



Bracken Hill School

Personal and Intimate Care Policy

Author: Mrs Askham

Policy Type: Whole School

This policy is reviewed biennially to ensure compliance with current regulations

Head Teacher Signature:	<i>C Askham</i>
Date Adopted:	03/02/2024
Review Date:	January 2026

The Governors of the school recognise that all staff play a vital role in the achievement of high standards and in providing our pupils with the best opportunities matched to their needs.

Policy Statement

Bracken Hill School is committed to support all children and young people with their personal and intimate care needs to ensure they have full access to 'school' life, including trips and PE.

This policy provides guidance and support to school staff at Bracken Hill School on the effective management of the personal and intimate care needs of individual children and young people.

The **aims of this Policy** are:

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

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

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

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

The **principles** underpinning this Policy are:

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

Risk assessments

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

The involvement of parents and carers

The school believes It is important that parent / carers are involved in appropriate discussions with the school regarding the personal and intimate care whilst in school. Parents and carers have information to make the process as comfortable as possible, and knowledge and understanding of any personal, religious/cultural sensitivities.

Bracken Hill staff will therefore consult with children and young people, and their parents, when creating and implementing child / young person specific care plans, as they will know what works well and what does not.

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

The child's or young person's voice

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

Safeguarding

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

Disabled children / young people can be more vulnerable to abuse because:

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

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

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

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

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

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

Implementing best practice for personal and intimate care at Bracken Hill School

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

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

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

- A fully accessible changing area
- The availability of hot and cold running water
- Personal Protective Equipment (PPE) such as aprons and gloves, where required
- Nappy disposal bags

- Supplies of nappies (provided by family)
- Wipes and cleaning cloths
- Labelled bins for the disposal of wet and soiled nappies. (Soiled items should be double-bagged.)
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials, anti-bacterial sprays and handwash for example
- Appropriate clean clothing (preferably the child's own)
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls.

Personal Care Plans

Bracken Hill School will complete an individual Personal Care Plan for all children and young people who require regular personal and intimate care whilst attending school. The individual plan must be drawn up through discussions (preferably prior to admission), involving the child or young person, their parents/carers/legal guardian, the school or setting, so that support procedures can be agreed and consented to. If required advice will be sought from a relevant health professional. The school will make every effort to assist those children and young people who are not able to communicate easily to participate in their care planning. The plan will be created either prior to admission if a child has a known personal care need at this stage, or when a new need arises.

The school may consider the following when writing a Personal Care Plan

- The importance of working towards independence and the monitoring of progress towards this
- Arrangements for different contexts e.g. home/school transport, sports days, school visits, swimming, staff absence etc
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc)
- Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with.

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

An example Personal Care Plans can be found as [appendix 1](#).

Staffing

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

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

The school will ensure that all staff must be appropriately trained to undertake these responsibilities.

Other postholders may also have more specific responsibilities set out in their job descriptions, for example Well Being Assistants.

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

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

As stated above, in specific situations where there have been accusations or incidents of abuse in the past, or the school has assessed risk of accusation as high, then it is strongly advised that two staff should be present, one providing oversight, during intimate care procedures. For the safety of the child, young person and staff, school leaders should identify situations where it is appropriate for two members of staff to be present wherever practical with personal and intimate care with one colleague being able to at least hear and have oversight, whilst the other member of staff delivers the care. This should be detailed in their Behaviour and Risk Management plan. If there are no specific concerns about the child, then there should only be one person providing personal and intimate care.

Other factors determining the number of staff to be involved include: safeguarding concerns; previous complaints, concerns or allegations; the preference of the child or young person or advice specified in a Moving and Handling or behavioural risk assessments. The number of carers including the reasons must be clearly documented in the child's or young person's Personal Care Plan, and if more than one, their Behaviour and Risk Management plan too.

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

Staff Training

The school will ensure that all staff engaged in personal and intimate care receive appropriate training and this is reviewed and updated regularly as part of the school's overall plan for all staff Continuous Professional Development. The requirements for training will be influenced and determined by the needs of individual children and young people. Designated staff may require training in safe moving and handling when undertaking personal and intimate care. Training should form part of, but not exclusively to, the discussion in relation to staff appraisal and or supervision arrangements.

Personal Care Plan

D.O.B

CLASS

Personal Care Plan for

REASON FOR CONTACT	AIM	PROCEDURE	EMERGENCIES
		•	

Any additional personal and intimate care eg teeth brushing, hair brushing:

Next Step:		
Autumn Term Review	Spring Term Review	Summer Term Review

Signed by parents

Signed by teacher.....

Appendix 2: Personal and Intimate Care whole school risk assessment

Personal and Intimate Care in Educational Settings Risk Assessment (H&S Update – April 2021)

Operations/Work Activities covered by this assessment:	PERSONAL AND INTIMATE CARE IN EDUCATIONAL SETTINGS		
Site Address/Location:	Chartwell Road, Kirkby-in-Ashfield, NG17 7HZ	Department/Service/Team:	Bracken Hill School
Note: A person specific Personal Care Plan must be created for individual children / young persons with known personal care needs.			

