



GLPS Intimate Care and Toileting Policy

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GLPS Intimate Care Policy

Introduction

GLPS 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. 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. The definition of Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases, such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure, only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam). 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 are trained to do so (including Child Protection and Safeguarding training) and are fully aware of best practice. 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 adult 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.
- 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.
- The Protection of Children Safeguarding Procedures and Multi-Agency Child Protection procedures will be adhered to.
- All children will be taught personal safety skills carefully matched to their level of ability, development and understanding. For example, they are taught to say 'no' if someone does something they do not like.
- 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 HT or a Designated Safeguarding Lead (or other Designated Safeguarding Lead at the school).
- 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.
- 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 will be followed.
- All staff will be required to confirm that they have read the document 'Keeping Children Safe in Education 2020' and understand the need to refer to other policies the school may hold for clarification of practices and procedures.

GUIDANCE ON TOILETING AND PROVISION OF INTIMATE CARE

1. INTRODUCTION

1.1 The Intimate Care Policy and Guidelines applies to everyone involved in the intimate care of children.

1.2 These guidelines should be read in conjunction with other policies a school may hold, for example:

- Child Protection Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Moving and Handling Policy

- Safeguarding Policy

1.3 The term parent/s is used to refer to parents, carers and legal guardians.

2. DEFINITION OF INTIMATE CARE

2.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. Care may involve help with drinking, eating, dressing, washing and toileting or the administering of medicines. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

2.2 In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

3. AIMS

3.1 The aims of this document and associated guidance are:

- To provide guidance and reassurance to staff
- To safeguard the dignity, rights and wellbeing of children and young people
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

4. PRINCIPLES

4.1 This document embraces the following principles:

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to be accepted for who they are, without regard to age, ability, race, culture or beliefs

5. WORKING WITH PARENTS

5.1 Partnership with parents is a vital principle in any educational setting and is particularly necessary 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 or cultural sensitivities.

5.2 Prior permission must be obtained from parents before Intimate care procedures are carried out. This should be in writing and would usually be in the format of a care plan and a care plan agreement.

5.3 Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Health Care plans and any other plans that identify the need to support of intimate care.

5.4 Exchanging information with parents is essential through personal contact, telephone or correspondence. However, information concerning intimate care procedures should not be recorded in home/school books or in any other way as it may contain confidential information that could be accessed by people other than the parent and staff member. Recording equipment such as mobile phones or cameras must not be taken into areas where intimate care is carried out.

6. WRITING AN INTIMATE CARE PLAN

6.1 Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

6.2 In developing the plan the following should be considered:

- Staff ratios and procedures
- Toilet arrangements and equipment (e.g. spare clothes and disposable gloves)
- Awareness of a child's discomfort which may affect learning
- The importance of working towards independence
- Who will substitute in the absence of the appointed person.
- Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if the child has an odour

6.3 All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure 3 should also be included to explain how concerns arising from the intimate care process will be dealt with.

6.4 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. 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 records will be kept in the child's file and available to parents/carers on request.

6.5 Care Plan Agreements

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 school
- providing the school with spare nappies or pull ups, 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 school should the child have any marks/rash
- agreeing to a 'minimum change' policy i.e. the 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 should the child soil themselves or become uncomfortably wet
- agreeing how often the child would be changed during a full day
- agreeing to monitor the number of times the child is changed in order to identify progress made
- agreeing to report should the child be distressed, or if marks/rashes are seen
- agreeing to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the 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.

7. LINKS WITH OTHER AGENCIES

7.1 Positive links with other agencies 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.

8. PUPIL VOICE

8.1 Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.

8.2 Agree appropriate terminology for private parts of the body and functions to be used by staff.

8.3 It may be possible to determine a child's wishes by observation of reactions to intimate care.

8.4 Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

8.5 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 may include words, signs, symbols and body movements.

8.6 To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

9. RECRUITMENT

9.1 Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.

9.2 Recruitment and selection of all candidates for posts follows the DBS procedure, equal opportunities and employment rights legislation, and with regard to guidance and legislation detailed in Safeguarding Children and Safer Recruitment in Education.

9.3 At least one person on each interview panel must be accredited in safer recruitment.

9.4 Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.

9.5 Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.

10. STAFF DEVELOPMENT

10.1 Staff must receive Safeguarding training every year.

10.2 Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.

10.3 Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.

