

Intimate Care

Acorn Multi Academy Trust including Early Years

1) Principles

- 1.1 The Directors will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils¹ at each academy within the Multi Academy Trust (MAT).
- 1.2 The MAT takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 1.3 The Directors recognise their 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.
- 1.4 This Intimate Care Policy should be read in conjunction with the other policies as below (or similarly named):
 - Safeguarding Policy and Child Protection Procedures
 - Staff Code of Conduct and Guidance on Safer Working Practice
 - Whistleblowing and Allegations Management Policies
 - Health and Safety Policy and Procedures
 - Special Educational Needs policy
 - Policy for the Administration of Medicines

Plus

 - Devon County Council moving and handling people – guidance note
- 1.5 The Directors are committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.
- 1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.
- 1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

¹ References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

- 1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this Intimate Care Policy.
- 1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- 1.10 All staff undertaking intimate care must be given appropriate training.
- 1.11 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- 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.

3) Definition

- 3.1 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.
- 3.2 It also includes supervision of pupils involved in intimate self-care.

4) Best Practice

- 4.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or 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.
- 4.2 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.
- 4.3 Where a care plan or IEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.
- 4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.
- 4.6 These records will be kept in the child's file and available to parents/carers on request.
- 4.7 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.
- 4.8 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.
- 4.9 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.
- 4.10 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.
- 4.11 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.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 4.14 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.
- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research² 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.
- 4.16 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.
- 4.17 All staff should be aware of the MAT Confidentiality Policy. Sensitive information will be shared only with those who need to know.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

² National Children's Bureau (2004) *The Dignity of Risk*

5) Child Protection

- 5.1 All staff recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 Child protection procedures will be adhered to.
- 5.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. Best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Senior Person for Child Protection. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.
- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Head of School. The matter will be investigated at an appropriate level (usually the Head of School) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head of School (or to the Chair of Governors if the concern is about the Head of School) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head of School or to the Chair of Governors, in accordance with the child protection procedures and Whistleblowing Policy.

6) Physiotherapy

- 6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP 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.
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

7) Medical Procedures

- 7.1 Pupils who are disabled 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 IEP and will only be carried out by staff who have been trained to do so.

7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained in accordance with 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.

8) Massage

8.1 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.

8.2 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.

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

8.4.1 Care plans should include specific information for those supporting children with bespoke medical needs.

9) Early Years

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2012 and the Disability Discrimination Act 2005: Each setting within the MAT will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities.
- No child with a named condition that affects personal development will be discriminated against
- No child who is delayed in achieving continence will be refused admission
- No child will be sent home or have to wait for their parents/carer due to incontinence
- Adjustments will be made for any child who has delayed incontinence

Intimate Care Tasks – cover any tasks that involves the dressing and undressing, washing including intimate parts, helping someone use the toilet, changing nappies or carrying out a procedure that requires direct or indirect contact to an intimate personal area.

Partnership with Parents/Carers – Staff/ Child's keyworkers work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan. The care plan will set out :

- What care is required
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented)
- Additional equipment required
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions
- Child's level of ability i.e. what tasks they are able to do by themselves
- Acknowledge and respect for any cultural or religious sensitivities related to aspects of intimate care
- Be regularly monitored and reviewed in accordance with the child's development

Parents/Carers are asked to supply the following:-

- Spare nappies
- Wipes, creams, nappy sacks etc
- Spare Clothes
- Spare underwear

Best Practice – When intimate care is given, the member of staff explains fully each task that is carried out, and the reason for it. Staff encourage children to do as much for themselves as they can, lots of praise and encouragement will be given to the child when they achieve.

All staff working in early years setting must have an enhanced DBS check. Particular staff members are identified to change a child with known needs and that they plan and record their work with that child.

Safeguarding – Staff are trained on the signs and symptom so child abuse which in line with Devon Safeguarding Children’s Board guidelines and are aware of the DFES booklet ‘What to do if you think a child is being abused’ and will follow the guidance given .

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc they will inform the Safeguarding Designated Officer (SDO) immediately. The Safeguarding Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the SDO/ Manager/Playleader will look into the situation and record any findings. These will be discussed with the child’s parents/carers in order to resolve the problem. If necessary the SDO/Manger/Playleader will seek advice from other agencies. (Please remember that you need parental permission to talk to any agency about a specifically named child.)

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

Dealing with body fluids – Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by placing in a nappy sack and inserting in nappy bins. When dealing with body fluids, staff wear protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled children’s clothing with be bagged to go home – staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

<p>This policy was adopted by the Board of Directors (Date)</p> <p>It will be reviewed (Date)</p> <p>(NB recommendation - on a three yearly cycle)</p>

Appendix 1

Record of Agencies Involved

Child's Name		DOB
Address		Phone No
	Name	Contact Details
Parent/Carer		
School Nurse/health Visitor		
Continence Advisor		
Physiotherapist		
Occupational Therapist		
Hospital Consultant		
Hospital School Service		
Physical/Sensory Service		
GP		
EP		
Social Worker		

Appendix 3

Working Towards Independence Record

Child's name

DOB

Name of Support Staff Involved

I can already

Aim:

I will try to

Review date

Parent/carer.....

Child (if appropriate)

Support Staff

SENCO

Date

Appendix 4

Toilet Management Plan

Child's Name

DOB

Name of Support Staff Involved

Area of need

Equipment required

Location of suitable toilet facilities

Support required

Frequency of support

Working toward independence

Child will try to
Support staff will
Target achieved
Review date

Review date

Parent/carer.....

Child (if appropriate)

Support Staff

SENCO

Date