

# **Northampton International Academy**

## **Intimate Care Policy**

**2022 - 2023**

**'Every child deserves to be the best they can be'**

<b>Scope: East Midlands Academy Trust &amp; Academies within the Trust</b>	
<b>Version: V1</b>	<b>Filename:</b> NIA Intimate Care Policy
<b>Approval: July 2022</b>	<b>Next Review: July 2023</b> This Policy will be reviewed by the Trust Board annually
<b>Owner:</b>	<b>Union Status:</b> Not Applicable

<b>Policy type:</b>	

#### Revision History

Revision Date	Revisor	Description of Revision
July 2022 – v1	F.Ager	New NIA Intimate Care Policy

## Intimate Care Policy for Northampton International Academy

*“Intimate care is care which involves contact with parts of the body that we usually consider to be private.”*

*Barnado’s Carers’ Handbook.*

Northampton International Academy (NIA) 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 the need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain. The child’s welfare and dignity is of paramount importance. Every child’s right to privacy will be respected.

This policy should be read alongside the publication “Guidance on the provision of intimate care to children and young people at school” from the Education Authority

### **Rationale**

The purpose of these procedures is to set out guidelines that safeguard children and staff by providing a consistent approach. Staff providing personal care must be aware of the need to adhere to good Child Protection practice in order to minimise the risks for both children and staff. As an although school we recognise that the needs of our pupils will change throughout the school but their rights will remain the same.

### **Aims**

The aims of the policy and procedures are:

- To safeguard the dignity, rights and well-being of children.
- To ensure that children are treated consistently and with sensitivity and respect, when they experience personal care.
- To provide guidance and reassurance to staff
- To ensure that parents are involved in planning the intimate care of their child and are confident that their concerns and the individual needs of their child are taken into account
- To reassure parents that staff are knowledgeable about intimate care.

### **Legislation and statutory guidance**

This policy complies with [statutory safeguarding guidance](#)

## **Principles**

As a school we have a duty of care to all children and this includes attending appropriately to their personal needs. At NIA we believe that children are entitled to have their personal needs met by people they know and trust. During the course of a session, should a child require personal care, a member of staff (their Key Person or a familiar member of the team) will attend discretely and sensitively to their needs in a quiet, designated area.

NIA 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 the need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain. The child's welfare and dignity is of paramount importance. Every child's right to privacy will be respected. The way our staff discharge their duty will be appropriate to the need and age of the child.

The school is committed to ensuring that all staff undertake their responsibilities in such a way that the rights, dignity and welfare of the children is protected. The school is committed to ensuring that staff undertaking these responsibilities are supported by policy, training and monitoring. All school staff receive child protection training, undertake to help children do as much as possible for themselves and develop each child's ability to achieve independence. Staff receive appropriate specialised training and are provided with facilities and equipment to ensure safety, privacy and dignity. An intimate care plan is drawn up for each child requiring such assistance, and is carefully planned and agreed in consultation with parents and child. Provision is monitored and regularly reviewed to ensure that policy and procedure is adhered to, and that children and staff remain comfortable with the school's arrangements.

## **Children with special educational needs and disabilities**

The school recognises that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. and that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- Safeguarding disabled children's welfare is everybody's responsibility, and given that we know that disabled children are more vulnerable to abuse than non-disabled children, awareness amongst professionals about safeguarding disabled children and what constitutes best practice, is essential. Section 4 details the reasons why disabled children are more vulnerable to abuse and these are summarised below:
- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non disabled children
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour

To address these additional challenges we will provide children who require intimate care with additional pastoral support in the form of a key worker and regular reviews of care plan.

