

The GORSE Academies Trust Intimate Care Policy

Designated Teacher: Director SEND/Inclusion
Reviewed by: Governors Policy Committee
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1. INTRODUCTION

1.1 The purpose of the policy is to clarify the situation for all teaching and support staff working with students and to inform them of good practice guidelines in relation to intimate care. These guidelines are expectations which are designed to protect both students and staff alike. In situations where a member of staff potentially breaches these expectations staff should refer to the Trust's Dealing with Allegations Against Staff Policy and Whistleblowing Policy.

1.1.1 This policy is written with reference to the following guidance and legislation which provides a framework for intimate care:

- Children Act 1989 (as amended 2004, Section 52)
- Early Years Foundation Stage Framework, 2014
- Teachers Standards, DfE, July 2012 (introduction updated June 2013)
- Keeping Children Safe in Education, DfE, September 2021
- Working Together to Safeguard Children, DfE, updated December 2020
- Guidance for Safer Working Practice, September 2020
- Special Educational Needs (SEND) Code of Practice 2015
- Equality Act, 2010
- Disability Discrimination Act (1995)

1.1.2 This policy is written in conjunction with Trust policies that promote the inclusion and welfare of students, including:

- Safeguarding & Child Protection Policy
- Health and Safety Policy
- Safer Recruitment
- Dealing with Allegations Against Staff Policy
- SEND Policy
- Accessibility Policy and Plan
- Care and Control Policy
- First Aid Policy
- Managing and Administering Medications Policy
- Equality and Anti-discrimination Policy
- Whistleblowing Policy

1.1.3 The GORSE Academies Trust is committed to providing personal care that has been agreed by a health professional and is an assessed need, in relation to a student's

developmental age or as part of an Education Health and Care Plan. Intimate care may also be needed in specific circumstances, for example, where a student has limbs in plaster or is in a wheelchair, or where a student has pervasive medical difficulties. All students who are identified as in need of intimate care will have an Intimate Care Plan in place (see appendix one).

1.1.4 This policy is also intended to inform students, their parents/carers, families and other relevant stakeholders of The GORSE Academies Trust's Intimate Care Policy and procedures. This policy is available to all interested parties on each Trust establishment website and upon request.

2. OVERALL AIMS

2.1 The GORSE Academies Trust believes:

- all students have the right to be protected from intrusion, abuse and harm
- all students and staff have a right to be treated with respect and dignity
- all students and staff should be treated equally and in accordance with their preferences
- students need support which matches their individual needs, including those who are vulnerable, at risk and/or who are SEND
- that the diversity of individuals and communities is valued and respected
- students need to be safe and feel safe in their Trust establishment

2.1.1 Students attending each Trust establishment and their parents/carers have a right to:

- individual consideration of student needs by the staff who have responsibility for their care and protection
- expect staff to undertake their duties and responsibilities in accordance with the Trust's policies and professional standards
- be informed about the Trust's complaints procedure and Safeguarding and Child Protection Policy and procedures

3. DEFINITION OF INTIMATE CARE

3.1 Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities. Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee
- toileting, wiping and care in the genital and anal areas
- dressing and undressing

- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection

3.2 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 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. Personal care tasks 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.

4. SAFEGUARDING

- 4.1 Safeguarding is the responsibility of every member of staff working for the Trust. In accordance with the statutory guidance Keeping Children Safe in Education 2021 and Section 175 of the Education Act 2002:

‘Everyone who comes into contact with children and their families has a role to play in safeguarding children. School and college staff are particularly important as they are in a position to identify concerns early and provide help for children, to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children.’

‘All school and college staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed.’

Keeping Children Safe in Education

- 4.1.1 Staff have a specific duty of care to safeguard students and must report and record any concerns about a student for whom they are providing intimate care for as soon as possible to a line manager/designated member of staff. Parents/carers will be informed. This is for two reasons: first, because it could be a safeguarding cause for concern, and secondly, because the student or another adult might possibly misconstrue an action by the care-giver. A written record of the concern or incident must be logged. The procedures outlined in the Trust’s Safeguarding and Child

Protection Policy must be followed where the concern is with regards to safeguarding. The concern must be recorded as a cause for concern either via CPOMs and a designated safeguarding lead (DSL) notified, or recorded on a paper cause for concern and handed immediately to the designated child protection lead/officer. It is imperative that this is reported in a timely manner as the student may be suffering abuse or be at risk of significant harm. Should a student disclose abuse or harm as a result of intimate care this should be responded to in line with the Safeguarding and Child Protection Policy. Where there is a concern related to a member of staff, the Dealing with Allegations against Staff Policy must be followed. The concern/allegation must be reported immediately to the Principal, where the allegation is against the Principal to the Executive Principal who will inform the Chair of Governors and Director of Human Resources. Reasons that should raise concerns during intimate care are:

- the student being accidentally hurt
- the student seems sore or unusually tender in the genital area
- bruising, marks or unexplained injury
- the student appears to be sexually aroused by your actions
- the student misunderstands or misinterprets something related to their care
- or the student has a very emotional reaction without apparent cause, for example sudden crying, withdrawal or shouting
- you suspect that Female Genital Mutilation (FGM) has taken place

4.1.2 Students who experience intimate care may be more vulnerable to abuse. Students with additional needs are sometimes more compliant/taught to do as they are told to a greater degree than other children. Students who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The student may come to believe they are passive and powerless. Increased numbers of adult carers may increase the vulnerability of the student, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult. Students who are subject to an intimate care plan will receive guidance on how to raise concerns as part of the development of the intimate care plan.

