



## **Personal and Intimate Care Policy**

**This policy also applies to the EYFS**

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**Signed: Mr John Clarke (Chairman of the Board)**

## Personal and Intimate Care Policy

This Personal and Intimate Care Policy is applicable to all pupils including those in the EYFS and should be read in conjunction with the school's policies as below:

- EYFS Policy
- First Aid Policy
- Health, Safety and Welfare Policy
- Safeguarding and Child Protection Policy

It also makes reference to the National Children's Bureau (2004) The Dignity of Risk.

At Abercorn School we aim to meet the needs of all our children and promote their welfare. It is our intention to develop independence in each child, however, there will be occasions when help is required (personal care) or when a child has a specific Educational Health plan in place and requires additional regular support (intimate care). Our Personal and Intimate Care Policy has been developed to safeguard children and staff and the principles and procedures apply to everyone involved in the care of children at Abercorn School.

Personal and intimate care includes helping a child, for reasons of age, illness, special educational need or disability, with eating or drinking, or in connection with toileting, washing, bathing and dressing.

Personal and intimate care may be defined as any activity required to meet the needs of each individual child. This may be associated with bodily functions, body products and personal hygiene, and may demand direct or indirect contact with or exposure of the genitals. Examples can include: soiling or wetting accidents, washing, dressing or menstrual management. We recognise and assist children with personal care when needed, and ensure that the children are treated with privacy, courtesy, dignity and respect at all times. All staff have a responsibility to work in partnership with children and parents to ensure the individual needs of each child are met in accordance with school policies.

When starting Nursery at Abercorn School, children should be toilet trained and therefore not require nappies. This enables children to develop independence around personal hygiene routines. However, this policy is in place for when personal or intimate care is required.

### **1 Definition**

Due to the age range of pupils at Abercorn School, the term personal care has been split into personal care and intimate care with the following definitions of each:

- 1.1 Personal care can be defined as helping a child, for reasons of age, illness or disability, with eating or drinking, or in connection with toileting, washing, bathing and dressing, i.e. activities 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 occasional continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or

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dressing.

- 1.2 Intimate, medical or health care (referred to as intimate care in the rest of the policy) can be defined as care given to a pupil who requires regular, specific assistance in line with their written Educational Health Plan.
- 1.3 It also includes supervision of, or being in close proximity to pupils involved in intimate self-care.

## 2 Principles

- 2.1 At Abercorn School, the Board and staff will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2011) to safeguard and promote the welfare of its pupils.
- 2.2 The Board and staff at Abercorn School recognise their duties and responsibilities in relation to the Equality Act 2010 which requires that any pupil with an impairment that affects their ability to carry out day-to-day activities must not be discriminated against.
- 2.3 Abercorn School is committed to ensuring that all staff responsible for the personal or 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.
- 2.4 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 personal or intimate care is given. The child's welfare is of paramount importance and their 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.
- 2.5 Staff will work in close partnership with parents and other professionals to share information and provide continuity of care.
- 2.6 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 Personal and Intimate Care Policy.
- 2.7 Where a child has intimate care needs beyond the occasional, a designated member of staff (usually a First Aider) will take responsibility to provide their care. We address issues on an individual basis. The designated person should have a strong and trusting relationship with the child. This ensures that it is a positive experience that is safe for all.
- 2.8 All staff undertaking intimate care must be given appropriate guidance and training (where applicable).

### **3 Child focused principles of personal and intimate care**

3.1 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 personal intimate care to the best of their abilities.
- Every child has the right to express their views on their own personal and intimate care and to have such views taken into account.
- Every child has the right to have levels of personal and intimate care that are as consistent as possible.

### **4 Best practice**

4.1 Due to the developmental stages of the children at Abercorn School, we support them with personal care: dealing with soiling or wetting 'accidents,' reminders to go to the toilet and general personal hygiene to develop independence.

4.2 Pupils who require regular, specific assistance with intimate care have a written Educational Health plan which is part of their Individual Education Plan and agreed by staff, parents and any other professionals actively involved, such as an educational psychologist or physiotherapists. Ideally, the plan should be agreed at a meeting at which all key staff, parents and the pupil should also be present particularly if circumstances change, e.g. where there is an improvement in a medical injury or condition. They should also take into account changing arrangements and procedures for educational visits/day trips.

4.3 Where relevant, it is good practice to agree with the pupil and parents appropriate terms for private parts of the body and functions; these should be noted in the Educational Health plan.

4.4 Parents will be informed the same day if their child has needed unforeseen help with meeting personal care needs (e.g. has had an 'accident' or wet or soiled themselves). It is recommended practice that information on personal or intimate care should be treated as confidential and communicated in person, by telephone, or direct email or by sealed letter (not through the home/school diary, link books etc.).

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.