Hazards Considered <i>Step 1 (Clause 3.1)</i>	Who might be harmed and how <i>Step 2 (Clause 3.2)</i>	Existing Control Measures: <i>Step 3 (Clause 3.3)</i>	Risk Rating			Further action Step 3 <i>Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)</i>	Actions Step 4 (Clause 3.4)			Risk Rating		
			Likelihood	Severity	Risk Rating		who (Name)	when (Date)	complete (Date)	Likelihood	Severity	Risk Rating
Personal and intimate care is not delivered safely by trained staff	Harm to the individual child or young person receiving the personal or intimate care in the educational setting.	<p>A Personal and Intimate Care Policy in Educational Settings has been implemented (<i>model Policy is available on the Schools Portal</i>).</p> <p>The policy is communicated to all employees within the school and a record of this is maintained.</p> <p>Parental consent has been obtained and a written record is maintained.</p> <p>Employees who undertake personal and intimate care have received the appropriate training.</p> <p>Each child / young person in receipt of personal and intimate Care has a Personal Care Plan which is reviewed annually or updated when provision changes.</p>				<p>Personal and Intimate Care Policy is emailed to all staff and staff must record via online form to say they have read the policy.</p> <p>Personal Care Plans created where needed which includes parental consent box at the bottom.</p> <p>All well being assistants and TAs to be trained in delivering personal care – this may be external or internal training</p> <p>If staff have not yet received formal training, the Head Teacher can authorise a staff member to deliver personal care taking into account experience of staff member and their understanding of safeguarding and the Personal and Intimate Care Policy for emergency situations or while awaiting training.</p>	SLT	When approved or for new staff on appointment				

Policy dated: February 2024 Approved by the Governing Body on 15/02/2024

Hazards Considered <i>Step 1 (Clause 3.1)</i>	Who might be harmed and how <i>Step 2 (Clause 3.2)</i>	Existing Control Measures: <i>Step 3 (Clause 3.3)</i>	Risk Rating			Further action Step 3 <i>Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)</i>	Actions Step 4 (Clause 3.4)			Risk Rating		
			Likelihood	Severity	Risk Rating		who (Name)	when (Date)	complete (Date)	Likelihood	Severity	Risk Rating
Safeguarding of children and young people, and staff in school delivering personal and intimate care	<p>Disabled children and young people are particularly vulnerable to abuse and discrimination.</p> <p>Due to the nature of personal and intimate care staff can be more vulnerable to accusations of abuse than in other educational settings.</p>	<p>All staff working with children and young people must have been through the schools' safer recruitment process.</p> <p>All school staff are familiar with the school's Safeguarding and Child Protection policy and procedures.</p> <p>Through initial inductions and through regular updates all staff should understand to whom and how they may report issues or concerns.</p> <p>School leaders using risk assessments should identify situations where it is appropriate for two members of staff to be present.</p> <p>The number of carers including the reasons must be clearly documented in the child's or young person's intimate care plan.</p> <p>Wherever practical with personal and intimate care with one colleague being able to at least hear and have oversight, whilst the other member of staff delivers the care.</p> <p>Male adults should not normally be involved in providing intimate care for girls.</p> <p>School leaders should always consider religious and cultural values when planning the delivery of personal and intimate care.</p>				<p>Staffing ratios to be included on the CYP's Personal Care Plan with reasons why it is 2 or 1 staff members.</p> <p>Specific procedures for personal care to be included in the Personal Care Plan to include religious and cultural values where necessary.</p>	All staff	As needed				

Policy dated: February 2024 Approved by the Governing Body on 1

Hazards Considered <i>Step 1 (Clause 3.1)</i>	Who might be harmed and how <i>Step 2 (Clause 3.2)</i>	Existing Control Measures: <i>Step 3 (Clause 3.3)</i>	Risk Rating			Further action Step 3 <i>Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)</i>	Actions Step 4 (Clause 3.4)			Risk Rating		
			Likelihood	Severity	Risk Rating		who (Name)	when (Date)	complete (Date)	Likelihood	Severity	Risk Rating
The dignity of the child or young person in receipt of personal and intimate care	Inappropriate or issues related to communication and poor training of staff is likely to impact of the dignity of the children and young people receiving personal and intimate care.	<p>Staff need to get to know the child or young person before working with them.</p> <p>Staff need to be aware of any personal, cultural, or religious sensitivities related to aspects of intimate care</p> <p>Staff should always seek the child's / young person's permission to carry out a task, respect their preference for the sequence of care and encourage them to do as much as possible for themselves.</p> <p>Staff should address the child or young person in an age appropriate manner and agree the terminology for parts of the body and bodily functions that will be used by all</p> <p>All staff engaged in personal and intimate care should receive appropriate training and this should be reviewed and updated regularly as part of the schools' overall plan for all staff Continuous Professional Development.</p> <p>Training should form part of, but not exclusively to, the discussion in relation to staff appraisal and or supervision arrangements.</p>				<p>It may not be possible to get to know a child or young person before working with them if they are new to school. For new pupils, staff should make every effort to find out any personal care needs before starting and create a Personal Care Plan before starting, or as soon as possible after starting if a personal care need is identified.</p> <p>It may not be possible for children or young people to give explicit consent. But in this case staff should still communicate with the child what they are doing.</p> <p>All well being assistants and TAs to be trained in delivering personal care – this may be external or internal training.</p> <p>If staff have not yet received formal training, the Head Teacher can authorise a staff member to deliver personal care taking into account experience of staff member and their understanding of safeguarding and the Personal and Intimate Care Policy for emergency situations or while awaiting training.</p>	All staff	As needed				

