Policy for Intimate Care

Colville Primary School

March 2022

For ease of use this document is organised into 4 parts:

Part 1 Guiding Principles

Part 2 Model Policy for Intimate Care

Part 3 Guidance

Part 4 Appendix 1 - Intimate Care Plan and Guidance for use

Part 1

Guiding Principles

These three fundamental guiding principles are paramount and should be evident whenever intimate care involving children or young people is considered

1st Principle

The exchange between all those involved in any intimate care procedures must be one of mutual respect.

2nd Principle

Every plan supporting intimate care must demonstrate how the child/young person can be enabled to develop their autonomy.

3rd Principle

The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of child/young people and staff.

Part 2

Policy for Intimate Care

Introduction

Colville School is committed to ensuring that all staff responsible for the intimate care of children or young people will undertake their duties in a professional manner at all times. We recognize that there is a need to treat all children/young people with respect when intimate care is given. No child/young person should be attended to in a way that causes distress, embarrassment or pain.

What is Intimate Care?

Intimate care is any personal care that most people usually carry out for themselves.

Our Approach to Best Practice

The management of all children/young people with intimate care needs will be carefully planned and should be a positive experience for all involved. The child/young person who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide this care are trained to do so (including Safeguarding and Child Protection and Moving and Handling Training) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children/young people who need special arrangements following assessment from a physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children/young people taking into account developmental changes such as puberty e.g. menstruation. Whenever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationships education to the children/young people in their care as an additional safeguard to both staff and children involved. If staff are involved care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.

Children/young people will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will ensure each child/young person does as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up as appropriate and shared and agreed by the child/young person and their parents/carers.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each situation to determine how many carers need to be present when the child/young person is being cared for. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults

present. In this case, the reasons should be clearly documented and reassessed regularly.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence, for example female staff supporting boys when there is no male staff.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of children/young people and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Safeguarding Children

Cambridgshire LSCB Safeguarding Interagency Procedures and Safeguarding and Child Protection Procedures for Education will be adhered to alongside the school/setting's policy and procedures.

All children/young people will be taught personal safety skills relative to their age, ability and understanding. These skills will be shared with parents/carers to enable them to be consolidated within the home/community.

If a member of staff has any concerns about physical or behavioral changes in a child/young person's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the designated person for child protection in their school/setting.

If a child/young person is displaying inappropriate sexual behaviour, advice should be sought from the appropriate source (e.g. In schools this might be: Designated Person for Child Protection, School Nurse, Social Care, Education Child Protection Service, Cambridgeshire Sexual Behaviour Service)

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/ carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue/s are resolved so that the child/young person's needs remain paramount. Further advice, following the Interagency Procedures will be taken from outside agencies as necessary.

If a child makes an allegation against a member of staff the procedures for Allegations Against Staff, in the Safeguarding and Inter-Agency Procedures will be followed. All staff will be required to confirm that they have read the Cambridgeshire Model Policy and Guidance for Intimate Care and be aware of the need to refer to other policies the school/setting may have in place for clarification of practices and procedures.

This policy was developed by consultation between staff, the governing body, parents and children/young people

Part 3

Guidance

Context

The purpose of this guidance is to set out a framework for staff that provide intimate care to children and young people. This acknowledges staff responsibilities and also protects the rights of everyone involved. Children and young people who require intimate care may attend any setting.

Young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. There are occasions where there will be a need for an appropriate level of supervision in order to safeguard young people and/or satisfy health and safety considerations. This supervision should be appropriate to the needs and age of the young people concerned and sensitive to the potential for embarrassment.

Adults need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be mindful of the needs of the children and young people with whom they work.

