

# Conyers School

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## INTIMATE CARE POLICY

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Date: February 2018

Origin: C L Pack  
SENCo

### Introduction:

- 1.1 Staff working with young people who have special needs will realise that the issue of Intimate Care is a difficult one and will require staff to be respectful of student's needs.
- 1.2 Intimate Care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.
- 1.3 Student's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide Intimate Care to students have a high awareness of student protection issues. Staff behaviour is open to scrutiny and staff will work in partnership with parents/carers to provide continuity of care to students wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all students as appropriate to their developmental level and degree of understanding.
- 1.5 Conyers School 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. The school recognises that there is a need to treat all students with respect when Intimate Care is given. No student should be attended to in a way that causes distress or pain.

### Policy:

#### **2 Our Approach to Best Practice**

- 2.1 All students who require Intimate Care are treated respectfully at all times; the student's welfare and dignity is of paramount importance.
- 2.2 Staff who provide Intimate Care are trained to do so (including Child Protection (Safeguarding) and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with students who need special arrangements following assessment from physiotherapist or occupational therapist as required.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual student taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the Intimate Care of students will not usually be involved with the delivery of sex and relationship education to their students as an additional safeguard to both staff and students involved.
- 2.4 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 the student's needs and preferences. The student is aware of each procedure that is carried out and the reasons for it.

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- 2.5 As a basic principle 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 themselves as they can. This may mean, for example, giving the student responsibility for washing themselves. Individual Intimate Care Plans will be drawn up as appropriate to suit the circumstances of the particular student. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the student and the carer and health.
- 2.6 Each 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. Where possible one student will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
- 2.7 Parents/carers will be involved with their student's Intimate Care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the student's Care Plan. The needs and wishes of student and parents will be carefully considered alongside any possible constraints; eg staffing and equal opportunities legislation.
- 2.8 Each student will have a designated member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.
- 2.9 Consideration will be given to a student's religious beliefs.

### 3 The Protection of Students

- 3.1 Child Protection procedures will be accessible to staff and adhered to.
- 3.2 Where appropriate, all students will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 If a member of staff has any concerns about physical changes in a student's presentation, eg marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for student protection. A clear record of the concern will be completed and referred to social care and/or the Child Abuse Investigation Unit (Police) if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the student at greater risk of harm.
- 3.4 If a student becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into 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.
- 3.5 If a student makes an allegation against a member of staff, all necessary procedures will be followed.

How it will be monitored: Review of care plans Individual student files	By Whom: SENCO Director of Care, Support & Guidance Local Governing Body's Care, Support & Guidance Committee
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Review Date: Annually, June	Review Assigned to: SENCO (C L Pack)
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## Appendix 1:

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### Supporting your child/young person with Intimate Care.

**What additional information would help us meet your child's individual needs.**

**For example:**

- what are the physical needs of the child/young person
- what are the emotional needs of the child/young person
- what are the preferred strategies for the child/young person?

#### **School**

Child's Name and DOB:

Arrangements to be made	In place Yes/ No	Notes

**Date:**

**Signed by parent:**

**Name:**

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## Appendix 2:

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Children and Young People

Big plans for the young people of our Borough

Policy and Practice Guidance to foster safer working practices for Intimate/personal Care and Dignity for the child or young person requiring adult support.

It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

(Taken from A Summary of the rights under the Convention on the Rights of the Child)

### **Purpose of the guidance**

This guidance refers to all children, of any age, who may require support for intimate/personal care from an adult on a daily basis and those who may require it occasionally or exceptionally.

As with all developmental milestones, there is a wide variation in the time at which children and young people develop and intimate/personal care may need to be provided at any stage.

Staff who work with children and young people or those with special needs will realise that the issue of intimate/personal care is a difficult one and will require staff to be respectful of children's needs. Intimate/personal care can be defined as care tasks of an intimate/personal nature, children and young people's dignity would need to be preserved and a high level of privacy, choice and control would need to be provided to them.

Schools/settings are committed to ensuring that all staff responsible for the intimate/personal care of children will undertake their duties in a professional manner at all times at the appropriate developmental level and degree of understanding. No child should be attended to in a way that causes distress or pain. This guidance is to help ensure good practice in this area.

### **Legislation**

This policy and practice will support staff to overcome any challenges and be confident they are meeting the requirements of the Early Years Foundation Stage, Special Educational Needs and Disability Act (2001), the Disability Discrimination Act (1995), Equality Act (2010) and related legislation. Please reference and add link to medication policy for schools. Children and Families Act 2014  
[http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted Education Health Care Plans 37 - 50.](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted%20Education%20Health%20Care%20Plans)

The Equality Act (2010) states that the responsible body of a school must not discriminate against a person:

- (a) In the arrangements it makes for deciding who is offered admission as a pupil.
- (b) As to the terms on which it offers to admit the person as a pupil.
- (c) By not admitting the person as a pupil.