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- 4.6 Records will be kept in the pupil file if there is an on-going case, which is not appropriate for the child's developmental age/ stage that needs monitoring, rather than a one-off incident. Records are kept in the medical log in the school office.
- 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 themselves as possible.
- 4.8 Staff who provide intimate care are given guidance and/or trained (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes, such as the onset of puberty and menstruation.
- 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 age.
- 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 a pupil needs help with intimate care. Where possible, two members of staff will be present, however advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Following good practice, the second member of staff provides discreet support by positioning themselves nearby and within earshot. Having one member of staff dealing with the situation means that the child to adult ratio remains compliant within the classroom or playground as well as allowing the child's privacy and modesty to be respected. The member of staff carrying out the intimate care will then tell the EYFS Key Worker or class teacher who in turn will let the child's parent know what has been done to help their child. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.13 Any 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.

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- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research, from the National Children's Bureau (2004) *The Dignity of Risk*, 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 the 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 or personal care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 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 School guidelines should be adhered to regarding handling and disposing of waste products.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing personal care.

## **5 Safeguarding and Child Protection**

- 5.1 The Board 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 Safeguarding and Child Protection Policy and Procedures will be closely adhered to.
- 5.3 From a child protection perspective, it is acknowledged that personal and intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. At Abercorn School, best practice will be promoted and all adults (including those who are involved in personal and 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 practices.
- 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 these concerns to the DSL in line with the Safeguarding and Child Protection Policy.

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- 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 Head. The matter will be investigated at an appropriate level and outcomes recorded. Parents will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until any issues are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 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 (or to the Designated Safeguarding Governor, Mrs A Greystoke if the concern is about the Head) who will consult the LADO/Multi- Agency Safeguarding Hub (MASH) in Westminster, in accordance with the school's policy on dealing with allegations of abuse against members of staff and volunteers. 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, in accordance with the School's Safeguarding and Child Protection Policy and Procedures.

## APPENDIX 1:

### PERSONAL and INTIMATE CARE GOOD PRACTICE: A MORE DETAILED GUIDE

The adult supporting a child or young person with personal or intimate care needs to consider both their **attitude** and **actions** within the approach.

#### Principle elements of safe and healthy personal and intimate care:

- *Trust and duty of care to safeguard the child*
- *A person centred approach*
- *Promoting the development of positive self-esteem, body image & self confidence*
- *Promoting the development of appropriate relationships, sexual and personal safety*
- *Integrating social and cultural values and beliefs*
- *Promoting positive life experience and feelings surrounding personal and intimate care*
- *Promoting cleanliness and personal hygiene; preventing infection and disease*
- *Provision of education and training*

#### Trust and duty of care to safeguard the child

The person designated to provide intimate or personal care to a child or young person is placed in a position of trust and has a duty through their responsibilities as a parent or as an employee to provide care which always promotes the health, wellbeing and safety of the child or young person. This includes protecting the child from abuse. Other family members are regarded as trusted adults and accordingly have a duty to safeguard the child or young person.

#### Safeguarding

Staff need to be aware that some adults may use intimate or personal care procedures as an opportunity to abuse children and young people. Staff need to be aware of the possibility that allegations of abuse may be disclosed. Allegations can be made by children, young people and by other concerned adults.

Following clear guidelines will offer staff a framework to base their care plan around whilst also providing consistency across the school.

If concerns are raised please refer to the safeguarding procedure and discuss with the relevant Deputy, Headmaster or Governor in charge of Safeguarding.

**The following statements set out guidance and examples of practice for staff.**

#### Statements of Good Practice

- 1. Treat every child with dignity and respect and ensure privacy**



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Intimate and personal care should be provided with dignity and respect ensuring privacy, this includes care being given gently and sensitively.

Adults should take into account the child's views and feelings throughout any procedure or intervention and give careful consideration to what the child is used to and what is appropriate, given their needs and their family's culture and beliefs.

Information about a child's intimate and personal care needs is both private and confidential. Information sharing relating to intimate care should be for a legitimate purpose and with the consent of the child or where a child lacks capacity, the parent or guardian.

Privacy should be appropriate to the child's age, gender and situation. Privacy is an important issue. Children have a right to privacy and staff need to recognise that right and take steps to ensure that this it is upheld. It is important to ensure that e.g. changing clothes is done in a safe and respectful manner. Identified places for changing are therefore helpful.

Privacy can be respected by allocating one adult unless there is a sound reason for having more adults present. Where this is the case the reasons should be documented. Where two people are required for manual handling, staff should consider that once the initial manual handling task is complete, the second person could remove themselves until summoned once the intervention has finished and the child has been re-clothed.

Consider off site provision well in advance of any visit. It is recommended the facilities are inspected and included in your usual risk assessment evaluation.

### **2. Involve the child in their own intimate and personal care and be aware of and responsive to the child's reactions**

The child should exercise choice as far as possible throughout. Staff should gain the child's consent or agreed approval prior to carrying out any procedure or intervention.