Purpose of Guidance

It is important that all adults working with children and young people understand that the nature of their work and the responsibilities related to it place them in a position of trust. This guidance provides clear advice on appropriate and safe behaviours for all adults working with children in paid or unpaid capacities, in all settings and in all contexts. This guidance aims to:

- keep children and young people safe by clarifying which behaviours constitute safe practice and which behaviours should be avoided;
- assist adults working with children and young people to work respectfully, safely and responsibly and to monitor their own standards and practice;
- support managers and employers in setting clear expectations of behaviour and/or codes of practice relevant to the services being provided;
- support employers in giving a clear message that unlawful or unsafe behaviour is unacceptable and that, where appropriate, disciplinary or legal action will be taken;
- support safer recruitment practice;
- minimise the risk of misplaced or malicious allegations made against adults who work with children and young people;
- reduce the incidence of positions of trust being abused or misused.
- support staff to respectfully and safely teach or consolidate autonomy for the children or young people with whom they work. Staff will enable each child or young person to do as much for themselves as possible.

Employers should be familiar with, and know how to access, their Local Safeguarding Children's Board's policy and procedures for managing allegations against staff. This guidance is available in Working Together to Safeguard Children,

Chapter 12 and Safeguarding Children and Safer Recruitment in Education, Chapter 5

What is Intimate Care?

Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some people may be unable to do so because of an impairment or disability. Children or young people might require help with eating, drinking, washing, dressing, toileting and helping to deal with menstruation.

What is Invasive Care?

Invasive care is an aspect of personal care where a procedure used for the care of an individual involves a further proximity to a person's body. This is to the point where equipment or medication needs to enter the body space, for example, medication administered anally or by injection. These are medial procedures and can only be undertaken in a school setting by an appropriately trained person. These procedures need to be supported by a clear medical protocol endorsed by the supporting Health Professional.

Good practice in intimate care

Wherever possible, intimate care provided to older children and young people should be carried out by a staff member of the same gender. The religious and cultural values of children and their families must also be taken into account. The following positive approaches will assist in promoting good practice for intimate care:

- Staff should get to know the child or young person well beforehand and be familiar with his/her moods and methods of communication.
- Staff should speak to the child personally by name so that he/she is aware of being the focus of the activity
- Staff should have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account
- Staff should enable the child or young person to be prepared for or anticipate events while demonstrating respect for her/his body, e.g. by giving a strong sensory or verbal cue such as using a sponge or pad to signal intention to wash or change.
- Staff should ensure that the child or young person's privacy and modesty is respected and protected
- Staff should agree with the child or young person and their family appropriate terminology for private parts of the body and functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts.
- Staff must always communicate in an age appropriate way taking into account the child or young person's developmental level and their preferred communication method.
- Staff should keep records, which note a child or young person's responses to intimate care and any changes in behaviour.
- If a member of staff has concerns about physical changes in a child or young person's presentation, e.g. unusual anxiety, bruising, soreness etc they will immediately report their concerns to the designated person for child protection

and log them.

- An appropriate written plan for intimate personal care should be agreed with the child or young person and their family.
- Ensure that intimate care is consistent across home, school and other settings as far as possible.
- Staff should be aware of their own limitations, only carrying out procedures they understand and are competent and confident to carry out. If in doubt, staff should ask for support.
- Cameras (including mobile phones and ipads) must not be taken or used by children in areas where intimate care is carried out.

Duty of Care

The Children Act 2004, through the Stay Safe outcome of the Every Child Matters Change for Children programme, places a duty on organisations to safeguard and promote the well being of children and young people. This includes the need to ensure that all adults who work with or on behalf of children and young people in these organisations are competent, confident and safe to do so.

All adults who come into contact with children and young people whether working in a paid or unpaid capacity have a duty of care to safeguard and promote their welfare. Children and young people have a right to be treated with respect and dignity. It follows that trusted adults are expected to take reasonable steps to ensure the safety and well being of children and young people. Failure to do so may be regarded as neglect.

The duty of care is in part, exercised through the development of respectful and caring relationships between adults and children and young people. It is also exercised through the behaviour of the adult, which at all times should demonstrate integrity, maturity and good judgement.

Employers also have a duty of care towards their employees, both paid and unpaid, under the Health and Safety at Work Act 1974. This requires them to provide a safe working environment for adults and provide guidance about safe working practices. Employers also have a duty of care for the well being of employees and to ensure that employees are treated fairly and reasonably in all circumstances. The Human Rights Act 1998 sets out important principles regarding protection of individuals from abuse by state organisations or people working for those institutions. Adults who are subject to an allegation should therefore be supported and the principles of natural justice applied.

