



## **Intimate Care Policy**

### **Principles**

The Governing Body will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children and Safer Recruitment in Education'(DfES 2006) to safeguard and promote the welfare of pupils at this school.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs, is one aspect of safeguarding.

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 day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the following:

- Child Protection Policy
- Health and safety Policy
- First Aid Policy
- Special Educational Needs Policy
- Positive Handling Policy
- Staff Code of Conduct

Orchard 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. It is acknowledged that these adults are in a position of great trust.

The school recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

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

### **Definition**

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care

It also includes supervision of children involved in intimate self-care.

## **Best Practice**

Staff who provide intimate care at Orchard School are trained to do so including in child protection and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

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.

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 their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

All 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 him/herself as possible.

Children who require regular assistance with intimate care have written Individual Education Plans (IEP) or care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.

Where a care plan or IEP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home/school diary.

Every 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. Adults who assist children one-to-one should be employees of the school and be CRB checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.

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.

Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school as no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

## **Child Protection**

The Governors and staff at Orchard School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse. The school's Safeguarding / child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

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. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the designated member of staff for Safeguarding (DMS). These are:

Mr Hoosen Randeree (Headteacher)

Mrs Farhana Suleman (Assistant Headteacher / Deputy DMS)

Mr Kevin Umekwe (Assistant Headteacher / Deputy DMS)

A clear written record of the concern will be completed and a referral made to Lambeth Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) 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 an adult working at the school, this will be investigated by the Headteacher (or by the Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.

Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher Mr Hoosen Randeree or to the Chair of Governors Mr Maksud Gangat if the concern is about the Headteacher.

## **Physiotherapy**

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes. Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of the school.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

## **Medical Procedures**

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as managing catheters or colostomy bags. These procedures will be discussed with parents/carers documented in the IEP or care plan and will only be carried out by staff who have been trained to do so.

Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

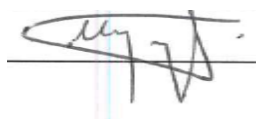
### **Record Keeping**

It is good practice for a written record to be kept in an agreed format every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

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

This policy was reviewed and adopted by the Governing Body on: March 2017

The next review is scheduled for: March 2019

A handwritten signature in black ink, appearing to be 'M. J.', is written over a horizontal line. The signature is somewhat stylized and includes a small flourish at the end.

Chair of Governors

## APPENDIX 1

The school uses the policy and guidance from Lambeth LA to ensure best practice in managing intimate care.

-----

### Policy for managing children's personal and self-care in Lambeth (EYFS) settings and schools

#### **Background**

This document has been written as guidance in best practice for school leaders, teachers, practitioners and support staff working in private, voluntary, independent and maintained early years and childcare settings (including children's centres, out of school provision and nursery or reception classes in schools). The aim of the document is to ensure inclusive practice in developing and managing children's personal care, in regard to continence and ensuring the needs of all children in Lambeth are met appropriately and with sensitivity.

Single point entry will be rolled out across Lambeth from September 2011. The vast majority of children will be toilet-trained before starting school or an early years setting. However, it is recognised that some children and young people are delayed in attaining this key personal and self-care skill. Others may never achieve continence due to a disability. Therefore it is very important that schools and settings have policies and practices in place to ensure that they can respond to a child's continence needs, should they arise.

#### **What the law says**

**The Disability Discrimination Act (DDA) 1995** requires all education providers to re-examine all policies, consider their current practice, and revise their arrangements if necessary. In particular, changes will have been required where previous admissions policies included predetermined or inflexible rules about continence. Schools and other education settings also need to ensure that they provide an accessible toileting facility if this had not previously been available. The Department of Health issued clear guidance about the facilities that should be available in each school (Good Practice in Continence Services, 2000).

The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his or her ability to carry out normal day-to-day activities. Admission policies that set an absolute requirement of continence, or any other aspect of development, are discriminatory and therefore unlawful under the DDA.

Asking a child's parent(s) or carer to come and change their child is likely to be a direct contravention of the Disability Discrimination Act, and leaving a child in a soiled nappy for any length of time pending the return of the parent could be considered a form of abuse.

#### **Equality Act 2010**

The Equality Act is a legislative framework to protect the rights of individuals and improve equality of opportunity for all, which protects individuals from unfair treatment and promotes a fair and more equal society.

The Equality Act came into force in October 2010 and recognises nine strands of inclusion, including age and disability.

