

# Sutherland House School Intimate Care Policy

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|---------------------|--------------|--------------------------|
| Policy ratified by: | Ann Stewart  | Director of<br>Education |
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**Document control** 

Title: Intimate Care Policy

Applicable to: All School Staff

Ratified by: Ann Stewart

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### 1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of pupils are safeguarded and protected
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e., health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved
- To promote the independence of pupils wherever possible
- To support students to participate in decision making about their own intimate personal care

Intimate care refers to any care which involves toileting, washing, changing, touching, or carrying out an invasive procedure to children's intimate personal areas.

### 2. Legislation and Statutory Guidance

This policy complies with <u>statutory safeguarding guidance</u>.

### 3. Role of Parents

#### 3.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children who require intimate care, an intimate care plan will be created in discussion with parents and professionals if required based on relevant risk assessments (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.

#### 3.2 Creating an intimate care plan

Where an intimate care plan is required, it 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 considered. If there's doubt whether the child can 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, as well as whenever there are changes to a pupil's needs.

See appendix 1 for a blank template plan to see what this will cover.

#### 3.3 Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

Parents will inform the school should their child have any marks or rashes.

### 4. Role of staff

#### 4.1 Which staff will be responsible

Any staff who may carry out intimate care will have this set out in their job description. This includes class teachers, subject teachers, senior leadership, and teaching assistants. Relevant staff will have access to guidance and training that supports good working practice and complies with legislation. The care plan will be shared with all relevant staff upon request and amended where circumstances change. This also forms part of our recruitment process so staff are aware they may be required to deliver intimate personal care.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

Staff will communicate with the pupils before, during and after intimate care using their preferred communication methods (e.g. symbols, PECS, Makaton). This is to explain to the pupil what is going on and to discuss the pupil's needs and preferences. The pupil will always be approached and asked permission before carrying out intimate care and will remain as independent as possible based on their ability. All personal care is carried out in a manner to maintain the pupil's dignity and confidence.

#### 4.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training

 If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures, including those related to COVID-19

They will also be encouraged to seek further advice as needed.

#### 4.3 Communication

Staff will pass information between home and school using the home school diary system.

### 5. Intimate Care Procedures

#### 5.1 How procedures will happen

Based on risk assessments and the intimate care plan, pupils right to privacy must be respected and therefore, one pupil will be cared for by one adult unless stated otherwise.

When carrying out procedures, the school will provide staff with:

- o PPE such as gloves and aprons where needed.
- o Changing mats where needed
- o Appropriate wipes to clean the changing area
- Sanitary products
- o Sanitary and clinical waste disposal bins
- o Soap and a supply of hot water

All staff will follow health and safety procedures.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies/pads, underwear and/or a spare set of clothing.

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

#### 5.2 Care facilities in school

Primary area

- o One personal care area including one shower
- o Three accessible toilets with wash basins

#### Primary area

- One personal care area including one shower
- 6 standard toilets with wash basins

Middle School

- o One personal care area including one shower, one toilet and wash basin
- 7 standard toilets with wash basins

#### **Upper School**

- o One personal care area including one shower
- 6 standard toilets with wash basins

#### School Hall Area

- One accessible toilet with wash basin
- 6 standard toilets with wash basins

#### 5.3 Concerns about Safeguarding

Each pupil's right to privacy will be respected and each pupil's individual situation will be considered when determining how many staff as present when a pupil requires intimate personal care. While it is recommended to have two members of staff assisting one pupil with intimate care, this level of resourcing may not be available and although the introduction of a second member of staff may be perceived as safeguarding against allegations, it can also disregard the pupil's privacy.

The intimate care plan will be agreed and signed by parents, staff and the pupil where appropriate. Information regarding procedures will be kept confidential.

Records around intimate care will be monitored by the Designated Safeguarding Lead and the Deputy Designated Safeguarding Leads.

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures and reporting to the Designated Safeguarding Leads.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Senior Leadership Team.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

## 6. Monitoring Arrangements

This policy will be reviewed annually. At every review, the policy will be approved by the Head Teacher and the Governing Body.

### 7. Links with Other Policies

This policy links to the following policies and procedures:

- o Child Protection and Safeguarding Policy
- Health and Safety Policy
- o PBS Policy
- Whistleblowing Policy
- Staff Code of Conduct
- o Offsite Educational Visit Policy
- First Aid Policy
- Medication Policy

