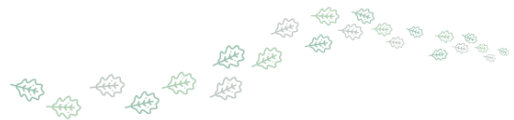


**STYAL PRIMARY SCHOOL**

**INTIMATE CARE  
POLICY**



**Styal Primary School**



**Updated September 2024**

## Introduction

*This policy applies to everyone involved in the intimate care of children regardless of their position within the school and should be read in conjunction with:*

- Accessibility Policy
- Equality policy
- Health & Safety Policy
- Anti-bullying Policy
- SEND Policy
- Safeguarding and Child Protection Policy

At Styal Primary School, we recognise that all children have different rates of development and differing needs during their time at school. Many of our pupils, especially those in our Early Years settings and those with SEND require intimate care, most often associated with continence. We are committed to ensuring that all pupils 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 needs of our pupils where necessary.

Styal 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**. These guidelines on Intimate Care aim to both to protect those being cared for and the staff who care for children's needs. Dependency on a wide network of carers and other adults is the everyday experience of some children, especially those who are younger or those with SEND in order that their medical and intimate care needs such as toileting can be met. At Styal Primary School, we believe that everyone is safer if expectations are clear, and approaches are as consistent as possible. Statutory guidance requires the development of local guidelines and training for staff on good practice in intimate care for disabled children.

This document meets this statutory requirement and is also applicable to children without disabilities.

We recognise 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, embarrassment, or pain.

### **Legislation / Statutory guidance**

The following legislation and guidance have been used to inform this policy:

- Children Act 1989
- Childcare Act 2006
- Health and Safety at Work Act 1974
- Equality Act 2010
- S.175 / S.57 Education Act 2002 (local authorities, governing bodies of maintained schools and institutions in the further education sector)
- Education (Independent School Standards) (England) Regulations 2010
- Children Act 2004
- Working Together to Safeguard Children
- Keeping Children Safe in Education

### **Definition**

Our definition of *Intimate Care* is any personal care activity in which involves washing, touching or carrying out a procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. There are many incidents where staff duty of care requires a level of intimate care however these would most commonly include:

- All aspects of toileting / continence support

- Supporting a pupil who has a medical need associated with an intimate area of the body
- Attending to a pupil who has undressed themselves
- Supporting a pupil to change their clothing where there is a necessity to fully undress
- Supporting pupils who are menstruating to change sanitary products

### **Best Practice Principles**

- The management of all children with intimate care needs will be carefully planned where appropriate / possible.
- Where intimate care is planned, permission must be obtained from parents. This may also include any other plans which identify the support of intimate care where appropriate.
- The most appropriate environment (e.g the toilets, dedicated changing areas) should be selected to always ensure privacy and dignity. Care should always be undertaken with tact, sensitivity and in an unhurried manner. Gloves should always be worn.
- If washing is required, always use a disposable cloth or baby wipe and, where possible, encourage the child to attempt to wash / clean private parts themselves. Emphasis should be on staff providing the minimum level of assistance and intervention, compatible with the particular circumstances and the child's needs. Washing **MUST** take place in an appropriate environment which always ensures the dignity of the child.
- If a child is naked in a public area of the school such as a classroom, the hall, the corridor, or the outside area including the playground, field, or any additional outbuildings (eg sensory shed) where the child has removed clothing, the priority should be the pupil's physical safety. If safety is assured, reasonable attempts to maintain the pupil's privacy / dignity should be made for example by using screens or providing a cover up until such time as the pupil may be dressed again. Pupils who require their clothing to be changed, (e.g if it has become wet or dirty) should be encouraged to undress / dress

themselves where possible and physical help should be kept to a minimum.

- The child who requires intimate care is always treated with respect; the child's welfare and dignity are of paramount importance. Each child's right to privacy will be respected.
- Training is delivered according to the need of individual pupils. The nature of this training includes advice by the Bladder and Bowel team, the Safeguarding Children in Education Service (SCIES) and regular, professional discussion and supervision to reflect on best practice.
- Staff will be supported to adapt their practice in relation to the needs of individual children considering physical needs, developmental changes such as the onset of puberty and menstruation.
- Individual intimate care plans, if appropriate, will be drawn up for children as felt appropriate to suit the circumstances of the child.
- 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 them self as they can. This may mean, for example, giving the child responsibility for pulling down and pulling up a 'pull up' and washing themselves.
- 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 at least 1 familiar adult unless there is a sound reason for having more adults present.* If this is the case, the reasons should be clearly documented and written into their own individual care plan.
- Wherever possible, staff should only care intimately for older/more aware pupils of the same sex. Male staff will not be asked to carry out intimate care procedures on female pupils above statutory school age, unless this is specifically agreed as part of the care plan. However, in the case of younger pupils and older boys with more significant learning difficulties female staff will assist in their needs as the majority of staff are female and this is the only practical option.
- For any regular, intimate care procedure other than those relating to toileting described below a detailed care plan will be drawn up in conjunction with the pupil and parents.

