
	<b>Name of School</b>	<b>Corbets Tey School</b>
	<b>Policy Review Date</b>	<b>Autumn Term 2021</b>
	<b>Next Review Date</b>	<b>Autumn Term 2022</b>
	<b>Reviewed by</b>	<b>Governor Name: Paul Knight</b> <b>Governor Signature:</b> 

## Intimate Care Policy and Procedures

### Equality Impact Assessment

The school aims to design and implement services, policies and procedures that meet the diverse needs of all our provision, population and workforce, ensuring that none are placed at an unreasonable or unfair disadvantage over others. We are confident that this policy does not place anyone at an unreasonable or unfair disadvantage, and is compliant with relevant equalities legislation.

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## 1. Introduction

- 1.1. This policy applies to everyone involved in the intimate care of students regardless of their position within the school provision.
- 1.2. These guidelines should be read in conjunction with other policies including:
  - Child Protection Policy
  - Safeguarding Adults at Risk Policy
  - Whistleblowing Policy
  - Safeguarding Code of Conduct
  - Health & Safety Policy
  - Staff Recruitment Policy
  - Administration and Storage of Medication Policy
  - Meeting the Medical Needs of Students Policy
  - Physical Intervention Policy
  - Anti-bullying Policy
  - Accessibility Policy
  - Inclusion Policy
  - Mobile Phone Policy
- 1.3. Corbets Tey School is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. These guidelines on intimate care aim to both to protect those being cared for and the staff who care for students. Dependency on a wide network of carers and other adults is the everyday experience of some disabled students in order that their medical and intimate care needs such as bathing and toileting can be met. The large number of adults involved and the nature of the care needs both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible.
- 1.4. Statutory guidance (Working Together to Safeguard July 2018 and Keeping Children Safe in Education September 2020 and London Multi Agency Adult Safeguarding Policy and Procedures) requires the development of local guidelines and training for staff on good practice in intimate care for people with disabilities and we will follow this guidance in the care of vulnerable children and young adults attending all of our provision. This document meets this statutory requirement and is also applicable to students without disabilities.
- 1.5. We recognise that there is a need to treat all students with respect when intimate care is given. No student should be attended to in a way that causes **loss of dignity**, distress, embarrassment or pain. **Student's will be taught the appropriate skills at any stage to help them become as independent as possible.**

## 2. Legislation and Statutory Guidance

- Children Act 1989 & 2004
- Childcare Act 2006
- Health and Safety at Work Act 1974
- Equality Act 2010
- S.175 / S.57 Education Act 2002 (local authorities, governing bodies of maintained schools and institutions in the further education sector)
- Education (Independent School Standards) (England) Regulations 2010
- London Child Protection Procedures September 2020
- Working Together to Safeguard Children July 2018

- Keeping Children Safe in Education **September 2021**
- Mental Capacity Act 2005

### 3. Definition

- 3.1. Our definition of intimate care is any personal care activity a child or young adult would normally be able to do for him/herself, which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child or young adult has soiled him/herself) to intimate personal areas.
- 3.2. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care.
- 3.3. In the cases of specific **medical or care** procedures only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

### 4. Best Practice Principles

- 4.1. The management of all students with intimate care needs will be carefully planned where appropriate.
- 4.2. In the case of a child under the age of 18, prior agreement must be obtained from parent and carers before intimate care procedures are undertaken (see Appendix 2).
- 4.3. For young adults aged 18+ the views of the vulnerable adult concerned should always be sought or if they are considered to lack capacity with this particular decision then another adult/advocate acting in their best interests can decide on their behalf in agreement with parent and carers (if appropriate for the situation). Parent and carers would usually be the best advocate for their young person and can express their views with regard to intimate care of their young person using the form at appendix 2.
- 4.4. Intimate Care may be included on Health Care plans (if appropriate) and any other plans which identify the support of intimate care where appropriate.
- 4.5. The most appropriate environment (eg: a changing room, medical room or adapted areas of specified toilet) should be selected to ensure privacy and dignity at all times.
- 4.6. Staff should never lock the door to a room or toilet where they are assisting students with intimate care (**instead an engaged/vacant sign should be switched on the outside of the door**)
- 4.7. Care should always be undertaken with tact, sensitivity and in an unhurried manner.
- 4.8. Whenever possible, gloves should be worn.
- 4.9. If washing is required, always use a disposable cloth or wet wipe, Emphasis should be on staff providing the minimum level of assistance and intervention, compatible with the particular circumstances and the needs. Students will be supported to achieve the highest level of **independence** that is possible given their age and abilities. Staff will encourage each child or young adult to do as much as independently as they can, **with a focus on reducing prompt levels**. This may mean giving the student responsibility for washing themselves.
- 4.10. Parent and carers will be asked to supply appropriately sized nappies or incontinence supplies, wipes and disposable bags. The school will supply gloves. We also require parents and carers to supply specialist swimwear designed to promote hygiene in the swimming pool.
- 4.11. **Students** who require intimate care are treated with respect at all times, welfare and dignity is of paramount importance and their right to privacy will be respected at all times.
- 4.12. Training is delivered according to the needs of individual students. Staff who provide intimate care are trained to do so (including Child Protection and/or Adult Safeguarding and Whistleblowing) and are fully aware of best practice.
- 4.13. Suitable equipment and facilities will be provided to assist with students who need special arrangements following assessment from physiotherapist/ occupational therapist.
- 4.14. 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.
- 4.15. **Individual intimate care plans, if appropriate will be drawn up for particular students in line with their individual circumstances.**

