Lord Deramore’s Primary School Intimate care policy

Approved September 2024 at FGB

Review date: 2026

Contents

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1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights 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 taken into account

- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

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

2. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance and is informed by:

- The Health and Safety and Work Act 1974
- Disability Discrimination Act 2005
- The Special Educational Needs and Disability (SEND) Code of Practice (January 2015)
- City of York Council's Guidance on the Management of Continence Development (2012)

3. Role of parents

3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to complete a consent section within the school's admissions forms.

For children whose needs are more complex or who need particular support outside of what is covered in the permission form, an intimate care plan will be created in discussion with parents (see section 3.2 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.

3.2 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.

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 needs sensitively and appropriately.

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

The plan will be routinely reviewed,updated regularly, as well as whenever there are changes to a pupil's needs.

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

3.3 Sharing information

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

4. Role of staff

4.1 Which staff will be responsible

Any member of staff may be requested to carry out intimate care as part of their duty to 'meet pupils' needs as they arise to avoid undue physical or mental stress'. However, it is not part of a teacher's professional duties to routinely carry out intimate care. Although teachers would generally assist in an emergency, and no child would be left in wet or soiled clothing, it is important that there is no expectation that routine and predictable incidents are dealt with by teachers. Likewise, it should not be assumed that support staff can be directed to take permanent responsibilities for administering intimate care unless this is specified in their contract. Individual members of support staff will be consulted about their willingness to undertake intimate care for any child for whom an intimate care plan is written If staff have concerns about being requested to take on such responsibilities, they should raise them with the SENCo and solutions will be explored. The school will always use its best endeavours to ensure that no child is less favourably treated in terms of inclusion because of intimate care needs.

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 checks on their employment history.

They should have knowledge of the pupil's condition to help enhance understanding of the pupil's needs. They should report any difficulties to the SENCO

4.2 How staff will be trained

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures, including those related to COVID-19

They will also be encouraged to seek further advice as needed.

5. Intimate care procedures

5.1 How procedures will happen

When a child needs intimate care that is not already part of a health care plan, two adults should, where staffing capacity allows or in the event of an invasive procedure, be involved. However, there is no legal requirement for two staff to be involved and such an arrangement may be at odds with the child's need for privacy. When two members of staff

are not available, the member of staff who will be working alone should notify other staff that they will be dealing with an intimate care incident and record the incident on CPOMS.

Depending on the age and maturity of the child, he/she will be encouraged to care for him/herself, with guidance or support from an adult. Should the child be unable to clean him/herself appropriately (with guidance or support from an adult), the parents may be contacted and asked to come to school and assist their child. If appropriate, the child may need to be taken home to be made comfortable.

Whether intimate care procedures are carried out by a parent/carer or school staff, the child's dignity and wellbeing will always be of paramount importance. (wording in red text from LDS Safeguarding and Child Protection Policy). Depending on the age of the child and the nature of the intimate care required procedures will be carried out within the privacy of a toilet cubicle or the shower room.

Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol.

When carrying out procedures, the school will provide staff with appropriate PPE (see Appendix 2: Guidance on the Management of Continence Development p17)

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.

5.2 Concerns about safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Designated Safeguarding Lead (James Rourke) or the Deputy Safeguarding Leads (Jane Hitchon and Rachel Carr)

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

Staff will be made aware of the particular concerns around managing intimate care for children who have been sexually abused who can have continence problems as a result of physical damage or as an emotional response. Such children may be particularly vulnerable due to their (sometimes) sexualised behaviour, or staff may be vulnerable due to the way the child interprets the care given. Additionally, sexually abused children may be particularly sensitive to personal care. In these cases an individual intimate care plan should be developed which takes account of the above sensibilities and risks.

6. Out of School Trips, Clubs etc.

When school trips or afterschool clubs are planned all reasonable steps will be taken to ensure a child's intimate care needs are not a barrier to inclusion. This will be demonstrated in the risk assessments for school trips.

7. Links with other policies

This policy links to the following policies and procedures:

- Accessibility plan
- Child protection and safeguarding
- COVID-19
- Health and safety
- SEN and inclusion
- Supporting pupils with medical conditions

Approved by FGB

Meeting Date: September 2024

Appendix 1: CYC Local Authority Guidance on the Management of Continence Development including template intimate care plan

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Learning, Culture and Children's Services

North Yorkshire and York
Community and Mental Health Services

Local Authority Guidance on the Management of Continence Development

July 2012

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Appendices

Management of Continence Development

This document aims to provide guidelines for the management of continence development in schools and settings. This includes early years settings, extended schools, mainstream schools (primary and secondary) and special schools or resourced bases. The term 'setting' refers to all of these contexts, while the term 'children' refers to young people up to the age of 19. 'Carer' is used to refer to a teaching assistant or early years assistant, as distinct from a parent/carer.

