

Intimate Care Policy

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1. Introduction

Staff who work with children with SEND and additional learning needs, are trained to approach the intimate care of each child with respect.

Bush Hill Park Primary School is committed to ensuring that all staff responsible for the personal and intimate care of children undertakes their duties in a professional and sensitive manner at all times. No child will be treated or cared for in a way that causes distress, embarrassment or pain.

Staff will use the correct anatomical term for the personal areas of the body in line with the PSHE curriculum, and communicate and reinforce the terms 'public' and 'private' body parts and reinforcing the importance of this during their personal care with pupils. This ensures transparency of approach to avoid any confusion of terminology. This work will be shared with parents, who are encouraged to reinforce the personal safety messages at home. Continuity of approach between home and school is vital, so there is active partnership work between parents and school when preparing the children to be 'toilet trained'.

2. Aims

We will always treat our pupils with dignity and respect. In all of our practices and procedures this policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with agreed plans.
- The dignity, rights, safety and wellbeing of children are safeguarded.
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010.
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are carefully considered.
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols) that protect themselves and the pupils involved.

Intimate care refers to any personal care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

3. Legislation, key guidance and linked policies

This policy complies with:

- Keeping Children Safe in Education and abides by a child-centred and coordinated approach to safeguarding. See <u>Keeping children Safe in Education 2022.pdf</u> for more details.
- Code of Conduct which includes guidance on expected staff behaviour.
- Safeguarding and Child Protection Policy outlining the responsibility of the school and

all staff to have a clear and secure framework in place to safeguard and promote the welfare of children.

- SEN Policy a commitment as a whole school to identify and meet the special educational needs of children, drawing on the whole school and individuals' expertise to provide appropriate and professional support to achieve maximum inclusion.
- Health and Safety Policy recognising its responsibilities, the school is committed
 to providing a safe and healthy working environment with adequate control of
 health and safety risks arising out of the school's activities.
- Accessibility Plan a strategy to be inclusive of all pupils to remove the physical barriers in schools, challenge attitudinal, systemic and other obstacles, so disabled learners can achieve their full potential.
- Supporting pupils with medical conditions ensuring that pupils with medical conditions and/or short or long-term medication needs, are not excluded, but receive appropriate care and support.

4. School-based best practice

4.1 Child-focused care

The management of all pupils with intimate care needs is carefully planned, and each child's wellbeing and dignity is of paramount importance.

Suitable equipment and facilities are provided to assist pupils who need special arrangements following an assessment from the school's risk assessor, or physiotherapist/occupational therapist as required. With the encouragement and development of independent skills for pupils being the goal, staff will be supported to adapt their practice in relation to the needs and development of individual children; such as the onset of puberty and menstruation.

4.2 Staffing ratio guidelines

If a pupil is not able to use the toilet independently, support will be offered. In the majority of cases, one pupil will be supported by two adults (particularly older pupils as manual handling risk assessments are likely to recommend two adults), unless there is a sound reason for having more adults present. In line with risk assessments, dignity and respect, and as much as possible, pupils are encouraged and taught to be as independent as possible with minimal amounts of staff presence. Younger pupils may be supported by one adult, but it would be within an area where other adults are present should further support be required. All members of staff will use sensitive and appropriate language to describe and explain intimate care arrangements. We will not, for example, talk about "toileting", refer to a pupil's personal care needs in front of others, or talk over pupils' heads. Staff will always aim to keep touch to a minimum, and ensure doors are closed to ensure pupils are not exposed.

Each individual's right to privacy will be respected. Careful consideration will be given to each

pupil's situation to determine how many assistants might need to be present when a pupil needs help with personal care. Where possible one pupil will be cared for by one adult unless there is a sound reason for having two or more adults present. If this is the case, the reasons should be clearly documented.

4.3 Safeguarding and protecting children

All pupils will be taught personal safety skills carefully matched to their level of ability, development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc., they will immediately follow safeguarding procedures and immediately report concerns to the Designated Safeguarding Lead (DSL).

If a child is hurt accidentally or there is an issue when carrying out any element of their intimate care, the staff member will report the incident immediately to the DSL.

If a child becomes distressed or unhappy about being supported by a particular member of staff, the matter will be looked into and outcomes recorded. Parents and Carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules may be altered until the issue(s) are resolved so that the child's needs remain paramount, and further advice may be taken from outside agencies if necessary. If a child makes an allegation against a member of staff, all necessary safeguarding procedures will be followed. See our Safeguarding and Child Protection Policy for more details.

4.4 Basic principles

Staff who provide personal care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Information on pupils' needs will be shared when moving class and or year groups.

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 the pupil's needs and preferences. Particular care should be taken with children who are at a very early level of communication to ensure that they are involved as much as possible. The pupil should be made aware of each procedure that is carried out and the reasons for it.

As a basic principle, pupils 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 children responsibility for cleaning themselves. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and their carer.