- 4.16. Careful consideration will be given to each situation to determine how many carers might need to be present when a student is assisted. Where possible one student will be assisted by one adult unless there is a sound reason for having more staff present. If this is the case, the reasons should be clearly documented.
- 4.17. Male staff will not carry out intimate care procedures on female students.
- 4.18. Wherever possible staff should only care intimately for older/more aware students of the same sex.
- 4.19. Female staff will assist in the needs of younger male students and older male students who have significant learning difficulties and lower levels of awareness because the majority of our staff are female and this may be the only practical option.
- 4.20. Intimate care arrangements will be discussed with parents and carers as appropriate and recorded on students' care plans if there is one.
- 4.21. The needs and wishes of students and their parents and carers will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.
- 4.22. Dealing with Toilet Accidents:
- 4.22.1. Accidents and unexpected soiling will sometimes occur. On these occasions there may not be a personalised care plan in place or prior parent or carer agreement. In some situations (e.g. needing to shower a young person after a toilet accident) and where the delay will not cause distress, phone agreement can be sought. All telephone calls made on school handsets are recorded and can be saved to an audio file.
- 4.22.2. Students, parents, carers and staff all have responsibilities linked to intimate care:
- Students must be taught strategies to make their need for the toilet clear either verbally, communication device, method, system or using a sign or symbol.
  - Staff working with students who have toilet training programmes must ensure that relevant staff beyond the immediate class team are aware and competent in maintaining programme consistency.
  - Staff will ensure that all students have regular opportunities and encouragement to go to the toilet at suitable times during the day.
  - All staff will ensure that any soiling incidents are dealt with quietly and respectfully to avoid any embarrassment
  - Parents and carers must keep their young people who are unwell away from school to reduce the chance of stomach bugs from spreading. All students should stay at home until the symptoms have stopped for 48 hours. Parents and carers must also come to the school as quickly as possible to collect their child or young adult who has become unwell.

*Please see Toilet Training Chart – Appendix 3.*

## **5. Intimate Care during Covid-19**

In addition to the existing intimate care guidelines, intimate care practices during Covid-19 will also adhere to government guidance which will be set out in the current Corbets Tey School Covid-19 Risk Assessment.

All staff involved in intimate care where there is a risk of fluid transmission will wear:

- Apron
- Face shield or goggles and a face mask
- Gloves

Staff are not to support with intimate care without wearing the appropriate PPE. Any equipment used will be disposed of in a lidded bin.

