

Abbey Hill Primary and Nursery School



Personal and Intimate Care in School Policy

Head Teacher Signature:	<i>Helen Chambers</i>
Date Adopted:	20 th February 2023
Review Date:	February 2024

Contents

Policy Statement	3
Risk assessments	4
The involvement of parents and carers	4
The child's or young person's voice	4
Safeguarding	4
Implementing best practice for personal and intimate care at [NAME OF SCHOOL]	5
Intimate Care and Health Plans	6
Staffing	7
Staff Training	7
Appendix 1: Intimate Care and Health Plan	8

Policy Statement

Abbey Hill Primary and Nursery School is committed to supporting all children with their personal and intimate care needs to ensure they have full access to 'school' life, including trips and PE.

This policy provides guidance and support to school staff on the effective management of the personal and intimate care needs of individual children.

The **aims of this Policy** are:

- To safeguard the dignity, rights and well-being of children.
- To ensure that children are treated consistently when they experience intimate personal care.
- To provide guidance to head teachers and reassurance to staff.
- To ensure that parents and carers are involved in planning the intimate care of their child and are confident that their concerns and the individual needs of their child are considered.
- To reassure parents that staff are knowledgeable about intimate care.
- To ensure that staff are well supported and are appropriately trained.

The **Equality Act 2010** provides protection in law for anyone who has a 'physical or mental impairment that has a substantial, long term and adverse effect on their ability to carry out normal day to day activities'.

A disabled child **must not** be put at a substantial disadvantage compared with his or her non-disabled peers, and the school has a legal duty to make reasonable adjustments to ensure less favourable treatment does not occur.

The 2011 Equality Duty requires public organisations including schools and other educational settings to promote positive attitudes towards and eliminate harassment of disabled people. Establishing good practice in areas such as personal and intimate care procedures will help a school meet its duties under the Equality Act and Equality Duty.

The **principles** underpinning this policy are:

- Children should be encouraged to express choice and to have a positive image of their body
- Children have the right to feel safe and secure
- Children have the right to remain healthy
- Children should be respected and valued as individuals
- Children have a right to privacy, dignity and a professional approach always from staff when meeting their needs
- Children have the right to information and support to enable them to make appropriate choices
- Children have the right and know how to complain about their personal and intimate care and have their complaint dealt with effectively by the school.

Risk assessments

The school will have in place and keep up to date assessments covering both personal and intimate care. Staff should be consulted to obtain their views, to ensure that they are fully informed and understand. Training should be provided where identified and as required.

The involvement of parents and carers

The school believes it is important that parent and carers are involved in appropriate discussions with the school regarding personal and intimate care in school. Parents and carers have the information to make the process as comfortable as possible, and should be encouraged to share this including knowledge and understanding of any personal, religious and cultural sensitivities.

The Head Teacher, SENDCo or Foundation Stage Leader will consult with children and their parents when implementing child specific health and care plans as they will know what works well and what does not.

Exchanging information with parents is essential via telephone, technology or personal contact though no information about intimate care should be recorded in home school books.

The child's voice

The school believes it is important that the child, subject to their understanding, can express a preference regarding their intimate care. Terminology for private parts of the body and functions to be used by staff should be agreed. It is the responsibility of all staff caring for a child to be aware of the method and level of communication used. This could include signs, symbols, eye pointing or vocalisations.

Safeguarding

The school recognises that disabled children are particularly vulnerable to abuse and discrimination. It is critically important that all school staff are familiar with our Child Protection policy and procedures. The Head Teacher must ensure that all staff working with children have been through the schools' safer recruitment process.

Disabled children can be more vulnerable to abuse because:

- They often have less control over their lives than their peers and may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless.
- They do not always receive appropriate sex and relationships education, or if they do may not understand it, so are less able to recognise abuse.
- They may have multiple carers through residential, foster or hospital placements which may increase their vulnerability, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.
- The physical dependency in basic core needs e.g. toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately.

- Changes in appearance, mood or behaviour may be attributed to the child's disability rather than abuse.
- They may not be able to communicate what is happening to them.

Personal and intimate care may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk, but the vulnerability places an important responsibility on school leaders to ensure their staff understand how to work in accordance with agreed procedures, and where possible and appropriate for children, parents and carers to be involved in the development of the child's health and care plan.

The school will ensure through inductions of new staff and through regular updates for all staff that everyone working in the school clearly understands to whom and how they should report issues or concerns. There should also be clear escalation routes should a practitioner, parent, carer or child believe that personal and intimate care is not being undertaken in line with the school's intimate care policy, the individual's health and care plan, or with dignity and respect.

Should a child disclose abuse or harm, as a result of intimate care, this should be responded to in line with the school's child protection procedures.

Any allegations against a member of staff should be considered in line with the school's safer working and LADO procedures. In specific situations where there have been accusations or incidents of abuse in the past, or the school has assessed risk of accusation as high, then it is strongly advised that two staff should be present, one providing oversight, during intimate care procedures.