The Health and Safety Act 1974 also imposes a duty on employees (5) to take care of themselves and anyone else that may be affected by their actions or failings. An employer's duty of care and the adult's duty of care towards children should not conflict. This 'duty' can be demonstrated through the use and implementation of these guidelines.

One to One Situations

All settings working with or on behalf of children and young people should consider one to one situations when drawing up their policies.

Always consider the 3rd Guiding Principle: The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully.

It is not realistic to state that one to one situations should never take place. It is however; appropriate to state that where there is a need, agreed with a senior manager and/or parents/carers, for an adult to be alone with a child /young person, certain procedures and explicit safeguards must be in place.

Adults should be offered training and guidance for the use of any areas of the workplace, which may place themselves or children in vulnerable situations. This would include those situations where adults work directly with children and young people in unsupervised settings and/or isolated areas.

One to one situations have the potential to make children/young people more vulnerable to harm by those who seek to exploit their position of trust. Adults working in one to one situations with children/young people may also be more vulnerable to unjust or unfounded allegations being made against them. Both possibilities should be recognised so that when one to one situations are unavoidable, reasonable and sensible precautions are taken. Every attempt should be made to ensure the safety and security of children and young people and the adults who work with them.

There are occasions where managers will need to undertake a risk assessment in relation to the specific nature and implications of one to one work. These assessments should take into account the individual needs of the child/young person and the individual worker and any arrangements should be reviewed on a regular basis.

Underpinning Values

- The welfare of the child is paramount.

- It is the responsibility of all adults to safeguard and promote the welfare of children and young people. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with children and young people.

- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct that would lead any reasonable person to question their motivation and intentions.

- Adults should work and be seen to work in a respectful, open and transparent way.

- The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity.

- Adults should continually monitor and review their practice and ensure they follow the guidance contained in this document.

- Adults should ensure that where a child or young person attends different settings that there is consistency in dealing with this aspect of intimate care.

Underpinning Principles

Intimate care should be a positive experience for both staff and the child or young person. It is essential that care is given gently, respectfully and sensitively and that every child or young person is treated as an individual. As far as possible, the child or young person should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. These principles of intimate care can be put into practice by:

- Ideally allowing the child or young person, whenever possible to choose who provides their intimate care which should be age appropriate
- Enabling the child or young person to indicate if they find a carer unacceptable
- Allowing the child or young person a choice and control over the sequence of care
- Ensuring privacy wherever the intimate care is taking place
- Allowing the child or young person to care for him/herself as far as possible
- Being aware of and responsive to the child/young person's reactions.

All children have a right to safety, privacy and dignity when contact of a physical or intimate nature is required and depending on their abilities, age and maturity should be encouraged to act as independently as possible. The decision as to whether or not a door is locked when intimate care is taking place needs to be considered. The following are some of the factors that might be taken into account:

- Age, ability and wishes of the child/young person
- Location of the facility e.g. school hygiene room, public toilet etc
- Safe working practice of the adult(s) involved

The views of the child should be actively sought, wherever possible, when drawing up and reviewing intimate care plans. As with all individual arrangements for intimate care needs, agreements between the child/young person, parents/carers and the school/setting must be negotiated and recorded.

When the plan is completed consideration should be made as to whether the underpinning values and principles are reflected.

Given the right approach, intimate care should provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Whenever children can learn to assist in carrying out aspects of their own intimate care they should be encouraged to do so.

Confidentiality

Adults may have access to confidential information about children and young people in order to undertake their responsibilities. In some circumstances they may have access to or be given highly sensitive or private information. These details must be kept confidential at all times and only shared when it is in the interests of the child/young person to do so. Such information must not be used to intimidate, humiliate, or embarrass the child/young person concerned.

If an adult who works with children or young people is in any doubt about whether to share information or keep it confidential he or she should seek guidance from a senior member of staff or the designated person for child protection. Any actions should be in line with locally agreed information sharing protocols.