A significant and growing minority of Lambeth children will make the transition into early education having had no previous assessment of their learning or developmental needs. The council recognises this continuing challenge and offers guidance and support to all early education settings in meeting the needs of Lambeth children by using early identification and individualised planning in addition to making the necessary reasonable adjustments. Many children will have their individual learning and development needs addressed. However, some may go on to have a learning difficulty or disability that makes it harder for them to learn or develop than most children of the same age.

**The Early Years Foundation Stage (EYFS) 2008** provides a statutory framework for care, learning and development of all children, including those with disabilities and/or learning difficulties from birth to five. The key themes of the EYFS (A Unique Child, Positive Relationships, Enabling Environments, Learning and Development) indicate a clear obligation on all settings to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of developmental delay.

## **Admissions**

It is unacceptable to refuse admission to children who are delayed in achieving continence. Delayed continence can occur for a number of reasons and is a manageable condition. Children should not be excluded from school, nursery or any activities because they are not toilet trained. Issues should be dealt with on an individual basis, and settings are expected to make reasonable adjustments to meet the needs of each child.

Refusing to admit a child with learning difficulties and/or physical difficulties because of their incontinence or delayed personal development is likely to be viewed as discriminatory. The local authority will challenge admission being refused to children who are delayed in achieving continence.

## **What this means for you**

### **Review your policies and practice**

They should indicate your commitment to working in partnership with parents and carers to support children in developing independent toileting, and must not exclude children using nappies or pads.

All schools and settings should have clear written guidelines for staff to follow when changing a child. This will support the induction and supervision of all staff, ensure consistency in following the correct procedures (you should already have infection control measures in place) and offer protection from false allegations of abuse. It will also clarify for parents what procedures the school or setting follows when supporting personal care.

You may wish to consider a core vision / mission statement that makes reference to inclusion and anti bias or anti discriminatory practice.

There should be a clear process for the school or setting to use when a child is admitted or leaves the setting (e.g. a transition meeting, personal care and/or management plans, monitoring and review arrangements, etc.)

Schools and settings may also consider in their written policies the possibility of special circumstances arising should a child with complex continence needs be admitted. In such circumstances the appropriate health care professional will need to be closely involved in forward planning.

Local authority officers can offer practical advice, guidance and support in how to make reasonable adjustments (this may include staff deployment, small private areas for changing or minor adjustments to routines).

## **Child Protection**

The normal process of changing a nappy should not raise child protection concerns, and there are no regulations that indicate a second member of staff must be available to supervise the nappy changing process to ensure abuse does not take place. If there is known risk of false allegations then a single practitioner should not undertake nappy changing.

Staff in all settings and schools should be encouraged to remain highly vigilant for any signs or symptoms of abuse or improper practice, as they would for all activities carried out on site. There should already be procedures in place for staff members when they notice that a child is unduly distressed and/or has unexplained marks or injuries.

## **Resources**

When several children wearing nappies enter foundation stage provision of a school, the foundation stage teacher or co-ordinator should discuss with the SENCO the availability of additional resources from the school's delegated SEN budget to ensure that the children's individual needs are met.

## **Job Descriptions**

Personal care is an integral part of teaching and learning within the early years. By definition it involves the early year's staff team supporting the development of an individual child's personal hygiene skills. In schools, it is likely that most of the personal care will be undertaken by one of the teaching assistants. There are some schools where teachers also take a turn with this task, but it is recognised that this does not often happen. Occasionally offering personal care may not be in the job descriptions of teaching assistants or practitioners. If this is the case for anyone working with young children, it is recommended that this be included at the earliest opportunity. It may be necessary to re evaluate and amend job descriptions to cover intimate or personal care. Schools and settings should consider offering personal care to promote independent toileting and other self-care skills included as one of the tasks in any new posts.

## Partnership Working

In some circumstances it may be appropriate to set up a home-setting agreement that defines the responsibilities that each partner has, and the expectations each has for the other. In particular both parties should agree to share information about the implementation of a toilet training programme or toileting/changing plan for a child.

This agreement might include:

The parent/carer responsibilities:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting
- Providing the setting with spare nappies, pads and a change of clothing
- Understanding and agreeing the procedures that will be followed when their child is changed at the setting - including the use of any cleanser or the application of any cream
- Agreeing to inform the setting should the child have any marks/rash
- Agreeing to the implementation of individual toilet training programmes
- Agreeing to review arrangements should this be necessary

The setting's responsibilities could be:

- To work flexibly enough to be able to change the child when needed
- How often the child will be changed should the child be staying for the full day
- To minimise disruption to the child's participation in the daily routines and experiences
- To share information regularly with parents in order to plan for the child's individual personal care needs
- To report to the parents/carers and/or others should the child be distressed, or if marks/rashes are seen
- The implementation of individual toilet training programmes
- To review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents/carers feel confident that the setting is taking a holistic view of the child's needs.

