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## Elevate Intimate Care Policy and Nappy Changing Policy

Version and Date		Action/Notes: To be reviewed 23.05.2021
v.1	23.05.2019	Agreed by the Trustees

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Elevate Multi Academy Trust (Elevate) has agreed this Policy and, as such, it applies to its Academies.

References to 'the Head teacher' includes the Executive Head teacher, Head teacher or acting Head teacher as appropriate.

### **Statutory Legislation and Government Guidance:**

- Keeping Children Safe in Education (Sept. 2019)
- Working Together to Safeguard Children (DfE) (2018)
- Education Act 2002
- the DSCF Guidance 'Guidance for Safer Working Practice for Adults working with Children and Young People in Education settings' (March 2009)
- the Health and Safety Executive of Service Children's' Education, 'Managing Offensive/Hygiene Waste' (January 2009),
- Disability Discrimination Act,
- NHS 'Toilet training guide'.

### **Linked to the Following Policies:**

- Policy for SEND/Additional Needs
- Safeguarding & Child Protection Policy
- Data Protection policy
- Positive Handling and RPI policy
- Complaints policy

### **Aims and Objectives of the Intimate Care Policy:**

The Academies are required to comply with Section 175 of the Education Act 2002, which requires that the safety and welfare of children is promoted. This policy aims to offer advice for good practice based on the practical experience of support staff in providing intimate care. Staff should be aware of these guidelines and encouraged to follow them for their own protection as well as for the protection of the young people.

### **Rationale:**

It is Elevate and its Academies intention to develop independence in each child; however, there will be occasions when additional help is required.

This Policy has been developed to safeguard children and staff.

It is one of a range of specific policies that contribute to the provision of pastoral care.

The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults, and staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

### **Definition:**

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident.

Such activities include:

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- feeding
- oral care
- washing
- changing clothes
- toileting
- first aid and medical assistance
- the supervision of a child involved in intimate self-care.
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Parents have a responsibility to advise the Academy of any known intimate care needs relating to their child.

### Principles of Intimate Care:

The following are the fundamental principles of intimate care upon which our policy 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;
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities;
- All children have 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 appropriate and consistent

### Academy Responsibilities:

- All staff working with children are subject to the appropriate Disclosure and Barring Checks. This includes student teachers on work placement and regular volunteers;
- Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the Academy are involved in the intimate care of children;
- Where anticipated, intimate care arrangements are agreed between the Academy and parents and, if appropriate, by the child (Appendix 1);
- Consent forms (Appendix 3) are signed by the parent and stored in the child's file. Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by parents and the Academy. Parents would then be contacted immediately;
- Intimate care arrangements should be reviewed at least 6 monthly. The views of all relevant parties should be sought and considered to inform future arrangements;
- If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Leader for Safeguarding and Child Protection (DSL) or their deputy (DDSL).

**DSL:**

**DDSL:**

### Facilities and Resources:

The Academy must ensure there are facilities for supporting intimate care.

Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions where they will be necessary and consider how intimate care can be dealt with in relation to PE, swimming, after school clubs, transport to and from school etc.

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### **Guidelines for Good Practice:**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

### **Adhering to the following guidelines of good practice should safeguard children and staff:**

- Involve the child in the intimate care;
- Try to encourage a child's independence as far as possible in his or her intimate care;
- Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible;
- Check your practice by asking the child or parent about any preferences while carrying out the intimate care;
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation;
- Care should not be carried out by a member of staff working alone with a child. Two staff members should always be present;
- Make sure practice in intimate care is consistent. As a child may have multiple carers and a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent;
- Ensure any incidents where a child has received intimate care are reported to parents;
- If the intimate care is a regular, planned event there should be regular communication between home and Academy. This may be in the form of a home-school books, or a more formal record kept in the case of children with specific medical needs. In this case the School Nurse will be involved and may support staff and parents by advising what sort of information should be recorded, and monitoring the provision in the Academy;
- Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed;
- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed;
- If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a DSL/DDSL;
- If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a DSL/DDSL;
- Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file and Safeguarding Log.

### **Working with Children of the Opposite Sex:**

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a female member of staff.

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The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- Two members of staff must be present;
- When intimate care is being carried out, all children have the right to dignity and privacy, ie they should be appropriately covered, the door closed or screens/curtains put in place;
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- Report any concerns to a DSL/DDSL and make a written record;
- Parents must be informed about any concerns.

### Communication with Children:

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- make eye contact at the child's level;
- use simple language and repeat if necessary;
- wait for response;
- continue to explain to the child what is happening even if there is no response;
- treat the child as an individual with dignity and respect.

### Intentions:

In line with the SEND Policy, Elevate and its Academies recognise the need to provide an inclusive, supportive and positive learning environment.

