



**THE COMPLETE
EDUCATION SOLUTION**

CREATING UNIQUE JOURNEYS FOR LIFE AND LEARNING

Intimate Care Policy

Approved by TCES Operational Board on
behalf of Thomas Keaney, CEO and Schools' Proprietor

Date of next formal review, September 2024

This policy applies to all The Complete Education Solution
(TCES) schools and services

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Introduction

TCES are committed to safeguarding and promoting the welfare of our pupils, and we accept that everyone who comes into contact with children has a role to play in upholding this duty. All adults working within TCES must adhere to all aspects of Keeping Children Safe in Education 2023 and Working Together to Safeguard Children 2018.

This policy sets out clear guidelines on supporting intimate and personal care with specific reference to toileting. It applies to pupils who require assistance with tasks such as toileting, changing, dressing, and other intimate care needs. This policy ensures the provision of safe, respectful, and sensitive support while maintaining the dignity, privacy, and emotional well-being of the pupils involved. It should be considered in addition to the TCES Administration of Medication policy and TCES Safeguarding Children & Vulnerable Young Adults policy.

Definition of intimate care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances.

In some cases, it may be necessary to administer rectal medication on an emergency basis for example where a child's life is in danger. The TCES policy on the Administration of Medication is in place to support staff and children and young people where nursing tasks are required. That document makes it clear that TCES staff are under no legal obligation to provide nursing support, and the same applies to intimate care.

Intimate care tasks specifically identified as relevant include:

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

Definition of personal care

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade

conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication;
- Feeding;
- Administering oral medication;
- Hair care;
- Dressing and undressing (clothing);
- Washing non-intimate body parts;
- Prompting to go to the toilet.

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

Good practice guidance

This guidance is not prescriptive but is based on fundamental good practice principles. All children and young people who require intimate and/or personal care must be treated respectfully at all times; as their welfare and dignity is of paramount importance.

As a basic principle, children and young people will be supported to achieve the highest level of autonomy that is possible given their age and ability. Children and young people's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life and ensuring that our pupils become confident individuals, responsible citizens and independent adults.

Staff who provide intimate care are trained to do so (including Safeguarding and Child Protection and Health and Safety training including moving and handling) and are fully aware of best practice and how to keep themselves and others safe. Staff should ensure that their practice is congruent with the following principles:

- Children/young people have a right to feel safe and secure.
- Children/young people have a right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
- Children/young people should be respected and valued as individuals.
- Children/young people have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children/young people have the right to information and support to enable them to make appropriate choices.

- Children/young people have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- Children/young people have the right to express their views and have them heard. Schools must have complaints procedures that children and young people can access.
- A child/young person's Intimate/Personal care plan/Education Health Care Plan should be designed to lead to independence.

Individual intimate care plans (see Form 2) will be drawn up for particular pupils as appropriate to the circumstances of that child or young person. These plans must include a full risk assessment to address the personal safety and health of the child/young person and the staff members tasked with administering intimate/personal care e.g. moving and handling, infection control etc. Parents/carers will be involved with their child's intimate care arrangements on a regular basis and a clear account of the agreed arrangements will be recorded on the intimate/personal care plan. The needs and wishes of pupils and parents/carers will be carefully considered alongside any possible constraints e.g. staffing and equal opportunities legislation.

It is essential that every pupil is treated as an individual and that care is given as sensitively as possible. The child/young person should be informed about what is going to be done and they should be encouraged to express choice. Their views and preferences should be reflected within the intimate/personal care plan.

The time taken to carry out caring duties can also be used to promote personal development, as pupils can be encouraged to become aware of and value their own body and extend their personal and communication skills. If such opportunities are denied, then they may not learn to distinguish between appropriate and inappropriate. Confident and self-assertive children and young people who feel their body belongs to them are less vulnerable to sexual abuse.

Religious and cultural values must always be taken into account when making arrangements for managing intimate/personal care needs for children and young people, and stereotypes should be challenged. Staff concerned should begin by simply asking questions about the child/young person being supported and share any issues of contention with the designated safeguarding lead.

Vulnerability to abuse

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with TCES *Safeguarding Children & Vulnerable Young Adults* policy, the procedures as stated within this policy and the child/young person's intimate/personal care plan.

The following are factors that increase the child or young person's vulnerability:

- Children/young people with disabilities often have less control over their lives than is normal.
- They do not always receive sex and relationship education, or if they do, may not fully understand it, and so are less able to recognise abuse.
- Through residential, foster or hospital placements, they may have multiple carers.
- Differences in appearance disposition and behaviour may be attributed to the child's disability rather than to abuse.
- They are not always able to communicate what is happening to them.

Intimate care may involve touching the private parts of the child/young person's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed policies procedures.