When necessary, parents and carers will be involved with their child's personal care at school and a clear account of the agreed arrangements will be recorded on the pupil care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

4.5 Health and safety procedures

We are guided by the single principle, to keep every child and adult in the school as safe as possible in all of our procedures at Bush Hill Park Primary. When carrying out intimate care procedures, the school will provide staff with:

- Disposable aprons
- Disposable protective gloves
- Wipes, paper towels, toilet paper, etc.
- Changing mats (changed after the use of each pupil)
- Nappy/waste disposal bins
- Protective eye wear (when necessary)

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

Additional precautionary measures will be put into place to support pupils and staff safety, if instructed to do so by local Public Health England (PHE) teams or the Government, at the onset of any contagious disease or public health concern, as seen during the coronavirus pandemic, particularly in regards to personal care needs. For example:

- Clean hands thorough cleansing after engaging in any personal care needs of pupils.
- Good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach.
- Enhanced cleaning including cleaning frequently touched surfaces often, using sanitising products and detergents.

4.6 Photography and videoing

Under no circumstances whatsoever will staff photograph or video pupils in the toilets or in state of undress.

5. Role of parents

5.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form. Parents/carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs,

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents to agree a care plan (see section 5.1 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards. Parents/carers must make sure that school always has required equipment available for their child's intimate care or toileting needs. Parents/Carers must ensure that school always has their emergency contact details. Parents/Carers must ensure that they work towards their child achieving the maximum possible level of independence at home.

5.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals if needed.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with individual needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be considered. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed approximately twice a year, even if no changes are necessary, and updated whenever there are changes to a pupil's needs.

See Appendix 1 for a blank template plan to see what this will cover.

5.3 Sharing information

The school will share information with parents as needed to be certain of a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

6. Role of staff and intimate care arrangements

6.1 Which staff will be responsible

In the school nursery setting, male and female staff will be able to conduct intimate care for both girls and boys. If there is no other option, male staff will assist with the intimate care of female pupils. From Reception through to Year 6, male staff will not be involved in the intimate care of girls. Male and female staff may work together to support the intimate care needs of boys throughout the school. However, if male staff are available to support the boys this should be considered best practice. We will do our best to meet pupils and parents'

wishes relating to intimate care, but we may be constrained by staffing as we employ significantly more women than men.

6.2 Enhanced Disclosure and Barring Service checks

Any staff roles who may carry out intimate care for pupils, will have this set out in their job description.

No volunteer or unpaid staff member will be involved in the intimate care of any pupil.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other rigorous checks on their employment history.

7. Monitoring arrangements

This policy will be reviewed by the school's SENCO every two years, but revisited regularly in each academic year. At every review, the policy will be approved by the Governing Body.

8. Role of Governors

Governors will ensure there are appropriate toileting facilities to meet the needs of all their learners, including those with bladder and bowel health issues. They will ensure that sufficient staff are trained to meet the needs of their learners.

The governing body will ensure that this policy is monitored and reviewed at least every two years.

Useful links:

NHS guidance: How to potty train.

https://www.nhs.uk/conditions/baby/babys-development/potty-training-and-

bedwetting/how-to-potty-train/

ERIC template documentation and policies

https://www.eric.org.uk/Listing/Category/education-professionals

Appendix 1: Intimate Care Plan

PARENTS/CARERS		
Name of child		
Type of intimate care needed		
Pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. The goal being for the pupil to be Independence		
Where care will take place How often the Pupil will be changed (Minimum change policy applies)		
What resources and equipment will be used, and who will provide the: Spare clothes, nappies will be provided from home		
How procedures will differ if taking place on a trip or outing		
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan		
Name of Parent or Carer		
Relationship to child		
Signature of Parent or Carer		
Date		
CHILD		
Careful communication with each child who needs their personal care will be used in line with their preferred means of communication (Verbal, symbolic etc)		

ARENTS/CARERS		
Pupils through teaching tools and a toilet training programme will be taught to be as independent as possible in this area of personal care.		
Signature of child		
Date		

Appendix 2: Parent and Carer Partnership Form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE					
Name of child					
Date of birth					
Name of Parent/Carer					
the personal areas of the and Science curriculum. Staff will reinforce the tempersonal care We will develop and reinforce partnership work preparing the children for their personal care will be preferred means of cometc) Pupils will be supported autonomy that is possible we will always treat you respect in regard to their programme will be taught possible in this area of preserved.	h hill Park School, will essional manner at all times. dignity and respect when orrect anatomical term for a body in line with the PSHE erms public and private body importance of this during and programme. With parents and school when or toilet training programme. With each child who needs be used in line with their munication (Verbal, symbolic to achieve the highest level of the given their age and abilities or children with dignity and or personal care needs. Tools and a toilet training that to be as independent as ersonal care e pupil more frequently then				

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE					
I do not give consent for my chil (e.g. to be washed and changed accident). Instead, the school will contact and I will organise for my child to be washed and changed). I understand that if the school comergency contact if my child not staff will need to provide this for school's intimate care policy, to					
remove barriers to learning.					
Parent/Carer signature					
Name of Parent/Carer					
Relationship to child					
Date					