

## Intimate Care Policy

Policy Code:	SW1
Policy Start Date:	September 2018
Policy Review Date:	September 2020

Please read this policy in conjunction with the policies listed below:

- HR6 Data Protection Policy
- HR9 Positive Handling Policy
- HR16 DBS and Safeguarding Policy
- HS2 Medical Treatment Policy
- SW5 Safeguarding and Child Protection Policy
- SW11 Educational Visits Policy
- TL6 Special Educational Needs Policy



#### 1 Policy Statement

- 1.1 It is The Priory Federation of Academies Trust's (The Trust) intention to develop independence in each student; however, there will be occasions when help is required. Our intimate care policy has been developed to safeguard students and staff. The principles and procedures apply to everyone involved in the intimate care of students.
- 1.2 This policy sets out how The Trust is carrying out its statutory responsibility to safeguard and promote the welfare of children in accordance with Section 157 of the Education Act 2002, Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2019. The Trust will also follow the guidance contained in Meeting the Needs of Children in Lincolnshire 2018.
- 1.3 References to the Trust or Academy within this policy specifically include all primary, secondary and special academies within the Trust, as well as Robert De Cheney Boarding House, the Early Years setting at the Priory Witham Academy, Priory Training, Priory Apprenticeships, Lincolnshire Teaching School Alliance and Lincolnshire Teaching School Alliance SCITT.
- 1.4 This policy does not form part of any member of staff's contract of employment and it may be amended at any time.
- 1.5 The Trust is committed to leading a Mentally Healthy organisation, including their commitment and promotion of emotional wellbeing and mental health. Therefore all Trust policies and procedures ensure this commitment is incorporated to support all staff and students. Members of staff are encouraged to speak to their Line Managers and students are also encouraged to speak to any member of staff, if they feel any part of this policy would affect their emotional wellbeing and mental health, any feedback will be considered in line with legal reasonable adjustments and fairness to all Trust staff and students.

#### 2 Roles, Responsibilities and Implementation

- 2.1 The Education and Standards Committee has overall responsibility for the effective operation of this policy and for ensuring compliance with the relevant statutory framework. This committee delegates day-to-day responsibility for operating the policy and ensuring its maintenance and review to the Director of Student Welfare.
- 2.2 Leaders and Managers have a specific responsibility to ensure the fair application of this policy and all staff are responsible for supporting colleagues and ensuring its success.

#### 3 Aims

- 3.1 To provide guidance and reassurance to staff and parents/carers.
- 3.2 To safeguard and respect the dignity, rights and wellbeing of children.



3.3 To encourage a child's independence as far as possible in his/her intimate care.

#### 4 Intimate care

- 4.1 Intimate care may be defined as any activity that is required to meet the personal care needs of an individual child on a regular basis or during a one-off incident. Such activities can include:
  - feeding;
  - oral care;
  - washing;
  - changing clothes;
  - toileting;
  - first aid and medical assistance; and
  - supervision of a child involved in intimate self-care.
- 4.2 Parents/carers have a responsibility to advise the school of any known intimate care needs relating to their child.

#### 5 Principles of Intimate Care

- 5.1 The following are the fundamental principles of intimate care upon which our policy 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;
  - all children have the right to be involved and consulted in their own intimate care to the best of their abilities;
  - all children have 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 appropriate and consistent for their needs.
- 5.2 There is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

#### 6 School Responsibilities

- 6.1 Staff who are involved in intimate care should be staff at the Academy and will be subject to an enhanced DBS check in line with the Trust's procedures. Please refer to HR16 DBS and Safeguarding Policy.
- 6.2 Engagement in intimate care by a member of staff must be with their agreement, and the Trust cannot make this an expectation for all staff, unless it is specified in the member of staff's job description. However, any staff member who does engage



in intimate care must be trained in the specific types of care that they carry out and fully understand the Intimate Care Policy and the welfare policies it sits alongside. Staff will receive training in good working practices which comply with Health and Safety Regulations.

