



Oakley Vale Primary School

Guidance on Toileting and Provision of Intimate Care



1. Introduction

- 1.1 The Intimate Care Guidance 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 and 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 involved washing, touching or carrying out an invasive procedure that most children carry out for themselves, but which some are unable to due to physical disability, special educational needs associated with learning difficulties, medial needs or needs arising from the child's stage of development.

Care may involve help with drinking, eating, dressing and toileting. 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 the document and associated guidance are:
- To provide guidance and reassurance to staff.
 - To safeguard the dignity, rights and well-being 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. Principals

4.1 This document embraces tenets of Every Child Matters:

- 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, gender, ability, race, culture or beliefs

5. Working with Parents

5.1 Partnerships with parents are 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 or any religious or cultural sensitivities.

5.2 Should a child need showering due to soiling parents will be informed.

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 needs and support with intimate care.

5.4 Exchanging information with parents is essential through personal contact, telephone or correspondence.

5.5 Recording equipment such as mobile phones or cameras must not be taken into area where intimate care is carried out.

6. Writing an Intimate Care Plan

6.1 Where a routine is required an Intimate Care Plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. This 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
- Toileting 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

should be included to explain how concerns arising from the intimate care process will be dealt with.

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 Within school we will use anatomical terms for private areas of the body.

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 methods 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 methods 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 potential stressful areas of anxiety and conflict.

9.2 Recruitment and selection of all candidates for post follows the enhanced DBS procedures, 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 Enquiries should be made into any restrictions the candidates may have which will hinder 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 dates record of all training undertaken.

Senior staff member 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, Child Protection Policy and Health and 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 a whole school approach to intimate care

In addition identified staff members should be able to:

- Identify and use communication systems 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 then 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 – provided by the school.
 - Labelled bins for the disposal of wet and soiled nappies.
 - Supplies of suitable cleaning materials, antibacterial spray, sterilising fluids, deodorisers, antibacterial hand wash.
 - Supplies of appropriate clean clothing, nappies, disposal bags and wipes.
 - Changing mat or changing bench.
 - An effective system should be identifies to alert staff for help in an emergency.

12 Invasive Procedures

- 12.1 The school should make arrangements to ensure that there is always a second member staff present, when intimate care takes place.

13 Vulnerability to Abuse

- 13.1 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.
- 13.2 It is essential that all staff are familiar with the schools' Safeguarding Policy and procedures.
- 13.3 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
- 13.4 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 misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the designated manager.
- 14.3 Staff working in intimate situations with children can feel particularly vulnerable. The school policy can help reassure both staff involved and the parents of vulnerable children.

14.4 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.

14.5 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.

14.6 Where there is an allegation of abuse, the guidance in the Child Protection procedures should be followed as well as the trusts Managing Allegations about Staff policy.

15 Toileting Procedures

15.1 Working in partnership with parents is a vital principle of school life. Exchanging information with parents is essential; parents should be encouraged and empowered to work together with staff to ensure a consistent approach.

16 Staff Development

16.1 Staff must receive Safeguarding training every year (Designated Safeguarding Lead's 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

17 Environmental Issues

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

Guidance Date: September 2019

Review Date: September 2020



Oakley Vale Primary School

Intimate Care Guidance



Introduction

Oakley Vale 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. 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.

Definition

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) 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 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 Principal or Designated Safeguarding Lead. 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 (see Multi-Agency Child Procedures for details).

All staff will be required to confirm that they have read the document 'Keeping Children Safe in Education' and understand the need to refer to other policies the school may hold for clarification of practices and procedures.

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