### **Definition**

Intimate care is any assistance that involves touching a child in areas considered private while carrying out a procedure that most children are able to do for themselves but some are unable to manage without help. This may involve help with eating, drinking, dressing, and matters of personal hygiene such as washing and toileting. In some instances more specialised intimate assistance may be needed for children with physical or medical difficulties

### **Agreement**

1. In order to ensure that the intimate care is provided with dignity and respect, NIA will plan carefully liaising with the pupil and family.
2. When drawing up the Intimate Care Plan, the views of the pupil, parents/carers and staff will be taken into account by NIA
3. Staff carrying out the Intimate Care Plan procedure should have the role specified by the DSL of NIA and will agree to adhere to the guidance set to protect themselves and the child.
4. Staff working with pupils requiring intimate care procedures will have enhanced DBS disclosures, access to annual training in Child Protection procedures and receive specific training in intimate care procedures by approved trainers.. For example, catheter removal or moving and handling training.
5. In order to ensure the best possible care for pupils who need personal or invasive procedures, identified NIA staff will work with parents/carers and other professionals to ensure they are appropriately trained and confident.
6. Appropriate equipment necessary for Intimate Care procedure will be identified and resourced by the relevant health agencies and/or NIA
7. It is expected that sufficient personal articles e.g. nappies/pads will be provided by the parents/carers.
8. The Intimate Care Plan should be reviewed regularly depending upon the development of the pupil or if there have been any changes in therapeutic or medical needs. It will be reviewed at least annually.
9. Consideration will be given to the pupils' intimate care needs when planning a school trip or residential. The school will identify the pupils' needs and requirement and the facilities available. It will also consider what equipment/resources will need to be transferred or transported.

10. The care given will be recorded in the forms included in Appendix 1 and 2.
11. risk assessments will be in place to ensure equality of access to all subject lessons, especially practical subjects, physical education and changing facilities where appropriate

### **Rights outlined within the policy**

It is really important that everyone has an agreed understanding of the rights as well as the responsibilities of those involved in the giving and receiving of intimate care. Our principles for this have been outlined below.

#### The child

The child has the right to assistance that respects his/her dignity, and to feel safe when being moved or handled.

The child has the right to feel comfortable with the adult's assisting him/her, and to make it known if this level of comfort is disturbed.

The child should be encouraged to engage in the care procedure, to know what is happening, and give permission at each stage.

The child should be encouraged to work towards independence, and helped to do so as much as possible for him/herself.

#### Parents

Parents have the right to information regarding school policy and procedures designed to meet the needs of their child. The school should work closely with parents to ensure that all aspects of the care procedure are shared and understood.

Parents have a responsibility to ensure that all relevant information is provided to help the school assist their child in an appropriate way. Parents should meet the adult/s who will provide intimate care to the child and be informed of the school's arrangements in the event of this person/s being absent. It is critical that this is included in the medical needs plan for each child.

If a child requires routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the school is unable to get in touch with parents and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

### Confidentiality

Information regarding agreed procedures must be treated confidentially and recorded/held only in the child's school file. This will be done ensuring compliance with GDPR legislation.

Information should not be disclosed or discussed with any adults other than those with responsibility for the child's personal care, and should not be referred to in the presence of other children.

Care should be provided at agreed times, at the child's request or in response to an agreed signal.

Staff should make themselves familiar with the child's manner of communication, whether verbal, sign or eye contact.

Appropriate terminology for parts of the body and bodily function should be used clarified between the child, parents, and his/her assistant/s.

### **Writing an intimate care plan**

At Northampton International Academy we will ensure that any child needing to receive intimate care has a plan agreed and understood by all stakeholders. The plan should have the child's safety, privacy, and dignity as paramount.

An intimate Care plan will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly.

The plan will be written using the following guidance. Each plan will be bespoke and written for every individual case.

The plan should include:

- Clear information regarding the assistance to be provided;
  - The method of communication to be used by the child;
  - The named person/s with responsibility to assist the child including arrangements for cover for absence;
  - The timetable, if possible, when assistance will be provided;
  - Arrangements in the absence of the named assistant/s;
  - Arrangements for practical lessons, school events and activities linked to the risk assessment;
  - The means by which the arrangement will be monitored;
  - Strategies to prevent or deal with questions/comments from other pupils;
- The maintenance of a record of assistance.

While it is recommended to have two members of staff assisting the child, this level of resourcing may not be available, and while the introduction of a second assistant may be perceived as providing protection against allegations of abuse, it can also further erode the child's privacy.

If the plan has been agreed and signed by parents, staff, and child if appropriate, it is acceptable to have one assistant unless there are implications regarding safe handling.