This guidance has been drawn up by representatives from City of York Local Authority in liaison with colleagues in local health services, Community Infection Control and City of York's Safeguarding Children Board.

The guidance is subject to regular review.

1. Aim of guidelines

- to highlight the importance of continence in the development of independence
- to establish good practice guidelines within the authority for mainstream and special schools, early years and extended schools settings, concerning the management of children with continence problems
- to ensure that children are treated with dignity and respect by carers who are aware of the importance of helping them to develop this life skill
- to safeguard the interests of children, parent/carers and educational settings
- to establish good practice guidelines for joint working between agencies for the benefit of children and their parents.

2. Rationale

The guidelines aim to offer support to settings, children and parents, by establishing clear procedures to help protect children's dignity and safety, while also providing an agreed framework for staff involved in continence care.

The guidelines recommend the drawing up of a continence care plan for individual children which will establish the way in which care will be carried out and by whom. The care plan is to be agreed by staff, parents and health professionals, and should alleviate anxieties regarding child protection for all concerned.

The guidelines do not relate specifically to children who have the occasional wetting or soiling 'accident', although the advice may be relevant to those situations.

Continence management is normally included in the job description for care staff/teaching assistants. Individual members of staff (ie care staff/teaching assistants) will be consulted about their willingness to undertake continence care for any child for whom a continence care plan is written.

Teachers' pay and conditions do not include continence care.

3. Context

Most children achieve continence before starting full-time school. With the development of increased early years provision and the drive towards inclusion, however, there are many more children in mainstream educational establishments who are not fully independent. Some individuals remain dependent on long-term support for personal care, while others progress slowly towards independence.

The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and families concerned. Difficulties with continence severely inhibit an individual's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act *in loco parentis* are more likely to achieve their full potential.

4. Children with continence difficulties

Children with continence problems are a very diverse group. It is not possible to make broad generalisations about their needs, nor is it possible to distinguish clearly between the needs of children in early years settings and those of children in school. Each child needs to be seen as an individual. However, broadly speaking, children with continence problems can be divided into the following groups:

1.	Late developers	The child may be developing normally but at a slower pace.
2.	Children with some developmental delay	Many more of these children are now in early years and mainstream settings.
3.	Children with physical disabilities	eg cerebral palsy, spina bifida. Long-term continence development / management plans may be needed.
4.	Children with behavioural difficulties	Delayed toilet training may be part of more general emotional / behavioural difficulties.

5. Background

LA guidelines draw on the following government legislation / guidance:

1. Equality Act 2010
2. Health and Safety at Work Act 1974
3. Manual Handling Operations Regulations (1992)
4. Department of Health (2001) Good Practice in Continence Services (6.1-6.6)
5. Department of Health (1999) Working Together to Safeguard Children (6.27-8)
6. QCA / Department for Education and Employment 2000 / EYFS 2008

5.1 Equality Act 2010

Educational settings and service providers have a duty

1. *not to treat disabled pupils less favourably; and*
2. *to take reasonable steps to avoid putting disabled pupils at a substantial disadvantage. This is known as the reasonable adjustments duty.*

   A disabled person is someone who has a physical or mental impairment which has an effect on his or her ability to carry out normal day-to-day activities. The effect must be:

1. *substantial (that is, more than minor or trivial); and*
2. *long-term (that is, has lasted or is likely to last for at least 12 months or for the rest of the life of the person affected; and*
3. *adverse.*

Continence is defined in the Act as an impairment which may affect normal day-to-day activities. Although most children are not affected in this way, some may be restricted by lack of continence, and may therefore be defined as disabled. Responsibilities for children with a disability are clearly defined under the Equality Act 2010, and parents may appeal to the Special Educational Needs and Disability Tribunal (SENDIST) if they believe their child has been discriminated against.

Responsibilities for children who do not have a disability as defined by law are less clear. Some children have their needs met under the SEN framework. Some children are simply late developers, while others may not have had sufficient opportunity to develop independence. Developing good continence management practice is important for the emotional and social well-being of the child. For this reason settings should take responsibility for developing a flexible and informed response to the needs of these children.

5.2 Roles and Responsibilities under the Health and Safety at Work Act, 1974

1. Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare at work of all employees.

2. The employee has a duty while at work to take reasonable care of the health and safety of himself and other people who may be affected by his acts or omissions (in other words, actions he chooses to do, or chooses not to do). Employees must cooperate with the employer, to allow him to comply with his Health and Safety duties.
3. Employers also have a duty to carry out risk assessments where the risks at work are significant to employees or others. Where there are more than five employees, the risk assessments must be written down. The first step in carrying out a risk assessment is to follow the best practice guidance available.
4. Whilst the ultimate responsibility for Health and Safety lies with the employer, the management of Health and Safety and the carrying out of task specific risk assessments will be delegated locally to managers and supervisors.

