



INTIMATE CARE POLICY

Cleeve Meadow School *an academy as part of*
The Kemnal Academies Trust

Last reviewed: July 2023

Next review: July 2026

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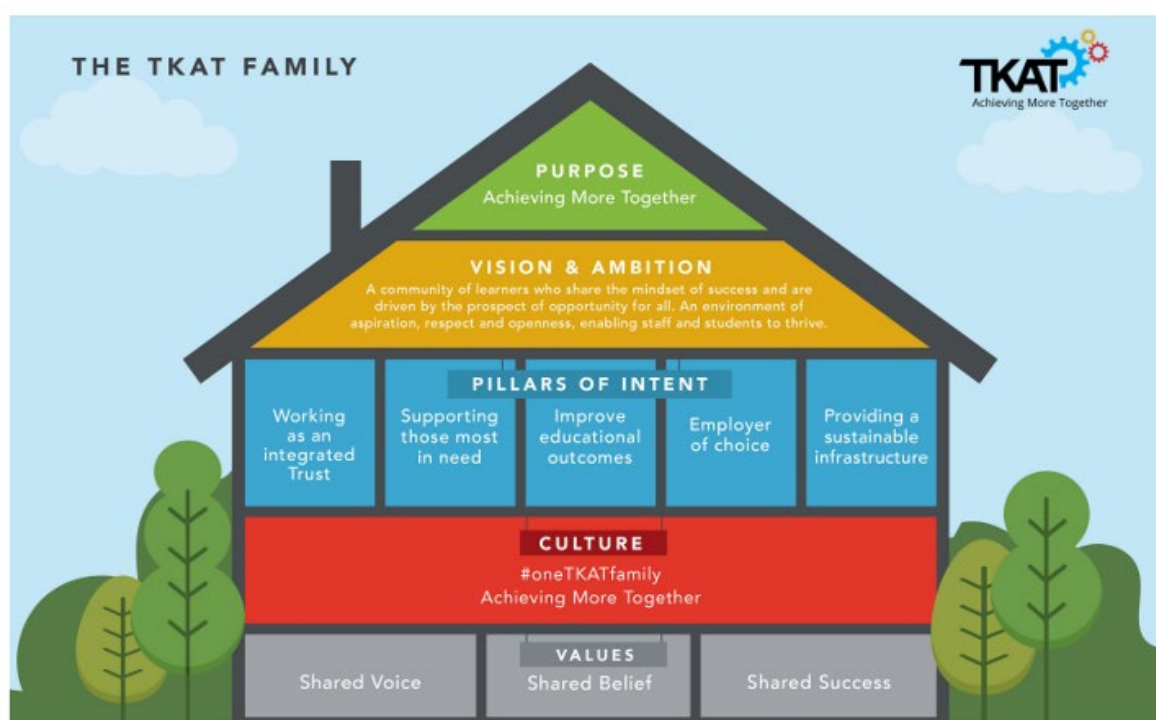
Policy Statement

Cleeve Meadow School will undertake to ensure compliance with the relevant legislation pertaining to the provision of intimate care. All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Vision and Values

The Kemnal Academies Trust (TKAT) aims to foster a culture of the highest professional standards in line with the Trust's purpose, vision and values.

TKAT - OUR STRATEGY



Introduction

Pupils attending this school may require adult assistance for their personal and intimate care needs as a result of a special educational need, disability or medical condition. In order to meet the responsibilities under the Equality Act 2010, schools must make reasonable adjustments to avoid these pupils being put at a disadvantage. These adjustments may include the provision of personal and intimate care.

All children have the right to be safe, to be treated with courtesy, dignity, and respect, and to be able to access all aspects of the school curriculum.

We have an obligation to meet the needs of children and young people with delayed personal development in the same way as they would meet the individual needs of those with delayed language, or any other kind of delayed development.

Rationale and Aims

The issue of intimate care is a sensitive one. Cleeve Meadow School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. The aim of this policy is:

- to safeguard the dignity, rights and wellbeing of pupils
- to provide guidance and reassurance to staff whose role includes intimate care
- to assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into account.
- To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all pupils.