## 6. The Protection of Students

- 6.1. London Child Protection Procedures and Working Together Statutory Guidance will be accessible to staff and will be adhered to. In respect of young adults in our care the guidelines set out in the London Multi Agency Adult Safeguarding Policy and Procedures and the school Safeguarding Adults at Risk Policy in conjunction with the Mental Capacity Policy will be adhered to. The staff responsibilities and behaviours described within the Safeguarding Code of Practice (sections 20 & 21) will also be followed.
- 6.2. All students will be taught personal safety skills carefully matched to their level of ability, development and understanding.
- 6.3. In the case of primary school pupils, it will usually be a female member of staff to cater for students of both sexes.
- 6.4. In the secondary part of the school as well as the Post 16 provision, discretion will be used to ensure that boys who have a higher level of awareness are only dealt with by male staff wherever possible.
- 6.5. Boys and young men with more severe learning difficulties and lower privacy awareness will be dealt with by known and trusted members of staff who may be female.
- 6.6. Male staff will deal with boys, but not girls of any age.
- 6.7. If a member of staff has any concerns about physical changes in a student's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Safeguarding Lead or deputies and add the concern to CPOMS.
- 6.8. No personal device should be used to record, take or share of images, video and audio on school premises at any time. No device with any capability to record an image should be taken into any toilet area or any area where intimate care may be carried out. The content of staff mobiles or other devices may be searched at any time as part of routine monitoring (*see mobile phone policy*)
- 6.9. If a student becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded.
- 6.10. Parent and carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.
- 6.11. Staffing schedules will be altered until the issue(s) are resolved so that the student's wellbeing and needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 6.12. If a student makes an allegation against a member of staff, Child Protection/Safeguarding Adults/ Managing Allegations procedures will be followed
- 6.13. All staff will be required to confirm that they have read this policy based on the London Borough of Havering document 'Policy and Guidance for Staff who Provide Intimate Care for Students in Havering Schools' and informed of the need to refer to other policies the school may hold for clarification of practices and procedures.
- 6.14. All staff are required to sign an agreement annually that they have read the Havering Safeguarding Code of Conduct. Sections 20 and 21 cover the responsibilities and acceptable behaviour of all staff with regard to Intimate Care and Personal Care. All staff should be aware of the code of conduct and follow the guidance at all times.

## 7. Working with Parent and Carers

- 7.1. Partnership with parents and carers is an important principle in any educational setting and is particularly necessary in relation to students needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents and carers, including knowledge and understanding of any religious/cultural sensitivities.
- 7.2. Parents and carers should be encouraged and empowered to work with staff to ensure their young person's needs are identified, understood and met including Health Care plans and any other plans that identify the support of intimate care.

- 7.3. The views of the student should be actively sought, wherever possible, when drawing up and reviewing formal arrangements.
- 7.4. Exchanging information with parents and carers is essential through personal contact, telephone or correspondence. However information concerning intimate care procedures should not be recorded in home communication books as it may contain confidential information that could be accessed by people other than the parent and carers and staff member.

## 8. Intimate Care Permission

- 8.1. Where intimate care is required, parents and carers will be asked to give signed permission for this to take place. Procedures should be agreed in discussion with the student, parent or carer, class staff and any relevant health personnel. This should aim for consistency of practice between home and school or college. E.g. A student preferring to stand up while a nappy is changed. Where specialist intimate care is required such a student with a catheter, stoma etc... or there is a need for hoisting, the student will have a written health care plan signed by school, the parent/carer and the school nurse.

## 9. Links with other Agencies

- 9.1. Positive links with other agencies will enable plans to take account of the knowledge, skills and expertise of other professionals and will ensure that well-being and development remains paramount.

## 10. Student Voice

- 10.1. Students will be allowed to express a preference regarding the choice of his/her staff carer and sequence of care, subject to their age and understanding. It may be possible to determine preferences or wishes by observation of reactions to the intimate care.
- 10.2. It is the responsibility of all staff caring for a student to ensure they are aware of the preferred method and level of communication. Communication methods may include words, signs, symbols, AAC body movements and eye pointing.
- 10.3. To ensure effective communication, staff should ascertain the agreed method of communication and identify this in any agreed Intimate Care Plan.
- 10.4. Appropriate terminology for private parts of the body and functions to be used by staff, which should be in line with our RSE curriculum and agreed vocabulary.
- 10.5. Where there is any doubt that a child or young adult is able to make an informed choice on these issues, parent and carers can be in the best position to act as advocates.

## 11. Recruitment

- 11.1. Parents and carers must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.
- 11.2. Recruitment and selection of candidates for posts involving intimate care should be made following the usual Enhanced Disclosure and Barring Scheme (DBS) with child or adult barring checks (as appropriate), equal opportunities and employment rights legislation.
- 11.3. Candidates must be made fully aware of what will be required and detailed in their job description before accepting the post. Willingness to carry out intimate care will be established during the interview process.
- 11.4. Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.
- 11.5. Wherever possible, staff should work with students of the same sex in providing intimate care, especially for senior students respecting their personal dignity at all times.

- 11.6. Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.
- 11.7. Intimate care can only be provided by those who have been appropriately trained and have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements.

