MANAGING INTIMATE CARE AND SUPPORTED TOILETING IN SCHOOLS AND SETTINGS

Non statutory guidance

PLYMOUTH CITY COUNCIL

PLYM BRIDGE NURSERY SCHOOL & DAY CARE

Ham Drive Nursery School and Day Care

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- June 2014:Consultation among Plymouth Schools and Settings as part of the wider 'Supporting Pupils in Schools with Medical Conditions' survey
- October 2014: Setting up of the 'task and finish' partnership to jointly review both Intimate Care and Toileting guidance and Supporting Pupils in Schools with Medical Conditions guidance
- November 2014: Writing up of draft for Intimate Care and Toileting guidance
- January 2015: Present draft guidance at Joint Consultative Committee
- February 2015: Make final changes following review of draft by JCC and T&F partnership
- March 2015: Guidance published

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(1.0) INTRODUCTION/CONTEXT

An increasing number of children and young people with disabilities and medical needs are being included in mainstream educational settings, including early years. Some may require assistance with intimate care tasks, especially incontinence support and toileting. Other children, particularly those in early years may also experience difficulties with incontinence and toileting for a variety of reasons.

Children and young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations.

It is important that all adults working with children and young people understand the responsibilities and procedures associated with providing intimate care, including supported toileting. This **non statutory** guidance provides clear advice on the development of safe and appropriate policy and practice for all adults working with children in paid or unpaid capacities, in schools and educational settings.

The intension of this guidance is to support the process of policy and procedural development.It is the responsibility of schools and settings to develop their own policy and procedures in partnership with staff, pupils and the wider schooling community.

These guidelines have been developed by the local authority in partnership with other stakeholders including Plymouth Community Health Care, Union Representatives, Schools and Settings.

(1.1)PURPOSE OF GUIDANCE

This guidance aims to:

- Keep children and young people safe by clarifying which behaviours constitute safer practice and which behaviours should be avoided.
- Support governors and head teachers in setting clear expectations of behaviour and/or codes of practice relevant to the provision of intimate care.
- Assist adults working with children and young people to establish what safe, respectful and appropriate intimate care involves and the importance of regular line management, supervisory support and needs led training.
- Strengthen safeguarding procedures.
- Minimise the risk of misplaced or malicious allegations made against adults who work with children and young people.
- Ensure that processes are in place so that pupils, parents and carers can easily influence intimate care policy and procedures, in particular, personal intimate care plans.
- Support staff to respectfully and safely teach or consolidate autonomy for the children or young people with whom they work.Staff will enable each child or young person to do as much for themselves as possible.
- Provide templates to support the creation of intimate care plans and robust record keeping of intimate care interventions.

* Procedural guidance on managing allegations of abuse made against a person who works with children can be found on www.plymouth.gov.uk/managingallegationspeopleworkingwithchildren

(1.2) DEFINITION OF INTIMATE CARE

Intimate care can be defined as 'Care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect exposure of the genitals and/or other private parts of the body'.

Examples include:

- Exposing genitals and/or other private parts of the body to administer medicines in accordance with (2014/09) DoE 'supporting children with medical conditions'
- Managing incontinence and providing toileting support
- Administration of medication, including in emergency situations
- Help with personal hygiene - washing and bathing
- Menstrual management
- Supervision of children involved in intimate self-care

(1.3) GUIDING PRINCIPLES FOR APPROPRIATE INTIMATE CARE

These three fundamental guiding principles are paramount and should be evident whenever intimate care involving children or young people is considered:

1st principle

Every intimate care procedure must be completed within an environment and atmosphere of total respect and dignity both for the individual receiving care and for the person involved in providing care.

2nd principle

Every plan supporting intimate care must demonstrate how the child/young person can be enabled to develop their independence as far as is reasonably practical for the child/young person.

3rd principle

The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully.Each situation should reflect both the safety and vulnerability of children/young people and staff.

(1.4)UNDERPINNING PRINCIPLES

Intimate care should be a positive experience for both the child or young person and staff. It is essential that care is given gently, respectfully and sensitively and that every child or young person is treated as an individual.As far as possible, the child or young person should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body.

