St Edmundsbury and Ipswich Diocesan Multi Academy Trust

St Mary's Church of England Primary School

Intimate Care / Continence Policy

Adopted: Autumn 2023 Review date: Autumn 2025

School Vision

The school's Intimate Care / Continence Policy reflects our Christian vision:

"Love one another. As I have loved you, so you must love one another." John 13:34

Unconditional love underpins all we do at St Mary's Church of England Primary School. We value and embrace the individuality of every child as they discover, learn and flourish in a place of security and love. We are an inclusive school, welcoming all children with respect, understanding and dignity. We have a duty of care to the children and will demonstrate the compassion and understanding that allows all children to flourish.

Rationale

At St Mary's C of E Primary School, we recognise our responsibility in meeting the needs of all our children and will make reasonable adjustments to ensure we do this. We recognise our duties in relation to the Special Educational Needs and Disability (SEND) Code of Practice and the Equalities Act 2010. We have legal and moral responsibilities to ensure that children are not discriminated against due to a special educational or medical need.

Some children who attend our school require help and support with some aspect of their intimate and personal care. We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The issue of intimate care is a sensitive one and the child's dignity should always be preserved with a high level of respect and privacy. No child should be attended to in a way that causes distress, embarrassment or pain. It is essential that intimate care is managed in close partnership with parents and carers in order to share information and offer 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. It also includes supervision of children involved in intimate self-care.

Younger children may require assistance with toileting, including nappy changing because they have not yet achieved full continence. Older children may require intimate personal care because they have special educational, medical, physical, visual, hearing or speech and communication needs.

Intimate 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 invasive medication.

Any staff member employed to work with children should reasonably expect that they may be required to meet the care needs of children as part of their role. Where there are exceptions and a staff member cannot provide intimate care, for example because of a staff member's own physical or health needs, this should be agreed with a senior leader.

Aims of the policy

- To ensure children are treated with sensitivity and respect
- To ensure that children are not treated differently because of their intimate care needs
- To ensure that the school has procedures in place for intimate care that safeguard the interests of children, staff, parents/ carers
- To provide clear procedures and ensure consistency in the handling of intimate care
- To establish good practice for joint working between the child, the child's parents/ carers and all professionals involved with the child

Keys to Success

- A successful transition to independence in this area of self-care is more likely to be achieved when school and parents work closely together with a positive approach to supporting this aspect of the child's development.
- We do not assume that the child has failed to achieve full continence because this has not been attempted at home. However, where this is the case, we will employ a positive and structured approach, developed in partnership with parents and carers, to ensure a successful outcome for the child.
- If there is further concern that delayed continence may be linked with delays in other aspects of a child's development, this will be sensitively discussed with parents, carers and the SENDCo / Pastoral Support Worker and where appropriate referral will be made to other professionals such as the health visitor, school nurse, GP, community Paediatrician.

Children with continence difficulties

The majority of children are continent before starting school. Reception staff are able to support pupils in working towards achieving the Early Years Foundation Stage goal to; "Dress and undress independently and manage their own personal hygiene". However, we need to be aware children with continence problems are a very diverse group requiring enhanced continued support. It is not possible to make broad generalisations about their needs, nor is it possible to distinguish clearly between the needs of children in early years

settings and those of children in school. Each child needs to be seen as an individual. However, broadly speaking, children with continence problems can be divided into the following groups:

1.	Late developers	The child may be developing normally but at a slower pace.
2.	Children with some developmental delay	The child may have a developmental delay in continence; either diagnosed or under investigation, but may well attend a main stream setting.
3.	Children with physical disabilities or continence-associated medical conditions	Physical disabilities and medical conditions such as cerebral palsy or spina bifida may result in long-term continence and development / management plans are likely to be needed. A child may also have a temporary medical condition that affects continence, such as severe constipation, requiring treatment; the child's continence difficulties may be resolved when the temporary medical condition is addressed (it may take time to retrain the bowel).
4.	Children with behavioural difficulties	Delayed toilet training may be part of more general social, emotional and behavioural difficulties.

