



Intimate Care Guidance For Schools / Resourced Centres

September 2016

Intimate Care

This guidance has been developed in response to requests from schools who wish to develop their own intimate care policy; the guidance includes a draft model policy & a suite of forms which will need to be adapted and personalised for your school setting.

Background:

The Disability Discrimination Act (DDA), which is subsumed within the Equality Act 2010, requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise current arrangements. In light of historical practices that no longer comply with new legislation, changes will particularly be required wherever blanket rules about continence have been a feature of a schools policy for admitting a child below the statutory school age. Schools will also need to set in motion action that ensures they provide an accessible toileting facility if this has not previously been available. Any school policy that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings are expected to make reasonable adjustments to meet the needs of each child.

Asking parents of a child to come and change a child is likely to be a direct contravention of the Equality Act, whilst leaving a child in a soiled nappy, pants for any length of time pending return of the parent is a form of abuse.

The Governing Body will act in accordance with

- ❖ Section 175 of the Education Act 2002;
- ❖ Keeping Learners Safe 158/2015
<http://gov.wales/topics/educationandskills/publications/guidance/keeping-learners-safe/?lang=en>
- ❖ Safeguarding Children in Education' 009/2014 to safeguard and promote the welfare of pupils at the school.
<http://learning.gov.wales/docs/learningwales/publications/140410-safeguarding-children-in-education-en.pdf>

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care guidance should be read in conjunction with the schools' policies as below:

- Child Protection Policy and Procedures for Schools 2016
- Equality Policy
- Health & Safety Policy including Health & Safety Audit
- School Toilet Policy
- Home-School Agreements *Non Statutory*
- Special Educational Needs Policy
- Whistleblowing Policy
- Staff discipline, Conduct, Capability and Grievance Procedure

Child Protection

The normal process of changing a child should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the changing process, to ensure that abuse does not take place. It would be good practice if possible to have two members of staff present but it is acknowledged that few schools will have the staffing resources to provide two members of staff for changing and DBS checks are carried out to ensure the safety of the children. If there is known risk of false allegation by a child then a single practitioner should not undertake changing alone.

Schools must consult with the Social Worker whenever planning toilet training or special toileting arrangements for children on the Child Protection Register or whenever social care teams are involved.

It is anticipated that existing staff will volunteer to support pupils with toilet training or special toileting arrangements in school and preschool. It is noted as part of the job descriptions of Classroom Assistants that it is a requirement for them to “*Attend to the pupils’ personal needs, and implement related personal programmes, including social, health, physical, hygiene, first aid and welfare matters*”. When recruiting new staff it is important that duties relating to personal care are specified in the contract of employment.

Name of school: YSGOL BRO TEIFI

Intimate Care Policy

Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. Our intimate care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our pastoral care policy. The principles and procedures apply to everyone involved in the intimate care of children.

Information on intimate care should be treated as confidential.

There shall be a high awareness of child protection issues throughout the use of intimate care and staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers and any other support agencies to provide continuity of care to children/young people wherever possible.

School staff are covered by local authority insurance; to provide Intimate Care, the policy in conjunction with the pupil's Toileting Plan / Health Care Plan (if applicable) should be agreed and recorded by the parents, health, education and any other agencies working with the family.

Children are generally more vulnerable than adults; and staff involved with any aspect of intimate and pastoral care need to be sensitive to their individual needs.

Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence, bodily fluids 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 the staff's roles and responsibilities. (This relates to pupil, equipment and / or facilities).

Intimate care can be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident.

Such activities can include:

- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance, in conjunction with the relevant Health Care Plan
- supervision of a child carrying out independent intimate self-care

Parents have a responsibility to advise the school of any known intimate care needs relating to their child. (Appendix 1)

Schools must ensure that there is a strong transition system in place between School/Settings, and that parents are given the opportunity to discuss any intimate care needs during planned admission's meeting.

These aspects will also be monitored through the Annual Safeguarding Audit

Principles of Good Practice in Intimate Care

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

- All children have an educational entitlement irrespective of their difficulties with their independent intimate self-help skills
- every child has the 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 such views taken into account
- every child has the right to have levels of intimate care that are appropriate and consistent

- Schools should work in partnership with parents/carers and external agencies in planning for toileting needs/ effective toilet training and any other intimate care needs, acknowledging that continence and independent toileting may not be achieved by some children.

School Responsibilities

All staff working with children will be subject to the usual safer recruitment procedures. This includes students on work placement and volunteers. Vetting includes DBS checks at an enhanced level and two written references.

Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school are to be involved in the intimate care of pupils. It would be good practice for schools to share this Intimate care Guidance with their Students; However
(It would not be appropriate for students and volunteers to provide intimate care).

