

Intimate Care Policy

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1 Introduction

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupils' intimate care needs is one aspect of safeguarding. There are also duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

In meeting a child's intimate care needs, it must be recognised that staff will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

The following are the fundamental principles upon which the school practice is based:

- ∞ Every child has the right to be safe.
- ∞ Every child has the right to personal privacy.
- ∞ Every child has the right to be valued as an individual.
- ∞ Every child has the right to be treated with dignity and respect.
- ∞ Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- ∞ Every child has the right to express their views on their own intimate care and to have such views taken into account.
- ∞ Every child has the right to have levels of intimate care that are as consistent as possible.

1.1.1 Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.

1.2 Aims

- ∞ To ensure that all intimate care needs for pupils is carried out in lines with the agreed plans.
- ∞ To ensure that staff are aware of agreed practice and the planning process involved, and are able to implement them.
- ∞ To ensure that where possible all intimate care plans are written involving the pupil, family and agencies involved.

1.3 Agreed Practice

All Pupils who require regular assistance with intimate care have written intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

- ∞ Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- ∞ All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- ∞ Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- ∞ Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.
- ∞ There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the

pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

- ∞ Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.
- ∞ An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- ∞ The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- ∞ Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research (National Children's Bureau (2004) *The Dignity of risk*) which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.
- ∞ Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- ∞ All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- ∞ No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care

Where a formal plan is not in place, parents/carers will be informed if their child has needed help with intimate care needs (for example, wet or soiled themselves). School staff will communicate this information confidentially in person, by telephone or by sealed letter.

1.4 Additional Care Needs

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the Personal Plan or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.

The physiotherapist should observe the member of staff applying the technique. **Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.** Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Pupils might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or Personal Plan and will only be carried out by staff who have been trained to do so. It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with Health and Safety guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity

1.5 Massage

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs. Where massage is a known support for a child this should be included in the Positive Behaviour and Communication Support plans (PBACS plan)

1.6 Preparing for Adulthood

All pupils will be taught personal safety skills carefully matched to their level of development and understanding. These programmes will be recorded on the Intimate care plan and will be detailed within an EHCP or Learner portrait with an outcome aiming for the greatest level of independence possible.

1.7 Equipment Provision

It is expected that parents will provide nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. The school will provide gloves, plastic aprons, a bin and liners to dispose of any waste.

1.8 Monitoring of the procedure

| Procedure Aim | Outcome required | Monitored by | Reported to |
|--|---|--|--|
| To ensure that all intimate care needs for pupils are carried out in line with the agreed plans. | Plans are in place for pupils who are identified as needing intimate care and are updated annually in September by class teachers and updated in the year if additional changes are required e.g to toilet programmes | Senior Leadership to review Intimate Care plans annually. | Head of School termly within Senior Leadership Team meetings |
| To ensure that staff are aware of agreed practice and the planning process, are involved and are able to implement them. | 1. All staff have access to all school documents and related policies and procedures 2. All staff have been given training in order to implement a child's intimate care plan. | Senior leaders to ensure all staff through training are fully aware of the school procedures | Head of School termly within Senior Leadership Team meetings |
| To ensure that where possible all intimate care plans are written involving the pupil, family and agencies involved. | Plans are shared and those involved sign to acknowledge agreement with the plan | Senior leaders to review plans with regards to who has been involved in its creation | Head of School termly within Senior Leadership Team meetings |

2 Intimate Care Plan

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| Pupils name: Click or tap here to enter text. | D.O.B Click or tap here to enter text. | School site: The Cavendish School |
| Reasons for the plan: Click or tap here to enter text. | | |
| Level of supervision: Click or tap here to enter text. | | |
| What assistance is required: Click or tap here to enter text. | | |
| When: Click or tap here to enter text. | | |
| Where: Click or tap here to enter text. | | |
| By: Click or tap here to enter text. | | |
| Communication strategies with the child: Click or tap here to enter text. | | |
| Facilities and Equipment | | |
| Equipment required: Click or tap here to enter text. | | |
| If toilet training programme, list details: Click or tap here to enter text. | | |
| Arrangements when off-site | | |
| Click or tap here to enter text. | | |

| | |
|--|---|
| Plan completed by: Click or tap here to enter text. | Role: Click or tap here to enter text. |
|--|---|

| Plan agreed by: | | | |
|-----------------|------|-----------|------|
| Designation | Name | Signature | Date |
| Parent/Carer | | | |
| Teacher | | | |
| Head of School | | | |
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