5.3 Manual Handling Operations Regulations 1992

These Regulations identify responsibilities for employers and employees, including situations where a person moves or transfers a child while carrying out personal care, either with or without lifting equipment.

6. General Principles

6.1 Every effort should be made to encourage independence before a child starts at school.

6.2 Some children achieve independence relatively easily while others may never achieve full independence. Children should not be excluded from everyday activities solely because of a manageable condition.

6.3 Settings should plan for the development of independence skills, particularly for children who are highly dependent upon adult support for personal care.

6.4 Children should be treated with dignity and respect by carers who are aware of the importance of helping them to develop as far as possible towards independence in personal care.

6.5 There are wide variations in the facilities available in settings for carrying out personal care. However, as far as is reasonably practicable, settings should aim to ensure that staff are able to handle children's care needs safely and with dignity.

6.6 Each child's case should be considered individually. Policies which state that no child may be admitted unless they are continent are likely to be in breach of the law.

6.7 Asking parents to come in and change a child is likely to be a direct contravention of the Equality Act and leaving a child in a soiled nappy for any length of time

pending return of a parent is a form of abuse ('Including Me' (2005): 74[1]). Settings should therefore aim to develop their ability to cope with the needs of children who have bladder and bowel problems. They should indicate the ways in which they plan to meet the needs of these children as far as is reasonably practicable, in line with the Equality Act 2010.

6.8 Information should be available for parents about facilities, staffing issues and access for children with disabilities.

6.9 Schools and settings should have admission procedures which include questions relating to personal care needs.

6.10 Before admitting a child who has a continence problem, schools and settings should draw up a personal care plan agreed by the school or setting, parent/carer and colleagues from health. The child should also be consulted, if appropriate, as well as the staff involved in carrying out the care. The plan should include information about when and where the child will be cared for, and the practices to be used if necessary. It should specify the people who will be carrying out the care duties. Parents should be informed if there is a change of staff. It should include reference to a personal care record sheet / diary if the setting decides that this is needed. The personal care plan should be signed by all involved in drawing it up, and must include parental consent and a review date. See *pro forma* below.

6.11 In some circumstances it may be appropriate for more than one person to be present to safeguard the interests of both the child and carer (see Appendix 1).

6.12 Staff carrying out care responsibilities are required to follow the procedures specified in the *Basic hygiene precautions to be taken when dealing with pupils with bladder and bowel problems* (Appendix 3).

6.13 Any moving and handling that is necessary should be carried out in accordance with LA policy and guidance. Examples of situations in which there may be a risk of injury include:

- helping a child to use an adult sized toilet
- twisting or bending while cleaning a child
- helping a child to get on to a changing bench
- using hoisting equipment to transfer a child on to a changing bench.

Further information about moving and handling training is available from the Physical and Medical Needs Specialist Teaching Team, tel 01904 554332. It is the setting's responsibility to ensure that moving and handling training takes place if needed.

6.14 Settings should ensure that staff have appropriate information and training, including regular review of procedure and practice.

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[1] *Including Me: Managing complex health needs in schools and early years settings,* Jeanne Carline (2005) Council for Disabled Children / DfES

7. Personal Care Plan

This personal care plan pro forma should be used in consultation with colleagues from Health (the School Nurse or Continence specialist nurse).
Information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the personal care of your child.

Name of school or setting…….

Date…….

Name:…….. Date of Birth……... Address:……. ……. ……..	
Name of parent/carer and contact number	
Name of staff who will carry out the personal care	
Where the personal care will be carried out	

Brief outline of required personal care	• Description of care: • Name of designated staff: • Resources required and provider: • Frequency/times when care required:
Procedure to follow - identify training requirements and provider if appropriate. (Attach additional information as necessary.)	

Level of self help skills: What can the child/young person do for themselves?	
Assistance required to enable mobility and/or transfer - is a moving and handling risk assessment required?	
Views of child	• How many members of staff would you like to help? • Do you mind having a chat when you are being changed or washed?
Management of wet/soiled clothing and disposal of waste	
Any additional relevant information? eg communication needs	
Review date	
Has the child/young person (where able/appropriate) **been actively involved in drawing up this Plan?** **Yes/No**	

Signature of parent/carer and child (where able/appropriate)

…… ……..

Signature of School nurse / Continence specialist nurse

.....……

Signature of School Staff

……. Date…….

Review of Personal Care Plan

Date of review	Is the plan still appropriate?	Is a new plan required?	Parent signature	Signature of school's/setting's named person

This plan will be reviewed twice a year.

Next review date:

To be reviewed by: