

<b>Policy Name</b>	Intimate Care				
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<b>Author</b>	Whole School Designated Safeguarding Lead & Head of Student Support				

Version History				
Version	Approved by	Revision Date	Details of Changes	Author

## Introduction

The aim of this policy is:

- To provide guidance on intimate care.
- To safeguard children and staff. We recognise that there is a need to treat all students, whatever their age, gender, gender identification, 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.
- To ensure that every pupil is treated as an individual and that care is given gently and supportively: no student should be attended to in a way that causes distress or pain.

## Scope

Definitions of Key Terms

- **Intimate care** - Care that involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some students 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 students involved in intimate self-care.

The following policies should be read in conjunction with this:

- Safeguarding policy and child protection procedures
- ICS professional code of conduct and guidance on safer working practice
- 'Whistle-blowing' and allegations management policies
- Health and safety policy and procedures
- Special Educational Needs policy

This policy applies to:

- **The Proprietor**
- **Members of staff** – any member of staff who has had training and agrees to undertake intimate care.

## Statutory guidance

The Proprietor 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 students at this school.

The Proprietor recognises its duties and responsibilities in relation to the Equalities Act 2010, which requires that any student with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

## Access

The policy is provided to all staff (including temporary staff and volunteers) at induction alongside our ICS Professional Code of Conduct.

## Failure to comply

ICS takes seriously its responsibility to safeguard and promote the welfare of students in its care. Meeting a student's intimate care needs is one aspect of safeguarding, and failure to comply will result in disciplinary action in accordance with our safeguarding policy.

## Child-focussed principles of intimate care

The following are the fundamental principles upon which the Policy and Procedure 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.
- Every child has the right to attempt their own intimate care with or without supervision before help is offered/given.

## Procedure

### 1 Best practice

1.1 Students who require regular assistance with intimate care have written health care plans or intimate care plans (see [Appendix A](#)) agreed by staff, parents/carers and any other professionals actively involved.

Ideally the plan should be agreed at a meeting at which all key staff and the student 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. recent onset of menstruation.

1.2 Residential trips and/or educational day trips where intimate care may be necessary must be planned using the intimate care plan.

1.3 Where a care plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. 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.

1.4 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).

1.5 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.

1.6 These records will be kept in the incident file and available to parents/carers on request.

1.7 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 student to do as much for his/herself as possible.

1.8 Staff who provide intimate care are trained in personal care according to the needs of the student. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate and to dispose of hazardous waste (vomit, faecal matter, blood) in appropriate bags and bins provided.

1.9 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.

1.10 There must be careful communication with each student 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 student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

1.11 Staff who provide intimate care should speak to the student personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

1.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each student's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. Student support advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the student's wishes and feelings should be sought and taken into account.

1.13 An individual member of staff should inform another appropriate adult before and after they are going alone to assist a pupil with intimate care.

1.14 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.

1.15 Whilst safer working practice is important, such as in relation to staff caring for a student of the same gender, there is research 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.

1.16 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.

1.17 Health & Safety guidelines should be adhered to regarding waste products. Waste products and materials used during intimate care procedures such as gloves and wipes must be placed in the Bio-hazard bags and disposed of in the designated bins.

1.18 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **2 Child protection**

2.1 The Board members and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

2.2 ICS child protection procedures will be adhered to.

2.3 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 student's body. In this school 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.

2.4 Where appropriate, students will be taught personal safety skills carefully matched to their level of development and understanding.

2.5 If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safeguarding Lead. 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 the school's 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.

2.6 If a student becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher and DSL. 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.

2.7 If a student, or any other person, makes an allegation against an adult working at the school, this should be reported according to our Safeguarding

Policy procedures. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

2.8 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 DSL or Head of School, in accordance with the child protection procedures and ‘whistle-blowing’ policy.

### **3 Physical Education and Swimming**

3.1 ICS Primary students participate in swimming for five months of the year. Students are changed using the most appropriate changing facility at the approved sports centre. The choice of changing facility depends on the risk assessment and individual student needs including the emotional wellbeing of a child.

