



## Intimate Care Policy

### Principles

1. The Governing Board will act in accordance with all relevant Government guidance and legislation to safeguard and promote the welfare of pupils at John Chilton School. This school 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.
2. This intimate care policy should be read in conjunction with the school's policies as below:
  - Safeguarding Policy and Child Protection Procedures;
  - Staff Code of Conduct;
  - Whistle-blowing;
  - Health and Safety Policy and Procedures;
  - Special Educational Needs and Disabilities Policy
  - Medical Conditions Policy
  - Moving and Handling guidelines.
3. The Governing Board 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. It is acknowledged that these adults are in a position of great trust.
4. 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.
5. Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.
6. 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.
7. All staff undertaking intimate care must be given appropriate training.
8. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## **Purpose of Policy and Background**

1. John Chilton School is a special school for pupils with physical medical and cognitive needs, many of whom have severe or moderate learning difficulties. Due to the nature of the pupils' difficulties, help is often needed with routines and incidents of a personal nature. The school routines mean that some pupils will need minimal support at different times: Regularly - e.g. dressing after hydrotherapy, or irregularly - such as needing changing due to unexpected soiling or wetting or menstruation.
2. The purpose of this policy is to ensure that pupils are treated with respect, to define what is appropriate and not appropriate in terms of supporting their intimate care needs, to protect staff and to ensure that they are trained, and given a framework within which they are allowed to operate.
3. Consultation and views: The Senior Leadership team has consulted with staff as well as more widely and with Governors over a number of meetings and through written responses. Parents will receive a copy of this policy and will be involved in drawing up their own child's Intimate Care Plan.

## **Definition of Intimate Care**

1. 'Intimate Care' can be defined as care tasks of a personal nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with inserting suppositories, changing colostomy bags, managing catheters, stomas or other appliances. Intimate care tasks specifically identified as relevant include:

- dressing and undressing (helping with the putting on or taking off of underwear e.g. for swimming);
- helping someone use the toilet;
- changing continence pads (faeces);
- changing continence pads (urine);
- bathing/ showering;
  - washing intimate parts of the body;
  - changing sanitary wear;
  - applying barrier or treatment creams;
  - inserting suppositories.

*(In some cases, it may be necessary to administer rectal medication on an emergency basis. This will be carried out staff who are willing to do so and who have been appropriately trained).*

## **Framework: Our approach to best practice**

1. There is little relevant national guidance on this matter and no prescriptive advice and so this policy has been compiled based on what is considered to be best practice at John Chilton School. Reference has also been made a number of policies from different organisations.
2. The management of the needs of all pupils with intimate care needs will be carefully planned, monitored and reviewed. The pupil who requires intimate care is treated with respect at all times; the pupil's welfare and dignity is of paramount importance.
3. Staff who provide intimate care are trained to do so (including Induction, Child Protection and Health and Safety training, training in Moving and Handling) and are fully aware of best practice. Apparatus will be provided to assist with pupils who need special arrangements following proper assessment and training.
4. At certain times of the year staff may be involved in delivering Relationship and Sex Education, as part of the Science and Personal, Social, & Health Education (PSHE) curricula, to the pupil/pupils for whom they are also providing intimate care. Staff should be mindful of issues and questions that may arise at these times; ensure that boundaries are clear and follow the Relationship and Sex Education (RSE) Policy regarding strategies and confidentiality issues. At these times, where personal hygiene and safety skills are taught through SRE or PSHE, a letter will be sent home informing parents about relevant learning objectives and language to be used in the unit of work.
5. The pupil will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for him/herself as he/she can. Pupils will be encouraged to challenge offers of unnecessary assistance (“I can do this myself”). This may mean, for example, giving the pupil responsibility for washing themselves. As pupils mature and move through their teenage years, more emphasis will be placed on autonomy and self awareness.
6. The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children/young people and staff. Each pupil's right to privacy will be respected. Careful consideration will be given to an individual pupil's situation to determine how many carers might need to be present when a pupil is assisted with intimate care. This will involve taking into account information from the parents/carers of a pupil and the range of professionals involved with that pupil as well the pupil themselves. The pupil's situation will be regularly reviewed (e.g. during annual reviews) and appropriate adjustments implemented.
7. Care will be taken to protect staff from pupils who may misunderstand support given or have a history of unfounded allegations. A guiding principle is that, whilst the presence of two people may be seen as providing protection against a possible allegation of abuse against a member of staff, it erodes the privacy of the child. In special circumstances, however, the agreed procedure may be that a second member of staff is stationed within earshot of the care activity and partly open doors or curtains may be required for this purpose.