Hazards Considered <i>Step 1 (Clause 3.1)</i>	Who might be harmed and how <i>Step 2 (Clause 3.2)</i>	Existing Control Measures: <i>Step 3 (Clause 3.3)</i>	Risk Rating			Further action Step 3 <i>Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)</i>	Actions Step 4 (Clause 3.4)			Risk Rating		
			Likelihood	Severity	Risk Rating		who (Name)	when (Date)	complete (Date)	Likelihood	Severity	Risk Rating
Personal and intimate care is undertaken in an inappropriate environment	A poor environment might put the safety of children and young people receiving personal and intimate care and the staff delivering the care at risk.	<p>Facilities are provided that allow dignity and privacy including a fully accessible changing area.</p> <p>Hot and cold running water is available.</p> <p>Personal Protective Equipment (PPE) such as aprons and gloves, where required are available to staff.</p> <p>Nappy / incontinence pad disposal bags are available and used with supplies of nappies (provided by family)</p> <p>Anti-bacteria sprays / wipes and cleaning cloths are provided to staff undertaking personal and intimate care.</p> <p>Labelled bins for the disposal of wet and soiled nappies / incontinence pads (Soiled items should be double-bagged.)</p> <p>Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters</p> <p>Supplies of suitable cleaning materials, anti-bacterial sprays /wipes and handwash for example are available to staff</p> <p>Appropriate clean clothing (preferably the child's own) is provided</p> <p>Effective staff alert system for help in an emergency is understood by all school staff</p> <p>Arrangements for menstruation when working with adolescent girls are in place including the disposal of waste.</p>				Staff administering personal care to inform line managers and SLT as appropriate if equipment is needed or is running low, or facilities are not effective in delivering personal care properly.	All staff	As needed				

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Hazards Considered <i>Step 1 (Clause 3.1)</i>	Who might be harmed and how <i>Step 2 (Clause 3.2)</i>	Existing Control Measures: <i>Step 3 (Clause 3.3)</i>	Risk Rating			Further action Step 3 <i>Consider hierarchy of controls i.e. elimination, substitution, engineering controls, signage/warning and/or administrative controls, (PPE as a last resort)</i>	Actions Step 4 (Clause 3.4)			Risk Rating		
			Likelihood	Severity	Risk Rating		who (Name)	when (Date)	complete (Date)	Likelihood	Severity	Risk Rating
Record Keeping	Poorly maintained records may result in unsafe care being provided.	Records are reviewed routinely to ensure accuracy. These include the training records of staff. Personal Care Plans are updated at least annually, or when changes take place. Changes are effectively communicated to all relevant parties.				Office to maintain records of staff training. Class teachers are responsible for ensuring Personal Care plans are reviewed at the start of an academic year or when a change or new need takes place.	Office Class teachers	As needed				
Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions						Review Date (<i>Step 5</i>):						
Assessors Signature:		Date: 20.1.2022		Authorised By: <i>C Askham</i>			Date: 20.1.2022					

Potential Severity of Harm	High (e.g. death or paralysis, long term serious ill health)	Medium	High	High
	Medium (an injury requiring further medical assistance or is a RIDDOR incident)	Low	Medium	High
	Low (minor injuries requiring first aid)	Low	Low	Medium
		Low (The event is unlikely to happen)	Medium (It is fairly likely it will happen)	High (It is likely to happen)
Likelihood of Harm Occurring				

Risk Definitions	
Low	Controls are adequate, no further action required, but ensure controls are monitored and any changes reassessed.
Medium	Consideration should be given as to whether the risks can be reduced using the hierarchy of control measures. Risk reduction measures should be implemented within a defined time period. Arrangements should be made to ensure that the controls are maintained and monitored for adequacy.
High	Substantial improvements should be made to reduce the level to an acceptable level. Risk reduction measures should be implemented urgently with a defined period. Consider suspending or restricting the activity or applying interim risks controls. Activities in this category must have a written method statement/safe system of work and arrangements must be made to ensure that the controls are maintained and monitored for adequacy.