Any touch which is intended as "help" (e.g. helping a child with toileting needs) is to be as enabling and empowering as possible and the child should be permitted to do as much by themselves as possible. Involve the child as far as possible in their own intimate and personal care and if the child is able to help, give them every opportunity to do so. It is important to avoid doing things that the child can do alone or with support. If a child is fully dependent on you, talk with them about what you are doing and give them choices wherever possible.

Children should always be consulted about their views regarding touch and physical contact. Their understanding and acceptance of touch needs to be explicit. Staff and designated volunteers should check their practice by asking the child, particularly a child they have not previously cared for, e.g. "Is it ok to do it this way?" "Can you wash there or do this?"

Follow a child's individual guideline alongside your intuitive knowledge and experience of the child you are caring for and verbally report and document any changes in the child's

behaviour or their reactions to intimate care.

### **3. Encourage the child to have a positive image of their own body**

Providing personal and intimate care with a positive attitude and approach provides on-going opportunities to teach children about the value of their own bodies, develop self-confidence and a positive self-esteem. The approach adults take in providing personal and intimate care to a child should convey messages that their body and they are respected; a sense of value. Confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse.

Modelling of good practice in personal and intimate care experiences provides important personal safety learning for children. Understanding good touch/care behaviours throughout childhood enables the child to differentiate more easily when they experience abusive touch/care behaviours.

The gender of the adult caregiver should take into account the child's age, developmental history, cultural beliefs and values and the expressed views of the child and/or parents and should be documented within the individual intimate care plan.

As a general guide children up to the age of 8 can be provided with intimate and personal care by either gender. From about 8 years of age, the child is developing their sexuality psychologically, physically and physiologically and therefore the gender of the adult intimate caregiver becomes more of an issue to the individual. Respect for privacy, and their views and feelings are critical to deciding who should provide intimate care.

Where a child lacks the capacity to make the decision, the parent or guardian's views should be included within the individual intimate care plan. It is good practice for adults providing intimate care to young people (from the age of 8) to be of the same gender. In certain circumstances, and it would usually be unexpected circumstances, this good practice principle may need to be waived where failure to provide appropriate care would result in an omission of care.

This is best practice, however, it is recognised that within some services the gender of staff is often made up of predominantly female staff and therefore the same gender principle is often difficult to implement in practice. This needs to be explained to the child and family as part of negotiating the agreed intimate care plan and whatever is put in place should be reviewed and monitored regularly.

### **4. Make sure practice in personal and intimate care is as consistent as possible**

The management of all children who require support with their personal and intimate care needs to be carefully planned. A person centred approach to providing intimate and personal care promotes both individual and consistent patterns of care. The provision of intimate and personal care always has to be considered within the context of the individual person who requires assistance to meet their intimate and personal care needs.

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Children who require intimate care should have an individual intimate care plan, which sets out the child's views and how they would like their care given, together with specific information to enable caregivers to carry out their intimate care. These plans should also include a full risk assessment where necessary to address issues such as moving and handling and personal safety of the child and the carer. Any individual issues including religious and cultural views will be recorded in these plans. Any historical concerns (such as past abuse) should be noted and taken into account.

The intimate care documentation should be agreed by the child (if age appropriate) parents/carers, designated staff and professionals. The intimate care plan should be reviewed regularly (at least annually) as the child's needs change.

Line managers have a responsibility for ensuring their staff have a consistent approach. This does not mean that everyone has to do everything identically, but approaches should not differ markedly between staff.

Elements of consistency for each individual child include:

- **Language** – *Using recognised words or other cues and agreed terminology.*
- **Physical touch** – *Always washing intimate parts with a wash cloth/wipe and not bare hands and wearing gloves*
- **Documentation** – *Following the child's individual intimate care plan*

Consistency of approach can be helped by checking with the child, their carers/staff who know the child well and reading any relevant medical documentation. If something needs changing in a procedure, it is important to let all those who are involved in their care know about the changes.

### **5. Never do something unless you know how to do it**

All staff who provide intimate care should receive training to promote good practice. No one should ever undertake a task unless they know how to do it. Just because staff or volunteers have done something with their own child, it must not be assumed that they can do it with a child they are providing care for. Adults providing intimate care should consider their own attitudes and behaviour. If staff have concerns about providing this type of care we would encourage you to speak to your line manager or the Head.

Certain intimate care procedures must only be carried out by appropriately trained staff. It is the Head's or a designated Deputy's responsibility to ensure their staff members are appropriately trained and receive regular updates.

Equipment used for intimate care must be cleaned between uses as per local infection control standards. Generally, this would mean wiping down toilet seats and taking universal precautions as necessary when providing the care (gloves, aprons etc.) Waste will be disposed of as per local policy. Advice and help about these issues can be obtained from the Health and Safety Officer or the Bursar.