These principles of intimate care can be put into practice by:

- Taking into account the child's method and level of communication which may include words, signs, symbols, body movements and eye pointing.

- Ensuring that the child's methods of communication are clearly identified in the care plan and carers have the ability to understand and communicate.
- Ensuring that when a child is unable to verbalise a preference, other means should be explored including determining a child's wishes by observation or reactions to intimate care.
- Agreeing on the appropriate terminology used by staff for the description of private parts of the body and bodily functions.
- Ideally allowing the child or young person, whenever possible, to choose who provides their intimate care which should be age appropriate.
- Ensuring a sufficient number of trained staff, both male and female are available to provide intimate care as required throughout the school day.
- Avoiding a situation where intimate care relies on one or two members of staff, thus improving choice for the child and capacity for trained staff able to provide intimate care.
- Enabling the child or young person to indicate if they find a carers practice to be unacceptable.
- Allowing the child or young person a choice over the arrangement of care, ensuring privacy wherever the intimate care is taking place.
- Allowing the child or young person to care for him/herself as far as possible.
- Being aware of and responsive to the child/young person's reactions.
- The views of the child should be actively sought, wherever possible, when developing and reviewing intimate care plans.As with all individual arrangements for intimate care needs, agreements between the child/young person, parents/carers and the school/setting must be negotiated and recorded.
- When the plan is completed, consideration should be made as to whether the underpinning values and principles are reflected.
- Given the right approach, intimate care should provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Whenever children can learn to assist in carrying out aspects of their own intimate care they should be encouraged to do so.

(2.1) GOOD PRACTICE IN INTIMATE CARE

Wherever possible, intimate care provided to older children and young people should be carried out by a staff member of the same gender. The religious and cultural values of children and their families must also be taken into account.

The following positive approaches will assist in promoting good practice for intimate care:

- Each school and setting has an up to date intimate care policy which reflects the needs of the learning community and which sets out principals and protocols for intimate care and toileting support.
- Intimate care practice is consistent across home, school and other settings as far as possible.
- A designated environment is identified which ensures the safety and dignity of the child/young person and intimate care providers.
- Suitable resources and equipment are always available to reduce any biological risk and to ensure the health and safety of pupils and intimate care staff.
- Staff who volunteer as intimate care providers will have access to training and regular supportive supervision/line management. Volunteers should be aware of their own limitations, only carrying out procedures they understand and feel competent and confident to carry out.

Protocols are established so that if intimate care volunteers lack confidence or are in doubt, they feel able to access immediate support and guidance.

- Staff wouldensure that the child or young person's privacy and modesty is respected and protected at all times.
- An appropriate written plan for intimate personal care is agreed with the child or young person and their parent(s), guardians or carers. Each intimate care plan will also consider strategies that support and encourage children and young people towards independent intimate care/toileting where possible.
- Staff wouldagree with the child/young person and their family the appropriate terminology to be used for private parts and bodily functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts.
- Staff always communicate in an age appropriate way taking into account the child or young person's developmental level and their preferred communication method.
- When a newly designated intimate care volunteer is appointed, they are familiar with and understand the child's intimate care plan, got to know the child or young person well beforehand and became familiar with his/her temperaments and methods of communication.
- In cases where a child or young person has limited communication abilities, intimate care providers would enable the child or young person to be prepared for or anticipate events while demonstrating respect for her/his body, for example by giving a strong sensory or verbal cue such as using a sponge or pad to signal intention to wash or change.
- Staff would speak to the child personally by name so that he/she is aware of being the focus of the activity.
- Staff would have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account. Any religious or social requirements would be clearly noted in the child's/young person's intimate care plan.
- If a child becomes incontinent and requires toileting support, the child would be discreetly removed from the learning environment so that intimate care can be provided in the designated location by the child's preferred intimate care provider.
- Planning for learning outside the classroom takes into account how safe and dignified intimate care can be provided at venues outside of the school/educational setting. Planning also ensures that a designated Intimate care provider is present and suitable materials for cleaning and changing are available.
- Staff would keep records which, in accordance with the pupils intimate care plan, would detail any intimate care provided, note the pupils' response to intimate care and note any changes in behaviour.
- Regular communication and exchanging information with parent(s), guardians or carers is essential. Systems would be established ensuring that confidential information can be shared securely.
- If a member of staff has concerns about physical changes in a child or young person's presentation, for example unusual anxiety, bruising, soreness and so on. Staff would immediately report their concerns to the designated person for safeguarding and log the concern in the intimate care records for the child/ young person.
- All staff clearly understand that cameras (including mobile phones) are not to be taken into areas where intimate care is carried out.