Where anticipated; intimate care arrangements are agreed between the school and parents and if appropriate, by the child. Intimate care agreements are signed by the parent and stored in the child's file. Only in an emergency would staff undertake any

aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

Intimate care arrangements should be reviewed **AT LEAST** termly or if any given situations / circumstances change. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the designated person for child protection.

Guidelines for Good Practice

The school will identify a suitable changing area for pupils, to enable the privacy of pupils to be maintained and to provide sufficient staff to safeguard the pupil. It is recommended that where possible, intimate care is delivered by one person; this ensures the dignity of the child/young person involved; however there may be occasions where a risk assessment shows this to be an unsuitable arrangement and double staffing may be required.

NB Only under exceptional circumstances would parents / carers be expected to attend school to support with their own child's intimate care needs.

If the school is unable to provide adequate intimate care arrangements then the parents / carer will be called upon, if this necessitates the child leaving the school site with the parent then there is an expectation that the parent will return the child to school to complete the school day.

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff.

1. Involve the child in the intimate care

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 / her as he / she can. This may mean, for example, giving the child the responsibility for washing themselves. Individual Toileting Plans will be drawn up for particular children as appropriate to suit the circumstances.

Where a situation renders a child fully dependent; talk about what is going to be done and provide choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Where appropriate, intimate care should always be delivered by one person; unless a risk assessment indicates otherwise.

3. Make sure practice in intimate care is consistent.

As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent. Issues regarding complex areas would need to be explicit within the pupils Healthcare Plan, which must be referred to.

4. Be aware of your own limitations

Only carry out activities you understand and feel competent with.

If in doubt, ASK the Headteacher.

NB School must consult with their named school nurse regarding

Pupils with medical needs whom may require emergency intervention

Some procedures must only be carried out by members of staff who have been formally trained and assessed.

All pupils with Medical needs will have a Medical Health Care Plan through the School Nurse

5. Promote positive self-esteem and body image.

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

6. If you have any concerns you must report them.

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated person for child protection and record in the relevant observation log.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated person. Report and record any unusual emotional or behavioural response by the child.

A written record of concerns must be made available to parents and kept in the child's personal file.

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 are paramount.

Further advice will be taken from outside agencies if necessary.

If a child or parent/carer makes an allegation against a member of staff, all necessary child protection procedures must be followed and the designated person must be informed immediately; as will the LA's Named Safeguarding Officer. (See schools Child Protection Policy for details)

Working With Children / Young Person of the Opposite Sex

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- when intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately.
Try to ascertain why the child is distressed and provide reassurance
- report any concerns to the designated person for child protection and make a written record; and
- Parents will be informed about any concerns if appropriate

Communication with Children / Young Person

It is the responsibility of all staff caring for a child / Young person to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc.

To ensure effective communication:

- make eye contact at the child's level
- use simple language and repeat if necessary
- wait for response
- continue to explain to the child what is happening even if there is no response; and
- treat the child as an individual with dignity and respect.

Health and Safety Equipment Provision

Schools are responsible for the disposal of all nappies / pads used by pupils within their school setting / resourced centres.

NB. It would not be appropriate for schools to send used nappies / pads home at the end of the school session.

Parents should provide clean change of clothing, nappies, disposal bags, wipes etc and parents must be made aware of this responsibility.

Schools are responsible for providing non latex disposable gloves, disposable aprons (if required), bin and liners to dispose of waste.

Up to three nappies can be disposed of per day per site via domestic waste (Black bin).

If an increase in units are foreseen (More than three nappies per day), waste disposal contracts will need to be obtained via Jasmine Wilson (Cleaning Services Manager for Ceredigion).

Contact details - jasmine.wilson@ceredigion.gov.uk

01970633917

07789985536

Staff should always wear an apron and gloves when dealing with any child / Young person who is bleeding, wet or when changing a soiled nappy.

Disposal of the soiled nappies / pads should be discussed during admission's meeting / and noted on the Toileting Plan.

Intimate Care Checklist for Schools

More than 3 nappies / pads per day

Any soiled waste (nappies and all used equipment) should be placed in a polyurethane waste disposal bag, which must be sealed.

Disposed of using the bin provided through Waste disposal contract.

Specialist provision / equipment ie catheterisation / Diabetes / menstrual management /or any other intimate health care needs

Should be disposed as agreed in the Pupils individual Health Care Plan

Recording the use of Intimate Care:

Where it is agreed that intimate care will be required for a child / Young Person, an agreement between parents and the school will be completed.

This agreement will detail what care is to be provided and by whom.