This policy applies to all staff undertaking personal care tasks with children but particularly to those who have an SEND. It is recognised that there are some occasions where there are vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment. The normal range of development for this group of children indicates that in some cases they may not be able to access the toilet or change their clothes independently. This could include:

- children and young people with limbs in plaster;
- children and young people needing wheelchair support;
- children and young people with pervasive medical conditions.

### Safeguarding:

Staff should have a good knowledge of Elevate's Child Protection and Safeguarding Policy (including Allegations against Staff) covered in safeguarding training provided within the Academy.

Policies and procedures should be in place as part of safeguarding framework relating to safeguarding both children and adults. It is also important that school leaders ensure staff are supported and trained so that they feel confident in their practice.

**DBS and barring list checks** are rigorous and are carried out to ensure the safety of children with staff employed in Academies and settings. All Academies have a duty to ensure staff are not employed without a DBS and barring list check. This must be checked before allowing staff to change children.

It is essential that safer working practices are adhered to and that no setting or Academy simply relies on the results of a DBS check to ensure that staff are working appropriately. All Academies are required to

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maintain a Single Central Register which lists qualifications as well as details of training undertaken and checks undertaken.

Section 23 in the DSCF Guidance 'Guidance for Safer Working Practice for Adults working with Children and Young People in Education settings' (March 2009) states that staff should:

- always inform other colleagues and/or parents/carers about the contact(s) beforehand, assessing the need to have them present or close by and Section 20;
- make other staff aware of the task being undertaken.

It is essential that the adult who is going to be delivering the Intimate Care support for the child informs the SENCO and/or another member of staff that they are going to do this. There is no written legal requirement that 2 adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

### **Health & Safety:**

Induction procedures and continued CPD should be in place within the Academy to support staff in dealing appropriately with issues of intimate care.

The Academy should follow procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself, or is sick while on the premises. This could include:

- staff to wear fresh disposable aprons and gloves while changing a child;
- soiled nappies/pull ups/waste securely wrapped and disposed of appropriately;
- soiled clothes to be securely wrapped and passed to parents/carer;
- changing area/ toilet to be left clean;
- caretaking/ cleaning staff to be informed
- hot water and soap available to wash hands as soon as changing is done;
- paper towels to be available to dry hands.

The Academy will need to make enquiries about the disposal of waste if they do not already have arrangements in place. Guidance from the Health and Safety Executive of Service Children's Education, 'Managing Offensive/Hygiene Waste' (January 2009), is that any disposal of waste for one child can be in the usual bins using appropriate nappy sacks. The waste in this instance would be considered to be municipal waste.

Any more than this and Academies will need to make special arrangements. For wet nappies a single bag is sufficient but soiled nappies require double bagging. However, where regular disposal of waste is required white bins should be made available and arrangements for delivery and collection should be made through the appropriate contractors.

Should child handling be required in order to support or complete any intimate care procedure then advice should be sought through an appropriate adviser and formal moving and handling training be delivered.

### **Procedures & Policies:**

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children. Much of the information required by the Academy to make the process of intimate care as comfortable as possible is available from the parents. Regular consultation and information sharing remains an essential feature of this partnership.

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Issues around toileting should be discussed at a meeting with the parents/carers prior to admissions into the Academy. Senior leaders must be made aware of these at this point.

**Intimate Care Plan:** A formal agreement around intimate care provision helps to avoid misunderstandings and also helps parents/ carers feel confident that the Academy will meet their child's needs. This must be done by completing an 'Intimate Care Plan' (Appendix 1) with the parents and if required a further home/school management agreement that defines the responsibilities that each partner should be produced.

This might include:

**Parents and Carers:**

- agreeing to change/toilet the child at the latest possible time before coming to the Academy;
- providing spare nappies, wet wipes and a change of clothes;
- understanding and agreeing the procedures to be followed during intimate care at the Academy;
- agreeing to inform the Academy should the child have any marks/rash;
- agreeing how often the child should be routinely supported with intimate care if the young person is in the Academy for the day and who will provide this;
- agreeing to review the arrangements, in discussion with the Academy, should this be necessary;
- agreeing to encourage the young person's participation in toileting procedures wherever possible.

**The Academy:**

- agreeing to change the child should they soil themselves or become wet;
- agreeing how often the child should be routinely supported with intimate care if the child is in the Academy for the full day and who would be changing them;
- agreeing to report to the head teacher or SENCO should the child be distressed or if there are any concerns;
- agreeing to review arrangements, in discussion with parents/ carers, should this be necessary;
- agreeing to encourage the child's participation in toileting procedures wherever possible;
- discussing and taking the appropriate action to respect the cultural practices of the family.