(2.2) DUTY OF CARE

Whether working in a paid or voluntary capacity, all adults who work with and on behalf of children and young people are accountable for the way in which they exercise authority, manage risk, use resources and safeguard children and young people.

This means that adults should:

- Understand their responsibilities, which are part of their employment or agreed role.
- Always act, and be seen to act, in the child's/young person's best interests.
- Avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Take responsibility for their own actions and behaviour.

The Children Act 2004 places a duty on organisations, including schools and settings to safeguard and promote the welfare of children and young people. This includes the need to ensure that all adults who work with or on behalf of children and young people are competent, confident and safe to do so. It follows that the duty of care is exercised through the behaviour of the adult, whom at all times should demonstrate integrity, maturity and good judgement.

Employers also have a duty of care towards their employees, both paid and unpaid, under the Health and Safety at work act 1974. This requires employers to provide a safe working environment for adults and provide guidance about safer working practices. The Human Rights Act 1998 and Single Equality Act of 2010 set out important principals regarding the protection, equal opportunity and treatment of both paid and unpaid adults. Employers are responsible for the provision of personal protective equipment, including disposable gloves, aprons and where necessary other disposable protective clothing. Employers have a duty of care to protect employees from violence and aggression in the workplace. Employers are advised to follow Plymouth City Council (PCC) guidance 'HSPS14 management of violence and aggression' in the creation of their intimate care policies.

The understanding of what constitutes a duty of care should also include an awareness and understanding of other policies and guidance that contribute towards the safe and dignified provision of intimate care and toileting. Other policies and guidance may include (but not exclusively) the following:

- Safeguarding Policy
- Equality and Inclusion Policy
- Accessibility Policy
- PCC Health, Safety and Wellbeing Policy
- Control of Substances Hazardous to Health (HSPS 04)
- Management of Violence and Aggression (HSPS 14)
- Manual Handling (HSPS 06)
- Management of Hazardous Waste Policy
- Staff Recruitment Policy
- Moving and Handling Policy
- Behaviour and Safety Policy
- Anti-Bullying policy
- Supporting Children and Young People with Medical ConditionsPolicy
- Access to Education for Children and Young People with Medical Needs

(2.3) ONE TO ONE SITUATIONS WHEN PROVIDING INTIMATE CARE

Currently there is no statutory expectation placed upon schools and settings that require more than one member of staff be present when intimate care procedures commence. The consultation process, which informed this policy guidance, revealed some significant anxiety among intimate care practitioners in terms of their vulnerability to unjust and unfounded allegations being made against them if they are required to provide intimate care on a one to one basis. The Safeguarding of Children and Young People is also strengthened if intimate care procedures are provided when an additional adult is present. Both possibilities should be recognised so that when one to one situations are unavoidable, reasonable and sensible precautions are taken.

It is not realistic to state that one to one situations should never take place. It is however appropriate to state that where there is a need for an adult to be alone with a child/ young person, certain procedures and clear safeguards must be in place.