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It is not acceptable to ask parents to come to change their child if a child has a recognised disability as this is a direct contravention of the Act. Also leaving any child soiled for any length of time is considered a safeguarding issue since it places the child at risk of significant harm.

## **Facilities**

Current Department of Education recommendations for purpose built foundation stage units include an area for changing and showering children to meet and support the development needs of young children.

If a school does not fall within this category, a suitable place for changing children, including providing the necessary resources should be provided. The Department of Health recommends an extended cubicle with a wash basin be provided within the class toileting area. It recommended that:

1. Where possible children or young people are changed standing up
2. Less mobile children or young people, or children in the foundation stage, may prefer to be changed on a suitable changing mat on the floor whilst still ensuring the dignity of the child.
3. Dispose of nappies observing the appropriate procedures.

## **Safeguarding and Welfare Requirements**

All staff working in schools and settings with this responsibility of carrying out intimate/personal care procedures must have been recruited and selected robustly with appropriate levels of vetting checks necessary for their role. (Regulated activity DBS). There is no legal requirement that a second member of staff must be available to supervise the intimate care process.

Guidance for Safer Working Practice Oct 2015. pdf point 15 Intimate/Personal Care

Best Practice guidance would be 'staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken'.

Management of Intimate/Personal Care Support in your School/Setting

## **Staffing**

Teaching Assistants have been given working conditions at level 2 which means that there is some exposure to disagreeable, unpleasant environmental working conditions i.e. toileting as an inherent part of the job role.

Under normal circumstances, it would be expected that this job be carried out by TAs and not by teachers – although in extreme urgent cases no adult looking after a child should refuse to change them.

Agreeing a Procedure for Support in your School/Setting

Specific issues around toileting should be discussed at a private meeting with the parent/carer prior to admission into school. The meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor, School Nurse or Children's Centre Staff.

A home/school intimate/personal care support policy should be in place which makes clear the partnership with parents when children are coming to your school. Such an agreement helps to avoid misunderstandings and also helps parents/carers feel confident that the school will meet their children's needs. See Practice guidance for example.

Where appropriate, parents and school staff will also need to agree a personal intimate care plan and training programme. Should a child with complex intimate care needs be admitted, the child's medical practitioners will need to be closely involved and a separate more specialised individual intimate care plan may be required.

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Students, work experience students, parents and volunteers should never be involved in intimate/personal care issues. (Please ensure this is cross referenced with Safeguarding Policy or schools' own Student and Volunteer guidance/ working practices.)

It is good practice if all parties clearly understand at the outset, what physical contact is necessary and appropriate in undertaking specific activities. Keeping parents/carers and pupils informed of the extent and nature of any physical contact may also prevent allegations of misconduct or abuse arising. (Reference Safeguarding/Whistle Blowing Policies).

## **Partnership Working**

Best practice guidance includes school making reasonable adjustments to meet the child or young person's personal needs.

Schools are expected to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children or young people with any other delayed development e.g language. Children and young people should not be excluded from normal school activities because there may be intimate/personal care issues.

Good practice should be for schools to engage with all families, and staff should take care both verbally and in terms of their body language to ensure that the child or parents are never made to feel as if their individual needs cannot be met.

If there are a significant number of young children arriving at school who have not yet developed their intimate/personal care skills, staff are advised to contact the Health Visiting Team or Children's Centre in their area to discuss their concerns. Staff at Children's Centres are able to organise a course for parents relating to the intimate care concerns.

If children are entering primary or secondary school with intimate/personal care needs which have not be addressed staff are advised to contact the specialist community nursing service

This means that school/settings should:

- Have written care plans in place for any pupil who could be expected to require intimate care
- Ensure that pupils are actively consulted about their own care plan

This means that staff should:

- Adhere to their organisation's intimate and personal care and nappy changing policies
- Make other staff aware of the task being undertaken
- Always explain to the pupil what is happening before a care procedure begins
- Consult with colleagues where any variation from agreed procedure/care plan is necessary
- Record the justification for any variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers
- Avoid any visually intrusive behaviour
- Where there are changing rooms announce their intention of entering
- Always consider the supervision needs of the pupils and only remain in the room where their needs require this.

This means that adults should not:

- Change or toilet in the presence or sight of pupils
- Shower with pupils
- Assist with intimate or personal care tasks which the pupil is able to undertake independently.

Date reviewed November 2017.