

Personal & Intimate Care Policy



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1. Introduction

The governing body of St. Paul's Academy takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a student's personal and intimate care needs is one aspect of safeguarding. The Governing Body recognises its duties and responsibilities in relation to the Equality Act 2010 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.

The governing body will act in accordance with the SEND Code of Practice: 0 to 25 years which came into force on the 1 September 2014 and was updated in April 2015. The code covers the 0-25 age and sets out the statutory guidance on duties, policies and procedures for all organisations including health, education and social care, who work with and support children and young people with SEND. It relates to **Part 3 of the Children and Families Act 2014**.

The Governing Body recognises that an increasing number of children and young people with disabilities and medical needs are attending St. Paul's Academy and that a significant number of students require assistance with personal and intimate care tasks, especially toileting. Other students may also experience difficulties with toileting at different stages for a variety of reasons. All students have the right to be safe, to be treated with courtesy, dignity, and respect, and to be able to access all aspects of the education curriculum.

This Personal and Intimate care policy should be read in conjunction with the school's

- Safeguarding policy
- Medical Policy
- Moving and Handling Policy
- Inclusion & Special Educational Needs Policy
- Health and Safety policies and procedures
- Accessibility Plan

The Equality Act 2010

The Equality Act 2010 brings together disability discrimination law with other equalities legislation. In October 2010 most of the duties in the Disability Discrimination Act (DDA) were replaced by the Equality Act 2010. It sets out the different ways in which it's unlawful to treat someone with a disability or a delay in development

Schools should not operate a blanket standard of continence, or any other aspect of development, as this is discriminatory, and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings are expected to make reasonable adjustments or use their best endeavours to meet the needs of each child or young person.

St. Paul's Academy 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.

St. Paul's Academy recognises that there is a need to treat all students, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The student's welfare and dignity are of paramount importance. No student should be attended to in a way that causes distress or pain.

Staff from St. Paul's Academy will work in close partnership with parents/carers to share information and provide continuity of care.

2. Definition of Intimate Care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis. DfE Guidance on The Administration of Medicines is in place to support staff and students nursing tasks are required. Teaching and support staff should be under no obligation to provide nursing care, and the same applies to intimate care. (See also Section 8 – Medical Procedures)

Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces)
- Changing continence pads (urine)
- Bathing/ showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

3. Definition of personal care

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care

- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Students may require help with eating, drinking, washing, dressing and toileting.

4. Basic principles

Students' personal and intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life. Intimate care can also take substantial amounts of time but should be an enjoyable experience for the student. It is essential that every student is treated as an individual and that care is given as gently and as sensitively as possible. The student should be encouraged to express choice and to have a positive image of his/her body.

Special Educational Needs and Disabilities

Students with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual care plans for each child.

5. St. Paul's Academy – best practice

- All students who require intimate care are treated respectfully at all times; the student's welfare and dignity is of paramount importance.
- Staff who provide personal and intimate care are trained to do so (including Safeguarding, individual needs and safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.
- Staff will be supported to adapt their practice in relation to the needs of individual students, 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.
- There is careful communication with each student who needs help with intimate care in line with their preferred means of communication (verbal, PECS, 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.

- 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.
- 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.
- Wherever possible, the same student will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the student 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.
- Parents/carers will be involved with their child's intimate care arrangements on a regular basis; the needs and wishes of students and parents will be carefully considered alongside any possible constraints; e.g staffing and equal opportunities legislation.
- Each student will have an assigned senior member of staff, usually the Head of Additional Needs, 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.
- Students who require regular assistance with intimate care have written care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans may include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Any historical concerns (such as past abuse) should be noted and taken into account.
(NB More information regarding care plans and risk assessments for children with complex medical needs can be found in 'Including Me: Managing Complex Health Needs in Schools and Early Settings' by Jeanne Carlin, published by the Council for Disabled Children and DfES, 2005)
- Where a care plan or is not in place, 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). 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.
- Every student'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 school and DBS checked at the appropriate level.

- It is not always practical for two members of staff to assist with an intimate procedure and also this 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.
- 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, where female staff are supporting boys 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.
- The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.
- If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

6. Protecting Students

- The Governors and staff at St. Paul's Academy recognise that students with special educational needs and disabilities are particularly vulnerable to all types of abuse. The school's Safeguarding policy and interagency safeguarding procedures will be accessible to staff and adhered to.
- From a Safeguarding perspective it is acknowledged that intimate care involves risks for students 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 this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.
- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a student's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Principal or designated senior staff for safeguarding (Kim Nicholas / Mary Wheeler / Graham Sidwell). A clear written record of the concern will be

completed and a referral made to Children's Services 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.

- If a student becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the designated senior person or the Principal. The matter will be investigated at an appropriate level (usually the Principal) 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.
- If a student makes an allegation against an adult working at the school, this will be investigated by the Principal (or by the Chair of Governors if the concern is about the Principal) in accordance with the agreed procedures.
- Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Principal or designated senior person, or to the Chair of Governors if the concern is about the principal.

7. Physiotherapy

- Students who require physiotherapy whilst at school ideally should have this carried out by a trained physiotherapist. If it is agreed by the SENCo and in a student's individual provision map that member of the school 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.
- Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- Adults (other than the physiotherapist) carrying out physiotherapy exercises with students should be employees of the school.
- Any concerns about the regime or any failure in equipment should be reported to the Head of Additional Needs who can pass on the concerns to the physiotherapist.

8. Medical Procedures

- Students with disabilities might require assistance with invasive or noninvasive 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 Individual Provision Map or care plan and will only be carried out by staff who have been trained to do so.

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

9. Record Keeping

- It is good practice for a written record to be kept in an agreed format (such as SEND Intervention Log) every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the student's behaviour. It should be clear who was present.
- These records will be kept in the child's file and available to parents / carers on request

10. Review

This policy should be reviewed annually.

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