Best Practice

- Delivering intimate care of a high quality that maintains a child's dignity requires careful planning that reflects each child's individual needs. This policy covers our general procedures but specific care will always be planned and agreed with parents and carers. This will usually be in the form of a Continence Care Plan (Appendix 2).
- Staff who provide intimate care for children with medical needs are trained to do so and are fully aware of best practice. All staff have received safeguarding training and, where required, training in lifting and handling. In the event that a child has specific care needs, staff will be appropriately trained.
- Supply teachers, volunteers and students should never be involved in intimate care procedures.
- Efforts should be made to ensure that the child is comfortable and relaxed by discussing the procedure with them in a friendly and reassuring way throughout the process.
- Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from medical professionals
- The child will be supported to achieve the highest level of autonomy that is possible given their ages 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. Continence Care Plans will be drawn up for particular children as appropriate to suit the circumstances of the individual.

- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account medical issues and developmental changes such as the onset of puberty and menstruation. When necessary, the school seeks advice from external agencies, such as the school nursing team and other medical professionals.
- As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same children, wherever possible.
- 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. In order to be discreet, 'code' words or phrases, or other agreed systems, may be used to indicate the need for intimate care without attracting the attention of other children.
- Where a Care Plan 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 a home/school diary.
- It may be necessary to report the arrangements for intimate care to external agencies if the child is involved in support through the Common Assessment Framework (CAF) or social services are involved at Child in Need or Child Protection level.
- 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 are employees of the school (not volunteers) and are subject to and enhanced DBS check.
- When intimate care is provided, it is good practice that two members of staff are present if possible. However, there is no regulatory requirement for this and there will be many circumstances in a primary school when this is not possible or practical due to the availability of staff and because the privacy of the child should be taken into account. Staff members involved will make a professional judgement on the level of staffing required. Where there is an agreed Care Plan in place, the management of intimate care, including the level of staffing required, must be discussed when the Care Plan is agreed, including the likelihood of provision by a single staff member. If a second member of staff is not actually involved or present during an intimate care procedure, staff members must inform another adult about the procedure taking place and the other adult should be close by. Especially where there is an identified medical need, it is preferable that a child with a Continence Care Plan (with parental consent) receives support in line with our duty of care than not receive it because a second staff member is unavailable.
- Wherever possible the same child will not be cared for by the same adult on a regular basis; staff members who are known to the child should 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. An exception to this is the Early Years Foundation Stage, particularly the Nursery, where there is a greater likelihood of children still wearing nappies and requiring occasional intimate care. In the Early Years Foundation Stage, intimate care is likely to be provided by the same staff members, who are known to the children.

- Female staff members will usually support boys in St Mary's Primary school as the vast majority of staff members are female and male staff members are unlikely to be available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. When a male staff member is providing intimate care, the child may request a chaperone; the child will be asked if they would like another adult present. 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 considered, particularly as they might affect certain practices or determine the gender of the carer.
- All staff members are aware of the need to be confidential. Sensitive information will be shared only with those who need to know.

Safeguarding

Safeguarding children has the highest priority in our school and it is the responsibility of all staff to ensure that our practice reflects this. Staff members recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

- All staff members must be aware of and understand the school's Child Protection and Safeguarding Policy.
- The school's Child Protection and Safeguarding Policy will be adhered to at all times.
- Staff carrying out intimate care procedures should inform another member of staff, ideally this would be the class teacher, when taking a child out of a classroom for this purpose.
- Children should not be left alone or unattended during toileting or changing procedures if this is part of a Continence Care Plan or they are having a nappy changed.
- If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises or soreness, they should report these concerns to the Designated Safeguarding Lead, in line with the school's safeguarding policy.
- If a child becomes distressed whilst care is being given, it should be stopped and advice sought from a senior member of staff. Attempts will be made to calm and reassure the child and continue the care.
- The normal procedure of providing intimate care should not raise safeguarding concerns and there is no actual requirement to have two members of staff present. The exceptions to this are when a specific medical condition exists that requires a complex procedure and where there is a known risk of false allegation by a child. The staff members involved will make a professional judgement about the staffing level required and this would also form part of an agreed Continence Care Plan should this be necessary.
- 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. The risks have to be balanced against the school's duty of care to the children.
- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 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 or to the Chair of Governors

if the concern is about the Headteacher as described in the school's Whistleblowing Policy.