## Keys to Success

Remember that delayed continence may be linked with delays in other aspects of the child's development, and will benefit from a planned programme worked out in partnership with the child's parents.

There are other professionals who can help with advice and support. The family GP, School Nurse or Family Health Visitor have expertise in this area and can support parents to implement toilet training programmes in the home. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems.

Parents are more likely to be open and honest about their concerns if they understand that support strategies can be put into place.

## Support available

By working closely with parents and carers all children can be included and enjoy full access to the experiences and opportunities on offer at the setting.

In schools the Educational Psychology Service is available to support you in addressing the needs of children, including the use of whole school approaches.

The following contacts can also provide support and advice:

### Inclusion Outreach Team

Anne Jacobs (team leader)

020 7926 8788 or 07538 183 169

[ajacobs2@lambeth.gov.uk](mailto:ajacobs2@lambeth.gov.uk)

Lynn Andrews

07951 463 327

[landrews@lambeth.gov.uk](mailto:landrews@lambeth.gov.uk)

Alison Reynolds

07908 108 298

[areynolds2@lambeth.gov.uk](mailto:areynolds2@lambeth.gov.uk)

Grace Malcolm

07957 608 046

(on maternity absence)

[gmalcolm@lambeth.gov.uk](mailto:gmalcolm@lambeth.gov.uk)

### Complex and Special Needs Nurse

Jenny Wegrzyn

0203 049 6126

[Jenny.Wegrzyn@lambethpct.nhs.uk](mailto:Jenny.Wegrzyn@lambethpct.nhs.uk)

### Early Support Manager

Karen Nugent, Tel: 07908 119 625

## **Pee's and Poo's**

Lorraine Ward, Early Intervention Health Visitor

Patricia Roberts, Early Intervention Child Development Advisor 020 3049 6338

## **Special Educational Needs (SEN) team**

Adam Yarnold 020 7926 9579

Sara Wannop 020 7926 9254

School Standards and Improvement team (for maintained settings)

Jan Bennett EYFS team leader

Tel: 07805 949932 Email: [jbennett1@lambeth.gov.uk](mailto:jbennett1@lambeth.gov.uk)

## **Other Useful Resources:**

### **Books:**

**Toilet Training for Individuals with Autism and Related Disorders: A Comprehensive Guide for Parents and Teachers (1999) Wheeler, M ISBN: 1 – 885477 45 7 (Bowker-Saur)**

**The New Social Story Book (2000) Gray, Carol  
ISBN: 1 – 885477 66 X (Future Horizons)**

**“We can do it!”: Helping Children who have Learning Disabilities with Bowel and Bladder Management (2002) Mary White and June Rogers ISBN: 1 – 903444 19 5 [www.eric.org.uk](http://www.eric.org.uk)**

**Promoting Continence in Children with Disabilities: minimum standards for treatment and service delivery (2005) Bonner, L. (ed. P Dobson) [www.eric.org.uk](http://www.eric.org.uk)**

**NHS Modernisation Agency (2003) Good Practice in Paediatric Continence Services – Benchmarking In Action [www.modern.nhs.uk](http://www.modern.nhs.uk)**

**Enureris Resource & Information Centre (ERIC), 34 Old School House, Britannia Road, Kinswood, Bristol, BS15 8BD.  
Telephone: 0117 960 3060 Website [www.eric.org.uk](http://www.eric.org.uk)**

**Good Practice in Continence Services, 2000. Available free from Department of Health, PO Box 777, London SE1 6XH or [www.doh.gov.uk/continenceservices.htm](http://www.doh.gov.uk/continenceservices.htm)**

### *Websites:*

#### **Organization Website address**

Sure Start [www.surestart.gov.uk](http://www.surestart.gov.uk)

Early Support Programme [www.earlysupport.org.uk](http://www.earlysupport.org.uk)

Disability Equality in Education [www.diseed.org.uk](http://www.diseed.org.uk)

KIDSactive [www.kidsactive.org.uk](http://www.kidsactive.org.uk)