If the child has a disability recognised as part of the Disability Discrimination Act, asking or telling parents to come and change their child (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA. Wherever possible the young person should be encouraged to do as much as they can for themselves.

The process for the management of a child's personal care needs may need to be further clarified through the Education Health Care Plan or a Child in Need meeting. For example, where the Academy has concerns about parental support, for a child with SEN and/or disabilities or the parent has raised a concern. In the first instance concerns should be formally discussed with the parents. A meeting must be called that could possibly include the health visitor and senior leader to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the Academy's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

**A 'Record of Intimate Care Intervention'** must be maintained at all dates, times, procedures and staff signatures. Any incidents or accidents during the delivery of intimate care must be formally recorded and reported immediately to the SENCO. A formal discussion with the parent must take

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place on the same day to share this information. All records should be stored in accordance with the UK's Data Protection Act and Elevate's Data Protection Policy.

**Confidentiality** is an important issue.

The Academy should ensure that sensitive information about a child should be shared only with those who need to know, such as parents or other members of staff who are specifically involved with the young person.

Other staff members should only be told what is necessary for them to know to keep the young person safe.

Information concerning intimate care procedures should not be recorded in a home school diary, as the diary is not a confidential document and could be accessed by people other than the parent/carer and member of staff.

It is recommended that communication relating to intimate care should be made through one of the following:

- Sealed letter;
- Personal contact (and recorded in a log);
- Telephone call – between member of staff and parent/carer (and recorded in a log)

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the child's right to privacy and dignity is maintained at all times.

Sharing information between home and the Academy is important to secure the best care for children but the consent of parents and their children (Appendix 3) who are able to give such consent is needed for the head teacher to pass on information about their child's health to Academy staff or other agencies. Their agreement is also needed for any exchange of information about a child's medical condition.

Parents and children need to know that where staff have concerns about a child's well-being or safety arising from something said by the child or an observation made by the staff then the DSL will be informed. This may lead to the procedures set down in Elevate's Child Protection and Safeguarding Policy being implemented.

#### **Staff Training:**

- Moving and Handling training will be provided by an appropriately qualified trainer to ensure that intimate care support staff are able to use this to provide the best standard of care and to ensure their own physical health is protected;
- Any member of staff providing intimate care will require up to date certification and/or training which includes appropriate safeguarding information.

#### **Complaints:**

If a parent has a complaint about an intimate care matter, s/he should follow the procedures laid down in Elevate's Complaints Policy.

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**Appendix 1: Intimate Care Plan:**

**Name of Academy:**

<b>Child's name</b>		<b>Date of birth</b>	
<b>Name of Support Staff Involved</b>			
<b>Area of need</b>			
<b>Frequency of support</b>			
<b>Any other details</b>			
<b>Working towards Independence</b>	The child will try to:		
	Staff assisting will support by:		
<b>Review date</b>		<b>Agreed and Signed by parent/carer:</b>	
<b>Date</b>		<b>Staff involved</b>	

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## Appendix 2: Toilet Management Plan - Agreement between Staff and Child

**Name of Academy:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Support staff name(s):** \_\_\_\_\_

### **Support Staff /Class teacher**

*As the person helping you in the toilet you can expect me to do the following:*

- I will stop what I am doing to help you in the toilet as soon as you ask me;
- I will avoid all unnecessary delays;
- When you use our emergency agreed signal, I will stop what I am doing and come and help;
- I will treat you with respect and ensure privacy and dignity at all times;
- I will ask permission before touching you or your clothing;
- I will check that you are as comfortable as possible, both physically and emotionally;
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you;
- I will look and listen carefully if there is something you would like to change about your Toilet.

### **Child**

*As the child who needs help in the toilet you can expect me to do the following:*

- I will try, whenever possible to let you know a few minutes in advance, that I need to go to the toilet, so that you can come and help me;
- I will try to use the toilet at break time or at the agreed times;
- I will only use the agreed emergency signal for real emergencies;
- I will tell you if I want you to stay in the room or stay with me in the toilet;
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed;
- I will work with you to practice the things I need to do to become more independent in using the toilet.

We will review this agreement on: \_\_\_\_\_

Signed:

Child (if appropriate): \_\_\_\_\_

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Support staff / CT involved: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix 3: Parental Permission for Staff to Provide Intimate Care**

**Name of Academy:**

**I understand that:**

- I give permission to the Academy to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting;
- I will advise the head teacher of any medical reason my child may have which affects issues of intimate care;
- I understand that the intimate care provided for my child at Academy will be given by familiar members of staff;
- I understand that the members of staff providing the care for my child have had appropriate training, including in Child Protection.

Parent/Carer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Date of birth: \_\_\_\_\_