- If a child makes an allegation against a member of staff, the necessary procedures will be followed in line with the school's Safeguarding Policy.

Physiotherapy

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in an School Support 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 particular needs 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 a School Support 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 are 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.

Applying topical medicines e.g. sun creams, eczema creams does require additional expressed parental permission. Children are encouraged to apply their own creams if this is judged to be appropriate by adults who work with the child.

Record Keeping

Written records (Appendix 1) are kept of ongoing intimate care provision as part of a Care Plan, occasional intimate care incidents and physiotherapy activities, including date, times and any comments, such as changes in the child's behaviour. Records clearly show which staff members were present. A letter (Appendix 4) will be sent home the same day in a sealed envelope.

These records will be kept by the teacher alongside medical and first aid records and would be made available to parents/carers on request. Medical permissions and provision is recorded separately from intimate care provision.

Facilities

Children who have long term incontinence may require specially adapted facilities.

Our school has two access toilet facilities with a wash basin that can be used for intimate care. While the school does have a shower for emergency use, this will not be used

routinely and, should showering be required after a significant soiling incident, our expectation is that parents will collect the child to facilitate this at home.

Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, flushable wipes and a changing mat. Parents are made aware of this responsibility when they sign to give consent for a Continence Care Plan.

The schools is responsible for providing gloves, plastic aprons, a bin and liners to dispose of waste.

Procedures

- The named member of school staff responsible for this policy, monitoring its implementation and the production of Continence Care Plans is the Special Educational Needs and Disability Co-ordinator (SENDCo). Any staff members known to children may be required to administer intimate care in order to meet fully our duty of care to all children.
- This guidance can be applied to changing nappies, occasional intimate care incidents and to ongoing intimate care needs addressed through an agreed Continence Care Plan. Where there is a Care Plan in place, this guidance must be considered and discussed with the parent / carer to inform the plan.
- When a child enters school still wearing nappies, we shall share the contents of the Intimate Care / Continence Policy with the parent / carer.
- If the child has a diagnosed medical condition or frequent incidents of soiling, we shall share the contents of the Intimate Care / Continence Policy with the parent / carer.
- The parent / carer is asked to sign a permission form (Appendix 3).
- Any adult involved in intimate care should be a member of the school staff, not a volunteer or parent helper.
- Staff members must ensure they are aware of the Child Protection and Safeguarding Policy and procedures in place within the school. If concerned about a child's actions or comments whilst carrying out intimate care, staff should record this in the Intimate Care Log and using the school's safeguarding recording systems (see Child Protection and Safeguarding Policy). Concerns must be discussed with the Designated Safeguarding Lead (DSL) or the alternate in a timely manner.
- Children who need changing during lesson time or lunch and break times due to a toileting accident, and/or the child is not toilet trained, should be changed in the nearest appropriate toilet or the disabled toilet to allow for privacy and/or supervision.
- Like any staff members, midday supervisors must be prepared to provide intimate care if necessary. However, it is essential that this does not leave insufficient staffing on duty outside. Therefore, midday supervisors will make a judgement on whether the level of supervision is such that they cannot provide the care, in which case they will take the child to another member of staff for support. In most circumstances this will be the class teacher.
- Use the nature of the accident/incident and the knowledge of the child to make a judgement on how many adults should be involved in intimate care. In most cases, it is advisable to have two adults in attendance especially in cases where the child is identified as vulnerable, is on the child protection register or where knowledge of the child or family indicates there could be difficulties/allegations could be made. This should be discussed and agreed when parents give consent to a Continence Care Plan.
- If the child has specific medical conditions or mobility difficulties, this will need to be discussed with the SENDCo and specific arrangements will need to be made. This may involve additional training for staff and the provision of specialist equipment.
- The primary member of staff likely to be providing intimate care is a teaching assistant while the class teacher retains responsibility for supervising the other

children in the class. However, the teacher may provide intimate care if necessary or to ensure it is not always the same staff member.

