Intimate Care Policy

Ffederasiwn Ysgolion **Llanidloes** Schools Federation

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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 school's 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
  Education Act 2002 (legislation.gov.uk)
- Keeping Learners Safe 158/2015
  keeping-learners-safe-the-role-of-local-authorities-governing-bodies-and-proprietors-of-independent-schools-under-the-education-act.pdf
- Safeguarding Children in Education 009/2014 to safeguard and promote the welfare of learners at the schools

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

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

- Child Protection Policy and Procedure
- Equality Policy
- Health and Safety Policy including Health and Safety Audit
- School Toilet Policy
- Home-School Agreements
- Additional Learning Needs Policy
- Whistleblowing Policy
- Staff Discipline, Conduct, Capability and Grievance Procedures

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 learners with toilet training or special toileting arrangements in school. It is noted as part of the job descriptions of Teaching Assistants that it is a requirement for them *to "attend to the learners' 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.

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. 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 and young people wherever possible.

School staff are covered by Local Authority (LA) insurance to provide Intimate Care.

The policy, in conjunction with the learner's Toileting Plan and 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 learners 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 the learner, 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).

The schools will ensure that there is a strong transition system in place between schools and/or 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

The schools will 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.

Schools' 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 schools are to be involved in the intimate care of learners. It would be good practice for schools to share this Intimate Care policy with 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 will staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents will then be contacted immediately.

Intimate care arrangements will be reviewed ***at least*** termly, or if any given situations or circumstances change. The views of all relevant parties will be sought and considered to inform future arrangements.

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

Guidelines for Good Practice

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

Only under exceptional circumstances would parents or 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 or 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.

Children with additional learning 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 will 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 themselves as they 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, staff will talk about what is going to be done and provide choices where possible. Staff will check their 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. Ensure that 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 learner's Healthcare Plan, which must be referred to.

4. Be aware of the limitations of staff

Staff will only be asked to carry out activities that they understand and feel competent with. If in doubt, the headteacher will be consulted. The school will consult with their named school nurse regarding learners with medical needs who may require emergency intervention. Some procedures must only be carried out by members of staff who have been formally trained and assessed. All learners 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 that their body belongs to them are less vulnerable to sexual abuse. The approach taken to intimate care can convey lots of messages to a child about their body worth. Staff attitude to a child's intimate care is important; routine care can be both efficient and relaxed.

6. Concerns will be reported

Any unusual markings, discolouration or swelling, will be reported immediately to the designated person for child protection and recorded in the relevant observation log.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, the child will be reassured, their safety ensured and the incident reported immediately to the designated person. Any unusual emotional or behavioural response by the child will be reported and recorded.

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 investigated and outcomes recorded. Parents or 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 is resolved as the child's needs are paramount. Further advice will be taken from outside agencies if necessary.

If a child or parent or carer makes an allegation against a member of staff, all necessary child protection procedures will be followed and the Designated Safeguarding Person will be informed immediately; as will the LA's named Safeguarding Officer (see schools' Safeguarding Policy for details).

Working with Children 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 female member of staff.

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 or 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

It is the responsibility of all staff caring for a child 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, for example, words, signs, symbols, body movements, eye pointing.

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 and pads used by learners within their school setting. ***It would not be appropriate for schools to send used nappies or pads home at the end of the school session.***

Parents should provide clean changes 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), bins and liners to dispose of waste. Up to three nappies can be disposed of per day per site via normal waste collection.

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

Disposal of the soiled nappies or pads should be discussed during the admissions meeting and noted on the Toileting Plan.

Intimate Care Checklist for Schools

More than 3 nappies or pads per day:

- any soiled waste (nappies and all used equipment) should be placed in a polythene waste disposal bag, which must be sealed
- disposed of using the bin provided by an additional waste disposal contract

Specialist provision or equipment, for example, catheterisation, diabetes, menstrual management or any other intimate health care needs:

- should be disposed as agreed in the learner's individual Health Care Plan

Recording the use of Intimate Care

Where it is agreed that intimate care will be required for a child, 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 person named to provide the care (see appendix 1).

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

Each use of intimate care will be recorded by staff, 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 record, for example, manual handling or safeguarding issues.

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

Appendix 1: Agreement and Consent to the use of Intimate Care for a child or young person

The purpose of this agreement is to ensure that both parents or 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 or carer or by the professional experienced in that procedure.

When the parent or 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 file in school and where appropriate a copy is to be provided for the child's medical record.

Child's Name	**Date of Birth**	**Date of Agreement**
Reasons why intimate care is to be provided:		
Who will provide this care:		
Details of care to be provided:		
Consent given by		
Parent/carer name:		
Staff name:		
Agreement signed by		
Parent/carer signature:		
Staff signature:		
Date agreement to be reviewed:		

Appendix 2: Toileting Plan

Child's Name	**Date of Birth**	**Date of Agreement**
	Details	**Action**
Working towards independence For example, taking the child to the toilet at timed intervals, using sign or symbols, any rewards used		
Arrangements for nappy/pad changing Who, where, when, arrangements for privacy		
Staffing requirements How many, who (there should be more than one named person), when		
Level of assistance needed Undressing/dressing, hand washing, talking or signing		
Infection control Wearing disposable gloves, arrangements for nappy/pad disposal		
Resources needed Special seat, nappies/pull-ups/pads, creams, disposable sacks, change of clothes, toilet step		
Sharing information For example, if the child has nappy rash or any marks or birthmarks, cultural or family customs		
Consent given by		
Parent/carer name:		
Staff name:		
Agreement signed by		
Parent/carer signature:		
Staff signature:		
Date agreement to be reviewed:		

Appendix 3: Record of Intimate Care Provided

Child's Name	Date of Birth	Date of Agreement

Date	Time	Care provided	Staff involved	Signature	Comments