3.2 Adults must always change in private and never in the same space as children.

3.3 Adults must be extra vigilant when helping children with underclothes, tights and swimming costumes and must take children’s age and capabilities into account when deciding how to support a child while changing.

3.4 Students are always supervised while changing according to best practice to ensure safeguarding measures are in place.

3.5 When appropriate, students use a separate group changing facility supervised by a member of staff. The staff member is never to be alone in a 1-1 situation with a child while changing.

3.6 Staff gender is taken into consideration when putting control measures in place to minimise risks while students are changing.

3.7 There is always a minimum of 3 adults on site while changing is occurring in case of accident or emergency.

### **Appendix 1: Intimate Care Plan**

Child/Young Person:		Campus:	
DOB:		Male/Female	Date:

Description of Intimate Care Needs

Task: If practical, it may be possible to identify one part of the intimate care procedure, which gives the child/young person an opportunity to have a little more independence. If so the plan can then assist in the development of this part of the whole task.

Action Plan – Describe the steps needed to achieve this task

- 1.
- 2.
- 3.
- 4.

The following people will be assisting in the above activities:

Named person:

.....  
.....

Additional people who may be involved to cover when the named people are absent:

.....  
.....  
.....  
.....

I am in agreement with the above procedures being undertaken: (Please sign as appropriate)

Person for whom the plan is .....

Parent/Carer .....

Student Support Coordinator .....

Teacher..... Teacher.....

Date ..... Date for review .....

### **Intimate Care Plan – Guidance for Use**

The plan is an individualised protocol to ensure that the process of giving and receiving care is respectful, tailored to the individual needs of a child or young person and promotes safety for those receiving and administering the care.

It is recommended that where intimate care is required, an individual plan is drawn up and updated regularly. A six-monthly review would be good practice. It is advisable to have a named person who takes the lead and this needs to be identified on the plan.

As far as possible, one plan can be usable across different settings such as school, short breaks, link care etc. Discretion needs to be used as to whether it is appropriate for home use.

This plan should highlight particular areas of risk and sensitivity.

The child/young person's choices and preferences need to be considered and incorporated into the plan as far as possible.

#### **Description of the child/young person's Intimate Care Needs**

Use this space to describe the needs of the child/young person and record the best method agreed for providing the intimate care.

(e.g. "N" needs full assistance for his/her toileting needs. S/he does not indicate a need to go to the toilet or when wet or soiled. "N" needs assistance to transfer onto a changing table using a hoist and sling from the wheelchair. "N" can assist with cleaning his/her hands by sitting at the wash basin in the wheelchair and placing their hands under the running water and rubbing them with soap.)

#### **Task**



Select a part of the whole intimate care process, which could be developed to encourage the child/young person's independence. This may be only one stage of the whole process, but more can be added. If possible, involve the child/young person in selecting which part of the task to focus on.

(e.g. "N" will assist in taking the wipe and assist in their own personal cleaning.)

### **Action Plan**

A detailed plan of what is needed for "N" to be able to achieve the selected task, e.g.:

1. Two staff members will assist "N" to move from wheelchair to the changing bench (using a hoist and sling as demonstrated).
2. When "N" is lying on the bench give a verbal/visual cue that the pad will be removed.
3. Undo tapes and remove and dispose of pad.
4. Give a verbal/visual cue that a wipe is to be used.
5. Assist "N" in taking the wipe and prompt verbally/visually for him/her to complete the cleaning as required.
6. If additional cleaning is required, explain this to "N" and staff member to complete the task.
7. Give verbal/visual prompt to say that you are now going to put on a clean pad.
8. Replace clothing and transfer back to wheelchair (using equipment as before).

The frequency of review will depend on the complexity of the task and progress of the individual. Circumstances may change which require more frequent review. This will work best if all people involved feel that they have some influence in the progress.

### **Reference(s)**

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

[Section 175 of the Education Act \(2002\)](#)

[Safeguarding Children and Safer Recruitment in Education \(April 2012\)](#)

[Equalities Act 2010: Advice for Schools \(May 2014\)](#)

[Keeping Children Safe in Education January 2021](#)