- The member of staff providing the intimate care keeps a record of procedures (Appendix 1). This is kept with children's medical and first aid information.
- If a child is soiled or wet then they are the first priority in a classroom.
- If a child is identified as having wet or soiled themselves the staff member will encourage the child to change in the allocated class toilets.
- If this is not felt appropriate then the child will be taken to an access toilet for more privacy.
- The staff member can request a second adult to be present for additional support as required.
- Ensure another member of staff, preferably the class teacher if during lesson time, knows that you are withdrawing the child and why. Speak to the child by name and explain what is happening. Ensure privacy appropriate to the child's age and situation.
- Staff will provide reassurance to the child and talk them through what they need to do, encouraging independence, whilst providing support.
- Consider the dignity of the child and allow them to make a decision on how they are assisted. Ask the following if relevant:
- Would you like some help? Would you like me to help you? Would you like me to come with you and wait outside the door in case you need any help?
- Professional judgement should be used. Be aware and responsive to the child's reactions if assisting with intimate care. Ensure any religious and cultural values are considered. In the Early Years Foundation Stage and Key Stage 1 or classes in which there is a recurring issue, ensure spare clothing and disposable wipes are readily available
- If the child is unwell it would be appropriate to contact parents.
- Record all incidents of intimate care and send a note to parents (Appendix 4) if the child has been assisted in any way.
- Parents must be informed of the provision of intimate care when collecting their child.
- If staff suspect soiling as a one-off incident and it is denied by the child, the matter should be referred to the parent for advice – usually a telephone call. Forcing the child to 'prove otherwise' is unnecessary and unwise. However, so is allowing children to sit in soiled clothing. If needed a decision will be made by a member of the Senior Leadership Team to either seek parental advice, send the child home or ask parents to collect and deal with the problem themselves. If the child is regularly receiving intimate care and denial is part of a pattern of behaviour, then strategies will be sought that encourage the child to be truthful or check more carefully. For example, 'code' phrases may be used so that the child is not embarrassed and praise / rewards may be used to encourage the child to volunteer information. The circumstances, individual needs and history of care will inform the judgement of members of staff. Where intimate care is regularly provided, there should be an agreement in place with parents with regard to dealing with the child's denial of the need for intimate care.
- A child's refusal to allow themselves to be changed will result in an immediate telephone call to inform parents. Parents can choose to visit the school to change the child or take them home to change – then return to school.
- Any injuries needing intimate care should be dealt with sensitively. Senior Leadership Team should be called in such circumstances and parents may be requested to attend as appropriate.

Hygiene

- Hygiene procedures are important in protecting children and staff from the spread of infection and the necessary equipment will be provided to ensure that this happens.

- All staff are aware of the procedures for avoiding infection and must follow basic hygiene procedures.
- Protective gloves and an apron should be worn at all times, when dealing with a child that has soiled, and disposed of in the appropriate bin after use.
- Changing mats and facilities will be cleaned thoroughly between each use with the appropriate cleaning materials.
- Any spillages or leakages should be cleaned immediately using the appropriate cleaning materials.
- Where possible soils and spills should be disposed of down the toilet.
- Nappies and pull ups should be double-bagged and disposed of in the appropriate bin. All waste, including disposable gloves must be double-bagged before disposal.
- Soiled clothing should be bagged, unwashed, and sent home with the child.
- Any damaged or torn equipment such as changing mats should be immediately discarded.
- Should a child need significant cleaning, such as after vomiting or diarrhoea, and it is believed that the child is ill, parents should be contacted to take the child home because of these symptoms. In such circumstances, it may be appropriate for the 'cleaning up' of the child to be either carried out by the parent at school or at their home to avoid distress and the spread of illness. This should be discussed with the parents when they are contacted about the suspected illness. Children who have a sickness 'bug' should remain absent from school for 48 hours.

Intimate care away from school premises

Visits and activities outside of the school building are a normal and exciting part of our curriculum and children requiring some form of intimate care should have the same access to these opportunities as other children.

- All activities must be carefully planned to ensure that the same high standards of care are provided outside of school as inside of school.
- Consideration should be given to intimate care needs as part of the risk assessment process for educational visits and activities out of school and in line with their Care Plan.
- Staff should ensure that any location has the necessary facilities before planning any visit.