Definition of Intimate Care

Intimate care can be defined as any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas, and physical presence or observation during such activities, which most children and young people would normally carry out for themselves, but which some are unable to do. This may be for a number of reasons such as their age, physical difficulties or other special needs and will require regular or occasional support.

Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genital area.

This includes:

- body bathing other than to arms, face and legs below the knee
- helping someone to use the toilet, wiping and care in the genital and anal areas
- changing incontinence pads and nappies
- dressing and undressing (underwear)
- supporting with the changing of sanitary protection
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with intimate healthcare needs (e.g. support with catheter usage, rectal diazepam)

Personal care tasks include:

- help with feeding

- prompting to go to the toilet
- washing non intimate body parts
- support with dressing and undressing (not underwear)

Basic Principles

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards improving participation in daily life.

Staff should bear in mind the following principles. Children have the right to:

- feel safe and secure.
- an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
- be respected and valued as individuals.
- privacy, dignity and a professional approach from staff when meeting their needs.
- information and support to enable them to make appropriate choices.
- be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- express their views and have them heard. Schools must have complaints procedures that children and young people can access.

A child's Intimate/Personal care plan/ School Health Plan should be designed to lead to independence.

Best Practice

Staff who provide intimate care are in a position of great trust and responsibility and the importance of their role in promoting the personal development of pupils is invaluable. Where intimate care is not detailed in a job description, then only staff members who have indicated a willingness to do so should be required to perform such tasks. All staff carrying out these tasks should be properly trained and supported.

Adults who assist pupils with intimate care should be employees of the school, not volunteers or students and have the usual range of safer recruitment checks, including DBS checks. Trained staff should be available to cover for absences. All staff should be aware of the school's Code of Conduct and other policies with regard to the sharing of sensitive information; it will only be shared with those who need to know e.g. parent / carer, medical professional.

Wherever possible, the child's wishes and feelings should be sought and taken into account. There might also be occasions when a member of staff has good reason to not work alone with the pupil. It is important that the process is transparent so that all issues can be respected. This is best achieved through open dialogue with all parties and agreement reached on what actions will be taken, where and by whom. Knowledge of the child should be used to help assess the risk.

Where appropriate staff should receive training in safe moving and handling. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Health and Safety guidelines should be adhered to regarding waste products and if necessary advice should be taken regarding disposal of clinical waste. Staff will be supported to adapt their practice in relation to the needs of individual pupils, taking into account developmental changes such as puberty and menstruation.

The management of support for all pupils with intimate care needs will be carefully planned. All pupils who require intimate care will have an individual care plan. This will be shared with parents/carers and the staff team.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication to discuss their needs and preferences. 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 the use of signs, symbols, eye pointing or vocalisations.

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 age and level of understanding. Terminology for private parts of the body and functions to be used by staff should be agreed.

The pupil's dignity will always be preserved with a high level of privacy, choice and control. In the case of a specific procedure to meet complex health needs only a person suitably trained and assessed as competent will undertake the procedure, (e.g. the administration of rectal diazepam).

Staff will be responsive to any apprehensions, discomfort or disapproval shown by a pupil. Photographs, symbols and words will be used as a communication tool with pupils who require this additional support.

Careful consideration will be given to each pupil's situation e.g. determining how many carers might need to be present whenever a pupil receives intimate care. Wherever possible, one pupil will be catered for by one adult unless there is a sound rationale for having more adults present. If this is the case, the reasons will be clearly documented, e.g. where there are concerns around Child Protection, previous allegations or moving and handling issues then two adults should provide care.

Wherever possible, staff should work with pupils of the same sex in providing intimate care, respecting their personal dignity at all times. 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 taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate personal care.

Safeguarding

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the school Safeguarding Policy, with agreed procedures within this policy and with the child/young person's own care plan. The governors and staff recognise that pupils with special needs and /or disabilities are particularly vulnerable to all types of abuse.