Working with parents and carers

Establishing effective working relationships with parents/carers is a key task for all TCES schools and services and is particularly necessary for children/young people with specific care needs or disabilities. Parents/carers should be encouraged and empowered to work with professionals to ensure their child/young person's needs are properly identified, understood and met. Although they should be made welcome and given every opportunity to explain their child/young person's particular needs, they should not be made to feel responsible for their child/young person's care in school, or for making teaching staff disability aware. Staff have a duty to remove barriers to learning and participation for pupils and students of all abilities and needs.

Plans for the provision of Intimate/personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and school including monitoring and review. It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents/carers and all those involved.

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

Cross gender care

There is positive value in both male and female staff being involved in intimate/personal care tasks, although it may be unacceptable to some parents, carers, or the child or young person, to have a carer of the opposite sex, to attend to toileting or other intimate needs, and this should be respected. However, at times there may be exceptional

circumstances where there are human resource implications preventing full consideration of the optimum gender balance (available carers are more likely to be female).

It is vital that TCES meet with parents/carers and the affected pupil prior to enrolment, to discuss the intimate/personal care plan and arrangements for cross gender care.

Positive approaches

The following examples of positive approaches to intimate/personal care must be applied by staff to ensure a safe and comfortable experience all parties;

- Get to know the child/young person beforehand in other contexts to gain an appreciation of his/her mood and systems of communication.
- Have a knowledge of and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Speak to the child/young person by name and ensure they are aware of the focus of the activity. Address the child/young person in age appropriate ways.
- Give explanations of what is happening in a straightforward and reassuring way.
- Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children/young people to use these terms appropriately.
- Respect a child/young person's preference for a particular sequence of care.
- Give strong clues that enable the child/young person to anticipate and prepare for events, for example show the clean nappy/pad to indicate the intention to change, or the sponge/flannel for washing.
- Encourage the child/young person to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing.
- Seek the child/young person's permission before undressing if he/she is unable to do this unaided.
- Provide facilities that afford privacy and modesty.
- Keep records noting responses to intimate care and any changes of behaviour.

Practical considerations for managers and supervisors

Practical considerations for managers and supervisors to ensure health and safety of staff and children/young people are as follows:

- All adults assisting with intimate/personal care should be employees of the school. This aspect of their work should be reflected in the job description.
- Staff should receive training in good working practices which comply with Health and Safety regulations such as dealing with bodily fluids, wearing protective clothing, Manual Handling, Child Protection, HIV and Infection, Whistle Blowing, Risk Assessment. Identified staff should also receive training for very specific intimate care procedures where relevant.
- Where a routine procedure needs to be established, there should be an agreed written intimate/care plan following discussion with TCES staff, parents/carers, relevant health personnel and the child/young person. All parties should sign the plan. The plan must be reviewed on a regular basis. TCES' complaints procedures should be known to all, and followed where necessary.

- There should be sufficient space, heating and ventilation to ensure safety and comfort for staff and child/young person.
- Suitable hygiene resources must always be available to staff and pupils. This includes access to hot and cold running water and anti-bacterial hand wash.
- Items of protective clothing, such as disposable gloves and aprons should be provided. Disposable gloves must not be reused.
- Bins should be provided for the disposal of wet and soiled nappies/pads. Soiled items should be “double-bagged” before placing in the bin.
- There should be special arrangements for the disposal of any contaminated waste/clinical materials or sharps.
- Cleaning materials should be stored safely but made readily available to staff as/when needed. Anti-bacterial spray should be used to clean surfaces.
- Adolescent girls will need arrangements for menstruation reflected in their plan.
- Schools and services should have a supply of sanitary wear which can be provided for girls in a sensitive and discreet way.

Training

The requirement for staff training in the area of intimate/personal care will be largely influenced by the needs of the children/young people for whom staff have responsibility. Consideration should be given to the need for training on a whole school or setting basis and for individual staff who may be required to provide specific care for an individual child/young person or small number of children/young people.

Whole staff group training should provide staff with opportunities to work together on the range of issues covered within this document thus enabling the development of a culture of good practice and a whole school approach to personal care. Whole school training should provide disability awareness, and opportunities for staff to increase knowledge and enhance skills.

More individualised training will focus on the specific processes or procedures staff are required to carry out for a specific child/young person. In some cases this may involve basic physical care which might appropriately be provided by a parent or carer. In cases of medical procedures, such as catheterisation, qualified health professionals should be called upon to provide training. For intimate care needs, training and advice should be included for staff on how to deal with sexual arousal in the child/young person, if appropriate.

Designated staff may require training in safe moving and handling. This will enable them to feel competent and confident and ensure the safety and wellbeing of the child/young person. It is imperative for the school and individual staff member to keep a dated record of all training undertaken.

