



Intimate Care Policy

Vision Statement

'A cord of three strands is not easily broken'
Ecclesiastes 4:12

Introduction:

The Trinity Partnership is committed to ensuring that all staff responsible for the intimate care of children or young people will undertake their duties in a professional manner at all times. We recognize 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. 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.

The schools take seriously their responsibility to safeguard and promote the welfare of the children and young people in their care in line with "Keeping children safe in Education"

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day to-day activities must not be discriminated against.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

Definition:

Intimate care is any personal care that most people usually carry out for themselves. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Our Approach to Best Practice:

- The management of all children with intimate care needs will be carefully planned and should be a positive experience for all involved.
- 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 this care are trained to do so [including child protection] and are fully aware of best practice.
- Suitable equipment and facilities are provided to assist with children who need special arrangements following assessment from a physiotherapist/ occupational therapist.
- Staff are supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as puberty e.g. menstruation.
- Whenever possible staff who are involved in the intimate care of children are not involved with the delivery of sex and relationships education to the children in their care as an additional safeguard to both staff and children involved. If staff are involved care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.
- Children are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff ensure each child does 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 as appropriate and shared and agreed by the child and their parents.
- Each child's right to privacy is respected. Careful consideration is given to each situation to determine how many carers need to be present when the child is being cared for. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. In this case, the reasons should be clearly documented and reassessed regularly.
- 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 when there is no male staff.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the 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.

Child Protection:

- The Governors and staff of Trinity Partnership recognise that disabled children are particularly vulnerable to all forms of abuse.
- Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.
- If a member of staff has any concerns about physical or behavioural changes in a child/young person's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the designated person for child protection in their school/setting.
- If a child/young person is displaying inappropriate sexual behaviour, advice should be sought from the appropriate source (e.g. In schools this might be: Designated Person for Child Protection, School Nurse, Social Care, Child Advice and Duty Service CADS).
- 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/young person's needs remain paramount. Further advice, following the Interagency Procedures will be taken from outside agencies as necessary.
- If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

Care Plans:

Where a pupil 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.

The written care plan 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
- Plans for increased independence
- Care plan review arrangements

Personal Care Procedures

All staff 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
- Report any marks or rashes to parents and designated safeguarding lead 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.

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) if the number produced each week exceeds that allowed by Health and Safety Executive's limit.
- 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.

This policy will be reviewed in full by the Governing Body on an annual basis. This policy was last reviewed and agreed by the Governing Body 01 09 19 It is due for review on 01 09 20

Signature 

Head Teacher

Date: 01 09 19

Signature 

Chair of Governors

Date: 01 09 19

Intimate Care Parent Reply Slip

Child's name:		
School:		
I have received and read the Trinity Partnership Intimate Care Policy.	Yes	No
I give permission for a trained adult at the school to assist my son / daughter, should they require help of an intimate nature	Yes	No
I acknowledge that the school will keep a log of such an incident and will inform me as soon as is possible	Yes	No
I have a copy of my child's care plan which I have agreed to	Yes	No
Parent Name		
Signed		
Date		

Intimate Care Plan

Child/young person:		School/Setting:	
DOB:		Male/female	
		Date:	
Description of intimate care needs:			
Task: Identify one part of this process, which could be developed so that greater independence/involvement can be achieved.			
Action Plan – Describe the steps needed to achieve this task			
1.			
2.			
3.			
Named person:			
Additional people who may cover if named person is absent:			
I am in agreement with the above procedures being undertaken		Signed parent/carer:	
Signed named person:		Signed additional person:	
Signed additional person:		Signed SENCO:	
Date:		Date for review:	