From a safeguarding 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. In this school, best practice will be promoted and **all** adults will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Policies and procedures are in place as part of safeguarding framework relating to safeguarding both pupils and adults. Staff are supported and trained so that they feel confident in their practice. There is a high awareness of pupil's protection issues where intimate care is provided.

Staff will record all instances of intimate care and toileting. These records will include the date and time that intimate care and toileting have taken place for individual pupils. These records will be signed by the staff members that have undertaken intimate care or toileting.

DBS checks are rigorous and are carried out to ensure the safety of pupils with staff employed in schools and settings. Staff MUST be DBS cleared before carrying out intimate care tasks alone with a pupil.

Staff need to be aware that some adults may use intimate care, as an opportunity to abuse pupils. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to the settings policy and procedure guidelines should safeguard pupils and practitioners.

If a staff member observes any unexplained markings, bruising, dis-colourations or swelling including in the genital area, they must report this immediately following Cleeve Meadow School Safeguarding Policy.

A clear record of the concern will be completed, with a Body Map, where appropriate. The school safeguarding procedures will be followed with a referral to Children's Services if necessary. Parents / carers will be informed and consent for the referral will be sought providing it will not place the child at an increased risk of suffering significant harm

If a pupil becomes unusually distressed or unhappy about being cared for by a particular member of staff, this should be reported to the Headteacher. This will be investigated at an appropriate level and outcomes recorded. Parents/carers may need to be informed and staffing schedules altered until the issues are resolved so that the young person's needs remain paramount. Further advice may be taken from outside agencies if necessary.

No member of staff will have a mobile phone, camera or similar device with them, whilst providing intimate care.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher, who will consult with the Local Authority Designated Officer (LADO). If the concern relates to the Headteacher this should be reported in line with the TKAT Safeguarding policy. It should not be discussed with any other members of staff or the member of staff the concern relates to.

If a staff member has concerns about a colleague's intimate care practice they must report this following the setting's Whistleblowing Policy.

Partnership with Parents/carers

Staff work in partnership with parents/carers to ensure consistency of approach. The needs and wishes of pupils and parents/carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation. Provision may be amended in the light of individual needs, but we promote each pupil's right to equality of opportunity in all aspects of school life, including the provision of intimate care.

Staff will be supported and encouraged 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.

The pupil will be supported to achieve the highest level of autonomy possible, given their age and abilities.

Prior to a pupil starting school, parents will be invited to share any information related to toilet training. If a child is not fully toilet trained before starting school, the parents / carers should inform the school so appropriate support can be put in place. A meeting will then be arranged so the child's needs can be discussed and support and advice given if appropriate. We recognise that some children with Special Educational Needs, disabilities or medical needs may start school with delayed personal skills.

Multi-agency working

Pupils with disabilities will be known to a number of other agencies and it is important that positive links are made with all those involved in the child's care. This will enable the school to take account of the skills, knowledge and expertise of other professionals and will ensure that the pupil's wellbeing and development remain the focus of concern. It is good practice to nominate a named member of staff to coordinate links with other agencies. In practice, this role often falls to the SENCO or other senior staff member.

Achieving continence is a milestone usually reached before a child starts at school, but for many disabled children it is delayed or is never possible. Health professionals will be able to advise on the likely development of an individual child based on their knowledge of them. Assistance with the management of toileting needs should be provided sensitively to allow maximum access to the curriculum and dignity in front of staff and peers.

Intimate Care Plans

Where regular care is required a care plan should be prepared in consultation with all relevant parties. It is important that care plans are prepared as soon as possible and opportunities are made for the pupil and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis. Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. It should also explain how concerns arising from the intimate care process should be managed. The plan should be reviewed as necessary, but at least annually, and any time there is a change of circumstances e.g. residential trips or staff changes (where the staff member concerned is providing intimate care). The plan should also take into account procedures for educational visits / day trips.