4.1.3 Where a student is physically dependent on an adult, for example toileting, bathing, dressing, this may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the student inappropriately. Repeated invasions of body space for physical or medical care may result in the student feeling ownership of their bodies has been taken from them. Students with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a student who is physically dependent on daily care may be more reluctant to disclose abuse, for fear of the loss of these needs being met. Their fear may also include who might replace their abusive carer.

4.1.4 Accurate records should also be kept when a student requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times

and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

5. ENSURING DIGNITY, RESPECT AND PRIVACY FOR STUDENTS

5.1.1 Ensuring that students have privacy and are treated with dignity and respect is imperative when planning intimate care. Much intimate care is carried out by one staff member alone with one student and the Leeds Safeguarding and Children's Partnership (LSCP) believes this practice should be actively supported in schools unless the task requires two people. Having people working alone does increase the opportunity for possible abuse, however, this is balanced by the loss of privacy and lack of trust implied if two people have to be present and also the practical difficulties. It should also be noted that the presence of two people does not guarantee the safety of the student as organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of students alone unless the task requires the presence of two people. Leeds LSCP recognise that there are partner agencies that recommend two carers in specific circumstances.

The Trust recognises that in the Early Years and Primary setting it is often that a 1-2-1 approach between staff and students is more appropriate, however in the secondary and college setting it is often more appropriate for two members of staff to support the student unless this is otherwise stated in the intimate care plan which are agreed to by the student, their parents/carers and the lead carer(s).

5.1.2 Where possible, the member of staff carrying out intimate care should be an appropriately trained person chosen by the student. For older children it is preferable if the member of staff is the same gender as the student, however, this is not always possible in practice. Primary Academies should consider the implications of using a single named member of staff for intimate care or a rota system in terms of managing the risk of abuse.

5.1.3 The Trust will ensure that the religious views and cultural values of the student, parents/carers and families are fully considered and respected in relation to intimate care practice and will discuss the needs of the student, parent/carer and family when developing an Intimate Care Plan.

5.1.4 When an Intimate Care Plan is developed in partnership with parents/carers appropriate terminology for parts of the body and functions will be agreed and this terminology will be used during intimate care.

5.1.5 It is important to involve the student, as far as possible, in their own intimate care to encourage choice and independence. Staff should try to avoid doing things for a student that they can do alone, and if a student is able to help ensure that they are given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a student's body. If a student is fully dependent on a member of staff it is important that the staff member talks with them about what they are doing and give them a choice, where possible.

- 5.1.6 Staff should be responsive to a student's reactions and check practice by asking the student if the care is appropriate and question the student about how the parent/carer provides intimate care at home, where possible. During intimate care members of staff should:
- Speak to the student personally by name so that they are aware of being the focus of the activity
 - Give explanations of what is happening in a straightforward and reassuring way
 - Enable the student to be prepared for and to anticipate events while demonstrating respect for their body, for example by giving them a strong sensory clue such as using a sponge or pad to signal an intention to wash or change
 - When washing, always use a sponge or flannel and where possible encourage the student to attempt to wash private parts of the body themselves
 - Provide facilities which afford privacy and modesty, for example separate toileting and changing for both genders or at least adequate screening; bathing and changing one student at a time
 - Respect a student's preference for a particular carer and sequence of care
 - Keep records, which note responses to intimate care and changes in behaviour
- 5.1.7 If a student expresses dislike of a certain member of staff carrying out intimate care, it is important to try and find out why, to ensure that the student's voice and choices are considered and also to enable the review of professional standards. If a student expresses a dislike for a member of staff who is practising intimate care it is essential that a line manager is made aware of this concern immediately who will then investigate the reasons for the concern.
- 5.1.8 Confidentiality is an important issue for students and their parents/carers with regards to intimate care and sensitive information about students and their care must be shared on a need to know basis. Who the information will be shared with should be decided in liaison with the Trust establishment and parents/carers and, where possible, with the student's permission. Information regarding intimate care should be held confidentially and securely and record keeping should follow the Trust's Data Retention Policy and Procedures.
- 5.1.9 Staff should ensure that practice in intimate care for students who are not subject to a care plan is delivered in line with the intimate care policy. Line managers across the Trust have a responsibility for ensuring their staff are using a consistent care planned approach, which is also flexible enough to be planned to meet the specific needs and wishes of individuals. It is important that approaches to intimate care are not markedly different between individuals, but also reflect individual needs and wishes.
- 5.1.10 It is important that staff do not undertake activities unless they know how to do it. If a staff member undertaking intimate care is not sure of how to deliver the intimate care that they must speak to an appropriate member of staff for advice and guidance. Certain intimate care or treatment procedures must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium,

suppositories or intermittent catheterisation must only be carried out by staff who have been formally trained and assessed as competent.

