

Greenside Primary School
Intimate Care Policy



Introduction

Staff who work with young children or children/young people who have special or medical needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

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.

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. Staff behaviour is open to scrutiny and staff at Greenside Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

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

Greenside 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. Greenside Primary 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.

Principle of Good Practice

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

Staff who provide intimate care are trained to do so (including child protection and safeguarding training) and are fully aware of best practice. Where necessary, apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

It is reasonable to expect that a proportion of children on admission to a setting or school will have toileting needs. These needs may range from a child who needs a simple prompt to go to the toilet to the child who is not yet toilet trained. The home visit is a good opportunity to reassure parents and carers that this is a natural part of development and to share information. Before entry it would be good practice to establish the following: seek information from parents at the home visit; determine whether there is any ongoing support within the home from other professionals; agree a personal care plan with parents and inform all staff about their roles and responsibilities.

When supporting children with toilet training, it is important to adopt consistent approaches at home and within the school with the aim of working towards the earliest possible, or the maximum possible, independence with toileting.

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 and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

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. 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. A personal care log should be kept for every child who requires support with their intimate care.

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. The child will be cared for by one adult with a second adult in close proximity. A student on placement should not undertake intimate care unsupervised.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

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 care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned senior member of staff 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.

Further guidance for staff based upon the Gateshead Local Authority document “Supporting the personal development of young children: Continence” can be found in the appendices to this policy.

Safeguarding

All staff receive regular child protections and safeguarding training and updates in line with the safeguarding requirements. All additional policies and procedures will be discussed with any staff responsible for providing intimate care at the inception of each new case.

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 Headteacher as Designated Safeguarding Lead (or in her absence, the Assistant Headteacher(s) as Deputy Safeguarding Leads). A clear record of the concern will be completed in line with the Safeguarding Policy.

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 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 in line with school policy will be followed.

School staff must consult with community based services whenever planning toilet training or special toileting arrangements for children subject to a Child Protection Plan or where community based services children's teams are involved.

Reviewed: January 2024

Next review: January 2026

Appendix 1

Good practice guidance to support children who require toilet training

It is expected that teaching assistants of all levels who have been trained to support young children will undertake to support their personal care as stated in their job descriptions. This support includes the requirement to offer personal care to support toileting and development of independent personal self-care. Some teachers in the early years may also wish to support children's personal care.

- Staff should ask parents or carers to provide manageable clothing for their children. Clothes have to be easy for the child to pull up and down. Wherever possible it is better to train the child with appropriate clothing rather than continuing to rely on the nappy or training pants.
- Staff should ask the parents or carers to provide the school with several appropriate changes of clothing in case of accidents.
- It is the responsibility of parents or carers to deal with wet or soiled clothing. Staff should liaise accordingly and make necessary arrangements.
- Staff should plan the agreed routine with the parent or carer so that they know what is happening and seek their support in maintaining the pattern at home.
- Wherever possible, try to ensure that sinks and toilets are of the appropriate size for children. Where necessary, toilet seats and steps should be provided.
- Wherever possible, establish a pattern whereby the parent or carer bringing the child to school takes them to the toilets on entry every day for as long as this is needed.
- Organise that a member of staff is given the responsibility for taking the child to the toilet at fixed, appropriate points throughout the day. Whenever possible, arrange toilet visits during a break time in the child's day to day routine. Careful observations may identify when a child 'needs to go'.
- Ensure the routine established in school is strictly maintained from the start and try hard to avoid accidents. If necessary, shorten the time between visits to the toilet so that the child gets into the habit of being dry.
- Children may be anxious and preoccupied by toilet difficulties, but usually respond to praise, encouragement and confidence building. Establishing a reward system would be helpful to reinforce success. It is important to build self-esteem in other areas of development.
- Make drinking water easily accessible and encourage the child to have little and often rather than in large amounts at a time.
- Reminders to use the toilet should be discrete and staff may consider the use of signs, pictures or code words.
- Make little fuss over accidents which do occur and ensure that they are dealt with swiftly, appropriately, sympathetically and in a calm, low-key way. Remember that some children love the personal attention they receive when being changed so try not to make this a chatty, personal occasion. Give extra attention when they have made the effort to go to the toilet independently.
- No child should be left wet or dirty for a parent or carer to change later.
- After a period of training, it may be sufficient to remind the child to go to the toilet on their own. Members of staff will know whether the child needs help or can manage alone. Be positive and patient and praise the child for effort.

- It is not reasonable to expect parents or carers to be on emergency standby to change children during the school day.
- It may be necessary to develop a care plan.

Appendix 2

Health and Safety Considerations

A risk assessment for intimate care should be carried out and regularly updated. It may be necessary to produce individual risk assessments depending upon the circumstances involved.

Personal Hygiene

Hygiene procedures are important in protecting pupils and staff from the spread of infectious diseases. Staff should be trained in and follow correct hand-washing techniques. Staff should use vinyl disposable gloves, disposable aprons and antibacterial wipes. It may be helpful to have a disposable roll of paper available. Latex should not be used.

Washing Children

Always have an agreed, written and signed procedure with parents. Use sensitivity and discretion and wash only as necessary. Wherever possible, use minimum physical contact with the child, especially in intimate areas. Check access to warm water and soap and use a bowl purely for that purpose. Check with parents for allergies when using soap or wipes. It may be appropriate to ask parents to send in labelled soap and wipes for their child. If using towels, consider procedures for laundry and include information in the plan.

Location

Whenever possible, use the existing toilet areas. If these are inappropriate then try to choose a private location, screened to protect the dignity of the child without putting staff at unreasonable risk. Do not change pupils in teaching or public areas or in any location used for the preparation of food or drinks. Do not use any location unless you are sure it is safe.

Disposal

Whenever possible, use the usual toilet facilities to flush the contents of nappies and waste water. Soiled nappies should be placed in a nappy sack. Two dedicated bins should be provided, one for the disposal of nappies and the other for gloves, aprons, wipes, paper and disposable cleaning cloths. Where possible, dirty clothes should be placed in a plastic bag for parents to collect at home time. These soiled clothes must be stored in a designated place, other than the school cloakroom.

Dealing with Spillages

Spillages should be dealt with promptly. Good practice in personal hygiene is essential, for example separate mops, antibacterial sprays and disposable cloths.

Specialist Training

When pupils with physical disability require physical and manual handling, all staff undertaking these duties should have approved training from the Local Authority.

Appendix 3
Greenside Primary School
Intimate Care Plan



| | | |
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| Name of Child: | D.O.B | Year Group: |
| Purpose of plan: | | |
| Members of staff involved in providing personal care needs: | | |
| Equipment needed: | | |
| Procedures and Routines: | | |

I / we give permission for the named members of staff to attend to the personal care needs of my / our child.

Signed: Parent(s)/Carer(s):

Date: _____

Teacher:

Date: _____

Other Designated Staff:

Date plan to be reviewed: _____