Managing risk

These guidelines aim to manage risks and ensure that employees do not work outside the remit of their responsibilities. It is essential that all staff follow the guidance set out in this policy and take all reasonable precautions to prevent or minimise accident, injury, loss or damage. It is of particular importance with regard to:

- Staff training
- The recording of activities as necessary
- Consent being obtained from parents/carers
- The intimate care plan being written with, and signed by parents/carers
- The presence of two adults when invasive medical procedures and/or care needs are performed unless the parents/carers have agreed to the presence of one adult only.

This policy links to the following TCES policies and procedures:

- Accessibility plan
- Administration of medication policy
- Safeguarding children and vulnerable young adults policy and procedures
- Health and Safety policy
- PSHE and RSE policy
- Risk assessment policy

Appendix 1 - Intimate care management checklist (to inform the written intimate care management plan)

Child/young person's name:Date of birth

Facilities	Discussed	Action
<p>Suitable toilet identified?</p> <p>Adaptations required?</p> <ul style="list-style-type: none"> • Changing mat/table (easy clean surface) • Grab rails • Step • Easy operatable locks at suitable height • Accessible locker for supplies • Mirror at suitable height • Hot and cold water • Lever taps • Disposal unit • Moving and handling equipment • Bleeper/emergency help 		

Family provided supplies:	Discussed	Action
<ul style="list-style-type: none"> • Pads • Catheters • Wipes • Spare clothes • Others (specify) <p>School/setting provided supplies:</p> <ul style="list-style-type: none"> • Toilet rolls • Urine bottles • Bowl/bucket • Antiseptic cleanser, cloths and blue roll • Antiseptic hand wash • Sterilising fluid • Paper towels • Soap • Disposable gloves/aprons • Disposal bags 		

<p>Staff training/communication</p> <ul style="list-style-type: none"> • Advice sought from medical personnel or manual handling adviser? • Parental/carer involvement in the management plan • Child/young person's involvement in the management plan • Any parental/child/young person's preference for gender of carer • Specific training for staff in personal care role • Awareness raising for all staff <p>Other children and pupils?</p> <ul style="list-style-type: none"> • Consult child/young person, respect privacy • How does the child/young person communicate needs? 	<p>Discussed</p>	<p>Action</p>
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<p>PE issues to enable access to all activities</p> <ul style="list-style-type: none"> • Discreet clothing required? • Privacy for changing? • Specific advice required for swimming? • Specialist medical advice? • Manual handling advice? 	<p>Discussed</p>	<p>Action</p>
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<p>Support</p> <p>Identified staff</p> <p>Back up staff</p> <p>Training for back up staff</p> <p>Time plan for supporting personal care need</p>	<p>Discussed</p>	<p>Action</p>
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Appendix 2 - Intimate care management plan (developed from the personal care management checklist)

Pupil name:		Date of birth:	
GP contact information:			
Contributors to plan: <i>must include parent/carer and young person</i>			
Date of plan:			
<p>1. Intimate care requirements: <i>Please specify the pupil's specific intimate care needs and details the assistance required, including but not limited to toileting assistant, changing, personal hygiene, dressing, menstrual care and any additional specific needs or considerations. Also include a list of resources/items required and who will be responsible for providing and replenishing these.</i></p>			
<p>2. Preferred practices: <i>Please indicate any preferences or strategies that the pupil and/or parent/carer have communicated, including but not limited to strategies for communication and explanation, use of specific products or materials, cultural, religious or personal consideration, arrangements for trips/transport/PE.</i></p>			
<p>3. Safety and hygiene guidelines: <i>Please outline any specific safety or hygiene considerations that need to be followed during intimate care, including but not limited to hand hygiene protocols, use of PPE, infection control measures, waste/soiled disposal.</i></p>			
<p>4. Staff assignment: <i>Please indicate any preferences or considerations regarding the staff members who will provide intimate care, including but not limited to gender preferences, specific named staff members requested, back-ups, staff:pupil ratios for supervision of intimate care practice</i></p>			

5. Working towards independence:

Actions may include but are not limited to taking the pupil to toilet at timed intervals, using visual cues, any rewards used.

6. Emergency procedures:

Outline any emergency procedures related to intimate care, including but not limited to emergency contact information, steps to follow in case of accidents, injuries and medical emergencies.

Date for review of plan:

This plan has been agreed by:

Pupil name:		Pupil signature:	
Parent/carer name:		Parent/carer signature:	
TCES Staff member name & job role:		TCES Staff member signature:	
TCES SLT member name & job role:		TCES SLT member name signature:	

A copy of this plan should be given to the parent/carer. A second copy should also be stored in the pupils' school file.

Appendix 3 – Record of intimate care intervention

Pupil name

Pupil DOB

Date	Time	Procedure	Staff signature	Comments