- 6.3 Where anticipated, intimate care arrangements are agreed between the school and parents/carers and, if appropriate, by the student. For all students requiring intimate care a Personal Care Plan will be drawn up (see Appendix A) or, if appropriate, an Individual Medical Care Plan (please refer to HS2 Medical Treatment Policy). External agencies may contribute to the plan if appropriate.
- 6.4 If staff are undertaking intimate care then they should be named in the child's care plan. The exception to this may be in specialist settings where trained staff, other than those named on the care plan, are used to provide cover. However, the member of staff providing intimate care will be known to the child and parents/carers will be aware that this might be the case.
- 6.5 Staff should not undertake any aspect of intimate care that has not been agreed between the Academy, parents/carers and the student. The only exception to this is outlined in 6.6.
- 6.6 Only in an emergency, for example, if a student's health or safety is at risk, would staff undertake any aspect of intimate care that has not been agreed by parents/carers and the Academy. Parents/carers would then be contacted immediately.
- 6.7 Provision should be made for cover if the trained member of staff is not available, e.g. they are on sick leave. Additional trained staff should be available to undertake specific intimate care tasks.
- 6.8 Intimate care arrangements should be reviewed every six months, or immediately if the student's circumstances change between reviews. The views of all relevant parties should be sought and considered to inform future arrangements.
- 6.9 If a staff member has concern about a colleague's intimate care practice, they must report this to the Academy's Designated Safeguarding Lead (DSL) immediately.
- 6.10 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of the sex and relationship education (SRE) curriculum to the same student(s), wherever possible.
- 6.11 A bag of equipment for use during unplanned intimate care will be kept in each Academy.
- 7 Guidelines for Good Practice



- 7.1 All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard students and staff. They apply to every member of staff involved with the intimate care of students.
- 7.2 Young students and students with special educational needs are especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.
- 7.3 Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard students and staff:
  - Involve the student in the intimate care
  - Try to encourage a student's independence as far as possible in his or her intimate care. Where a situation renders a student fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the student or parent/carer about any preferences while carrying out the intimate care. Where the student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.
  - Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation
  - Care should not be carried out by a member of staff working alone with a student. This means that two members of staff should be available to support the student. However, every student's right to privacy will be respected and careful consideration will be given to each student's situation to determine how many carers might need to be present. It is advisable, however, for a member of staff to inform another adult when they are going to assist a student with intimate care.
  - Make sure practice in intimate care is consistent. As a student may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
  - Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed.
  - Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach staff take to intimate care can convey lots of messages to a student about their body worth. A member of staff's attitude to a student's intimate care is important. Keeping in mind the student's age, routine care can be relaxed, enjoyable and fun. Staff should be mindful of not making a student feel embarrassed or ashamed of their body.
  - Be culturally sensitive. The religious views and cultural views of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
  - If you have any concerns you must report them. If you observe any unusual markings, discolouration or swellings, report it immediately to the Academy's DSL.



- If a student is accidentally hurt during the intimate care, or misunderstands or misinterprets something, or appears distressed or uncomfortable, the care should stop immediately. Try to ascertain why they are distressed, if applicable, and provide reassurance. Report the incident immediately to the DSL. The student's parents/carers must be informed immediately. Report and record any unusual emotional or behavioural response by the student. A written record of concerns must be made available to parents/carers and kept in the student's personal file and their child protection file if appropriate.
- If a student becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported immediately to the Academy's DSL.
- If a student makes an allegation against an adult working at the school, this must be reported in accordance with The Trust's safeguarding procedures. Please refer to HR24 Allegations of Abuse Against Staff Policy.
- An adult who has concerns about the conduct of a colleague at the Academy must report this to the Headteacher or the DSL. If the concern is about the Headteacher it should be reported to the CEO. Please refer to SW5 Safeguarding and Child Protection.

### 8 Working with Children of the Opposite Sex

- 8.1 There is positive value in both male and female staff being involved with the intimate care of students. Ideally, every student should have the choice of who works with them but the current ratio of female to male staff means that assistance will more often be given by a woman. Wherever possible staff should care for a student of the same gender.
- 8.2 Any decision over which member of staff is involved in caring for a specific student must be agreed with the parents/carers and the student (where appropriate).