- All schools and settings working with or on behalf of children and young people should consider the potential impact of providing intimate care on a one to one basis.
- Each school/setting will consider the impact of one to one intimate care practice and ensure that the guiding principles and good practice protocols are reflected in their own bespoke and needs led Provision of Intimate Care and Toileting Policy.
- To mitigate the impact of one to one intimate care practice on both staff and children/young people, it is essential that each setting has more than one individual providing intimate care across whole school/setting.
- Where one to one intimate care procedures are inevitable, managers will need to undertake a risk assessment in relation to the specific nature and implications for one to one work. These assessments should be reviewed regularly and take into account the individual needs of the child/young person and the individual worker. Every attempt should be made to ensure the safety and security of children and young people and the adults who work with them.
- The possibility that intimate care may be provided on a one to one basis will need to be clearly identified in each individual intimate care plan. Intimate care plans will be developed in partnership with all parties involved, including the child/young person and parents/guardians/ carers.
- Each intimate care plan will include an assessment of the child/young person's capabilities in terms of what intimate care tasks they can achieve for themselves (for example wiping; washing; changing) and what tasks will need to be undertaken by the intimae care practitioner. There should be no ambiguity about what is expected of the intimate care provider on a case by case basis.
- The second key principal requires that 'every plan supporting intimate care must demonstrate how the child/young person can be enabled to develop their independence as far as is reasonably practical for the child/young person'. Regular reviews of the child/young person's capabilities strengthened by teaching and learning both at school and in the home environment may realise an improvement towards independence, thus reducing the tasks needed to be performed by the Intimate care provider.
- Staff providing intimate care on a one to one basis should be offered appropriate training and regular needs led supervision which addresses any anxiety.
- Accurate record keeping following each intimate care procedure and providing regular updates to parents/carers is essential.

(3.1)DEVELOPING INTIMATE CARE MANAGEMENT PLANS(SEE APPENDIX E)

Where a routine procedure is required, an intimate care plan should be agreed in discussion with the child/young person, school staff, parents/carers and, if appropriate, any assigned health professional. The plan should be signed by all who contribute and reviewed on an agreed basis. A six monthly review would be recommended but this would need to be more frequent if the circumstances are changing.

In developing the plan the following should be considered:

a) Implications for settings

- The importance of working towards independence.
- Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming and so on.
- Who will substitute in the absence of the appointed intimate care provider?
- Strategies for dealing with pressure from peers for example teasing/bullying.
- Time required implementing and managing the plan.

b) Classroom management

- Consider the child/young person's seating arrangements in class so that they can leave class with minimal disruption to the lesson.
- Avoidance of missing the same lesson due to routines.
- Awareness of a child/young person's feelings about their own intimate care needs which could affect learning.
- Implications for PE, swimming and so on, for example discreet clothing, additional time for changing.

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

(4.1) ENVIRONMENTAL CONSIDERATIONS

Consideration needs to be given to the most appropriate space and facilities for the intimate care to take place. Advice can be sought from the PCC School Organisation Team at schoolorganisation@plymouth.gov.uk about how to provide a suitable environment which takes into account the needs and choices of the child/young person and of other users of the building. It is necessary to look at issues such as proximity to the classrooms, how to ensure privacy and dignity, the types of equipment needed, how to alert for assistance if required etc.

(4.2) Toilet Training and Nappy Changing

We support children who are learning to use the toilet and will work with parents and carers to ensure that a toilet training schedule is put in place.We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained (including those who are unable to use the toilet for medical or other reasons).

Procedures

- Children are encouraged to be as independent as possible whenever nappies are changed e.g. helping with their own clothing.
- Staff are responsible for arranging a nappy change schedule with parents/ carers and will ensure that this is adhered to wherever possible.
- All childrenare changed within sight of other staff, whilst maintaining their dignity and privacy at all times.
- The changing area is warm and welcoming, with a safe area to lay children down.
- Staff put on gloves and aprons before changing starts and the areas are cleaned and properly prepared.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies. The area is cleaned before and after changing a child and staff ensure that they wear gloves and a disposable changing apron. These are disposed of in the designated area after each change.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We never make inappropriate comments about children's genitals or the contents of their nappy or pants when changing children.
- We encourage children to wash their hands, and have soap and paper towels to hand.
- We do not use anti-bacterial hand wash liquid or soap for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- We dispose of nappies and pull ups hygienically by putting them in a nappy bag and disposing of them in the designated nappy bin.
- We recognise our 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect [and will be a disciplinary matter].
- We encourage children to take an interest in using the toilet or potty; they may just want to sit on it and talk to a friend who is also using the toilet.
- Older children access the toilet when they have the need to and are encouraged to be as independent as possible.

(4.3) MOVING AND HANDLING

Assisting in personal care tasks may present challenges for moving and handling.At all times the child/young person's wishes and choices must be considered, but procedures must also take into account the safety of staff involved in intimate care tasks. Employers are advised to follow Plymouth City Council 'HSPS06 Manual Handling' guidance in the creation of their intimate care policies.

