



**St Edward's
School**

Unity - Achievement - Faith

Intimate Care Policy

Reviewed and Approved by Personal Development, Behaviour and Attitudes Committee

On: 25th November 2021

Reviewed and Ratified at the St. Edward's FGB

On: 9th December 2021

Next Review date: Autumn 2024

SLT are responsible for oversight of this policy's implementation

Mission Statement

MAY WE BE ONE

In purpose – educating for life in all its fullness

In faith – encountering God who lives among us, calling us to unity

In dignity – nurturing confidence and maturity

In community – striving together for justice, love and peace

The concept of unity permeated our school, drawing attention to the need for us to grow as people bonded by faith and love. Intimate care reveals the vulnerability of the human person, and their fragile but inviolable dignity. Called to serve one another, this policy explains how we will uphold the dignity of the individual through our care for their needs.

Definition

1.0 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.

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

Principles

2.0 This intimate care policy should be read in conjunction with the following policies and information:

- Accessibility Plan
- Promoting Positive Behaviour Policy
- DCC Moving and Handling Policy
- Dealing with Allegations of Abuse Procedural Policy
- First Aid Policy
- Health and Safety Policy and Procedures
- Inclusion Policy
- Public Sector Equality Duty Policy
- Safeguarding and Child Protection Policy and Procedures
- Staff Code of Conduct or guidance on safe working practice.
- Supporting Students with Medical Conditions and Managing Medication Policy
- Whistleblowing Policy and Procedures

2.1 The Governing Body of St. Edward's will ensure that the school acts in accordance with Section 175 / Section 157 of the Education Act 2002 and the supporting statutory guidance 'Keeping Children Safe in Education' (September 2016) to safeguard and promote the welfare of students in this School.

- 2.2 St Edward's takes seriously its responsibility to safeguard and promote the welfare of the students in its care. Meeting a student's intimate care needs is one aspect of safeguarding.
- 2.3 St Edward's 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.
- 2.4 St Edward's recognises that there is a need to treat all students, whatever their age, gender, disability, religion or ethnicity, with special respect when intimate care is given. The student's welfare and dignity is of paramount importance. No student should be attended to in a way that causes emotional and physical distress or pain.
- 2.5 Staff will work in close partnership with parent/carers to share information and provide continuity of care.
- 2.6 Governors affirm that requirement to undertake intimate care will require special training, and reserve the right to require the involvement of external professionals should the level of care needed exceed that which can reasonably be required or expected of a member of school staff.

Best Practice

- 4.0 Staff who provide intimate care at St Edward's are appropriately trained to do so in areas such as:
- Child protection
 - Safer working practices
 - Health and safety
 - Personal Care
 - Manual handling (if appropriate)
 - Best practice regarding Infection control (including the need to wear disposable gloves and aprons where appropriate).
- 4.1 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.
- 4.2 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same students, wherever possible.
- 4.3 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.

- 4.4 All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each student to do as much for his/herself as possible.
- 4.5 NEED TO FIND THE APPROPRIATE IHCP OR WRITE ONE? Answer – create standard template that can be modified for each individual
Students who require regular assistance with intimate care will have written Intimate Health Care Plans (IHCP). IHCPs are drawn up in consultation with staff, parents/carers and any other professionals actively involved, such as an NHS appointed nurse or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the student and the carer. Any historical concerns (such as past abuse) will be noted and taken into account. Further details about the process of drawing up IHCPs are available in the ‘Supporting students with medical conditions and managing medication policy’. *(NB More information regarding care plans and risk assessments for students with complex medical needs can be found in ‘Including Me: Managing Complex Health Needs in Schools and Early Settings’ by Jeanne Carlin, published by the Council for Disabled Children and DfES, 2005)*
- 4.6 Where intimate care is part of the routine assistance offered to a student, those staff usually responsible for providing the required care to the individual student will be named within the IHCP.
- 4.7 Where an IHCP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an ‘accident’ and soiled him/herself). Such information related to intimate care will be treated as confidential and communicated in person, by telephone or by sealed letter, not through ‘open’ written forms such as a home/school diary.
- 4.8 Every student's right to privacy will be respected. Careful consideration will be given to each student's situation to determine how many carers might need to be present when a student needs help with intimate care. Adults who assist children one-to-one will be employees of the school and will be DBS checked at the appropriate level.
- 4.9 Two members of staff should always be present to assist or observe an intimate procedure. However, if for a substantial reason there cannot be two members of staff immediately present, the member of staff assisting with intimate care is to inform another adult when they are going to assist a student with intimate care and to record it immediately with the other member of staff on hand to witness the recording.
- 4.10 Wherever possible the same student will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the student who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 4.11 Wherever possible staff should care for a student of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting as no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent

girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

4.12 The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

4.13 All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

4.14 If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Child Protection

5.0 Governors and staff recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.

5.1 The school's Safeguarding and Child Protection Policy and Procedures will be accessible to staff and adhered to.

5.2 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. It may be unrealistic to expect to eliminate these risks completely best practice will be promoted and all adults will be encouraged to be vigilant at all times.

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

5.4 If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Designated Senior Lead (DSL) for safeguarding. A clear written record of the concern will be completed (on MyConcern) and a referral made to Children's Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the student at risk of harm.

5.5 If a student becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the SENCo, DSL or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) 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 student's needs remain paramount. Further advice will be taken from outside agencies if necessary.

5.6 If a student makes an allegation against an adult working at the school, this will be investigated in accordance with the procedures in the School's 'managing Safeguarding Allegations' Policies. Allegations found to have been falsely made will have serious disciplinary and potentially legal consequences.

5.7 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 if the concern is about the Headteacher. Further details can be found in the School's Whistleblowing policy.

Physiotherapy

6.0 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in a student's IHCP 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.

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

6.2 Adults (other than the physiotherapist) carrying out physiotherapy exercises with students should be employees of the school.

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

Medical Procedures

7.0 Children with disabilities 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 and will only be carried out by staff who have been trained to do so.

7.1 Any members of staff who administer first aid should be appropriately trained in line with the School's First Aid Policy. If an examination of a student is required in an emergency aid situation it is advisable to have another adult present, with due regard to the student's privacy and dignity.

Record Keeping

8.0 A written record will be kept in the agreed format (see appendix A) every time a student has physiotherapy or requires assistance with intimate care.

8.1 These records will be kept in the student's file and available to parents/carers on request.

Appendix A

Provision of Intimate Care

Name of Child: _____

Date	Time	Procedure	Staff Signature	Witnessing Member of Staff (if applicable)

