Ministry of Defence

DCYP Directive 3.2.16

Managing Personal Intimate Care in MOD Schools and Settings

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General

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Related Policy/Guidance	Department for Education (DfE) Early Years Foundation Stage (2017) Equality Act (2010) SEND Code of Practice (2019). Safer Recruitment Consortium Non-Statutory Guidance: 'Safer working practice for those working with children and young people in education settings' (2019) Health and Safety Executive (HSE) Guidance 'Waste Management and Recycling' 'Handling offensive/hygiene waste safely' (the Waste Industry Safety and Health Forum (WISH) Waste22 guide) JSP 834: Safeguarding JSP 375: Management of Health and Safety in Defence DCYP Manual of Safety, Health, Environment

Introduction

1. A number of children/young people in MOD schools/settings will require assistance with their personal intimate care, including toileting and changing, for a variety of reasons. All of the children/young people receiving such care in MOD schools/settings have the right to be safe, to be treated with courtesy, dignity and respect.

Legislative Framework

2. This Directive should be read alongside statutory guidance contained in Keeping Children Safe in Education (2019) and Working Together to Safeguard Children (2019).

Aim

3. The aim of this document is to provide direction and guidance to staff working in MOD schools/settings overseas, on supporting children and young people who require reasonable adjustments to be made in arrangements for personal intimate care.

Scope

4. This Directive applies to all people employed by DCYP in MOD schools/settings who undertake personal care tasks, as defined at paragraph 5 below, with children and young people.

5. The direction and guidance contained within this document applies to the delivery of personal intimate care in all MOD schools/settings overseas and where this takes place during MOD school/setting organised outdoor learning and visits off site.

6. The Queen Victoria School, Dunblane, will follow Scottish National direction and guidance for the delivery of personal intimate care.

Definitions

7. For the purposes of this document, personal intimate care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities. Care tasks can include:

a. body bathing other than to arms, face and legs below the knee;

b. toileting, wiping and care in the genital and anal areas;

c. dressing and undressing;

d. application of medical treatment (including sun cream etc), other than to arms, face and legs below the knee;

e. supporting with the changing of sanitary protection;

f. supervision of a child involved in personal intimate self-care.

Roles and Responsibilities

8. All MOD schools/settings are to adopt this Directive. The model policy at Annex A is to be adapted for use at individual school/setting level and may be used to provide information to parents.

9. MOD schools/settings are to commit to providing personal intimate care that has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:

a. maintain the dignity of the individual child;

b. are sensitive to their needs and preferences;

c. maximise safety and comfort;

d. protect against intrusion and abuse;

e. respect the child's right to give or withdraw their consent;

f. encourage the child to care for themselves as much as they are able and protect the rights of everyone involved;

g. values and respects the diversity of individuals and communities and actively ensures that no child or family discriminated against.

10. The head teacher/setting manager will need to ensure that the resources required to support personal intimate care needs are met from within their budgets. Checks should be made beforehand to ensure that there are suitable facilities for the provision of personal intimate care available on excursions where they will be necessary and consider how care can be managed in relation to PE, swimming, clubs and transport.

11. Personal intimate care in MOD schools/settings should, wherever reasonably practicable, be provide by a child's key worker or consistently by the same member of staff. No volunteers, students, young people on work experience or parents/carers (other than a child's own) should be involved in personal intimate care.

12. **Safeguarding.** MOD schools/settings are required to comply with Section 175 of the Education Act 2002, which requires that the safety and welfare of pupils is promoted. Schools and settings are to follow MOD policy for Safeguarding laid out in JSP 834: Safeguarding.

13. Staff will also need to have a working knowledge of their school's/setting's Safeguarding Policy covered in the level 1 (induction level) safeguarding training provided within the setting or school. All staff are required to undertake the Level 2 safeguarding training. School/setting leaders will need to ensure staff are supported and trained so that they feel confident in their practice.

14. **Disclosure**. All schools/settings have a duty to ensure staff are employed in line with safer recruitment processes which include Disclosure and Barring checks and may include overseas police checks. This must be checked before the provision of personal intimate care by a member of staff. It is essential that safer working practices are adhered to and that no setting or school simply relies on the results of a DBS check to ensure that staff are working appropriately.

15. All schools/settings are required to maintain a single central register which lists qualifications as well as details of training and checks undertaken.