Two persons are required to assist if a hoist is being used. In this case the second person should be identified and made known to the child and parents.

Alternative arrangements must be in place in the absence of one or both of the named staff. However, the school should be aware that the introduction of other staff to the care context without prior arrangement can increase the vulnerability of the child and adults.

The plan should specify the assistance to be provided as clearly as possible e.g. undressing/cleaning the child, changing a nappy, holding child in position, etc.

The assistant/s should talk to the child throughout the procedure e.g. "I am going to help you undress", "I am using a wipe to clean your bottom".

The assistance should be rehearsed in the bathroom with the parent/s present to ensure clarity. Following this there should be no change to what has been agreed.

Teachers should be made aware of the care timetable, particularly if the child needs to be absent from class, and should be aware of the approximate time the procedure should take.

The assistant/s should ensure their return to the classroom is noted.

The plan should be signed by all contributors and reviewed on a regular basis.

### **Training and resources**

Guidance/advice may often be provided by the child's parent, and/or the child him/herself. All staff providing personal care must have received child protection training. Specialised training may



be required if the child uses a wheelchair, hoist, colostomy bag or requires an invasive procedure such as rectally administered medication. This training may be arranged through the Children and Young Peoples Services Directorate of the EA, and the Health Trust School Health Teams.

It is recommended that the school's arrangements in the absence of named assistants should involve only members of staff who have undergone full safer recruitment procedures including background scrutiny. Casual substitute staff should not provide intimate care in the school setting.

The school must provide appropriate accommodation that ensures privacy for the child, and is sufficiently spacious to accommodate any other equipment the child may need, such as a changing bench or hoist. The provision of appropriate accommodation and equipment should be arranged in conjunction with the Children and Young Peoples Services Directorate of the EA.

The school should provide resources to ensure that procedures are carried out hygienically. This may include disposable aprons, gloves, wipes and medicated hand washing products.

Additional requirements may include labelled bins for the disposal of soiled waste; items such as needles, catheters, etc., and arrangements for the collection of such waste. This can be arranged through the EMAT Estates team.

Schools should ensure that the assistant has a means of attracting attention and assistance in an emergency.

### Vulnerability to abuse

Children should be encouraged to recognise and challenge inappropriate assistance, and behaviour that erodes their dignity and self-worth.

However the following factors may increase a child's vulnerability:

- Experience of multiple carers;
- The inability to distinguish between assistance and abuse;
- The inability to communicate.

While adults are protected by their adherence to procedure, the following factors may increase their vulnerability:

- The possibility of accidents;
- The possibility of misunderstanding or misinterpretation; • The possibility of the child becoming aroused.

The school should ensure that the programme of assistance is monitored and both child and adult given the opportunity to report any concerns that they may have. The school's Designated Leader for Safeguarding may be the most appropriate person to undertake this responsibility.

**Appendix 1**

**School:** \_\_\_\_\_

**Permission for intimate care**

<b>Child</b>	
<b>DoB:</b>	
<b>Address:</b>	
<b>Parent/guardian:</b>	
<p><b>I/we give permission for the assistance detailed overleaf to be provided to my/our child, and will advise the school of any change that may affect this provision.</b></p> <p><b>Signed:</b></p>	
<p><b>I, the child, give permission for the assistance detailed overleaf to be provided to me.</b></p> <p><b>Signed:</b></p>	

## Appendix 2

Intimate care plan		
<b>School:</b>		
<b>Pupil:</b>		<b>DoB:</b>
<b>Diagnosis:</b>		
The method of communication to be used by the child:		
<b>Assistance to be provided:</b> (e.g. undressing/cleaning the child, changing a nappy, holding child in position, etc)		
<b>Training needs for adults:</b>		
<b>Timetable:</b>		
<b>Strategies to prevent or deal with questions/comments from other pupils:</b>		
<b>Alternative curriculum arrangements:</b> (Practical lessons, school events - See attached risk assessments)		
<b>Named persons assisting:</b> (In pairs)		
<b>Named reserve adults:</b> (In event of absence)		
<b>Location/ equipment / PPE:</b>		

Designation	Signed	Date
Parent		
Pupil		
Key worker		
DSL / Principal responsible for this plan.		