In the same way as an intimate care plan is required, there also needs to be a risk assessment conducted for the moving and handling procedures required for the task. This should clarify who and how these procedures are to be undertaken. This also requires regular review to address any changing circumstances. At minimum, Moving and Handling training is required every three years and more frequently in the event of changing staff or circumstances. In circumstances where hoists and other lifting aids are required, staff involved in using such equipment will require training on safe and appropriate usage.Further guidance on Moving and Handling can be obtained from the PCC Corporate Health, Safety and Wellbeing Team at healthandsafety@plymouth.gov.uk.

(5.1) STAFFING

- Parents need to feel confident that effective safeguarding procedures have been followed in the recruitment and selection of staff to undertake personal and intimate care.

- No employee can be required to provide intimate care. Intimate care can only be provided in schools and settings by those who have specifically indicated a willingness to do so, either as part of their agreed role profile/job description or by other arrangements.
- Training should be provided training in good working practices. Individual staff must be supported in the specific types of intimate care that they carry out and fully understand their rights and responsibilities including; safeguarding, health and safety and where appropriate,moving and handling.
- Whole school staff awareness-raising will enable all staff to recognise the demand placed on an intimate care provider, thus fostering a culture of good practice and a whole school approach to facilitating and managing the demand for intimate care.
- Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.
- Both school and individual staff must keep a dated record of all training undertaken.

(5.2) RECRUITMENT

- The selection of candidates for posts involving intimate care tasks should be made following the usual DBS checks, equal opportunities and employment rights legislation. Candidates should be made fully aware of what will be required as an intimate care provider and details about the role should be clearly and comprehensively included in the job description, so that candidates are fully informed before accepting the post.
- Enquiries should be made into any health related restrictions the candidate may have which will impede their ability to carry out the tasks involved. This will enable employers to identify, make reasonable adjustments and provide necessary support as required and outlined in the (2010) Single Equality Act.
- Where possible, pupils may be involved in the recruitment process, depending on their age and ability to understand. It is recommended that candidates have an opportunity to meet the children/young people with whom they will be working.
- Staff who are newly recruited to providing intimate care should be closely supervised until completion of a successful 'probationary' period.

(6.1)LINKS WITH OTHER AGENCIES

Positive links with other agencies will enable school/setting based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's wellbeing and development remains paramount. In addition to the advice and guidance provided by parents or carers, it is recommended good practice for schools to know and, with the permission of parents/carers, engage with agencies involved with the child/young person. This may include the school or community paediatric nurse, a community continence adviser or Physiotherapist.

(6.2)FURTHER READING

HM Government (2013) 'Working Together to Safeguard Children' Crown Press

DfE (2014) 'Keeping Children Safe in Education' Crown Press

DCSF (2009) 'Guidance for Safer Working Practice for Adults Who Work with Children and Young People' Crown Press

PCC Corporate Health, Safety and Wellbeing Team -Safety Management Systems and Health and Safety Performance Standards (HSPS)

Promocon (2006) 'Managing Bowel and Bladder Problems in Schools andGuidelines. Early Years Settings for good practice' available atPromocon Booklet

Promocon (2006) 'Teaching Pack Healthy Bladder and Healthy Bowels - Incontinence' available atTeaching Pack

Promocon; 'Promoting Continence in Schools' [website accessed] 21/01/15 available at Promoting Continence in Schools

Signed: Chair of Governors:

Date:

Policy Review cycle: Three yearly – next review Oct 2020.

(7.0) APPENDIX

APPENDIX A: FREQUENTLY ASKED QUESTIONS

What if we have nowhere to change children?

The key concern here must be the safety and dignity of the child/young person and member of staff providing intimate care. If it is not possible to provide a purpose built changing area, then it is possible to purchase a changing mat and change the child on the floor or another suitable surface, screened off if required. If changing in the pupil's toilet is the only remaining option, then extra consideration needs to be made to safeguard and protect the dignity, health and safety of the child/young person. Most children can be changed in a standing position and can be changed in a cubicle. A 'do not enter' sign (visually illustrated) can be placed on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child. If changing on the floor is the only possible option, great consideration needs to give to cleanliness.

