required to provide intimate care and must have:-

- an enhanced DBS disclosure
- received in-house induction in safeguarding children before undertaking their duties and attend formal safeguarding training as soon as possible

Further training may be deemed necessary, for example, training linked to the child's particular medical condition or learning difficulties.

It is not usually necessary for more than one adult to be present when assisting or changing a child, as this can further erode a child's dignity.

Safeguarding children:

Staff will report any concerns about any physical changes they notice while caring for a child, for example, any bruises or marks. Any distress a child exhibits about being cared for by a particular member of staff will be taken seriously, recorded, discussed with parents and a solution will be sought.

In the event of any allegations made against a member of staff, all necessary procedures will be followed, including notifying LADO or the SCiE team if appropriate.

Protecting members of staff:

Parents of children who require regular support should inform school prior to and when their child starts school. They should be involved in drawing up individual care plans for their children.

Parental consent should be gained for all children to be supported with intimate care tasks, should they require it.

Staff should ensure that the child understands and agrees to have intimate care prior to it happening.

All intimate care provided should be recorded and parents informed.

Staff providing intimate care should follow the good practice guidelines outlined below.

Good Practice Guidelines:***Appointments***

Personal needs with regard to intimate care should be considered in the appointment and induction of appropriate support staff, e.g. job description and personal specs of staff could be amended. Current staff will be made aware of any intimate care needs and their agreement to undertake such responsibilities sought and job descriptions amended accordingly.

Location and hygiene

Intimate care will be undertaken in the accessible toilet where there is access to hot and cold running water, privacy and sufficient space with adequate heating and ventilation.

Disposable gloves and aprons are easily accessible from their location in the disabled toilet. Supplies of clean clothes (the child's own where possible) will be stored in the disabled toilet and/or on the child's peg as appropriate.

Use anti-bacterial handwash and spray for surfaces, e.g. a solution of "Detisor 33" diluted 1 part Detisor to 100 parts water is recommended. All hazardous products must be clearly labelled and stored out of reach of children and young people.

Where a changing table is required, it will be located securely in the accessible toilet and arrangements will be in place to prevent the child from sliding off it.

Make arrangements for disposal of waste in line with local health requirements.

Interacting with the child

Staff will ensure the child understands what is going to happen; use visual clues where necessary, such as showing the soap or the clean pad.

Use the child's name and ask the child's permission before beginning intimate care. Explain what you are doing as you are doing it, and why.

Encourage the child to be as independent as possible and carry out as many tasks for themselves as they can.

Offer choices to children where possible, for example, which towel to use, which clean underpants to wear.

Be aware of and responsive to the child's reactions. Build the child's self esteem and confidence.

Recording

As soon as possible after the intimate care has been provided, record the following: child's name, adult's name, date, time, nature of incident, action taken and any concerns or issues. This should be signed by the member of staff and the parent where possible. Confidentiality should be respected.

For regular occurrences or where there is an ongoing need, an individual care plan should be devised in consultation with the child, parents and any involved health professionals. This should be designed to lead to independence and should be revised regularly. Schools and parents may seek advice from the continence nurse and schools should consider whether a TAF is necessary.

Support for staff

All staff should be aware of the policy and guidelines for providing intimate care for children. There should be regular opportunities for them to raise any issues and share any concerns. They should be offered training where appropriate.

Personal Care Record – Pupils Name

Date and time	Staff initials	Care Task		Frequency of visit	Time spent in Bathroom	Pupil comment	Staff comment	Parent/ carer informed
		Type	Support					

Key:

<p>Type:</p> <ol style="list-style-type: none"> 1. wetting 2. soiling 3. both 4. vomit 5. feminine hygiene 6. medical care 	<p>Support</p> <ol style="list-style-type: none"> a. independent b. verbal encouragement c. partial physical help d. full physical help e. resistant reluctant 	<p>Frequency of visit</p> <ol style="list-style-type: none"> A. part of care programme B. daily C. weekly D. monthly E. less often F. "accidental" wetting/soiling or both 	<p>NB 'Pupil comment' – use appropriate communication system</p> <p>'Staff comment' – needs to be brief – one word/short phrase and appropriate for the child to see (Freedom of Information Act etc) Refer to other policies and procedures for concerns such as safeguarding</p>
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PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE TO CHILDREN AND YOUNG PEOPLE

Statement for management of intimate care needs for inclusion in School Prospectus for prospective, pupils, parents and carers

Issues around personal care, including children and young people having occasional wetting or soiling accidents may arise for children of varied ages throughout their school experience. This can have an impact on the child's social and emotional wellbeing if not dealt with sensitively. To help us support your child effectively please take the opportunity to discuss any issue with any of your child's teachers or support staff especially prior to school trips/residential visits.

Child's Last name:	
Child's First name:	
Male/Female:	
Date of birth:	
Parent/carers name:	
Address:	

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 Headteacher of any medical complaint my child may have which affects issues of intimate care

Name.....

Signature.....

Relationship to child.....

Date.....