## 12. Staff Development

- 12.1. Staff must receive Child Protection training annually and if relevant, adult safeguarding training.
- 12.2. Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.
- 12.3. Where appropriate staff must receive moving and handling training at regular intervals.
- 12.4. Newly appointed staff should be closely supervised until completion of a successful probationary period.
- 12.5. Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.
- 12.6. It is imperative for school and staff to keep a dated record of all training undertaken. Staff Child Protection and Adult Safeguarding training is recorded on the Single Central Record (SCR)
- 12.7. The following guidelines should be used in training senior staff and those identified to support intimate care. Senior staff members should be able to;
  - 12.7.1. Ensure that sensitive information is only shared with those who need to know, such as parents and carers, members of staff specifically involved with the young person. Other personnel should only be given information that keeps the student safe.
  - 12.7.2. Consult parents and carers about arrangements for intimate care
  - 12.7.3. Ensure staff are aware of the set procedures; the Child Protection Policy and Safeguarding Adults at Risk Policy (if applicable), Safeguarding Code of Conduct, Health & Safety Policy, etc.
  - 12.7.4. Ensure staff understand the needs of refugees, asylum seekers and students from different racial and cultural backgrounds. Specialist advice should be sought when necessary.
  - 12.7.5. Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
  - 12.7.6. Ensure staff know of the whole school approach to intimate care.
  - 12.7.7. Wherever possible, avoid using staff involved in intimate care, in the delivery of sex education, as an additional safeguard to both staff and students involved. In addition identified staff members should be able to:
    - Identify and use a communication system that the student is most comfortable with.
    - 'Read' messages a student is trying to convey.
    - Communicate with and involve the student in the intimate care process.
    - Offer choices, wherever possible.
    - Develop, where possible, greater independence with the procedure of intimate care.
    - Maintain confidentiality with students who discuss elements of their intimate care unless it is a child protection or adult safeguarding issue when child protection or adult safeguarding procedures must be followed.

### 13. Environmental Considerations

- 13.1. When students need intimate care facilities, reasonable adjustments will need to be made. Where a purpose built toilet is not available, the use of a screen to make the area private is acceptable.
- 13.2. Where long-term incontinence or a disability requiring regular intimate care is present, the school will require specially adapted facilities. Specialist advice from medical or therapy staff may be required when considering space, heating, ventilation and lighting.
- 13.3. Additional considerations may include:
  - 13.3.1. Facilities with hot & cold running water.
  - 13.3.2. Protective clothing including disposable protective gloves provided by the school, [please see Section 5: Intimate Care during Covid-19](#)
  - 13.3.3. Labelled lidded bins for the disposal of wet & soiled nappies/pads (soiled items being 'double bagged' before being placed in bin).
  - 13.3.4. Waste for incineration (e.g. needles, catheters etc) -contact London Borough of Havering for further details.
  - 13.3.5. Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash, etc.
  - 13.3.6. Supplies of appropriate clean clothing, nappies, disposal bags and wipes.
  - 13.3.7. Changing mat or changing bench.
  - 13.3.8. An effective system identified to alert staff for help in emergency

### 14. Invasive Procedures

- 14.1. It is compulsory that two adults are present when invasive procedures (e.g. administering Rectal Diazepam) are performed. Whilst this may be seen as providing protection against a possible allegation against a member of staff, it further erodes the privacy of the student so care must be taken to protect the young person's dignity at all times.

### 15. Vulnerability to Abuse

- 15.1. Students should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. Staff should be encouraged to listen to the student at all times.
- 15.2. It is essential that all staff are familiar with the school's Child Protection Policy and Procedures, Safeguarding Adults at Risk Policy (if applicable), Safeguarding Code of Conduct, Working Together to Safeguard Children, Keeping Children Safe in Education, the London Child Protection Procedures and local procedures for Managing Allegations Against Staff and London Multi Agency Adult Safeguarding Policy and Procedures. All staff must read the latest version of Keeping Children Safe in Education Part 1.
- 15.3. The following are factors that can increase vulnerability.
  - 15.3.1. Young people who need help with intimate care are statistically more vulnerable to exploitation and abuse.
  - 15.3.2. Young people with disabilities may have less control over their lives than others.
  - 15.3.3. Young people who need help with intimate care do not always receive sex and relationship education and may therefore be less able to recognise abuse.
  - 15.3.4. Young people who need help with intimate care may experience multiple carers.
  - 15.3.5. Young people who need help with intimate care may not be able to distinguish between intimate care and abuse.
  - 15.3.6. Young people who need help with intimate care may not be able to communicate.
- 15.4. If a student is hurt accidentally they should be reassured immediately and the staff member should check that they are safe. The incident must be reported immediately to the Designated Safeguarding Lead or one of the safeguarding deputies and entered on CPOMS.