Won't it mean that adults will be taken away from the classroom or setting?

Depending on the accessibility and convenience of a setting's facilities, it could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing the child can be a positive learning time.

It is OK to leave a child until parents arrive to change them?

Asking parents to come and change a child is likely to be a direct contravention of the Equality Act 2010, and leaving a child in wet or soiled clothing for any length of time pending the return of the parent is inappropriate and may be determined as a form of abuse.

Who is responsible for providing nappies/continence wear?

Parents are responsible for providing nappies and continence wear. Schools should provide gloves, other disposable clothing and personal protective equipment.

How do we dispose of nappies?

Check with your refuse collection service provider. For occasional use you may single wrap wet and double wrap soiled nappies and use ordinary waste bins.

What if no one will take responsibility to change nappies?

Consider your provision of intimate care procedures for when a child accidentally wets or soils, the same procedures could be used for this. Staff cannot be required to change nappies unless the task is clearly stated in the job description of an intimate care provider and the intimate care provider has agreed to undertake the role. It is good practice for a familiar adult to undertake this task who has undergone intimate care training.

I am worried about lifting.

Risk assessments must be undertaken for each child, where manual handling in the form of support is required staff should receive advice or training. Children must not be physically lifted if over the weight of 16kg, but encouraged to get on/off any changing beds themselves, many are height adjustable. Suitable equipment, such as hoists should always be used for children who are unable to

help themselves, this will reduce the risk of injury to both the child and staff – training will be required. For further information can be sought from PCC Corporate Health, Safety and Wellbeing Team healthandsafety@plymouth.gov.uk.

How can I help a child to communicate when they need to use the toilet?

Children with communication difficulties may need tools to help them communicate. Picture symbols and signs can be used to reinforce spoken words. For children who are learning English as an additional language, it is helpful to learn how to say the appropriate words in their home language.

I work in an early years setting, won't I be changing nappies all the time?

No, if parents change the child before school or arrival at the setting, staff should only need to check or change a child occasionally, depending on the child. Emphasis should always be on teaching the child independence and encouraging them to do as much as possible for themselves. Look on it as part of their early education and learning.

Parents won't bother to toilet train their child will they?

Parents are as anxious as you for their child to be out of nappies.You will need to make it clear that your expectation is that all children in school will be out of nappies, but that you will support children and families through any difficulties.For early years settings it is not appropriate that yourexpectation is that all children will be out of nappies prior to starting nursery.

Is it true that men can't provide intimate care because of child protection issues?

No, there are many men in childcare/ education who provide intimate care on a daily basis. DBS checks are carried out to screen for any known risks.Safe and appropriate practice is determined by good training and supervision and not according to gender.DBS is the Disclosure and Baring Service (previously CRB checks).Staff providing intimate care tasks will be required to have an enhanced DBS check; this will normally be arranged by the employer.

What if a child reacts defensively to intimate care?

Is the child otherwise anxious about adults? Is it new or changed behaviour? Ask the parent/carer whether anything has happened which may have led to the child being anxious or upset about being changed. Has there been a change in the household? If you are still concerned, consider whether there may be any safeguarding issues and follow the school child protection policy.

What if a member of staff refuses to change a child/young person who has soiled?

The Equality Act 2010 is clear that children should be protected from discrimination, and therefore a child who has soiled should be tended to in order to return to the classroom/setting without delay. The issue should not arise if designated support staff have been appointment on the basis that the provision of intimate care will form part of their job role. Members of staff where the provision of intimate care does not form part of their job role may volunteer but cannot be required to do so if they refuse.

APPENDIX B: SITUATIONS WHICH MAY BE INTERPRETED AS ABUSIVE AND LEAD TO ALLEGATIONS

1. Physical contact

All staff engaged in the care and education of children need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact can be open to scrutiny.

Physical contact that is repeated with an individual child is likely to raise questions unless justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported. Extra caution may be required where a child has suffered previous abuse or neglect. In the child view, physical contact might be associated with such experiences and lead to staff being vulnerable to allegations of abuse.

2. Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting injury/damage on either themselves, others or property.

In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self-control.