16. In line with non-statutory guidance contained in Safer Working Practice 2019, personal intimate care should not involve more than one member of staff unless it is specified in the child's care plan. Personal intimate care should normally be undertaken consistently by the same member of staff, ensuring that another appropriate adult is in the vicinity, is aware of the task being undertaken and, that wherever possible, they are visible and/or audible.

17. Where an allegation of a safeguarding nature is made[1] against a member of staff, all personnel must follow policy laid out in DCYP Directive 3.2.2: Managing Allegations of a Safeguarding Nature and JSP 843: Safeguarding.

18. **Health and Safety.** All MOD schools/settings must comply with the MOD's Health and Safety policies, laid out in JSP 375: Management of Health and Safety in Defence, and have a duty to ensure the safety and health of children in their care (Early Years Foundation Stage Statutory Framework). Health and Safety training should be included in Induction and continuous professional training for staff.

19. Schools/settings should already have procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils him/herself or is sick whilst on the premises. The same precautions will apply for nappy/pull ups/changing. This could include:

a. staff to wear fresh disposable aprons and gloves while changing a child;

b. soiled nappies/pull ups securely wrapped and disposed of appropriately;

c. changing area/ toilet to be left clean;

d. caretaking/ cleaning staff to be informed;

e. documentation of care;

f. hot water and soap available to wash hands as soon as changing is done;

g. paper towels available to dry hands.

20. The school/setting will need to make arrangements for the disposal of nappies. Guidance from the Health and Safety Executive laid out in 'Managing Offensive/Hygiene Waste', is that any disposal of waste for one child can be in the usual bins using appropriate nappy sacks. Any more than this and schools/settings will need to make special arrangements. For wet nappies a single bag is sufficient but soiled nappies require double bagging.

21. Where pupil handling is required in order to support or complete any personal intimate care procedure then advice should be sought through an appropriate Safety Health, Environment adviser and **must** complete a risk assessment using the template at Annex C.

22. **During Provision.** All staff who are providing personal intimate care support will need to:

[1] This may be by a child or a child's parent.

a. Be fully aware and adhere to the legislative framework;

b. Ensure that a child's privacy is protected and observe the prohibition of mobile devices (including digital watches) during provision;

c. Agree with parents, staff and children, the appropriate terminology for private parts of the body and functions and use these terms as appropriate;

d. Get to know the child in a range of contexts to gain an appreciation of his/her moods and verbal/non-verbal communication;

e. Take care (both verbally and in terms of their body language) to ensure that the child is never made to feel insecure;

f. Speak to the child personally by name so that s/he is aware of being the focus of the activity;

g. Give explanations of what is happening in a straightforward and reassuring way;

h. Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body e.g. by giving them a strong sensory clue such as using a sponge or pad to signal an intention to wash or change;

i. When washing, always use a sponge or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself;

j. Provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening; bathing changing one child at a time;

k. Respect a child's preference for a particular carer and sequence of care;

l. Keep records, which note responses to personal intimate care and changes in behaviour.

Personal Intimate Care Provision

23. There are groups of children and young people that may require support on either a short, longer term or permanent basis due to SEND, medical needs or a temporary impairment. This could include:

a. children and young people with limbs in plaster;

b. children and young people needing wheelchair support;

c. children and young people with pervasive medical conditions.

24. It is reasonable to expect that children will either be fully trained or will have begun this process before entering primary or secondary stages of education. Children and young people beyond the early years stage of education may also experience difficulties with independence and require support with personal intimate care issues. Whilst schools are not responsible for toilet training, they will need to be supportive of needs and ensure that children of any age during their

primary and secondary education receive appropriate support. **Children are not to be prevented from attending a school/setting because they are not fully toilet trained.**

25. Where a child has a need or disability, defined through legislation, schools will be expected to work with parents to appropriately support the child's toilet training. If the child or young person has a disability recognised as part of the Disability Discrimination Act (DDA), requesting parents to come and change their child or asking an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA. Wherever possible the child or young person should be encouraged to do as much as they can for themselves

26. **Toilet Training.** As with all developmental milestones there is wide variation in the time at which children master the skills involved in being fully toilet trained. Children may need support with their personal care for a number of reasons; a child may:

a. have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning Foundation Stage One or Two;

b. be fully toilet trained at home but prone to accidents in new settings;

c. be on the point of being toilet trained but require reminders and encouragement;

d. not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme;

e. be fully toilet trained but have a serious disability or learning difficulties;

f. have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage;

g. have SEND and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting

27. Every child should have a choice about personal intimate care and staff should be mindful of and respect a child's personal dignity and the cultural beliefs of the child and family.