- 5.1.11 All staff should encourage students to have a positive image of their own body. Confident and assertive students who feel their body belongs to them are less vulnerable to abuse. As well as ensuring that a student has privacy, the approach used and attitude to a student's intimate care can convey lots of messages about what her or his body is worth. Routine care should be enjoyable, relaxed and fun, as far as appropriate and keeping in mind the student's age. Intimate care is, to some extent, individually defined and varies according to personal experience, cultural expectations and gender of the student.
- 5.1.12 If a student has a disability recognised as part of the Disability Discrimination Act (DDA), asking parents/carers to come and change the student, unless the parents/carers have specified this preference, contravenes the DDA. Leaving a student in soiled or wet clothing could place them at significant risk. Wherever possible the student should be encouraged to do as much as they can for themselves. The intimate care that individual students receive should be outlined in an Intimate Care Plan and in their Education, Health and Care Plan (EHCP).

6. TOILET TRAINING IN EARLY YEARS FOUNDATION STAGE (EYFS)

- 6.1 Starting nursery or primary school has always been an important and potentially challenging time. It is also a time of growth and very rapid developmental change for students. As with all developmental milestones in the EYFS there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons students in the EYFS setting may:
- be fully toilet trained across all settings
 - have been fully toilet trained but regress for a little while in response to the stress and excitement
 - be fully toilet trained at home but prone to accidents in new settings
 - be on the point of being toilet trained but require reminders and encouragement
 - not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
 - be fully toilet trained but have a serious disability or learning difficulties
 - have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
 - have SEND and might require help during the Foundation Stage and beyond with all, or some aspects of personal care such as washing, dressing or toileting
- 6.1.2 It is not expected that a Primary academy will toilet train students and unless a student has a disability or specific medical difficulty, as defined through legislation, parents/carers will be primarily responsible for training their child to be clean and dry before the start of foundation stage one. Parents/carers should be encouraged to train their child at home as part of their daily routine and the Primary academy

staff should reinforce these routines whilst avoiding any unnecessary physical contact. If at all possible staff should work with students of the same gender as themselves and be mindful of and show respect for the personal dignity of the student when supervising, teaching or reinforcing toileting skills.

- 6.1.3 Primary academies will work in partnership with parents/carers and any concerns with regards to toilet training should be discussed with parents/carers in a meeting. In this meeting it should be made clear the procedures for students who are brought to the academy wearing nappies or pull ups. Any intimate care which is deemed to be needed in this circumstance must be recorded on an Intimate Care Plan (see appendix one) in liaison with parents/ carers and prior to the student attending the setting.
- 6.1.4 Where a parent/carer does not co-operate with the academy, for example, by the student arriving at the academy in soiled or wet nappies/ pull ups or underwear, there is evidence of excessive soreness that has been untreated or the parents/carers are not seeking or following advice a meeting should be held with the parents/carers to share these concerns. Where these concerns are not addressed or there are concerns about the student being at risk of harm or neglect the Trust's Safeguarding and Child Protection Policy and procedures should be followed in order to safeguard the student.

7. HEALTH AND SAFETY

- 7.1 When staff are undertaking intimate care duties there should be continuous professional development opportunities and training available to ensure that intimate care is dealt with appropriately, and to ensure the health and safety of the student and member of staff.
- 7.1.1 The Trust's Health and Safety Policy and procedures should be followed in circumstances where there are spillages of bodily fluids, such as a student wetting or soiling themselves or if a student is sick.
- 7.1.2 Procedures and precautions need to be taken at EYFS when nappy/ pull ups are changed to ensure that this activity is carried out effectively and hygienically. This will include the use of disposables by staff, appropriate disposal of nappies/ pull ups and ensuring the suitability, hygiene and cleanliness of changing areas. Trust establishments will provide students that have wet or soiled themselves with spare clothing, if needed.
- 7.1.3 With regards to EYFS and nappy/ pull up changing the best practice health and safety guidance is that, whenever possible:
- Mobile students should be changed standing up, if this is not possible then the next best alternative is to change the child on a changing bed
 - If a changing bed is not available students at foundation stage may be changed on a changing mat
 - Students in Year 1 and above should only be changed on a changing bed or in a toilet cubicle

7.1.4 When considering visits, trips and excursions attention should be paid to any students who receive intimate care and checks should be made to ensure that facilities are available to uphold the privacy and dignity of the individual.

Intimate Care Plan

Date of plan:	
Review date:	
Student's name and form/class:	
Date of Birth:	
Details of intimate care required:	
Number of people required for care:	
Lead person:	
Second lead person (if required):	
Protocol in the absence of the lead/ second lead	
Where the intimate care will take place:	
Special equipment required:	
Risk assessment completed (please attach a copy):	
Methods for safe and hygienic disposal/ storage	
Additional information:	

Home and Trust establishment Agreement (please sign)

Parental agreement to care:

Lead person's agreement to care:

Second lead person agreement to care (if required):

Document control:

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