## **Toilet training / accidents / continence**

We expect most pupils at Styal Primary School to achieve independent toileting by the time they reach statutory school age. For most children, parents have a responsibility to promote toilet training and whilst we will support parents in continuing planned toilet training programmes, we encourage families to take this responsibility seriously.

Accidents and unexpected soiling will sometimes occur. On these occasions there may not be a personalised care plan in place or prior parental authorisation. In some situations (eg: needing to clean a young person after a toilet accident) and where the delay will not cause distress, phone permission can be sought. At other times, such as where the soiling may cause discomfort or distress or where the parent cannot be contacted, as part of our duty of care to the pupil, prompt action will be taken to ensure the dignity and comfort of the pupil.

### **Children, parents, and staff all have responsibilities linked to this issue:**

- Children, where possible, must be taught strategies to make their need for the toilet clear either verbally or using a sign or symbol.
- Staff who have children on toilet training programmes or long-term continence differences must ensure that relevant staff are aware and competent in maintaining programme consistency.
- Staff will ensure that all children have regular opportunities and encouragement to go to the toilet at suitable times during the day including when off the school site.
- All staff will ensure that any soiling incidents are dealt with **quietly and respectfully** to avoid any embarrassment for the child.
- Parents must keep children who are unwell away from school to reduce the chance of stomach bugs from spreading. Children should stay off school until the symptoms have stopped for 48 hours.

Parents must also come to the school as quickly as possible to care for their child who has become unwell.

In the case of pupils with planned intimate care needs, parents will only be contacted in extreme cases where soiling is severe and/or linked to illness eg. sickness and diarrhoea where the soiling is not typical for that pupil. Parents may also be called where a child refuses to let a member of staff help change their clothing or continence product.

### **Toileting procedures**

The exact nature of any individual's toileting care will be detailed in their intimate care plan.

Toileting plans will be stored discreetly in the area most used for the care procedure for each pupil.

Should older female pupils require support with sanitary care whilst toileting, this will be detailed within their care plan.

The following principles are most used, and will form the basis of most care plans:

- If the intimate care plan has been agreed and signed by parents, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child. The presence of more than 1 member of staff is seen as a potential barrier to pupil dignity. However, for some children whose needs may be more complex, 2 members of staff may be needed, 1 to undertake changing and the other to support.
- It is usually not appropriate that a single individual carries out all the care needs for one pupil due to the potential risks around grooming, and over dependence. Therefore, wherever pupil's intimate care needs will be attended to by a small number of regular staff who should be familiar to the child to promote dignity. The care plan will outline back up or contingency measures if the named members of staff are not available.

- Pupils at all stages of development will be actively encouraged to develop independence on every occasion of intimate care.
- For children who are taught in the Reception classroom, intimate care will be carried out in the far end of the Reception cloakroom area near to the staff toilet which will be made as private using a roller blind to act as a privacy screen. This must be used if other children are within the vicinity or in the classroom/nearby outside area. For other children not taught in the Reception classroom, they will use the toilets they are nearest to or more familiar with. They are located in the mobile classrooms and in the main school. All toilet cubicles have a door for privacy.
- Where pupils above statutory school age will be encouraged to stand during changing procedures; this affords increased dignity and can be a steppingstone to encouraging independence. Where a pupil requires changing in a prone position (for example younger children or those with mobility needs) this will form part of their care plan. However, for some children, this may not be possible and so the child's intimate care plan must be referred to.
- If a pupil requires creams to be applied during changing, they may be encouraged to do this themselves, for example by applying cream to some tissue and prompting the child to apply this. If this is not practical for the pupil, a detailed procedure for this procedure should be included in their care plan.
- Staff undertaking intimate care will use always wear gloves. Aprons are also supplied for staff use. The use of aprons is dependent on individual care needs, and there may be times where dignity concerns mean that aprons are unsuitable. However, when the toileting procedure involves faeces, it is strongly advised that staff wear an apron for the task. Aprons and gloves should be disposed of in the designated bin.
- Intimate care should always be undertaken in an area with suitable hand washing facilities and these should be used by both the staff members and the pupil during the care process.
- Nappies, continence products and other soiled items for disposal will be tied into a plastic nappy bag and disposed of in designated disposal bins. If nappies are wet but not soiled and can be wrapped



such that urine is fully contained internally, these can be placed in the lined nappy bins to reduce environmental impact.

- Each incidence of intimate care will be recorded, and individual records will be kept, in accordance with Styal Primary School Data Protection Policy, with the pupil's care plan so that it can be easily shared with parents or other agencies as required.

