



Intimate Care Policy

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Ethos and Rationale

Children's dignity will be preserved, their safety and comfort will be maximised and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children all have a high awareness safeguarding children and young people. Staff behaviour is open to scrutiny and all staff at Stephen Hawking School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible. 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.

Aims & Objectives

- To provide clear guidance and reassurance to all staff
- To safeguard the dignity, rights and well-being of all children and young people attending Stephen Hawking School
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account
- For children to develop independence and self-help skills

Definition of Intimate Care

Stephen Hawking School adopts the following statement to define intimate care:

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. It also includes supervision of children involved in intimate self-care. Intimate care is any care which involves one of the following:

- assisting a child to change his/her clothes
- changing or washing a child who has soiled him/herself
- assisting with toileting issues
- supervising a child involved in intimate self-care
- providing first aid assistance
- providing comfort to an upset or distressed child
- feeding a child
- providing oral care to a child
- assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. *

* In the case of a specific procedure, only a person suitably trained and assessed as competent should undertake the procedure. Parents have the responsibility to advise the school of any known intimate care needs relating to their child. There are some procedures that demand only a qualified nurse to undertake

The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

This guidance is based on good practice and practical experience of those working with children and young people requiring intimate care.

This policy must be read in conjunction with other policies the school holds;

- Safeguarding Policy
- Whistle-blowing Policy
- Special Educational Needs Policy
- Manual Handling Policy
- Health & Safety Policy
- Medical Policy
- PSHRE Policy
- Staff Code of Conduct, including adherence to confidentiality
- Pupil Voice Policy

In addition, due regard must be paid to;

- children's Individual risk assessments
- children's IEPs and any behaviour programs
- any individual risk assessment in place to support any members of staff

NB: all risk assessments are reviewed at least termly by Heads of School and must be signed off at the beginning of each term.

Implementation

The following are the fundamental principles upon which the school practice is 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.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has 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 as consistent as possible.

Training

All members of staff attend mandatory training in relation to the following;

- safeguarding
- infection control and hygiene
- manual handling
- medical procedures relevant to individual children, e.g. gastrostomy feeding

Agreed practices

The following scientific vocabulary for intimate parts of the body will be used when supporting and assisting a child with intimate care, 'penis' a boy/male and 'vagina and breasts' a girl/female.

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

There must be careful communication with each pupil 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 pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.

Staff who provide intimate care must speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their age and stage of development. Always use the appropriate vocabulary for body parts including penis, when communicating with a boy and vagina and breasts when communicating with a girl.

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

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

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

No member of staff will carry a mobile phone, iPad, camera or similar device whilst providing intimate care.

1:1 care/support

Most children attending Stephen Hawking School are likely to require 1:1 assistance or supervision in relation to their intimate care. All staff must undertake a dynamic risk assessment prior to leaving the classroom with a child to provide this care, for example in the bathroom;

- ✓ Will all other children and staff be safe if I leave the room with this child? An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.
- ✓ Is it safe for me to complete the task without assistance from a colleague?
- ✓ Do I have all the relevant equipment available to ensure I can complete the task/procedure?

2 people are required or requested

Some children will require two adults to undertake intimate care safely, for example to hoist a child or if a child requires nursing support. The details of this higher level of care and support will be reflected in the child's individual risk assessment.

Maximising a child's independence and autonomy

A few children require less support and staff would be adopting a supervisory role. The strategies for this are outlined in the relevant IEP for that child, for example their IEP relating to Independence within the areas of either Social Emotional and Mental Health or Physical and Sensory Development

Working with parents

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities.

Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with the writing of Individual Education Plans (IEPs), Health Care plans and any other plans that identify the support of intimate care.

Exchanging information with parents is essential through personal contact, telephone or correspondence. However, information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information that could be accessed by people other than the parent and staff member.

Working with other professionals

Children who require the support of a toilet training programme will have input from the Occupational Therapist and the Speech and Language Therapist to set this up, support the class team and parents to implement the programme and to review the child's progress. Such plans must be drawn up with the consent and collaboration with parents.

All children who require manual handling support in order to have their intimate care needs met, will have an individual manual handling plan drawn up by the class teacher and quality assured and supported by the school's moving and handling advisor.

Writing an Intimate Care Plan

Children's individual intimate care needs are reflected within the following documents;

- **Mealtime Plans** (drawn up by the Speech and Language Therapist and reviewed in accordance to the advice of the therapist)
- **Individual Risk Assessments** (reviewed at least termly and signed off by Heads of School at the beginning of each term)
- **Moving and Handling Plans** (reviewed at least termly and signed off by the Moving and Handling Team)
- **Health Care Plans** (drawn up by the school nurse and reviewed in accordance with the School's Medical Policy)
- **Lesson plans** (for example that detail activities such as massage, swimming, or personal hygiene such as tooth or hair brushing)
- **Individual Education Plans** (reviewed by class teachers termly and progress shared with parents. These are also reviewed during the Annual Review meeting with parents and other professionals)