When writing a plan, whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for sports days, school visits, swimming etc.
- Cover in case of staff absence
- Strategies to support leaving class with the minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

Where occasional assistance is required and a School Health Plan 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 themselves). Information about intimate care should be treated as confidential and communicated in person, by telephone or sealed letter, not through the

home/school diary. 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. These records should be kept on the child's file and made available to parents/carers on request.

Medical Procedures/First Aid

Every time a child has an invasive medical procedure such as support with a catheter, written records should also be completed. 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. Any medical procedures will be discussed with parents/carers, documented in the School Health plan and will only be carried out by staff who are trained to do so. It is particularly important that staff 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. If an examination of a child is required, which could be considered intimate, in an emergency aid situation it is advisable to have another adult present with due regard to the child's privacy and dignity.

Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by an appropriately trained member of staff. If it is agreed, as part of a Care Plan, that physiotherapy or supporting pupils with exercises, is required then these must be demonstrated by a Physiotherapist or Occupational Therapist. The member of school staff should then be observed applying the technique or supervision. Written guidance should also be provided and updated regularly. School staff should not devise and carry out their own exercises or physiotherapy programmes.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage each individual pupil to do as much for themselves as possible

Health and Safety

Procedures in place for dealing with spillages of bodily fluid and the disposal of clinical waste are outlined in the Health and Safety Policy.

Induction procedures and continued CPD are in place within the school to support staff in dealing appropriately with issues of intimate care.

Any concerns about the programmes or any failure in equipment should be reported to the agency supplying it and brought to the attention of the SENDCo Paula Leyland.

School Facilities

The school has two bathrooms which are wheelchair accessible and have a walk in shower and handrail. There is also a changing bed on the ground floor, in the bathroom. Both floors are accessible by lifts.

When the school is planning to admit a pupil with a disability or intimate care needs they will liaise with Health Professionals and the local authority, as appropriate, to organise timely adjustments. In addition to a suitable facility, the school will also consider:

- the availability of hot and cold running water

- protective clothing including aprons and gloves
- nappy disposal bags
- supplies of nappies (provided by family)
- wipes and cleaning cloths
- labelled bins for the disposal of wet and soiled nappies.
- special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters.
- supplies of suitable cleaning materials, anti-bacterial sprays and hand wash 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

Children who require nappy changing

- Where possible, the child's key person, which may be a 1:1 support, will undertake changing a child; other staff members may change them if the key person is absent.
- Children are changed in a quiet area to give privacy, but always with the door open and in view of another member of staff.
- Each child has their own nappies or 'pull ups' and changing wipes.
- Gloves are put on before changing starts and the areas are prepared. Fresh paper towel is put down on the changing mat for each child.
- The key person will ensure that nappy changing is relaxed. Each child will be treated as an individual and care will be given gently and sensitively.
- A record will be made of when the child was changed and by who.
- Nappies and 'pull ups', gloves and wipes are disposed of hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the designated nappy bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for the parent to take home.
- Parents/carers will supply nappies/pull ups, wipes and nappy bags.

Other children

- Children are expected to use the toilet independently and to wash their hands.
- In order to help children to become aware of their bodily needs and respond to them in time, those who wish to go the toilet are allowed to go, although they are encouraged as they progress through the school to use the toilet during break times.
- If children wet themselves, they are encouraged to change and clean themselves. The school keeps some spare clothes but should a child have regular accidents parents will be asked to supply spare uniform and underwear.
- Wet / soiled clothing is put into a plastic bag and sent home with the child.

Pupils provide their own intimate care hygienic materials, e.g. sanitary towels. Cleeve Meadow School can support with the provision of intimate care hygienic products to minimise the impact of poverty on school attendance and engagement in learning.

Confidentiality

Staff will have regard to confidentiality of this information. Sensitive information about a pupil will only be shared with those who need to know.

Matters concerning intimate care will not be recorded in the home/ school communication diary as it is not a confidential document. Communication relating to personal care will be made through a sealed letter, personal contact or a telephone call between a staff member and parent/ carer.

Related School Policies

- Safeguarding Policy
- Health and Safety Policy
- Equality and Diversity Policy
- Supporting Pupils with Medical Needs