

EQUITAS ACADEMIES TRUST



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— ACADEMIES TRUST —

Intimate Care Policy

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Policy Lead: SENDCo/DSL

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1. Statement of intent

- 1.1 Equitas Trust takes the health and wellbeing of its pupils very seriously. The schools aim to support pupils with physical disabilities and illnesses to enable them to have a full and rich academic life whilst at school.
- 1.2 Pupils may require assistance with intimate care as a result of their age or due to having special educational needs or a disability (SEND). In all instances, effective safeguarding procedures are of paramount importance.
- 1.3 The Trust recognises its duties and responsibilities in relation to the Equality Act 2010, which states that any pupil with an impairment affecting his/her ability to carry out normal day-to-day activities must not be discriminated against.
- 1.4 The school is committed to providing intimate care for children in ways that:
 - Maintain their dignity.
 - Are sensitive to their needs and preferences.
 - Maximise their safety and comfort.
 - Protect them against intrusion and abuse.
 - Respect the child's right to give or withdraw their consent.
 - Encourage the child to care for themselves as much as they can.
 - Protect the rights of all others involved.
- 1.5 Pupils will always be treated with care and respect when intimate care is given, and no pupil will be left feeling embarrassed.

2. Rationale

- 2.1 Pupils will always be encouraged to take charge of their own personal care, even if they are unable to physically do it for themselves. They will be encouraged to say if they are uncomfortable. Carers should never rush them or make them feel embarrassed about personal care situations. Some students will need encouragement to develop self-advocacy skills in these situations.
- 2.2 The Trust will act in accordance with Section 175 of the Education Act 2002 and 'Safeguarding Children in Education 2024' to safeguard and promote the welfare of pupils at this school.
- 2.3 The Trust and Headteachers will act in accordance with the supplementary DfE guidance: 'Safer Recruitment and Selection in Education Settings' (2022) and 'Dealing with Allegations of Abuse against Teachers and other Staff' (2005).
- 2.4 This schools take seriously their responsibility to safeguard and promote the welfare of the children and young people in their care. Meeting a pupil's intimate care needs is one aspect of safeguarding.
- 2.5 The Trust recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.
- 2.6 This intimate care policy should be read in conjunction with the following:
 - Equitas Academies Trust's Safeguarding and Child Protection Policy
 - Health and Safety Policy and Procedures
 - Supporting pupils with medical conditions and medical needs policy
 - Special Educational Needs & Disability Policy

- Staff Code of Conduct or guidance on safe working practice

Equitas Academies Trust is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

2.7 Equitas Academies Trust recognises that 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 are of paramount importance. No child should be attended to in a way that causes distress or pain.

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

3. Definition

3.1 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 children 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.

3.2 It also includes supervision of children involved in intimate self-care.

4. Best Practice

4.1 Staff who provide intimate care at Equitas Academies Trust are trained to do so including in child protection and health and safety training in moving and handling (which can be provided by the appropriate LA officers/advisers) and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

4.2 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

4.3 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 children, wherever possible.

4.4 There is careful communication with each child 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 child is of an appropriate age and has the appropriate level of understanding, permission should be sought before starting an intimate procedure.

4.5 All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for his/herself as possible.

4.6 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). The child will be assisted by two adults. 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.

4.7 Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Adults who assist children one-to-one should be employees of the Trust and be DBS checked at the appropriate level.

- 4.8 It is not always practical for two members of staff to assist with an intimate procedure and this also does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care.
- 4.9 Wherever possible, the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child 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.
- 4.10 Wherever possible, staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys in a primary school 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.
- 4.11 The religious views and cultural values of families should be considered, particularly as they might affect certain practices or determine the gender of the carer.
- 4.12 All staff should be aware of the Trust's confidentiality policy. Sensitive information will be shared only with those who need to know.
- 4.13 If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

5. Safeguarding and Child Protection

- 5.1 The trustees and staff at Equitas Academies Trust recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse.
- 5.2 The Trust's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.
- 5.3 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 child's body. It may be unrealistic to expect to eliminate these risks completely but, in our schools, best practice will be promoted and all adults will be encouraged to be vigilant at all times.
- 5.4 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc. he/she will immediately report concerns to the Headteacher or Designated Safeguarding Lead.
- 5.6 A clear written record of the concern will be completed 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 child at risk of harm.
- 5.7 If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher 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 child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.8 If a child makes an allegation against an adult working at the Trust, this will be investigated by the Headteacher (or by the Chair of the Trust if the concern relates to the Headteacher) in accordance with the agreed procedures.

5.9 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 Trust if the concern is about the Headteacher.

6. Physiotherapy

6.1 Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the Physio or care plan that a member of the Trust's 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.

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

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

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

7. Medical Procedures

7.1 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 EHCP or care plan and will only be carried out by staff who have been trained to do so.

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

8. Massage

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

8.2 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 children.

9. Record Keeping

9.1 It is good practice for a written record to be kept in an agreed format every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

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

9.3 Where a child does not have an intimate care plan or One Page Profile, the incident will be recorded on the record sheet and kept on file.

Pupil Intimate Care Plan

Student:	XXXXX	Class Teacher:	XXXXXXXXX	DOB:	XXXX
What Intimate Care needs are required across the day – be specific and name time of the day where known and medical matters that need consideration					
<p>Changing of nappy/incontinence pad. HOISTED Changing clothes when soiled/wet. Administering barrier cream when needed. Changed when needed throughout the school day.</p>					
Which members of staff will deliver personal Care to this student?			What specific resources, space, and equipment are needed?		
Class staff - Personal Care Assistants – Lunchtime Supervisors –			Pads and cream Changing bed PPE Cleaning equipment		
Infection Control and Disposal Procedures in Place:					
<p>Staff to wear PPE before assisting pupil. Place blue roll on the bed prior to using, if needed. Spray and wipe changing bed. Soiled materials to be disposed of into the grey and yellow hazard waste bins. Contaminated clothing to be bagged up and placed into child's bag.</p>					
Actions that will be taken if any concerns arise:					
<p>Concerns if nappy area sore then parents/carers will be contacted to supply cream. Concerns about equipment or room will be raised with SLT. Concerns about cleaning or PPE will be raised with Site Manager. Concerns about staffing will be raised with SLT (If staff are unable to resolve) Any safeguarding concerns will be uploaded onto CPOM's and DSL informed, according to Brays Policy.</p>					
What items do we need parents to provide			What advice has been taken from professionals – who and what		
Spare Clothing Incontinence pads / nappies Wet wipes Cream (if requested)			No advice necessary at this time		
Are there elements of the Plan that need communicating forward throughout the day?					
Who is communicated with?	What are we specifically communicating?		Who communicates this, and how it that recorded as done?		
Class Staff	When and who is assisting with personal care.		Changes chart to be updated on completion.		
Personal Care Assistants	When and who is assisting with personal care.		Changes chart to be updated on completion.		
Lunchtime Supervisors	When and who is assisting with personal care.		Changes chart to be updated on completion.		

Parent/Carer	Staff delivering Care	Class Teacher	Where a change is required to this document, it is the duty of the Class Teacher/SENDSCO to oversee that process in full

