

# Intimate Care Policy

**Date of Review: June 2018**  
**Approved by: Trust Board**  
**Next Review Date: June 2020**

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## 1 Introduction

1.1 This document is the Intimate Care policy for the Rodillian Multi Academy Trust (RMAT). It is designed to ensure that where providing intimate personal care is needed that this has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:

- maintains the dignity of the individual child.
- are sensitive to their needs and preferences.
- maximise safety and comfort.
- protect against intrusion and abuse.
- respect the child's right to give or withdraw their consent.
- encourage the child to care for themselves as much as they are able and protect the rights of everyone involved

1.2 It has been produced using the associated guidance towards supporting children and young people who require reasonable adjustments to be made in arrangements for personal care under the relevant legislation, including the Education Act 2002, Equality Act 2010 and statutory guidance, e.g. SEN Code of Practice 2015, Keeping Children Safe in Education and Working Together to Safeguarding Children.

## 2 Definition

2.1 Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities. Intimate personal care tasks can include:

- toileting, wiping and care in the genital and anal areas.
- dressing and undressing.
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection
- body bathing other than to arms, face and legs below the knee.

### **3 Intentions**

3.1 In line with our SEND Policy at the Rodillian MAT, we recognise the need to provide an inclusive, supportive and positive learning environment. This policy applies to all staff undertaking personal care tasks with children but particularly to those who have an SEND. We recognise that there are some occasions where there are vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment. The normal range of development for this group of young people indicates that in some cases they may not be able to access the toilet or change their clothes independently. This could include:

- children and young people with limbs in plaster
- children and young people needing wheelchair support
- children and young people with pervasive medical conditions

### **4 Aims and Objectives of the Intimate Care Policy**

4.1 The RMAT is required to comply with Section 175 of the Education Act 2002, which requires that the safety and welfare of pupils is promoted. This policy aims to offer advice for good practice and in line with safeguarding recommendations based on the practical experience of support staff in providing intimate personal care and NSPCC guidance. Staff should be aware of these guidelines and encouraged to follow them for their own protection as well as for the protection of the young people.

### **5 Safeguarding**

5.1 All Staff and Volunteers working and supporting students understand their responsibilities in line with Statutory DfE Guidance, including Keeping Children Safe in Education (KCSIE) and Working Together to Safeguard Children (WTSC). Alongside this staff and volunteers should have a good knowledge of the RMAT Safeguarding and Child Protection Policies and Procedures (including 'Allegations against Staff') covered in safeguarding induction, training and briefings provided by the RMAT.

5.2 Policies and procedures are in place as part of the safeguarding framework to safeguard both children, young people and adults. The RMAT have a Personal and Professional Code of Conduct, a Safe Working Practice Policy and a robust induction programme which supports this. It is also important that academy leaders ensure staff/volunteers are supported and trained so that they feel confident in their practice.

5.3 Enhanced DBS and other statutory employment checks are carried out across the RMAT to ensure that all staff employed/volunteers are suitable to work with children and young people in line with KCSIE and WTSC. All academies hold and maintain a single central register (SCR) which lists all statutory checks and qualifications (where applicable) as well as details of training undertaken.

5.4 In relation to Intimate Care, this is only carried out by staff employed by the academy or professional medical practitioners in line with an agreed Care Plan.

- 5.5 Section 15 in the 'RMT Safer Working Practice Policy (February 2017)' sets our clear guidance in relation to Intimate/Personal Care. Staff involved in providing Intimate Care can seek guidance and support from the SENCO, a member of the Leadership Team or the Designated Safeguarding Child Protection Lead where necessary.
- 5.6 It is essential that the adult who is going to be delivering the Intimate Care support for the young person informs the SENCO and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

## **6 Health & Safety**

- 6.1 Induction procedures and continued CPD should be in place within the academy to support staff in dealing appropriately with issues of intimate care. The Academy should follow procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a young person accidentally wets or soils himself, or is sick while on the premises. This could include:
- staff to wear fresh disposable aprons and gloves while changing a young person
  - soiled nappies/pull ups/waste securely wrapped and disposed of appropriately
  - soiled clothes to be securely wrapped and passed to parents/carers
  - changing area/ toilet to be left clean.
  - caretaking/ cleaning staff to be informed
  - hot water and soap available to wash hands as soon as changing is done
  - paper towels to be available to dry hands.
- 6.2 The Academy will need to make enquiries about the disposal of waste if they do not already have arrangements in place. Guidance from the Health and Safety Executive of Service Children's Education, 'Managing Offensive/Hygiene Waste' (January 2009), is that any disposal of waste for one child can be in the usual bins using appropriate nappy sacks. The waste in this instance would be considered to be municipal waste. Any more than this and individual academy's will need to make special arrangements. For wet nappies a single bag is sufficient but soiled nappies require double bagging. However, where regular disposal of waste is required white bins should be made available and arrangements for delivery and collection should be made through the appropriate contractors.
- 6.3 Should pupil handling be required in order to support or complete any intimate care procedure then advice should be sought through an appropriate adviser and formal moving and handling training be delivered.