# Intimate Care Plan Appendix 1: Intimate Care Plan

| Pupil's name:                        | Class:       |
|--------------------------------------|--------------|
| Pupil's preferred method of          |              |
| communication:                       |              |
| Does the pupil have any allergies or |              |
| sensitivity?                         |              |
| Does the pupil have require support  |              |
| with mobility or transitions?        |              |
| Does the pupil have any religious or |              |
| cultural needs?                      |              |
| Date:                                | Review Date: |

|           |                               |   | Other Information |
|-----------|-------------------------------|---|-------------------|
|           | Nappy/Incontinence Pad Change |   |                   |
|           | Menstruation Support          |   |                   |
| Toileting | Assistance with Toileting     |   |                   |
|           | Supervised Toileting          |   |                   |
|           | Other (please specify)        |   |                   |
|           |                               | I | Other Information |
| Personal  | Washing                       |   |                   |
| Care      | Showering                     |   |                   |

|        | Bathing (for training purposes only)                |                   |
|--------|-----------------------------------------------------|-------------------|
|        |                                                     |                   |
|        |                                                     |                   |
|        | Dressing/Undressing                                 |                   |
|        |                                                     |                   |
|        |                                                     |                   |
|        | Cleaning/Supporting                                 |                   |
|        | 2 · c · s · · · · · · g / c ·   c   c · · · · · · g |                   |
|        |                                                     |                   |
|        | Teeth Brushing                                      |                   |
|        | reem broshing                                       |                   |
|        |                                                     |                   |
|        |                                                     |                   |
|        | Hair/Styling                                        |                   |
|        |                                                     |                   |
|        |                                                     |                   |
|        | Shaving                                             |                   |
|        |                                                     |                   |
|        |                                                     |                   |
|        | Lotions/Creams                                      |                   |
|        |                                                     |                   |
|        |                                                     |                   |
|        | Other (please specify)                              |                   |
|        |                                                     |                   |
|        |                                                     |                   |
|        |                                                     | Other Information |
|        | Eating/Drinking Plan                                |                   |
|        |                                                     |                   |
|        |                                                     |                   |
|        | Action plan to respond to                           |                   |
| OH- ou | masturbation/inappropriate                          |                   |
| Other  | touching                                            |                   |
|        | Other Inlease en a situl                            |                   |
|        | Other (please specify)                              |                   |
|        |                                                     |                   |
|        |                                                     |                   |

| Area of need               |                                        |  |  |
|----------------------------|----------------------------------------|--|--|
|                            |                                        |  |  |
|                            |                                        |  |  |
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|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            | pils level of need                     |  |  |
| Independent                | Assistance from 1 staff                |  |  |
| Independent but supervised | Assistance from 2 staff                |  |  |
| Partial Assistance         | Other                                  |  |  |
| Location                   | ns of Suitable Facilities              |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
| Equipment Required (       | (e.g. gloves, pads, sanitary products) |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
| Company Described          | Francisco est Company                  |  |  |
| Support Required           | Frequency of Support                   |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |
|                            |                                        |  |  |

# Building on Independence of Pupil

| i opii wiii ii y io      | Sidii dasisiiiig wiii |
|--------------------------|-----------------------|
|                          |                       |
| D                        |                       |
| Parents/Carers will      | Review Date           |
|                          |                       |
| arent/Carer Signature:   | Date:                 |
| dieni/Calei signature.   | Date                  |
| Class Teacher Signature: | Date:                 |
| Pupil Signature:         | Date:                 |

# Appendix 2: Parent/Carer Consent Form

| Name of Child                                                                                                                                                                |                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                      |  |
| Date of Brith                                                                                                                                                                |                                                                                                                                                                                                                                                                                      |  |
| Name of Parent/Carer                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |  |
| Address                                                                                                                                                                      |                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                              | chool to provide appropriate intimate ging soiled clothing, washing and                                                                                                                                                                                                              |  |
|                                                                                                                                                                              | anything that may affect my child person anges or if my child has an infection)                                                                                                                                                                                                      |  |
| •                                                                                                                                                                            | es that will be carried out and will iately if I have any concerns/                                                                                                                                                                                                                  |  |
| (e.g. to be washed and cha<br>Instead, the school will con<br>will organise for my child that<br>and changed)<br>I understand that if the sch<br>contact if my child needs u | ny child to be provided intimate care anged if they have a toileting accident) ntact me or my emergency contact and I to be given intimate care (e.g. be washed mool cannot reach me or my emergency argent intimate person care, staff will y child, following the schools intimate |  |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                      |  |
| Parent/Carer signature                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |  |
| Name of parent/carer                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |  |
| Relationship to child                                                                                                                                                        |                                                                                                                                                                                                                                                                                      |  |
| Date                                                                                                                                                                         |                                                                                                                                                                                                                                                                                      |  |

# Appendix 3: Intimate Care Record Sheet

| Pupil's Name |  |
|--------------|--|
| Class Group  |  |
| Date         |  |

| Time In | Time Out | Procedure | Staff Print Name | Staff Signature |
|---------|----------|-----------|------------------|-----------------|
|         |          |           |                  |                 |
|         |          |           |                  |                 |
|         |          |           |                  |                 |
|         |          |           |                  |                 |
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