

Intimate Care Policy

Ratified by the Governing Body – February 2015

Governors of the Wey Valley School review and adopt DCC policies in line with the agreed committee timescale for policy review but acknowledge that from time to time, the Local Authority may change policies outside the planned governor review. Governors agree that the current DCC policy will be adhered to, and any policy changes will be reviewed at a subsequent governor committee.

1) Principles

- 1.1 The Governing Body 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 students¹ at this school.
- 1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a student's intimate care needs is one aspect of safeguarding.
- 1.3 The Governing Body 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.
- 1.4 This intimate care policy should be read in conjunction with the school's:
 - safeguarding policy and child protection procedures
 - staff code of conduct and guidance on safer working practice
 - 'whistle-blowing' and allegations management policies
 - health and safety policy and procedures
 - Special Educational Needs policyPlus
 - DCC moving and handling policy for Children's Services
 - policy for the administration of medicines
 - multi-agency guidance for the management of long term health conditions for children and young people

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

- 1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of students 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 students, 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 student is treated as an individual and that care is given gently and sensitively: no student 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.
- 1.8 Where students with complex and/or long term health conditions have a health care plan in place², the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

2) Definition

- 2.1 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 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.
- 2.2 It also includes supervision of students involved in intimate self-care.

3) Best Practice

- 3.1 Students 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 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.
- 3.2 Where relevant, it is good practice to agree with the student and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.
- 3.3 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

² See DSCB Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People, 2011

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.

- 3.4 In relation to record keeping, a written record should be kept in an agreed format every time a child has an invasive medical procedure eg support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).
- 3.5 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.
- 3.6 These records will be kept in the child's file and available to parents/carers on request.
- 3.7 All students 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.
- 3.8 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 student. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 3.9 Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.
- 3.10 There is 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.
- 3.11 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.
- 3.12 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. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the students's wishes and feelings should be sought and taken into account.
- 3.13 An individual member of staff should inform another appropriate adult when they are going alone to assist a student with intimate care.

- 3.14 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.
- 3.15 Whilst safer working practice is important, such as in relation to staff caring for a student of the same gender, there is research³ which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every student 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 student. 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.
- 3.16 Adults who assist students with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including DBS checks.
- 3.17 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 3.18 If necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products.

4) Child Protection

- 4.1 The Governors and staff at this school recognise that students with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 4.2 The school's child protection procedures will be adhered to.
- 4.3 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.
- 4.4 Where appropriate, students will be taught personal safety skills carefully matched to their level of development and understanding.
- 4.5 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 Senior Person for Child Protection or Headteacher. 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

³ National Children's Bureau (2004) *The Dignity of Risk*

this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

- 4.6 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 or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) 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.
- 4.7 If a student, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) 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.
- 4.8 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 Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

5) Physiotherapy

- 5.1 Students 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.
- 5.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 5.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

6) Medical Procedures

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

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

7) Massage

- 7.1 Massage is now commonly used with students who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 7.2 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 students.
- 7.3 Any adult undertaking massage for students must be suitably qualified and/or demonstrate an appropriate level of competence.
- 7.4 Care plans should include specific information for those supporting children with bespoke medical needs.