

Intimate Care Policy

Policy Code:	SW1
Policy Start Date:	July 2021
Policy Review Date:	July 2023

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

- HR6 Data Protection Policy
- HR9 Positive Handling and Safe Touch Policy
- HR16 DBS Policy
- HR24 Allegations of Abuse Made Against Adults
- 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 2021*. 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 the Early Years setting at the Priory Witham Academy, Priory Apprenticeships and Lincolnshire 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.

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, students 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 their intimate care.

4 Definition of 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.

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 Parent/Carer Responsibilities

- 6.1 Parents/carers have a responsibility to advise the academy of any known intimate care needs relating to their child.
- 6.2 If, during their time at the academy, the child's care needs change then parents/carers should advise the academy as soon as possible.

7 The Trust's Approach to Intimate Care

- 7.1 Staff who are involved in intimate care must be Academy staff and will be subject to an enhanced DBS check with Children's Barred List Check, in line with the Trust's procedures. Please refer to HR16 DBS Policy.
- 7.2 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 this policy and the welfare policies it sits alongside. Staff will receive training in good working practices, which comply with Health and Safety Regulations.

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- 7.3 Where anticipated, intimate care arrangements are agreed between the academy 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) and, if appropriate, an Individual Medical Care Plan (please refer to HS2 Medical Treatment Policy). External agencies may contribute to the plan if appropriate.
- 7.4 The Personal Care Plan should include:
- Clear information regarding the assistance to be provided
 - The method of communication to be used by the child
 - The agreed terminology the named person(s) will use with the child
 - The named person(s) with responsibility to assist the child
 - The care timetable
 - Arrangements in the absence of the named person(s)
 - When the plan will be reviewed
- 7.5 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.
- 7.6 Whilst it is recommended that two members of staff are present when intimate care is delivered, a student's right to privacy must be respected and careful consideration will be given to each student's situation to determine how many carers might need to be present. If it is determined that only one member of staff will deliver intimate care then parents/carers must agree to this and the Academy's Designated Safeguarding Lead (DSL) must also agree to the plan. Where one member of staff undertakes intimate care, they should try to ensure another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, where possible, they are visible and/or audible.
However, there must always be more than one member of staff present during intimate care for students who cannot communicate or for students with a profound and multiple learning disability (PLMD).
- 7.7 Teachers (and any other relevant staff, e.g. pastoral) should be made aware of the care timetable, particularly if the child needs to be absent from lessons, and should be aware of the approximate time the procedure should take.
- 7.8 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 7.9.
- 7.9 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 and informed as soon as possible.

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- 7.10 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 where required.
- 7.11 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.
- 7.12 As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of the relationship, sex and health education (RSHE) curriculum to the same student(s), wherever possible.
- 7.13 Any changes made to the care plan must be done in writing, and communicated to relevant parties as soon as possible. This includes where changes are temporary, for example, a temporary change of staffing due to staff absence.

8 Child Protection

- 8.1 If a staff member has a concern about a colleague's intimate care practice, they must follow their academy's safeguarding procedures and report any concerns immediately to the DSL or the academy Headteacher.
- 8.2 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 or academy Headteacher.
- 8.3 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.
- 8.4 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 Trust DSL. Please refer to HR24 Allegations of Abuse Made Against Staff Policy.
- 8.5 If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, then the member of staff should follow their academy's safeguarding procedures and report any concerns immediately.
- 8.6 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. The member of staff must try to ascertain why they are distressed, if applicable, and provide reassurance. Staff should report the incident immediately using the academy's safeguarding procedures. The student's parents/carers must be informed immediately. Staff must report and record any unusual emotional or behavioural response by the student (any records must be kept in the student's child protection file).

- 8.7 Where appropriate, students will be taught personal safety skills carefully matched to their level of development and understanding.
- 8.8 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.
- 8.9 Staff 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:
- Wherever possible, involve the student in the intimate care arrangements so that they know what should be happening.
 - Try to encourage a student's independence as far as possible in their intimate care. Where a situation renders a student fully dependent, talk about what is going to be done and give choices where possible. Check 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
 - 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.
 - Staff should be aware of their own limitations and only carry out activities they understand and feel competent with. If in doubt, they must 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.
- 8.10 Staff are not permitted to take personal or academy devices, e.g. mobile phones, tablets, smart watches, laptops, into the area/room where intimate care is taking/will take place.

9 Working with Children of the Opposite Sex

- 9.1 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. If the student is unable to make their own choice then, wherever possible, staff should care for a student of the same gender.

- 9.2 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).

10 Communication with Students

- 10.1 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.
- 10.2 To ensure effective communication:
- make eye contact at the student's level;
 - use simple language and repeat if necessary;
 - always explain what you are doing, e.g. I am going to remove your shoes;
 - 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.

11 Physiotherapy

- 11.1 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.
- 11.2 Under no circumstances should academy staff devise and carry out their own exercises or physiotherapy programme.
- 11.3 Adults (other than the physiotherapist) carrying out physiotherapy exercises with students should be members of staff at the academy.
- 11.4 Any concerns about the regime should be reported to the physiotherapist, and the Academy's DSL.

12 Medical Procedures

- 12.1 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.

12.2 Students who are disabled might require assistance with invasive or non-invasive medical procedures, e.g. managing a catheter. These procedures will only be carried out by staff who have been trained to do so and only with the agreement of parents/carers (and the student where possible). Guidance may be provided by medical professionals where necessary.

12.3 Staff will adhere to appropriate infection control guidelines and will ensure that any medical items are disposed of correctly.

13 Massage

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

13.2 It is recommended that massage undertaken by academy staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both staff and students. Please refer to HR9 Positive Handling and Safe Touch Policy.

13.3 Massage is only to be carried out by trained staff in agreement with parents/carers (and the student where possible). Any use of massage must be outlined in the Personal Care Plan or the Individual Medical Care Plan.

14 Educational Visits

14.1 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.

14.2 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 Policy.

15 Policy change

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

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

Signed: Name: Date:

Chief Executive Officer

Signed: Name: Date:

Designated Member of Staff

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

Appendix A

Personal Care Plan

Date:

Review date:

Academy name:			
Name of student:		Tutor group:	
Details of assistance required:			
Facilities and equipment needed:			
Who will provide the required facilities and equipment:			
Where will the care take place:			
Care timetable:			

Named member(s) of staff:	
Back up member(s) of staff:	
Training needs: <i>(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 part of the care plan)</i>	

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 to: what care is given, who is 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 way with the care which is provided or I feel anything needs changing.

I agree to take control of my own care needs if I am able to and I will ask staff for support if it is needed.

Signed: _____ **Date:** _____

Print name: _____

Lead member of staff

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.

If any aspect of intimate care which has not been agreed to on this plan is delivered by a member of staff in an emergency then the Academy will contact parents/carers immediately.

If there are any safeguarding concerns raised during the delivery of this student's intimate care then they will be raised with the Academy's Designated Safeguarding Lead immediately.

Signed: _____ **Date:** _____

Print name: _____