### **Safeguarding and Child Protection**

- All staff working at Styal Primary School will apply for an enhanced Disclosure and Barring Service (DBS) check prior to employment commencing and undertake regular Safeguarding and Child Protection training.
- All children will be taught personal safety skills carefully matched to their level of ability, development and understanding.
- Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. Staff should be encouraged to always listen to the child.
- Developmentally appropriate information for pupils on how to report concerns is available to all children.

### **Identifying and reporting concerns**

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 in school or Deputy Safeguarding Lead. Such incidents should be recorded promptly and accurately.

- If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded.
- Parents/carers will be contacted at the earliest opportunity as part of this process 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, Child Protection/Managing Allegations procedures will be followed.
- All staff involved in intimate care will be involved in regular training on its implementation and required to confirm that they have read this policy annually. They will also be reminded of need to refer to other policies the school holds for clarification of practices and procedures.
- If a child is hurt accidentally during an intimate procedure he or she should be reassured immediately, and the staff member should check that he or she is safe. The incident must be reported immediately to the Designated Safeguarding Lead or a Deputy Safeguarding Lead. Incidents should be recorded promptly and accurately.
- If a child appears sexually aroused, misunderstands, or misinterprets an action/instruction in a manner which causes concern, the incident should be reported immediately to the Designated Safeguarding Lead or a Deputy Safeguarding Lead. Incidents should be recorded promptly and accurately.

### **Links with parents / other agencies**

- Partnership with parents is essential in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities.
- Positive links with other agencies such as the bladder and bowel service, Occupational therapy, Physiotherapy, Speech and language therapy will enable school-based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's wellbeing and development remains paramount.
- Regular meetings with parents, and where appropriate health agencies will be arranged by school to ensure clarity in any plans around intimate care.
- Parents who have children wearing nappies or continence pads will be asked to supply appropriately sized nappies, continence pads, wipes and disposable bags. The school will supply gloves. Every

effort will be made to ensure that the parent's choice of continence product is used, however a supply of spare continence products will also be supplied by school and may be used on occasion. We also require parents to supply specialist swimwear for those pupils without bowel continence.

## **Pupil Voice**

It is essential that all children, regardless of their age, developmental and communicative ability, are afforded the opportunity to have their voice heard regarding their own care. To this end Styal Primary School will:

- Where-ever practical, allow the child, to express a preference regarding the choice of his/her carer and if appropriate, sequence of care.
- Agree appropriate terminology for private parts of the body and functions to be used by staff.
- Some pupils may use non-standard terminology (for example terms generated within the family) for parts of the body and functions. It may provide the pupil with increased independence to use more standard terminology and if this is felt to be the case this will be discussed with the pupil and their family and will form part of the pupil's plan.

## **Communicating needs relating to intimate care**

- It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods commonplace at Styal Primary School may include words, signs, symbols, visuals.
- For pupils who communicate more fluently, either through verbal or augmentative systems, the opportunity to discuss the care process will be offered regularly.
- Where pupils cannot communicate verbally it may be possible to determine a child's wishes by observation of reactions to the intimate care.

- Where there is any doubt that a child can make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.
- To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in any Intimate Care Plan.

### **Monitoring and Review**

The SENDCo will take responsibility for monitoring that agreed procedures are being followed and are meeting the needs of children and families.

It is the SENDCo'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) for further referral if appropriate.

## **Annex 1 – Early years intimate care procedure**

The procedures detailed here are to ensure the safety of both the children in our care and the Early Years team.

### **Nappy Changing**

Nappies must be provided to the school from the parent/carer.

- All children should be changed as and when needed but at least two times daily
- All nappy changes must be recorded by the member of staff responsible and should include the following details;
  - Date and time
  - Child's name
  - Type of change: "W" (wet) OR "S" (soiled)
  - Staff member details
- A soiled or wet nappy must be changed as soon as a staff member is aware of the need
- When changing a nappy, staff must wear a disposable apron and disposable gloves. These must be removed and disposed of after each change
- A nappy sheet must be placed on the changing mat to lay the child down on. The mat should be cleaned using anti-bacterial spray after each change.
- Hands must be washed after each change
- All nappies and wipes must be disposed of in the bin provided

### **Potties**

- When children are using potties, staff are to give them privacy by sitting them out of sight of passers-by and other children using the toilet area.
- After use, staff must dispose of the waste immediately into a toilet.
- Potties must be cleaned with anti-bacterial cleaner.
- Children (and staff) must wash their hands after using the potty

## **Soiling**

If a child has a wetting or soiling accident whilst wearing clothes, the child must be changed immediately.

Soiled underwear/clothes should be placed in a nappy sack and located with the child's other belongings to be sent home. If underwear is particularly soiled/stained; they will be disposed of in a nappy sack and parents will be informed.

Parents should be informed of the incident.

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Review date: September 2024

Headteacher: Sara Chignell

Chair of Governors: Lee Walsh