Implementing best practice for personal and intimate care at Abbey Hill

To ensure best practice the school and its staff are committed to:

- Getting to know the child before working with them
- Being aware of any personal, cultural or religious sensitivities related to aspects of intimate care
- Speaking to the child by name and ensuring that they are aware of what intimate care is to take place
- Addressing the child in an age appropriate manner
- Agreeing terminology for parts of the body and bodily functions that will be used by all
- Respecting a child's preference for a sequence of care
- Giving clear prompts in an appropriate way to allow the child to anticipate and prepare for events e.g. show a clean nappy to indicate the intention to change, or a sponge for washing
- Encouraging the child to do as much as possible for themselves
- Always seeking the child's permission to carry out a task
- Providing facilities that allow dignity and privacy
- Keeping records as required and updating and communicating any changes to Intimate Care and Health Plans.

The school will also ensure that there is always a suitable environment for personal and intimate care to take place including ensuring:

- A fully accessible changing area
- The availability of hot and cold running water
- Personal Protective Equipment (PPE) such as aprons and gloves, where required
- Nappy disposal bags
- Supplies of nappies (provided by family)
- Wipes and cleaning cloths
- Labelled bins for the disposal of wet and soiled nappies. Soiled items should be double-bagged
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials, anti-bacterial sprays and handwash
- Appropriate clean clothing preferably the child's own
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls.

Intimate Care and Health Plans

The school will complete an individual health and care plan for all children who require regular personal and intimate care whilst attending school. The individual health and care plan must be drawn up at a meeting, preferably prior to admission, involving the child, their parents or carers and the school so that support procedures can be agreed and consented to. If required advice will be sought from a relevant health professional. The school will make every effort to assist those children who are not able to communicate easily to participate in their care planning.

The school will consider the following when writing an individual health and care plan:

- The importance of working towards independence and the monitoring of progress towards this
- Arrangements for home school transport, sports days, school visits, swimming etc
- Substitutes in case of staff absence, including the training and support for substitutes
- Strategies for dealing with bullying e.g. if the child has an odour
- Seating arrangements in class for ease of exit
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE e.g. changing, discreet clothing

Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with.

Intimate Care and Health Plans will be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. Intimate Care and Health Plans can be incorporated into an EHC Plan.

An example an individual health and care plan can be found as [appendix 1](#).

Staffing

All Teaching Assistants' job descriptions of all grades include key responsibilities relating to personal and intimate care. The job evaluation of all teaching assistant job descriptions includes the following factor:

Duties involve regular contact with children; there is also some exposure to abuse or aggression from pupils or adults; assisting pupils with toileting and dealing with bodily fluids.

The school will ensure that all staff must be appropriately trained to undertake these responsibilities. Other postholders may also have more specific responsibilities set out in their job descriptions.

Each child's right to privacy must be respected. Wherever possible, staff should work with children of the same sex in providing intimate care, respecting their personal dignity always. It is recognised that there are more female than male support staff in schools meaning that boys will often be supported by a female adult. Male adults should not normally be involved in providing intimate care for girls. Religious and cultural values must always be considered.

School leaders must consider each child's situation to determine how many carers might need to be present and which carers may be involved when a child needs help with personal and intimate care.

As stated above, in specific situations where there have been accusations or incidents of abuse in the past, or the school has assessed risk of accusation as high, then it is strongly advised that two staff should be present, one providing oversight, during intimate care procedures. For the safety of the child and member of staff, school leaders should identify situations where it is appropriate for two members of staff to be present wherever practical with personal and intimate care with one colleague being able to at least hear and have oversight, whilst the other member of staff delivers the care.

Other factors determining the number of staff to be involved include: safeguarding concerns, previous complaints, concerns or allegations, the preference of the child or advice specified in a Moving and Handling or behavioural risk assessments. The number of carers including the reasons must be clearly documented in the child's intimate care plan.

Where the need for a risk assessment is required staff should be consulted and training provided where identified.

Staff Training

The school will ensure that all staff engaged in personal and intimate care receive appropriate training and this is reviewed and updated regularly as part of the school's overall plan for all staff. The requirements for training will be influenced and determined by the needs of individual children. Designated staff may require training in safe moving and handling when undertaking personal and intimate care. Training should form part of the discussion in relation to staff appraisal and or supervision arrangements.

Appendix 1: Intimate Care and Health Plan

Name of School:	
Child's name:	
Date of Birth:	
Class Name:	
Child's Address:	
SEN Primary Need if applicable	
Medical Diagnosis or Condition:	
Date:	
Review Date (at least every 12 months):	

Contact Information

Contact 1		Contact 2	
Name		Name	
Relationship to Child		Relationship to Child:	
Phone No.		Phone No.	
Alternative Phone No.		Alternative Phone No.	
Clinic or Hospital Contact		GP	
Name		Name	
Phone No.		Phone No.	

Arrangements

Describe medical needs and give details of child's symptoms:
Daily care requirements e.g. before sport, at lunchtime:
Describe what constitutes an emergency for the child, and the action to take if this occurs:
Follow up care:
Who is responsible in an emergency (state if there is different for off-site activities):