#### 9 Communication with Students

- 9.1 It is the responsibility of all staff caring for a student to ensure that they are aware of the student's method and level of communication. Depending on their maturity and levels of stress, a child may communicate using different methods words, signs, symbols, body movements, eye pointing, etc.
- 9.2 To ensure effective communication:
  - make eye contact at the student's level;
  - use simple language and repeat if necessary;
  - wait for response;
  - continue to explain to the student what is happening even if there is no response; and
  - treat the student as an individual and with dignity and respect.
- 9 Physiotherapy



- 9.1 Students who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the Personal Care Plan or the Individual Medical Care Plan that a member of staff should undertake part of the physiotherapy regime (such as assisting the student with their exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.
- 9.2 Under no circumstances should Academy staff devise and carry out their own exercises or physiotherapy programme.
- 9.3 Adults (other than the physiotherapist) carrying out physiotherapy exercises with students should be members of staff at the Academy.
- 9.4 Any concerns about the regime should be reported to the physiotherapist, and the Academy's DSL if appropriate.

#### 10 Medical Procedures

10.1 Any members of staff who deliver first aid should be appropriately trained. If an examination of a student is required in an emergency first aid situation it is advisable to have another adult present, with due regard to the student's privacy and dignity. Please refer to HS2 Medical Treatment Policy for further information.

#### 11 Educational Visits

- 11.1 If a student who requires intimate care, or supervision of intimate care, is due to participate in an educational visit then the visit leader must take into account, and plan for, any special arrangements which will be needed to ensure the student can still participate in the visit. This may mean trained members of staff will need to accompany the student on the visit.
- 11.2 The visit leader will need to work closely with the parents/carers and student to ensure appropriate provision is in place. If necessary, a parent/carer may be asked to accompany their child on the visit, for which they will need the relevant DBS clearance. For further information please refer to SW11 Educational Visits Policy and HR16 DBS and Safeguarding Policy.

#### 12 Policy change

12.1 This policy may only be amended or withdrawn by The Priory Federation of Academies Trust.



Page 7 of 10

# The Priory Federation of Academies Trust Intimate Care Policy

This Policy has been approved by the Priory Federation of Academies Trust's Education and Standards Committee:

Signed:		Name:	 Date:	
Trustee				
-	ecutive Officer	Name:	 Date:	
Signed:		Name:	 Date:	
Designat	ed Member of Staff			

Please note that a signed copy of this agreement is available via Human Resources.

Date: .....



### Appendix A

, part of the care plan)

# **Personal Care Plan**

		Review date:		
Academy				
name:				
Name of	Tutor g	roup:		
student:	Tutorg	Toup.		
Details of				
assistance				
required:				
Facilities and				
equipment				
needed:				
Who will				
provide the				
required				
facilities and				
equipment:				
Named				
member(s) of				
staff:				
When will the				
named				
member(s) of				
staff be				
needed				
(times):				
Back up				
member of				
staff:				
Training				
needs:				
(Individual staff must keep signed/dated				
records of training				
received in addition				
to school and setting				
held records. A record should be				
completed when				
training has been				
delivered and kept as				

## Policy Document Intimate Care



What can the student do independently / what can be done to promote independence:	
Curriculum specific needs:	
Arrangements for PE:	
Transport arrangements:	
Arrangements for education visits:	



#### **Agreement of Intimate Care Procedures**

#### Parents/Carers

I agree with what has been written in the Personal Care Plan with regard to: what care is given, who is providing the care and the training which is needed.

I will inform the Academy immediately if there are any changes my child's needs and/or if the plan needs amending.

I recognise that The Priory Federation of Academies Trust is not legally bound to provide this service, and it may be withdrawn at any time.

I will ensure I can be contacted during Academy hours.

Signed:	Date:
Print name:	
Student (if appropriate)	
I agree with what has been written in the Personal Care Plan with regard providing the care and the training which is needed. I will inform a member of staff at the Academy if I am unhappy in any or I feel anything needs changing. I agree to take control of my own care needs if I am able to and I will a	way with the care which is provided
Signed:	Date:
Print name:	
Member of staff	
I agree with what has been written in the Personal Care Plan with rega providing the care and the training which is needed. If any aspect of intimate care which has not been agreed to on this pla in an emergency then the Academy will contact parents/carers immed If there are any safeguarding concerns raised during the delivery of this will be raised with the Academy's Designated Safeguarding Lead immed	n is delivered by a member of staff iately. s student's intimate care then they
Signed:	Date:
Print name:	