10.4 It is imperative for the school and individual staff to keep a dated record of all training undertaken.

Senior staff members should be able to:

- Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
- Consult parents about arrangements for intimate care
- Ensure staff are aware of all appropriate procedures, Safeguarding and Child Protection Policy & Health & Safety Policy etc
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.

Ensure staff know of a whole school approach to intimate care In addition, identified staff members should be able to:

- Identify and use a communication system that the child is most comfortable with.
- 'Read' messages a young child is trying to convey
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when Child Protection procedures must be followed.

11. ENVIRONMENTAL ADVICE

11.1 When children need intimate care facilities, reasonable adjustments will need to be made.

11.2 Additional considerations may include:

- Protective clothing including disposable protective gloves/yellow sacks - provided by the school
- Labelled bins for the disposal of wet & soiled nappies,
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, Anti-bacterial hand wash,
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- An effective system should be identified to alert staff for help in emergency

12. INVASIVE PROCEDURES

12.1 The school should make arrangements to ensure that there is always another member of staff nearby or within earshot, when intimate care takes place.

13. VULNERABILITY TO ABUSE

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. Staff should be encouraged to listen.

13.1 It is essential that all staff are familiar with the school's Safeguarding Policy and procedures.

13.2 The following are factors that can increase a child's vulnerability:

- Children with disabilities may have less control over their lives than others
- Children may experience multiple carers

- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

13.3 If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

14. SAFEGUARDING AND ALLEGATIONS OF ABUSE

14.1 It is essential that all staff are familiar with the school's Child Protection and Safeguarding Policies and procedures.

14.2 If a child is hurt accidentally, he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

14.3 If a child misunderstands or misinterprets an action / instruction, the incident should be reported immediately to the designated line manager.

14.4 Personnel working in intimate situations with children can feel particularly vulnerable. The School policy can help to reassure both staff involved and the parents of vulnerable children.

14.5 Action should be taken immediately should there be a discrepancy of reports between a child and the personal assistant, particularly with reference to time spent alone together.

14.6 It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis.

14.7 Where there is an allegation of abuse, the guidelines in the Child Protection procedures should be followed.

15. TOILETING PROCEDURES

15.2 Working with Parents Working in partnership with parents is vital. Exchanging information with parents is essential; parents should be encouraged and empowered to work together with staff to ensure a consistent approach.

15.4 Staff Development Staff must receive Safeguarding training every year (Designated Safeguarding Leads' training is reviewed every 2 years). In addition, identified staff members should be able to:

- Access other procedures and policies regarding the welfare of the child Identify and use a communication system that the child is most comfortable with
- 'Read' messages the child is trying to convey
- Communicate and involve the child in the toileting programme
- Offer choices, wherever possible
- Develop, where possible, greater independence
- Maintain confidentiality with children unless it is a child protection issue when Safeguarding Procedures must be followed

15.5 Environmental Advice

The school ensures that toilet facilities are easily accessible and well maintained to promote children's awareness of good hygiene practices and developing independence.

Appendix A Great Linford Primary School Intimate Care Plan

Name of child:	
Name of person(s) to provide care:	
Name of persons (s) to provide care if main adult is unavailable:	
Details of intimate care to be given:	
Where care will take place:	
Resources and equipment provided by home:	
Resources and equipment provided by school:	
Who will provide the resources and equipment that will be used:	
Training requirements for staff:	
Disposal of any products in:	
Infection control measures:	
Special arrangements for trips/ outings:	
When will the plan be reviewed:	
Review comments:	

PERMISSION FOR GREAT LINFOR PRIMARY SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).</p> <p>Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
<p>The Parent:</p> <ol style="list-style-type: none"> 1. I agree to ensure that the child is changed at the latest possible time before being brought to the school 2. I will provide the school with spare nappies or pull ups, wipes and a change of clothing 3. 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 4. I agree to inform the school should the child have any marks/rash 5. I agree to a 'minimum change' policy i.e. the school will not undertake to change the child more frequently than if s/he were at home. 6. I agree to review arrangements should this be necessary <p>Signed: (Parent/Carer)</p> <p>The School:</p> <ol style="list-style-type: none"> 1. We agree to change the child should the child soil themselves or become uncomfortably wet 2. We agree to monitor the number of times the child is changed in order to identify progress made 3. We agree to report should the child be distressed, or if marks/rashes are seen 4. We agree to review arrangements should this be necessary. <p>Signed: (School member of staff)</p> <p>Name: (School member of staff)</p> <p>Date:</p>	
Parent/carer signature	
Relationship to child	
Date	