



Morley Memorial Primary School Intimate Care Policy

Policy Name	Intimate Care Policy
Status	Recommended
Person Responsible	Beth McGreer
Reviewed By	Full Governing Body
Date of Review	October 2021
Frequency of Review	Every 2 years
Next Review Date	October 2023

Introduction

Morley Memorial Primary School 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 recognise that there is a need to treat all children/young people with respect when intimate care is given. No child/young person should be attended to in a way that causes distress, embarrassment or pain.

What is Intimate Care?

Intimate care is any personal care that most people usually carry out for themselves.

Our Approach to Best Practice

Where a child has a 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 to ensure that the child is able to attend school daily.

The management of all children/young people with intimate care needs will be carefully planned to ensure that the child/young person 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 have Safeguarding and Child Protection training and are fully aware of best practice, including having read the Department of Education (DFE) guidance documents: 'Working Together to Safeguard Children' and 'Keeping Children Safe in Education'. Suitable equipment and facilities can be identified to assist with children/young people who need special arrangements by requesting assessment from an Occupational Therapist.

It is the schools responsibility to support staff that are carrying out intimate care procedures. Advice can be given by contacting the occupational therapy service, school nurse or the Education Child Protection Service as required. Whenever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationships education to the children/young people 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/young people will be supported to achieve the highest level of autonomy possible given their age and abilities. Staff will ensure each child/young person 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/young person and their parents/carers.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the child/young person 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 reasonable and practical 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 member.

Intimate care arrangements will be discussed with parents/carers and recorded on the care plan. The needs and wishes of children/young people and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

We recognise that there may be occasions where children unexpectedly have toileting accidents. We ask parents of children in reception to provide spare clothing for this purpose. For other children, we have a limited number of spare clothing to loan out in these situations and children will be asked to change into their PE kits in the first instance. Children who need to change will be encouraged to do so independently, putting their wet or soiled clothes into a bag to be taken home with them. If soiling is severe and we are not able to support the child to be cleaned to a comfortable, safe state we will call parents/carers for support with this.

Personal Care Procedures

The 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 and intimate care plan
- 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 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 while dealing with the incident
- Soiled continence products to be placed in a hygienic disposal unit
- Hot water and liquid soap available to wash hands as soon as the task is completed

Safeguarding Children

Cambridgeshire Local Safeguarding Children Board (LSCB) Safeguarding Interagency Procedures will be adhered to alongside the school's safeguarding and child protection policy and procedures.

All children/young people will be taught personal safety skills as part of Personal Social and Health Education (PSHE) relative to their age, ability and understanding. Research indicates that children with an awareness of personal safety and the ability to be assertive are more resilient to abuse. These skills will be shared with parents/carers to enable them to be consolidated within the home/community.

If a member of staff has any concerns about physical or behavioral 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 safeguarding lead (Katy Kowalska).

If a child/young person is displaying inappropriate sexual behavior/language, this should be shared with the designated safeguarding lead who will advise or seek advice from the appropriate source.

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 against a member of staff the procedures for Allegations Against Staff will be followed as outlined in the school's Safeguarding and Child Protection policy. All staff involved in intimate care are required to have read the School's Policy and Guidance for Intimate Care and the DFE guidance: 'Working Together to Safeguard Children' and 'Keeping Children Safe in Education' as previously mentioned. Be aware of the need to refer to other policies the school/setting may have in place for clarification of practices and procedures.

This policy was developed by consultation between staff, the governing body or management committee, parents and children/young people (as appropriate) and was ratified by _____ on _____.

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Intimate Care Plan

Note: It is expected that children will be toilet trained upon entering Reception, unless they have a diagnosed medical condition which prevents this. For children for whom this applies an intimate care plan drawn up in discussion with parents and carers, health professionals and where appropriate the young person, sets out how that care will be managed.

Child's Name:	Date:
	Date to review:
Class:	Year:

Plan written by
and agreed with parents/carers on
with/without views from the child. (If not, why not)

Main areas of need:

-
-
-

Protocol for cleaning and changing

Toileting plan:
(including toileting location, staffing required, materials, products and equipment to be used and how these will be provided, measures taken to reduce the possible spread of infection, how products will be disposed of, special arrangement for trips)

Dressing/undressing plan:

Medical plan:

How will parents/cares be informed of any intimate care given:

Parents:

- agree to ensure that the child is changed at the latest possible time before being brought to the school

- will provide the school with the items as outlined above
- understand and agree the procedures that will be followed when my child is changed at school – including the use of any cleanser or wipes
- agree to inform the school should my child have any marks/rash
- 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.
- agree to review arrangements should this be necessary

Signed (parent/carer) Date.....

Assistant Head Inclusion: Date