

Federation of Boldmere Schools Intimate Care Policy

Boldmere Infant School and Nursery



Ratified by the Governing Body: September 2023

Signed by the Governing Body: Chair, Mr Greg Bloom

To be reviewed (annually): September 2024

1) Principles

- 1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' (2015) to safeguard and promote the welfare of pupils¹ at this school.
- 1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people 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 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.
- 1.4 This intimate care policy should be read in conjunction with the schools' policies as below (or similarly named):
 - safeguarding policy and child protection procedures
 - staff code of conduct and guidance on safer working practice
 - 'whistle-blowing' and allegations management policies
 - health and safety policy and procedures
 - Special Educational Needs policy

Plus

 - Birmingham City Council moving and handling people – guidance note
 - policy for the administration of medicines
 - REACT positive handling
- 1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.
- 1.9 Staff for whom it is part of their job description (or commensurate to their job grade) are responsible for providing intimate care.

¹ References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

- 1.10 All staff undertaking intimate care must be given appropriate training, as relevant to the child.
- 1.11 This Intimate Care Policy has been developed to safeguard children and staff.

2) Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- 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.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has 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 as consistent as possible.

3) Definition

- 3.1 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 pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence as well as more ordinary tasks such as help with washing, toileting or dressing.
- 3.2 It also includes supervision of pupils involved in intimate self-care.

4) Best Practice

- 4.1 Pupils who require regular assistance with intimate care have written One Page Profiles, Education Health Care Plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. A risk assessment should be carried out when care is about to be taken by school staff (*See appendix 1*). Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The care plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes. They should also take into account procedures for educational visits/day trips. Care plans can be created using School Based proformas. (*See appendix 2*)
- 4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 4.3 Where a care plan or One Page Profile is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care

needs (eg has had an 'accident' and wet or 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 the home/school diary. (See *appendix 4*)

- 4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with feeding tube (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people). (See *appendix 3*)
- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case. (See *appendix 3*)
- 4.6 These records will be kept in the child's file and available to parents/carers on request.
- 4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (BCC moving & handling guidance), according to the needs of the pupil.
- 4.9 Staff will be provided with gloves, aprons, wipes, nappy bags and nappy bins and should be fully aware of best practice regarding infection control.
- 4.10 There must be careful communication with each pupil 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 pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
- 4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research² which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- 4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DSB checks. Supply staff may also assist when deemed appropriate by Designated Safeguarding Lead (DSL).
- 4.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products. Nappies will be double bagged and disposed of in the general waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5) Child Protection

- 5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's child protection procedures will be adhered to.
- 5.3 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 pupil's body. All adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice. Two staff members will carry out any intimate care.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the DSL or Deputy DSL.
- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Head of School. The matter will be investigated at an appropriate level (usually the Head of School) and outcomes recorded. Staffing schedules may be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

² National Children's Bureau (2004) *The Dignity of Risk*

- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head of School (or to the Chair of Governors if the concern is about the Head of School) who will consult the Local Authority Designated Officer. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head of school or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

6) Physiotherapy

- 6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the 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. The physiotherapist should observe the member of staff applying the technique.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime should be reported to the Physiotherapist/SENDco.

7) Medical Procedures

- 7.1 Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of feeding tubes, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the care plan and will only be carried out by staff who have been trained to do so.
- 7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.
- 7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation, another adult will be present, with due regard to the child's privacy and dignity.

8) Partnership with parents

- 8.1 Staff at the Federation of Boldmere School will work in partnership with parents/carers and any other professionals involved in the child's care, to provide care appropriate to the needs of the individual child and together will produce a care plan.
- 8.2 Parents/Carers have a responsibility to....

Ensure that they work towards their child achieving the maximum possible level of independence at home.

Supply the following, as required for their child:

- Spare nappies/pull ups
- Wipes, creams, nappy sacks etc.
- Spare clothes
- Spare underwear

Ensure that school always has their emergency contact details.

Appendix 1

Intimate Care Risk Assessment

Child's Name: _____

Class: _____

Date of Risk Assessment: _____

	Yes	Notes
1. Does weight /size/shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain/discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury/ pregnancy)		

Are there any risks concerning individual capability (Pupil)? ☐ General Fragility ☐ Fragile bones ☐ Head control ☐ Epilepsy ☐ Other		
10. Are there any environmental risks? Heat/Cold		

If Yes to any of the above complete a detailed personal care plan.

Appendix 2

PERSONAL CARE PLAN for children wearing nappies/pull-ups/regularly soiling in school

Child's Name	
Date of Birth	Age
Gender: ☐ Male ☐ Female	
Class	Class Teacher

Completed by: _____ (member of staff)

Date of plan: _____ Date to review plan:

Type of care required ☐ Nappy changing the toilet ☐ Assistance to change clothes after soiling ☐ Pull ups changing ☐ Assistance to use ☐ Other, please state:
Who will change the child? If more than one, state why:

How will the child be changed? Example, standing up in a toilet cubicle, lying down on a mat on the floor or changing table.
Additional equipment required ☐ No ☐ Yes Please state:
Who will provide the resources? Nappies ☐ Parents ☐ School Pull ups ☐ Parents ☐ School Nappy sacks ☐ Parents ☐ School Wipes ☐ Parents ☐ School Disposable gloves ☐ Parents ☐ School Spare clothes ☐ Parents ☐ School Spare underwear ☐ Parents ☐ School
How will the changing occasions be recorded and if/ how this will be communicated to child's parent/ carer? Consider using the Record of Intimate Care Intervention Form
Agree a minimum number of changes
How will the child be encouraged to participate in the procedure? (What can the child do for themselves?)
Any other comments/ important information, eg. medical, religious or cultural information

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This plan has been discussed with me and I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: _____

Parent/ Carer's Full Name: _____

DRAFT

Record of Intimate Care Intervention Form

Appendix 3

Child's Name: _____ **Class:** _____ **Sheet No:** _____

[illegible]



Date:

Dear Parent/ carer of:

We are writing to advise you that school had to carry out intimate care for your child today. This care was carried out in accordance with our Intimate Care Policy and was carried out by the following staff members:

This intimate care procedure was logged

Please do not hesitate to contact your child's class teacher or our SENDCo to discuss the matter further.

Yours sincerely,

Mrs. S. Kenny
Head of school