

Intimate Care Statement of Practice



Our Christian Mission is:

“I am able to do all things through Christ who strengthens me”

Philippians 4:13

Our Christian Values are: Wisdom,
Hope, Community and Dignity

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Introduction

The Nottingham Emmanuel School 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. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

This statement of practice is linked to our core value 'Dignity' and the bible scripture below:

In everything. Make yourself an example of good works with integrity and dignity (Titus 2:7)

This verse reminds us that we are called to respect each other and live our lives in a way that serves and supports others. At Nottingham Emmanuel School we want to ensure that children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning a student after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes, as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure. The issue of intimate care is a sensitive one and requires staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There will always be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible. This policy is a model based on best practice.

Related Policies, Statements of Practice and Procedures

- Safeguarding Statement of Practice
- SEND Annual Report

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/ occupational therapist.

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 or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

The child 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 him/ herself as they are able.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child and may link into their existing Health Care Plans.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, if no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Child Protection Procedures and Multi-Agency Protection procedures will be adhered to.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding and child protection.

If a child 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 the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. Staff must be aware that even well-intentioned contact might be misconstrued by the child or an observer. Staff must always be prepared to justify actions and accept that all physical contact is open to scrutiny.

The expectation is that when staff make physical contact with students it will be:

- For the least amount of time necessary (limited touch)
- Appropriate, given their age, stage of development and background
- In response to the student's needs at the time

Arrangements must be understood and agreed by all concerned, justified in terms of the child's needs and consistently applied and open to scrutiny. Where possible, consultation with colleagues should take place where any deviation from arrangements is anticipated. Any deviation from the agreed plan must be documented and reported. Extra caution may be needed where a child has previously suffered abuse or neglect. This may lead to staff being vulnerable to allegations of abuse. Many such children are needy and seek out inappropriate physical contact. In such circumstances staff should deter the child, seek witnesses and document and report the incident.

Statement of Practice

At The Nottingham Emmanuel School every child who requires intimate care will have an intimate care plan. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

This Statement of Practice follows the guidance provided in:

Health and Safety and Work Act 1974

Disability Discrimination Act 2005

Code of Practice for Schools (DD Act 1995 as amended by the Special Needs and Disability Act 2001)

Equality Act (2010)

Department of Health (2001) Good Practice in Continence Services

Guidance for Safer Working Practices for Adults who work with Children and Young People (commissioned by the DfES) 2007

Moving and Handling

Some students are ambulant and able to transfer themselves onto a changing plinth but some will require assistance from support staff. Various equipment, for example hoists, transfer slides or grab bars may be used under the direction of the adult/s. Staff involved with 'Moving and Handling' procedures should receive generic training and have their skills updated at least every two years.

- Student specific information should be obtained from the professionals involved with the student e.g. physiotherapist, occupational therapist.
- Detailed information on the moving and handling procedures should be recorded and regularly reviewed.
- The setting/school should identify the alternative staffing arrangements if the regular named member of staff is absent.

Staffing Issues

Staff carrying out care procedures will require advice, guidance and support and management to reflect the sensitivity required by the appropriate professional e.g. paediatrician, specialist nurse, physiotherapist etc. Staff should not attempt to carry out a procedure for which they have not been trained and/or advised. It is the responsibility of the school to ensure a sufficient number of staff have been trained to cover the daily procedures and for unexpected staff absences. At Nottingham Emmanuel School we recommend that two adults to be present for safeguarding procedures, in order to minimise the potential for allegations of abuse etc.

Staff should:

- Have enhanced DBS clearance
- Have training in child protection and health and safety
- Undergo 'Moving and Handling' training, if appropriate
- Have knowledge of the student's condition to help enhance understanding of the student's needs
- Report any difficulties to the SENDCo

Staff must:

- Be willing to carry out the intimate care procedure
- Receive formal training in intimate care procedures (if appropriate)
- Every student should be treated with dignity
- The student's right to privacy should be ensured, taking into consideration their age and the situation.
- The student should be involved, wherever possible, in agreeing their own intimate care routines; staff should explain what they are doing and ask for the students' compliance.
- Staff should be responsive to a student's reactions. If they appear to be distressed or uncomfortable, stop and another approach should be tried.
- Staff should ensure approaches in intimate care are as consistent as possible.
- Staff should never attempt to carry out a procedure for which you have not been trained. It is the schools responsibility to ensure that sufficient staff have been trained to cover for unexpected staff absences.
- Concerns regarding staff ability or regarding student's reactions to staff's work must be reported
- Students should be encouraged to have a positive image of their own body – staff should never show distaste at any of the intimate care procedures that have to be carried out for the student.

Intimate Care Plan (see appendix i)

It is important that students are encouraged and supported in order to achieve the greatest degree of independence that is possible. An Intimate Care Plan should be written and reviewed at least annually, taking into account the student's physical condition and any changes in their physical approaches or medication.

The Intimate Care plan should contain the following:

- Name of the child and date of birth
- Which members of staff will be involved
- Who will provide the resources
- Agreed Procedure (co-produced by parents, student, professionals and setting)
- Student's involvement
- Safeguarding information
- Other medical conditions
- Signature of the parent/carer/guardian
- Signature/s of staff involved with the procedure/s
- Date reviewed

An Intimate Care Log (see appendix ii) should be completed after each episode of intimate care and kept on file for safeguarding and medical purposes.

Intimate Care Facilities

At Nottingham Emmanuel School we have a Medical room with an accessible Closimat (cleans and dries the student) toilet with a skyline hoist and medical bed. This is not for the sole use of one student and equipment should be cleaned after use and waste disposed of appropriately. There is a treatment room located in learning support. This room is to be used for physio exercises and other procedures recommended by professionals for specific students. Staff need to ensure that the sign is changed to show that the room is occupied when a student enters the room. Other staff or visitors should not enter the medical room nor the treatment room when the room is in use.

The school will ensure that sufficient disposable resources are available to hand, for example:

- Disposable aprons
- Latex powder free gloves
- Bedding roll
- Wipes for the changing mat/bed

Parents/carers may provide:

- Nappies/changing pads
- Body wipes
- Sanitary towels

It is recommended that:

- Waste is placed in double black bin liners or in a bag supplied by a disposal company
- Surfaces are wiped down thoroughly between each procedure.
- Hands are washed thoroughly
- Equipment is left in a clean condition.

Appendix i: Intimate Care Plan

Intimate Care Plan

Child's Name:	DOB:
Name of School:	

Completed by: _____ (member of staff)

Date of Plan: _____ Date to review Plan: _____

Who will change the child?
How will be the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor
Copies of procedure for changing given to parent where available
Who will provide the resources? e.g. wipes, nappies, disposable gloves

How will the changing occasions be recorded and how this will be communicated to child's parent/ carer

Consider using the Record of Intimate Care Intervention Table

How will wet/ soiled clothes be dealt with?

What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed

Consider referring to the schools child protection policy and procedures

Agree a minimum number of changes

How will the child be encouraged to participate in the procedure?

Any other comments/ important information:

e.g. medical information

This plan has been discussed with me and I agree to change my child at the last possible moment before he/ she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