(There should be more than one named person)
(see appendix 1)

Alongside this parents and the school will work together to complete a toileting plan for the child / Young Person (see appendix 2)

For each use of intimate care staff will record using the personal care intervention log (see appendix 3)

Where there are particular issues which might indicate a need for the intimate care to be delivered by two members of staff; a risk assessment must be completed and retained on the child's / young person's record eg: manual handling, safeguarding issues (see appendix 4)

Intimate care agreements must be reviewed on a regular basis according to the developing needs of the child / Young Person; this should take place at least on a termly basis and the toileting plan will then be updated as required.

Review

This policy will be reviewed annually.

	Name	Signature	Date
Chair of Governors			09.10.18
Head Teacher			

Review Date	By December 2019
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Agreement and Consent to the use of Intimate Care for a child/Young Person

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is to be given and that staff have received any appropriate training that may be relevant.

Teaching of certain care procedures may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professionals are agreed that the procedure has been learned or where routine intimate care is to be provided, the details will be recorded fully below and all parties must sign this record and be provided a copy; an additional copy is to be retained on the child's / Young person's file in school and where appropriate a copy is to be provided for the child's medical record.

Child / Young Person's Name:	D.O.B.	Date of Agreement
<u>Reasons why intimate care is to be provided:</u>		
<u>Who will provide this care</u> (for staff members please give details names and designation of those staff who will be providing care):		
Details of care to be provided:		
Consent provided by:		
Parent/carer name:		
Parent/carer name:		
Agreement signed by:		
Parent/carer name:		
Parent/carer name:		
Staff Carer names & designation:		

Staff carer signatures:	
Date agreement to be reviewed:	
Review date:	
Outcome of review to be recorded:	

Toileting Plan

Child / Young Person's Name	D.O.B.	Date Agreed

	Details	Action
<u>Working Towards Independence:</u> e.g. taking child/young person to toilet at timed intervals, using sign or symbols, any rewards used		
<u>Arrangements for nappy/pad changing:</u> e.g. who, where, when, arrangements for privacy		
<u>Staffing Requirements:</u> e.g. how many, who,(there should be more than one named person), when		
<u>Level of Assistance Needed:</u> e.g. undressing, dressing, hand washing, talking/signing to child/young person		
<u>Infection Control:</u> e.g. wearing disposable gloves, arrangements for nappy/pad disposal		
<u>Resources Needed:</u> e.g. special seat, nappies/pull ups/pads, creams, disposable sacks, change of clothes, toilet step etc		
<u>Sharing Information:</u> eg if child/young person has nappy rash or any marks, cultural or family customs, birthmarks etc		

Date of Plan	
Parent Name	
Parent Signature	
Staff Name	
Staff Signature	
Review Date	

Record of Intimate Care Provided

Child / Young Person's Name	D.O.B.	Date of IC agreement

Date	Time	Care provided	Staff involved	Signature	Comments



Cyngor Sir
CEREDIGION
 County Council

Corporate Health and Safety Unit
Uned Corfforaethol Iechyd A Diogelwch

General Risk Assessment Form

Department
 Section

Assessment No
 Date
 Assessor

Activity / Process

Numbers & Persons At Risk

	Employees	Others	Pupils
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 – 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 – 9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 +	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Employee	<input type="checkbox"/>	Lone Worker
<input type="checkbox"/>	Handles Money	<input type="checkbox"/>	Contractor
<input type="checkbox"/>	Unsociable Hours	<input type="checkbox"/>	Visit Premises
<input type="checkbox"/>	Deal With Public	<input type="checkbox"/>	Young Vulnerable Staff
<input type="checkbox"/>	Young Person	<input type="checkbox"/>	Public / Client
<input type="checkbox"/>	Infant School Pupil	<input type="checkbox"/>	Primary School Pupil
<input type="checkbox"/>	Secondary School Pupil		

Hazard Involved In The Activity / Process

Existing Safety Measures / Controls

The Residual Risk(s) (After Existing Control Measures).
 If There Are None, Write 'Controls Adequate' Below. If
 Risks Still Exist, Detail Below & Rate The Residual Risk(s).

Risk Rating

Likelihood x Severity = Rating

	x		=	
	x		=	
	x		=	
	x		=	

Likelihood	Severity	Risk Rating	
1 Rare	1 Insignificant	1 – 5	Minimal Risk - Maintain Measures
2 Unlikely	2 Minor	6 – 10	Low Risk - Review Risks
3 Possible	3 Moderate	11 – 15	Moderate Risk - Additional Controls In 12 Months
4 Likely	4 Major	16 - 25	High Risk - Additional Controls Implemented
5 Almost Certain	5 Catastrophic		Immediately

Implementation of controls and monitoring

Additional controls required to reduce risk(s) below risk rating of 5

Additional controls agreed Yes / No (If Yes, Detail The Action To Be Taken)

Target Date For Implementation

Signature - Responsible Line Manager / Head Teacher

Assessment Review

Date Implemented

Controls Effective? Yes / No

Comments

Assessment Review Date