

Intimate Care Policy 2021

The Link Academy Trust is a company limited by guarantee and an exempt charity, regulated by the Education & Skills Funding Agency (ESFA). All Members of the Board of Trustees of the exempt charity are also Directors of the company; the term 'Trustee' used in this Policy also means Director. This Policy applies to all academies within the Link Academy Trust.

Principles

The Trustees and Local Hub Governors will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' Sept 2020 to safeguard and promote the welfare of pupils¹ at the schools within the Link Academy Trust.

The Trust 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.

The Trustees and Local Hub Governors recognise their duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This Intimate Care policy should be read in conjunction with the Trust's policies as below (or similarly named):

- Safeguarding and Child Protection policy
- Public Interest Disclosure Policy and allegations management policies
- Health and Safety Policy and Procedures
- Special Educational Needs and Disabilities (SEND) policy
- Statutory RSHE 2020 and KCSIE 2020
- Code of Conduct including Ethical Code of Conduct Policy 2019
- Policy for Medical Conditions and Administering Medicine

The Trustees and Local Hub Governors are 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.

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.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long-term health conditions have an Individual Health Care Plan (IHCP) or Education Health Care Plan (EHCP) in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

An IHCP/EHCP is not needed for preschool/nursery children who are still using nappies however consent must be obtained in writing from parent/carers. Nappy changing procedures should be followed and are detailed in appendix 1.

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

The appendix holds an example of a preschool nappy changing consent form and nappy changing log.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

All staff undertaking intimate care must be given appropriate training.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines 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.

Definition

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 pupils 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 pupils involved in intimate self-care.

Best Practice

Pupils who require regular assistance with intimate care have written IHCP/EHCP 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 pupil 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., for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

In line with Relationships Sex Health Education (RSHE) 2021 and KCSIE 2020 appropriate terminology for private parts of the body and functions will be agreed and shared with the parents/carers and pupil.

Where an IHCP/ EHCP 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. It should also be recorded with full names, signature, and date

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 aforementioned multi-agency guidance for the management of long-term health conditions for children and young people).

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 will be kept in the child's file and available to parents/carers on request.

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 pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (e.g., health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves aprons and other PPE where appropriate.

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.

There must be careful communication with each pupil 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 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 ages.

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

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

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.

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research² 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.

Adults who assist pupils with intimate care should be employees of the academy, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the Trust's Code of Conduct including the Ethical Code of Conduct Policy 2019. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

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

² National Children's Bureau (2004) *The Dignity of Risk*

Child Protection

The Trustees and Local Hub Governors and staff at this Trust recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The Trust's child protection procedures will be adhered to.

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 pupil's body. In this Trust, 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.

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

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g., unexplained marks, bruises, etc, they will immediately report concerns to the Designated Safeguarding Lead who will initiate appropriate safeguarding procedures (see Safeguarding and Child Protection policy)

If a pupil 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 Academy Head. The matter will be investigated at an appropriate level (usually the Academy Head) 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.

Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IHCP/EHCP or Provision Mapping that a member of the academy 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.

Under no circumstances should Trust staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

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. These procedures will be discussed with parents/carers, documented in the IHCP or EHCP and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should 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 in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Massage

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by Trust 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 pupils.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

IHCP/EHCP should include specific information for those supporting children with bespoke medical needs.

This Policy is reviewed by the Standards & Curriculum committee and approved by the Board of Trustees on a three-yearly cycle.

Approved Standards & Curriculum Committee: 16 June 2021

Approved Board of Trustees: 12 July 2021

Appendix 1

NAPPY CHANGING PROCEDURE IN PRESCHOOL/NURSERY

During nappy changing we:

Ensure that the nappy changing area is inviting and stimulating and change this area regularly to continue to meet children's interests.

Ensure that no child is ever left unattended during the nappy changing time.

Ensure hygiene procedures are followed appropriately, e.g. staff put on gloves and aprons before changing starts, hands are washed after nappies are changed and changing mats cleaned before and after each use.

Ensure practitioners are gentle when changing; they avoid pulling faces and making negative comments about nappy contents and inappropriate comments about children's genitals when changing their nappies.

Use this one-to-one time as a key opportunity to talk to children and help them learn, e.g., through singing and saying rhymes during the change.

Provide older children with access to toilets when they have the need to and are encouraged to be independent.

Record nappy changes on a nappy changing log.

Nappies and pull-ups are disposed of hygienically. Any soiled nappies/pull-ups are bagged up and disposed of by a sanitary waste disposal company.

Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home. We have a duty of care towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the Pre-School this may constitute neglect and will be a disciplinary matter.

Appendix 2

Example of a Nursery/ Preschool Intimate Care Consent statement:

Intimate care: **I give permission to the Pre-school to provide appropriate intimate care support to my child e.g., changing soiled clothing, washing and toileting.**

Intimate care: **I will advise the play leader of any medical complaint my child may have which affects issues of intimate care.**

Appendix 3

Example of a Nappy Changing Log

Nappy / Toileting Record

Child's Name _____