28. Wherever possible, staff should provide personal intimate care for a child of the same sex. However, where there is a need for urgent or emergency care, this principle may be waived.

29. In practical terms, supporting a child's toileting requires the provision of;

a. Suitable changing facilities;

b. Thermostatically controlled running water and soap (antibacterial where possible);

c. antiseptic cleanser/Milton/sterilising fluid;

d. disposable aprons and gloves and cleaning equipment;

e. bowl/bucket and bin;

f. paper towels/cloths, nappy bags/sacks;

g. a supply of spare nappies and wipes (provided by the child's parent/ carer);

h. spare clothes.

30. **Changing.** Schools/settings should have clear, written guidelines for staff to follow when changing a child so that the child and staff are not put at any unnecessary risk. Every child will need to have a plan, written in consultation with the SENDCO, the parent, the nursery Key worker as required and where possible, the school nurse. Plans and written guidelines should specify:

a. who will change the child (to include more than one person to cover for absence etc);

b. where changing will take place;

c. what resources will be used and who will provide them;

d. how a nappy will be disposed of;

e. how other wet or soiled clothes will be dealt with;

f. what infection control measures are in place;

g. what the member of staff will do if the child is unduly distressed or if marks or injuries are noticed;

h. how changing occasions will be recorded and how this will be communicated to parents (in confidence).

31. It can take around ten minutes to change an individual child. The resource allocation of staff time is therefore an important consideration that is constantly changing. It is therefore important that managers remain aware that their staff allocations will need to be flexible in order to match need.

32. Changing time can be a positive learning time and an opportunity to promote independence and self-worth. Staff must ensure there are suitable hygienic changing facilities for changing any children who are in nappies and that an adequate supply of clean bedding, towels, spare clothes and any other necessary items is always are available[2].

33. A suitable place for changing children, including providing the necessary resources should be included in the school/setting Access Plan. The changing place needs to ensure a child's safety and privacy; the use of a pull-down changing mat or an elevated changing space for children who require it should be considered.

34. The Department of Health recommends that one extended cubicle with a washbasin should be provided in each school for children with disabilities. The guidance is that whenever possible:

a. mobile children are changed standing up, if this is not possible then;

b. change a child on a purpose-built changing bed (these are available as portable or fixed and can be lowered and raised safely);

[2] Early Years Foundation Stage Statutory Framework 2012.

c. children in FS1 and FS2 may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed.

35. Children in year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up.

Partnership Working

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

37. Issues around toileting should be discussed at a meeting with the parents/carers before a child joins the school/setting, wherever possible. Senior leaders must be made aware of these at this point and this provides an opportunity to involve other agencies as appropriate, such as an allocated health professional.

38. If the school/setting becomes aware that there is a disproportionate number of children arriving who are not toilet trained, then they are advised to contact the allocated health professional in their location to discuss their concerns.

39. In the primary/secondary stages of education, schools will want to make clear how they work in partnership with parents when a child of any age is coming to school in a nappy or pull-ups. The process for the management of personal care needs will need to be clarified through a Personal Care Plan. For example, children transferring to FS2 or above who are not toilet trained and for children with SEN and/or disabilities. Where appropriate, parents and school/setting will need to agree a toilet training programme which should be included in the plan. A template Personal Care Plan is accessed at Annex B.

40. Schools/settings will need to generate a home/school/setting management agreement that defines the responsibilities that each partner has. Such an agreement helps to avoid misunderstandings and helps parents/ carers feel confident that the school will meet their child's needs. Home/school/setting agreements may include:

41. Parents/Carers agreeing to:

a. change the child at the latest possible time before coming to school/setting;

b. provide spare nappies, wet wipes and a change of clothes;

c. understanding and agreeing the procedures to be followed during changing at school/setting;

d. inform school/setting should the child have any marks/rash;

e. how often the child should be routinely changed if the child is in school/setting for the day and who will do the changing;

f. review the arrangements, in discussion with the school/setting, should this be necessary;

g. encourage the child's participation in toileting procedures wherever possible.

