



LANCASTER
STEINER SCHOOL



LANCASTER STEINER SCHOOL INTIMATE CARE POLICY

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1. PRINCIPLES

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

Every child has a right to be safe;
 Every child has the right to personal privacy;
 Every child has the right to be valued as an individual;
 Every child has the right to be treated with dignity and respect;

All children have the right to be involved and consulted in their own intimate care to the best of their abilities;

All children have the right to express their views on their own intimate care and to have their views taken into account; and

Every child has the right to have levels of intimate care that are appropriate and consistent

- 1.1 The Governing Body of Lancaster Steiner School will act in accordance with Section 175 of the Education Act (2002), 'Working Together to Safeguard Children' (DofE July 2018) and Keeping Children Safe in Education (September 2020) to safeguard and promote the welfare of pupils at this school.
- 1.2 The school takes seriously its responsibility to safeguard and promote the welfare of the children in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.3 The Governing Body recognises its duties and responsibilities in relation to the The Equality Act (2010), 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.
- 1.4 Lancaster Steiner 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.
- 1.5 Lancaster Steiner School recognises that all children, whatever their age, sex, disability, religion, ethnicity, sexual orientation or transgender status, must be treated 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.



- 1.6 For each child, a parental/guardian permission for intimate care will be sought upon admission into Lancaster Steiner School.
- 1.7 Staff will work in close partnership with parent/carers to share information and provide continuity of care.

2. DEFINITION

- 2.1 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.
- 2.2 Intimate care can be a 'one-off' incident, for example, when a child has a toileting accident and needs assistance with cleaning or undressing. It can also be a more long term situation such as helping a physically disabled child with daily toileting needs.
- 2.3 It also includes supervision of children involved in intimate self-care

Relationship to other Policies

Health & Safety Policy
 Procedures
 Medical Conditions in School Policy
 SEND and Inclusion Policy
 Safeguarding Policy
 Child Protection Policy
 Staff Handbook
 Staff Code of Conduct
 Whistle-Blowing



3. PROCEDURE

It is inevitable that some children will have “accidents”. Other children may have medical needs. All children are asked to keep a change of clothes in school in case they are needed. In the event that incontinent incidents become an on-going issue, an Individual Health Care Plan (IHCP) will be drawn up with that child’s parents or carers and the professional involved. Any child who may have incontinence issues will also be asked to have their own supply of plastic bags and wipes. We use Positive Behaviour Support and so a child will not experience negative discipline after incidents of incontinence.

- 3.1 Staff who provide occasional intimate care at Lancaster Steiner School are trained to do so as part of their induction and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.
- 3.2 Staff who are required to provide intimate care on a regular basis will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as potty training, or the onset of puberty and menstruation
- 3.3 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of PSHEE covering changes during puberty to the same children, wherever possible.
- 3.4 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.
- 3.5 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 themselves as possible.
- 3.6 Children who require regular assistance with intimate care have a written IHCP 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 and personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.
- 3.7 Where a IHCP 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.

- 3.8 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 will be employees of the school and be DBS checked at the appropriate level.
- 3.9 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. In the event of an emergency, the incident should be reported as soon as it is possible to the Designated Safeguarding Lead.
- 3.10 Lancaster Steiner School recognises the concern of over familiar relationships developing where one staff member provides intimate care on a regular basis, however with the small staff team it is not practicable for a rota of carers to be implemented. Every effort will be made to ensure that children with ongoing intimate care needs have at least 2 members of staff who assist them with this and who they see on a regular basis.
- 3.11 Sensitive information will be shared only with those who need to know.
- 3.12 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

4. CHILD PROTECTION

The Trustees and staff at Lancaster Steiner School recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

- 4.1 The school's Safeguarding/Child Protection Policy and Procedures will be accessible to staff and adhered to who provide occasional intimate care at Lancaster Steiner School are trained to do so as part of first aid, child protection and health & safety training and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.



- 4.2 From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private areas of a child's body. It is unrealistic to expect to eliminate these risks completely however a risk assessment will be undertaken to reduce risk as much as possible to both child and adults.
- 4.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 4.4 If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness, s/he will immediately report concerns to the Designated Safeguarding Lead. A clear written record of the concern will be completed and a referral made to 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
- 4.5 If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead. The matter will be investigated at an appropriate level 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.
- 4.6 If a child makes an allegation against an adult working at the school, this will be investigated following procedures outlined in the School's Safeguarding and Child Protection policy (in accordance with the agreed procedures).
- 4.7 Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Designated Safeguarding Lead.

5. MEDICAL PROCEDURES

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

- 5.1 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 if possible, with due regard to the child's privacy and dignity.

6. STAFF RESPONSIBILITIES

- 6.1 All staff employed by Lancaster Steiner School have a duty of care to all pupils. This means that any adult could find themselves in the position of having to assist a child with a particular intimate care need.
- 6.2 In the event of a 'one-off' incident, such as a toileting accident, it is important to do everything possible to respect a child's dignity and right to privacy. Therefore, a child should be encouraged to clean themselves as far as possible and dress themselves if this is manageable. If a member of staff needs to assist a child with cleaning and/or dressing, it is best practice to let the child know what you intend to do. If the child shows any signs of resistance or reluctance, DO NOT pursue the matter any further. Make sure the child is safe then ask another adult to make contact with parents requesting them to attend the school immediately to tend to their child. If the child does allow you to attend to their need, the amount of physical contact should be minimal and just enough to ensure the child is clean.
- 6.3 Spare clothing is kept at the school in most sizes. Parents are expected to return the clothing washed and ready for another use as soon.
- 6.4 Staff dealing with intimate care should wear protective gloves and an apron where appropriate particularly if they are likely to come into contact with bodily fluids. All waste products (e.g. wipes) should be disposed of safely. Soiled clothing should be securely packed in a nappy sack and returned to the child's parents.



PARENTAL PERMISSION FOR INTIMATE CARE

Should it be necessary, I give permission for my child _____

to receive Intimate Care (e.g. help with changing, comforting or following toileting).

- I understand that staff will endeavour to encourage my child to be independent.
- I understand that I will be informed discretely should the occasion arise.

Signed: _____

Date: _____