8. The school puts trust in its robust safeguarding, selection procedures and checks on staff. Therefore, in most circumstances that do not involve manual handling, only one adult will need to be present to help a pupil in the toilet or to get dressed unless there is a sound reason for having more adults present. If this is the case, the reasons will be clearly documented. Where two people are required for manual handling, staff should consider that once the initial manual handling task is complete, the second person could remove themselves until summoned once the intervention has finished and child has been re-clothed.
9. Staff assisting a pupil/pupils on their own should discreetly inform a colleague of where they are and who they are with. The member of staff involved must ensure that they fully understand the pupil's needs.
10. Wherever possible the pupil will not be cared for by the same adult on a regular basis; ideally there is a rota of carers known to the pupil who will take turns in providing care. (Practically, it is noted that swapping adult assistants may not be possible from day-to-day or even month-to-month, but is possible over longer periods e.g. year by year. To keep the same adult working with a pupil throughout all their years in school might not be ideal for a number of obvious reasons). This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers. It is acknowledged that continuity might be what some pupils want and, wherever possible, pupils will be consulted about changes in carers.
11. Wherever possible, intimate care will be provided for an individual by staff of the same gender. However, this principle will need to be waived where failure to provide appropriate care would result in negligence, e.g. the necessity for female staff to support boys as few male staff members are available. Practically this will mean that in many circumstances, boys will be cared for by female members of staff. Male members of staff will not provide intimate care support for female students.
12. Short-term supply staff will only assist pupils with intimate care needs or supervise changing for swimming, with a full-time member of staff or a trained long-term supply member of staff present. Visiting students on work experience and volunteers will not undertake intimate care although nursing students on a placement will be permitted to assist a permanent staff member in these duties as part of their training.
13. Intimate care arrangements will be discussed with parents/carers on a regular basis and the needs and wishes of pupils and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.
14. Additional consideration must be taken in good time before a trip, school journey or "out of school" activity. The intimate care needs of the child/young person involved are included in the generic risk assessment which will also consider aspects such as sleeping arrangements on school journeys.

## **The Protection of Children**

1. Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.
2. All pupils will be taught personal safety skills as part of their PSHCE curriculum and through their personal care routines which are carefully matched to their level of development and understanding.
3. During an intimate care routine, a member of staff may be privy to evidence of concern regarding child protection through a comment or physical changes. The member of staff should immediately speak to the Designated Safeguarding Lead or Deputy Safeguarding Lead in their absence.
4. If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.
5. If a pupil makes an allegation against a member of staff, all necessary procedures will be followed (see Child Protection Procedures and Managing allegations of abuse against professionals). If a member of staff has a concern about the behaviour of another member of staff or volunteer within the school, they must report their concerns immediately to the Headteacher. If the concerns are about the Headteacher they should speak immediately to the Chair of Governors.

## **APPENDIX A**

### **GOLDEN RULES WHEN ASSISTING A PUPIL IN INTIMATE CARE**

#### **MUST NOTs**

1. Staff members must not use a mobile phone when assisting a pupil in i/c. If they have the school visit mobile phone with them and it rings, they must not answer it.
2. No staff member should enter a room where a pupil is being assisted unless requested as help in exceptional circumstances. They should stay for the minimum amount of time necessary.
3. Pupils from Year 3 upwards must not come into the area to use the toilet if a pupil is being changed.
4. Staff members must not talk across a pupil they are assisting.

#### **MUSTs**

1. Pupils' iPads (non-communication aid) should be turned off and put safely to one side to be returned to the pupil. This action should be explained to the pupil and the safety reason.
2. Modesty curtains must be used when a pupil is having intimate care
3. Staff should explain to pupils what they are doing to assist them, giving a running commentary on their actions (e.g. when cleaning faeces off a pupil and wiping intimately).
4. Conversations should be at an age appropriate level and to the pupil.
5. Staff should ask the pupil their preferences.
6. Staff should encourage pupils to help themselves.
7. Staff should use correct terminology e.g.:
  - “Wee” or “poo” acceptable as they are in common use;
  - Bottom
  - Period
  - Vagina
  - Penis
  - Testicles

# APPENDIX B



## Intimate Care Plan

<b>Child/Young Person:</b>			
<b>Date:</b>		<b>Date to Review Plan:</b>	

<b>Description of Intimate Care Needs (including numbers of staff to support – if more than 1 give reason):</b>

<b>People involved in formulating plan:</b>	
	Pupil
	Parent

Headteacher .....