In all cases of restraint the incident must be documented and reported. Staff must be fully aware of the schools Physical Intervention/Positive Handling Procedures.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or make a child comply with an instruction. Physical force of this nature can, and is likely to constitute a criminal offence.

3. Children in distress

There may be occasions when a distressed child needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Judgement will need to take account of the circumstances of a pupils' distress, their age, the extent and cause of distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's parents, SENCO or school's counsellor/ member of the pastoral support team.

Particular care must be taken in instances which involve the same pupil over a period of time.

Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice from their line manager or other appropriate senior staff member.

4. First aid and intimate care

Staff who administer first aid should ensure wherever possible that another adult is present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (for example assisting with toileting or the removal of wet/soiled clothing), the intimate care policy and procedures will apply and where practical be performed by a designated intimate care provider. In the event where this is impractical, such as in emergency situations, another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Regular requirements of an intimate nature should be planned for. Agreements between the school, those with parental responsibility and the child concerned should be documented and easily understood. The necessity for such requirements should be reviewed regularly. The child's view must be actively sought and, in particular, any discomfort with the arrangements addressed.

5. Physical Education and other skills coaching

Some staff are likely to come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating, exercise or the use of equipment.

Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation.

Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

6. Showers /changing clothes

Children are entitled to respect and privacy when changing clothes or taking a shower. However, there must be the required level of supervision to safeguard children with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupils needs require it, avoid any physical contact when children are in a state of undress and avoid any visual intrusive behaviour.Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct for example adults must not change in the same place as children or shower with them.

7. Out of school – trips, clubs and so on

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's educational visits procedures, and LA guidance regarding educational visits/off site activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty they must behave as though in a professional role and not give conflicting messages regarding their own conduct.

8. Photography, videos and similar creative arts

Staff should be aware of the potential for such mediums to be used for wrong purposes. Additionally children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming and so on. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to the organisation of these activities. Schools must have clear policies and protocols for the taking and using of images and of the use of photographic equipment. These should require: the justification and purpose of the activity and its content; avoidance of one to one sessions; appropriate privacy when changing of clothes is required; and, arrangements for access to the material and storage.

Consent to participating in these activities should be sought from the parents/carers, but staff must remain sensitive to those children who appear particularly uncomfortable with activities involving photography or videos.

APPENDIXC:RECORDOF AGENCIES INVOLVED AROUND THE CHILD/YOUNG PERSON

Child/young person's name: _____

Date of birth: _____

Name/role	Contact address/phone/email
Parent/carer	
GP	
School Nurse/Health Visitor	
Community Paediatric Nurse	
ContinenceAdviser	
Physiotherapist	
Occupational Therapist	
Hospital Consultant	
Physical and Sensory Support Service	
Educational Psychologist	
Case Officer - EWO	
Early Years and Childcare Adviser	
PSA Family Worker/Youth Worker	

APPENDIX D: INTIMATE CARE MANAGEMENT CHECKLIST

To inform the written Personal Care Management Plan.

Child/young person's name: _____

Date of birth: _____

Intimate care provider(s) name(s): _____

Facilities	Discussed	Actions
Have suitable facilities for the provision of intimate care been identified?		
Are any adaptations required to support safe and dignified provision of intimate care? For example: ▪ Appropriate environment for cleaning and changing ▪ Lifting and handling equipment (if required) ▪ Changing mats with easy clean surfaces ▪ Grab rails ▪ Hot and cold water ▪ Disposal facilities ▪ Beeper for emergency assistance		

Parent/ pupil provided supplies	Discussed	Actions
Pads		
Nappies		
Catheter		
Wipes		
Spare clothes		
Other (specify)		

School/setting provided supplies	Discussed	Actions
Toilet rolls		
Wet wipes		
Urine bottles (if required)		
Bowl/bucket		
Antiseptic hand wash		
Sterilising fluid (Milton)		
Paper towels/soap		
Disposable gloves		
Disposable aprons		
Clinical waste (yellow sacks) if required		
What are the staff training needs?		
How will the perceptions of other pupils be managed?		