42. The school/setting agreeing to:

a. change the child should they soil themselves or become wet;

b. how often the child should be routinely changed if the child is in school/setting for the full day and who would be changing them;

c. a minimum number of changes;

d. report to the Designated Safeguarding Lead should the child be distressed or if marks/ rashes are seen;

e. review arrangements, in discussion with parents/ carers, should this be necessary;

f. encourage the child's participation in toileting procedures wherever possible;

43. In the very small number of cases where parents do not co-operate or where there are concerns that:

a. the child is regularly coming to school/setting in very wet or very soiled nappies/pull ups and

b. there is evidence of excessive soreness that is not being treated;

c. the parents are not seeking or following advice;

Concerns should be raised initially with the parents. A meeting may be called that could include the health visitor and head teacher/setting manager to identify areas of concern and how all parties can address them. If these concerns continue there should be discussions with the school's/setting's Designated Safeguarding Lead about the appropriate action to take to safeguard the welfare of the child.

Confidentiality

44. All schools/setting should have, as part of their partnership working, a confidentiality section which is shared with all staff, parents and, where possible, pupils. 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 child. Escorts and others should only be told what is necessary for them to know to keep the child safe. 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 school's Designated Lead for Safeguarding will be informed. This may lead to the procedures set down in the MOD's Safeguarding Policy being implemented.

45. Information concerning personal 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. MOD schools and settings should adapt the template Record of Personal Care accessed at Annex D.

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

a. sealed letter;

b. personal contact (and recorded in a log);

c. telephone call – between member of staff and parent/carer (and recorded in a log).

47. Sharing information between home and schools/settings is important to secure the best care for pupils but the consent of parents and their children who are able to give such consent is needed for the head teacher/setting manager to pass on information about their child's health to school staff or other agencies. Their agreement is also needed for any exchange of information between the Medical Officer and the school/setting about a child's medical condition.

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

Annex A: School/Setting Policy Exemplar

Name of school/setting……....

Date of policy…….

Member of staff responsible…….

Review date…….

Introduction

(*insert name*) school/setting is committed to ensuring that all staff responsible for the personal intimate care of children will always undertake their duties in a professional manner. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Staff that provide personal intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Personal intimate care is any care which involves washing, touching or carrying out an invasive procedure to personal intimate areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

Our Approach to Best Practice

The management of all children with personal intimate care needs will be carefully planned. The child who requires care will always be treated with respect; the child's welfare and dignity are of paramount importance.

Staff who provide personal intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two 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.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible staff involved in personal intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able.

Individual personal intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence. For example, female staff supporting boys as no male staff are available.

Personal intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Safeguarding and Child Protection procedures must be adhered to. Where parents do not co-operate with personal intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor and head teacher/setting manager to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

All staff will be required to confirm that they have read the DCYP Directive ‘Personal Intimate Care in MOD Schools and Settings.

This Personal Intimate Care Policy was developed in consultation with staff and governors and was approved on ……

This policy will be reviewed on …….

Annex B: Personal Care Plan

Name of Child:	
Class/Year Group:	
Name of Support Staff involved:	
Date of Record:	
Review Date:	
Area of Need:	
Support Required:	
Frequency of Support:	
Equipment required: By whom:	
Location of suitable toilet and changing facilities:	
Working Towards Independence	
The school/setting will:	
The parents will:	
The child will try to:	
Target achieved by (date):	

Parents/Carers signature(s) …….

……

Member of staff signature …….

Child (if appropriate signature …….

Annex C: Risk Assessment

The following **must** be completed for every child requiring personal intimate care support:

Name of Child:	
Name of School/setting:	
Date of Risk Assessment:	
Risks:	
Does weight /size/ shape of pupil present a risk?	Yes/No
Does communication present a risk?	Yes/No
Does comprehension present a risk?	Yes/No
Is there a history of child protection concerns?	Yes/No
Are there any medical considerations? Including pain / discomfort?	Yes/No
Has there ever been allegations made by the child or family?	Yes/No
Does moving and handling present a risk?	Yes/No
Does behaviour present a risk?	Yes/No
Is staff capability a risk? (back injury / pregnancy)	Yes/No
Are there any risks concerning individual capability (Pupil)?	Yes/No
Is there any general Fragility? Fragile bones Head control Epilepsy Other	Yes/No
Are there any environmental risks? Heat/ Cold	Yes/No

If Yes to any of the above, complete a detailed personal care plan.

Date .....

Name ……...Signed…….

Annex D: Record of Personal Intimate Care Intervention

Child's Name ……. Class/ Year Group ……..

Name of Support Staff Involved ……

Date	Time	Procedure	Staff signature	Second signature