## **7 Facilities and resources**

- 7.1 The Academy must ensure there are suitable hygienic care suite facilities for supporting intimate care and should ensure that an adequate supply of appropriate equipment is in place including gloves, wipes, aprons, foot operated waste bins, paper towels, liquid soap/spray cleaner, spare clothes and any other necessary items are always available. A suitable place for providing intimate care of young people,

including providing the necessary resources (see Health and Safety section) should be included in an academy's/ setting's Accessibility Plan. The Department of Health recommends that one extended cubicle with a washbasin should be provided in each academy for young people with disabilities.

- 7.2 It can take around ten minutes to support an individual young person with intimate care. The resource allocation of staff time is therefore an important consideration that is constantly changing. It is therefore important that the SENCO and senior leaders remain aware that their staff allocations will need to be flexible in order to match need. It should be recognised that this element of care remains a positive learning time as it provides an opportunity to promote independence and self-worth.
- 7.3 The Head of School will need to ensure that, where necessary, resources from the mainstream funding are ring fenced for support to SEND so that children's individual needs are met, including for toileting issues. Where not already in place the SENCO must ensure that appropriate levels of funding for this level of care has been applied for.
- 7.4 Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions where they will be necessary and consider how intimate care can be dealt with in relation to PE, swimming, after academy clubs, transport to and from academy etc.

## **8 Procedures & Policies**

- 8.1 Partnership with parents is an important principle in the planning and delivery of intimate care. Much of the information required by the Academy to make the process of intimate care as comfortable as possible is available from the parents. Regular consultation and information sharing remains an essential feature of this partnership.
- 8.2 Issues around toileting should be discussed at a meeting with the parents/carers prior to admissions into the academy/setting. Senior leaders must be made aware of these at this point.
- 8.3 A formal agreement around intimate care provision helps to avoid misunderstandings and also helps parents/ carers feel confident that the academy will meet their young person's needs. This must be done by completing an 'Intimate Care Plan' with the parents and if required a further home/academy management agreement that defines the responsibilities that each partner should be produced. This might include:

### **Parents/ Carers:**

- agreeing to change/toilet the young person at the latest possible time before coming to academy;
- providing spare nappies, wet wipes and a change of clothes;
- understanding and agreeing the procedures to be followed during intimate care at academy;
- agreeing to inform academy should the young person have any marks/rash;
- agreeing how often the young person should be routinely supported with intimate care if the young person is in academy for the day and who will provide this;

- agreeing to review the arrangements, in discussion with the academy, should this be necessary;
- agreeing to encourage the young person's participation in toileting procedures wherever possible.

**The academy:**

- agreeing to change the young person should they soil themselves or become wet;
- agreeing how often the young person should be routinely supported with intimate care if the young person is in academy for the full day and who would be changing them;
- agreeing to report to the Head of School or SENCO should the young person be distressed or if there are any concerns;
- agreeing to review arrangements, in discussion with parents/ carers, should this be necessary;
- agreeing to encourage the young person's participation in toileting procedures wherever possible;
- discussing and taking the appropriate action to respect the cultural practices of the family.

- 8.4 If the child or young person has a disability recognised as part of the Disability Discrimination Act, asking or telling parents to come and change their child (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA. Wherever possible the young person should be encouraged to do as much as they can for themselves.
- 8.5 The process for the management of a child's personal care needs may need to be further clarified through the Education Health Care Plan or a Child in Need meeting. For example, where the academy has concerns about parental support, for a young person with SEN and/or disabilities or the parent has raised a concern. In the first instance concerns should be formally discussed with the parents. A meeting must be called that could possibly include the health visitor and senior leader to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the academy's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.
- 8.6 A 'Record of Intimate Care Intervention' must be maintained at all dates, times, procedures and staff signatures. Any incidents or accidents during the delivery of intimate care must be formally recorded and reported immediately to the SENCO. A formal discussion with the parent must take place on the same day to share this information. All records should be stored in accordance with the UK's Data Protection Act and academy Data Protection Policy.
- 8.7 Confidentiality is an important issue. The Academy should ensure that sensitive information about a young person should be shared only with those who need to know, such as parents or other members of staff who are specifically involved with the young person. Other staff members should only be told what is necessary for them to know to keep the young person safe. Information concerning intimate care procedures should not be recorded in a home academy diary, as the diary is not a confidential document and could be accessed by people other than the parent/carer and member

of staff. It is recommended that communication relating to intimate care should be made through one of the following:

- Sealed letter
- Personal contact (and recorded in a log)
- Telephone call – between member of staff and parent/carer (and recorded in a log)

- 8.8 Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.
- 8.9 Sharing information between home and the academy is important to secure the best care for pupils but the consent of parents and their children who are able to give such consent is needed for the Head of School to pass on information about their child's health to academy staff or other agencies. Their agreement is also needed for any exchange of information about a child's medical condition.
- 8.10 Parents and young people need to know that where staff have concerns about a young person's well-being or safety arising from something said by the young person or an observation made by the staff then the academy's Designated Child Protection Safeguarding Lead for Safeguarding will be informed. This may lead to the procedures set down in the Academy's Safeguarding Policy being implemented.