- 15.5. If a child or young adult appears sexually aroused, misunderstands or misinterprets an action or instruction, the incident should be reported immediately to Designated Safeguarding Lead or one of the safeguarding deputies and entered on CPOMS.

## 16. Allegations of Abuse

- 16.1. All staff working in intimate situations with students can feel particularly vulnerable. The school policies can help to reassure both staff involved, and parents and carers of students receiving intimate care.
- 16.2. **If the behaviours of a student cause staff members to feel uncomfortable a care plan should be amended to state two staff members at all times.**
- 16.3. Action should be taken immediately should there be a discrepancy of reports between a student and member of staff, particularly with reference to time spent alone together.
- 16.4. It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis.
- 16.5. Where there is an allegation of abuse, the guidelines in the London Borough of Havering Managing Allegations Child Protection Procedures should be followed by the Designated Safeguarding Lead or one of her deputies or in the case of adult students the guidelines in the Protecting Adults at Risk: London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse should be followed. Both these documents detail the protocols followed by the London Borough of Havering multi-agency departments when responding to a referral or alert of abuse or neglect.








## 17. Toileting Procedures




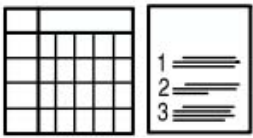



- 17.1. If the intimate care agreement has been agreed and signed by a parent or carer, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the student
- 17.2. The staff involved in the intimate care/toileting should consider the following;
- 17.2.1. Location of the plan for reference, ensuring discretion and confidentiality.
  - 17.2.2. Location of recording procedures, ensuring discretion and confidentiality.
  - 17.2.3. Necessary equipment & waste disposal – see environmental advice.
  - 17.2.4. Clear labelling of equipment and procedures (e.g. wipe table after use).

## 18. Health and Safety Issues

- 18.1. Barrier materials will always be used (e.g. disposable gloves). Appropriate lifting and handling procedures will be followed when necessary.

## Intimate Care Easy Read

	<p>Sometimes students need help with their personal care and hygiene</p>
	<p>Staff at our school can help students if they need it</p>
	<p>All staff are checked and trained so they are the right people helping with personal care in the right ways</p>
	<p>We have policies and procedures on our website so that staff know how they should help students</p>
	<p>Students and parents or carers can say what they want staff to do and not to do</p>
	<p>They can also say who they want to help them</p>
	<p>Staff always respect dignity, privacy and welfare of the young person</p>

	<p>The school has specialist rooms and equipment to use</p>
	<p>The school will make sure there are the right equipment and supplies available</p>
	<p>Staff will ensure that any care is provided quietly and respectfully to avoid any embarrassment</p>
	<p>Plans for Intimate Care can be drawn up and records of all Intimate Care are kept</p>
	<p>Parents or carers should read the Intimate Care Policy and complete and sign the form to give their views</p>
	<p>If anyone is concerned or unhappy about the care provided there are staff they can tell</p>
	<p>They are the Headteacher or her deputies who are trained to help</p>



APPENDIX 2

**Agreement for the Provision of Intimate Care**

Dear Parent or Carer,

There may be occasions when your young person may need support with intimate care routines.

We have drawn up an Intimate Care Policy, which is available on the school website [www.corbetsteyschool.org.uk](http://www.corbetsteyschool.org.uk).

This policy sets out the procedures we have in place to ensure that all intimate care and any specific needs are met in a professional and dignified manner at all times.

We always take the views of the child or young person into account with regard to intimate care they receive and would like to obtain you views also using the form below.

Please sign and return the slip below to indicate your preference with regard to intimate care and agree to the school carrying out 'intimate care' procedures when necessary.

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FAO: Class Teacher

I have read a copy of the School's Intimate Care Policy.

	I agree to the school carrying out 'intimate care' on my son/daughter when necessary
	I would like to discuss this further with the school

*Please tick*

<b>Signed:</b>	
<b>Name:</b>	
<b>Student Name:</b>	
<b>Date:</b>	

**Appendix 3 - Toilet Training Chart**

<b>Week Beginning:</b>		<b>Student Name:</b>	
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Time	Staff	Mon	Time	Staff	Tues	Time	Staff	Wed	Time	Staff	Thurs	Time	Staff	Fri

*Specify current routine and any changes necessary as result of record evaluation.*

**W = Wet**                     
 **S = Soiled**                     
 **D = Dry**                     
 **U = Urinated**                     
 **B = Bowels Open**