Requirements for inclusion in PE activities	Discussed	Actions
Are there any health related needs or requirements?		
Does the pupil have a health care plan?		
Has the pupil's GP, Paediatrician or health care professional prohibited the pupil from participating in certain PE		

activities?		
Is the need for intimate care likely during PE activity?		
Will a trained intimate care provider need to be available during PE activities?		
Will the pupil need access to separate/private changing facilities?		
Will any special arrangements need to be made for swimming activities?		
Does the pupil require discreet clothing or specialist apparatus to enable participation?		
Are there any lifting or manual handling requirements?		

Requirements for inclusion during out of school visits	**Discussed**	**Actions**
Is there sufficient Intimate care staff available to support the pupil during the out of school visit? (including visits that are residential)		
Is the current intimate care plan sufficient to accommodate the needs of the pupil during the visit?		
Does the venue have facilities that are sufficient to meet the needs of the pupil in a safe and dignified manner?		
Does the pupil have a health care plan; are there any medical needs that need to be taken into account?		

APPENDIX E:INTIMATE CARE MANAGEMENT PLAN

Developed from the Personal Care Management checklist and where appropriate, any behaviour management plan and associated risk assessment.

Child/young person's name: _____

Date of birth: _____

Intimate Care Management Plan
Reason for intimate care:
Details of assistance required:
Facilities and equipment (clarify responsibility for provision ofsuitable environment for IC procedures and supplies, for example parent/carer/school/other):

Staffing regular

Names:

1.

2.

3.

Time Plan:

Staffing back up

Names:

1.

2.

3.

Time Plan

Training needs (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan. Guidance on training provision can be sought from the PCC Learning and Communities Department):

Curriculum specific needs:
Arrangements for trips/transport:
Procedures for monitoring and complaints (including notification of changing needs by any relevant party):

This current plan has been agreed by:

Name: _____

Role: _____

Signature: _____

Date: _____

Date for review: _____

APPENDIX F: TOILETING PLAN

Record of discussions with parents/carers.

Child/young person's name: _____

Date of birth: _____

Class/year group: _____

	Detail/action	Date agreed
Working towards independence: For example taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used.		
Arrangements for nappy/pad changing: For example who, where, arrangements for privacy.		
Level of assistance required: For example undressing, dressing, hand washing, talking/signing to child/young person.		

Infection control: For example wearing disposable gloves, aprons and safe disposal.		
Sharing information: For example if the child/young person has a nappy rash or any marks. Are there any family customs/cultural practices?		
Resources required: For example special seat, nappies/pull-ups/pads creams, disposable sacks, change of clothes, toilet step, disposal gloves.		

Signed: _____

Parent/carer: _____

Signed: _____

SLT member's name and signature: _____

Review date: _____

APPENDIX G: RECORD OF INTIMATE CARE INTERVENTION.

Child/young person's name: _____

Date of birth: _____

Date	Time	Procedure	Staff	Comments

APPENDIX H: AGREEMENT OF INTIMATE CARE PROCEDURES FOR A CHILD/YOUNG PERSON WITH COMPLEX NEEDS

The purpose for this agreement is to ensure that both parents/carers and professionals are in agreement with what care is given, who is providing the care and that appropriate training is given.

Teaching of the care procedures may be carried out by the parent/carer or by the professional experienced in that procedures.

When the parent/carer and/or professional are agreed the procedure has been learned and the Intimate care provider feels comfortable with, and competent to administer that procedure this record should be signed by the parties. One copy should be given to the Intimate care provider, one retained in the staff carer's personnel file and one filed in the child/young person's medical health record.

Child/young person's name: _____

Agreement of intimate care procedures for a child/young person with complex needs
Agreed intimate care procedures:
Names of designated intimate care providers:
Training received and (any) additional training needs of designated intimate care providers:

SLT member's name and signature _____

Date _____

Designated professional's name, role and signature _____

Date _____

Parent/carers name and signature _____

Date _____

APPENDIX I: USEFUL CONTACTS

Name/role	Contact address/phone/email
GP	
Paediatric Services	
Health Visitor	
School Nurse	
Physical and Sensory SupportService	
Community Paediatric Nurse	
Building Programmes (buildingworks)	
Early Years and ChildcareService	
PCC Learning and Communities department contacts	
Occupational Health	
Physiotherapy	
(Other)	

APPENDIX J: INCIDENT MANAGEMENT FLOW CHART