## **9 Policy Statement**

- a. The Academy will be fully aware of the legislative framework relevant to the delivery of intimate care.
- b. Best practice will be followed at all times and by ensuring that all of those involved with intimate care receive appropriate training and specific induction on the procedures and protocols.
- c. The Academy will work in partnership with parents/ carers prior to and after admissions into the academy/ setting.
- d. The Academy will take full account of the religious views and cultural values attached to aspects of intimate care related to the young person
- e. The Academy will agree with parents, staff and young person, the appropriate terminology for private parts of the body and functions and staff providing intimate care will use these terms as appropriate.
- f. The Academy will agree a written procedure for personal care/ toileting.
- g. All staff involved in the discussion and delivery of intimate care will respect the young person's personal dignity.
- h. Staff delivering intimate care will get to know the young person in a range of contexts to gain an appreciation of his/her moods and verbal/non-verbal communication.
- i. The Head of School and senior leaders will ensure clarity and support around role responsibilities of the staff involved in providing intimate care support work.
- j. All parties should view intimate care provision as a positive learning experience aiming to gradually increase the child's independence and self-worth.

- k. Staff should take care (both verbally and in terms of their body language) to ensure that the young person is never made to feel insecure.
- l. Staff will speak to the young person personally by name and give explanations of what is happening in a straightforward and reassuring way.
- m. Staff should enable the young person to be prepared for and to anticipate events while demonstrating respect for his/her body e.g. providing verbal or visual indications of how they will be supported.
- n. The Academy will provide facilities which afford privacy and modesty e.g. an appropriately equipped care suite, separate toileting and changing for discretion during activities such as PE.
- o. The Academy will respect a young person's preference for a particular carer and sequence of care.
- p. The SENCO will keep clearly maintained and confidential records, which note responses to intimate care and changes in behaviour.

## **10 Staff Training**

- Moving and Handling training will be provided by an appropriately qualified trainer to ensure that intimate care support staff are able to use this to provide the best standard of care and to ensure their own physical health is protected.
- Any member of staff providing intimate care will require up to date certification and/or training which includes appropriate safeguarding information.

## **11 Complaints**

- If a parent has a complaint about an intimate care matter, s/he should follow the procedures laid down in the Trust's Complaints Policy.

Appendix A: Intimate Care Plan

Appendix B: Record of Intimate Care

## Appendix A



### Intimate Care Plan

<b>Name</b>		<b>D.O.B</b>	
<b>Setting</b>			
<b>Assessor</b>			
<b>Reason for the plan including relevant background information and identified need – specific individual requirement</b>	<i>For example, support needed for intimate care, personal care, manual handling, toileting programme, medical condition</i>		
<b>Communication</b>	<i>How is the need for personal care support given by the YP?</i>		
<b>Self care skills</b>			
<b>Mobility</b>	<i>What are their mobility needs in relation to the delivery of personal care?</i>		
<b>Fine motor skills</b>	<i>What are their fine motor skills in relation to the delivery of personal care?</i>		
<b>Facilities and equipment</b>	<i>List any equipment needed List any use of hoists, slings, rails Toilet location</i>		
<b>Frequency of procedure required</b>			
<b>The disposal of soiled articles of clothing as agreed with parents/carers</b>			
<b>Parent/cares' comments and how they will be involved with the plan</b>			
<b>Pupils views and consent</b>	<i>Include the pupil's wishes and choices</i>		
<b>Involvement of other agencies</b>	<i>Include any agencies to be contacted for further advice, support or training</i>		
<b>Strategies for increasing independence</b>	<i>What steps will be taken to increase independence?</i>		
<b>Monitoring and evaluation</b>	<i>Who is responsible for monitoring? How will the effectiveness of the plan be evaluated?</i>		
<b>Date plan written</b>			
<b>Review date</b>			

#### ADVICE ONLY

If your child needs cleaning, baby wipes will be used – Please advice if this is not suitable for your child and send in an alternative.

#### I/we have read, understood and agree to the plan for Intimate Care

Signed By:

Pupil.....Date.....

Staff.....Date.....

Parent/carer.....Relationship to child.....Date.....

External Agencies.....Date.....