Partnership Working – Home and School

It is essential that parents / carers and the school work in partnership to meet children's needs. The following expectations aid supportive, partnership working:

Parent/carer:

- Agreeing to ensure that their child is changed at the latest possible time before being brought to the school;
- Providing the setting/school with spare nappies, a change of clothing and appropriate equipment, such as flushable wipes, where these have been agreed in a Continence Care Plan;
- Understanding and agreeing the procedures that will be followed when their child is changed at school – as outlined in the Care Plan;
- Agreeing to inform the school should their child have any marks/rash;

- Agreeing to a ‘minimum change’ policy i.e. the setting/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 and inform the school of any changes that need to be included in the Care Plan.

School:

- Agreeing to change the child at the earliest opportunity should the child soil themselves or become uncomfortably wet;
- Agreeing how often the child would be checked or changed as identified in the Care Plan;
- Agreeing to complete the record of intimate care each time the child is provided with intimate care;
- Agreeing to follow appropriate child protection and safeguarding procedures should the child be distressed or if marks/rashes are seen;
- Contacting parents to inform them of the provision of intimate care following occasional incidents or in line with the agreement in a Continence Care Plan if care is ongoing (see Appendix 4);
- Agreeing to review arrangements as and when necessary and, as a minimum, at six monthly intervals.

Linked Policies

This policy must be read in conjunction with the following school policies:

- SEND
- Child Protection and Safeguarding
- Code of Conduct
- Equalities
- Whistleblowing
- Health and Safety
- Administration of Medicines

Appendix 1

ST MARY'S C OF E PRIMARY SCHOOL RECORD OF INTIMATE CARE

CHILD'S NAME _____ DOB_____

CLASS TEACHER _____

Date	Time	Procedure / Comments	Staff Signature	Second Signature

Appendix 2

St Mary's C of E Primary School

Continence Care Plan

Name: …… DoB: ……..

Year Group/Class: ……

Identified Need	
Resources- provided by parent/ carer	
Resources – provided by setting/ school	
Action to be taken	
Staff involved	
Additional information	
Signature of parent/ carer	
Signature of child (if appropriate)	
Signature of school staff	
Signature of school nurse/ health professional if appropriate	
Review date	

Appendix 3

St Mary's C of E Primary School

Continence Policy Parental Agreement

Child's Name: _____

As a Parent/carer I:

- Understand the Intimate Care / Continence Policy.
- Agree to ensure that my child is changed at the latest possible time before being brought to school.
- Will provide school with spare nappies, flushable wipes and a change of clothing.
- Understand and agree the procedures that will be followed when my child is changed at school.
- Agree to inform school should my child have any marks/rash.
- Agree to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agree to encourage my child to be as independent as possible.

School will:

- Support your child with compassion, respect and dignity.
- Change your child during a single session should the they soil themselves or become uncomfortably wet.
- Agree with parent/carer how often their child will be changed should the child be staying for the full day.
- Monitor the number of times your child is changed in order to identify progress made.
- Follow the appropriate procedures for safeguarding.

I am fully aware of the School's Intimate Care / Continence Policy and procedures and my right to choose whether to allow the school staff to change my child using the agreed policy or to be contacted by the school to change my own child whenever required.

This consent remains in effect for the time my child is at St Mary's C of E Primary School and I understand that it is my responsibility to inform the school in writing if I wish to withdraw consent.

Please tick all that apply;

□ I give permission for my child's personal care needs to be undertaken by a staff member.

□ I wish to be contacted by the school whenever my child needs changing and will collect my child.

□ I understand it is my responsibility to provide the setting with my child's own bag containing nappies/pull ups, spare pants/clothes and flushable wipes. I will take responsibility to supply these daily.

Parent/carer's name: _____

Signed: _____ Date: _____

St. Mary's Church of England Primary School

Stonehouse Road, Hadleigh, Ipswich, Suffolk, IP7 5BH
(01473) 823268 www.stmaryshad.co.uk
admin@stmaryshad.co.uk
Headteacher: Mr. Andrew Frolish B A Hons

Date:

Dear parent / carer,

Re: Informing parents of an intimate care issue

This is a courtesy letter to inform you that _____had a toileting accident today at school.

The matter was dealt with swiftly and sensitively by a member of staff in accordance with our Intimate Care Policy.

We have returned the clothing for washing. Please wash and return any items borrowed from the school at your earliest convenience. If you wish to discuss the matter further then please contact the class teacher.

Yours sincerely

Mr A. Frolish

Headteacher