

WALTON HALL ACADEMY

Intimate Care Policy

Developed:

Revised: Feb 2014

Review Date: Feb
2017





Walton Hall Academy

Intimate Care Policy

Scope of Policy

Personal care is taken to mean

- Hands-on physical care in areas of personal hygiene, & physical presence or observation during such activities
- body bathing other than to arms, face & legs below the knee
- Toileting, wiping & care in the genital & anal areas
- Incontinence care
- Placement, removal & changing of incontinence pads
- Menstrual hygiene
- Dressing & undressing
- Application of medical treatment, other than arms, face, & legs below the knee
- It also includes supervision of pupils involved in intimate self-care.

1) Principles

- 1.1 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.
- 1.2 The school recognises its duties and responsibilities in relation to the Equality 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.
- 1.3 This intimate care policy should be read in conjunction with the schools' policies as below):
 - safeguarding policy and child protection procedures
 - staff code of conduct and guidance on safer working practice
 - 'whistle-blowing' policies
 - health and safety policy and procedures
 - administration of medication policy

Plus

 - Disability Discrimination Act 1995
 - SEN Disability Act 2001

- 1.4 The 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. It is acknowledged that these adults are in a position of great trust.
- 1.5 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.
- 1.6 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.
- 1.7 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.
- 1.8 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.
- 1.9 All staff undertaking intimate care must be given appropriate training.
- 1.10 This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2) Pupil focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every pupil has the right to be safe.
- Every pupil has the right to personal privacy.
- Every pupil has the right to be valued as an individual.
- Every pupil has the right to be treated with dignity and respect.
- Every pupil has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every pupil has the right to express their views on their own intimate care and to have such views taken into account.
- Every pupil has the right to have levels of intimate care that are as consistent as possible.

3 Best Practice

- 3.1 Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), Residential placement plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses. 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.

- 3.2 Where relevant, it is good practice to agree with the pupil 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 (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.
- 3.4 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.
- 3.5 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 and aprons where appropriate.
- 3.6 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.
- 3.7 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, sign language 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.
- 3.8 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 ability.
- 3.9 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. SEN 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.
- 3.10 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- 3.11 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. At admission, the school will liaise and work closely with families to discuss any requests relating to intimate care

- 3.12 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research¹ 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.
- 3.13 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including D.B.S checks.
- 3.14 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 3.15 Health & Safety guidelines should be adhered to regarding waste products and there disposal.
- 3.16 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

4) Child Protection

- 4.1 The Academy Council and staff at Walton Hall recognise that pupils with special needs 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 pupil'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. Accurate records should also be kept when a pupil requires assistance with intimate care when it involves touching of private areas. The records can be brief but should, as a minimum, include full date, times and any comments such as changes in the pupil'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.
- 4.4 Where appropriate, pupils 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 pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report the concerns to the Designated Child Protection Officer. The school's child protection procedures will be followed on how to procedure further.

¹ National Children's Bureau (2004) *The Dignity of Risk*

- 4.6 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 Head of Care or Head teacher. The matter will be investigated at an appropriate level 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 pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head teacher (or to the Chair of the Interim Executive Board if the concern is about the Head teacher) 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. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 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 the Interim Executive Board, in accordance with the child protection procedures and 'whistle-blowing' policy.

5) Physiotherapy

- 5.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or residential placement 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 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 medical care plan and individual pupil files and will only be carried out by staff who have been trained to do so (the school nurse.).
- 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 another adult should be present, with due regard to the child's privacy and dignity.

7) Massage

- 7.1 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.
- 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 pupils.
- 7.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.
- 7.4 Placement plans should include specific information for those supporting children with bespoke medical needs.

Policy written: Feb 2014
Ratified by IEB; 6/2/2014
Review date: 6/2/2017

Ratified BY Academy CouncilDate 14th March 2016

(NB recommendation - on a three yearly cycle)