The storing and processing of personal information about children and young people is governed by the Data Protection Act 1998. Employers should provide clear advice to adults about their responsibilities under this legislation.

Whilst adults need to be aware of the need to listen and support children and young people, they must also understand the importance of not promising to keep secrets. Neither should they request this of a child or young person under any circumstances.

Additionally, concerns and allegations about adults should be treated as confidential and passed to the Head Teacher or a senior manager without delay.

It is important that the child/young person and their family have a copy of the intimate care plan and any other linked documentation e.g. star chart.

Making a Professional Judgement

These guidelines cannot provide a complete checklist of what is, or is not appropriate behaviour for adults in all circumstances. There may be occasions and circumstances in which adults have to make decisions or take action in the best interests of the child or young person which could contravene this guidance or where no guidance exists. Individuals are expected to make judgements about their behaviour in order to secure the best interests and welfare of the children in their charge. Such judgements, in these circumstances, should always be recorded and shared with a senior manager. In undertaking these actions individuals will be seen to be acting reasonably.

Adults should always consider whether their actions are warranted, proportionate and safe and applied equitably.

Power and Position of Trust

As a result of their knowledge, position and/or the authority invested in their role, all adults working with children and young people are in positions of trust in relation to the young people in their care. Broadly speaking, a relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. It is vital for all those in positions of trust to understand the power this can give them over those they care for and the responsibility they must exercise as a consequence of this relationship.

A relationship between an adult and a child or young person cannot be a relationship between equals. There is potential for exploitation and harm of vulnerable young people. Adults have a responsibility to ensure that an unequal balance of power is not used for personal advantage or gratification.

Adults should always maintain appropriate professional boundaries and avoid behaviour, which might be misinterpreted by others. They should report and record any incident with this potential.

Where a person aged 18 or over is in a specified position of trust with a child under 18, it is an offence for that person to engage in sexual activity with or in the presence of that child, or to cause or incite that child to engage in or watch sexual activity. Please refer to The Sexual Offences Act 2006 and the Protection of Vulnerable Adults (POVA)

Targeting and Grooming

Part of creating a protective ethos involves raising awareness among staff and children about the process of targeting and grooming used by sex offenders.

Targeting - is the process offenders use to identify a victim. Children most likely to be targeted are those in groups identified as "vulnerable". They may fall into one of some of the categories below:

- Children with troubled or unsettled lives
- Children with identified behavioural or emotional problems at school
- Children who are separated from parents
- Children who are known to have been previously abused
- Insecure children with low self esteem
- Isolated children, socially or geographically
- Children with disabilities or SEN

Grooming - is the process by which an offender manipulates the environment in order to increase the likelihood of offending without being caught. Some areas to consider in relation to grooming are listed below:

- It involves adults and children.
- The more protective adults a child has in their network, the less likely they will be successfully targeted.
- It is subtle and it may be carried out in such a way as to have an "innocent" explanation.
- It is manipulative and deliberate
- It may be seen as warmth and helpfulness making the person extremely plausible
- It can be a slow process
- Children become entrapped and feel responsible and guilty
- Children are coerced to keep secrets.

Staff need to know that if they have concerns about the behaviour of a member of staff or volunteer within the school, they must report their concerns immediately to the Head Teacher. If the concerns are about the Head Teacher they should speak immediately to the Chair of governors.

Whistle blowing

Whistle blowing is the mechanism by which adults can voice their concerns, made in good faith, without fear of repercussion. Each employer should have a clear and accessible whistle blowing policy that meets the terms of the Public Interest Disclosure Act 1998. Adults who use whistle blowing procedure should be made aware that their employment rights are protected.

Adults should acknowledge their individual responsibilities to bring matters of concern to the attention of senior management and/or relevant external agencies. This is particularly important where the welfare of children may be at risk.

Developing an intimate care plan (see Appendix 1)

Where a routine procedure is required, an intimate care plan should be agreed in discussion with the child/young person, school staff, parents/carers and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis. A six monthly review would be recommended but this would need to be more frequent if the circumstances are changing.

In developing the plan the following should be considered:

a) Implications for settings

- The importance of working towards independence
- Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming etc
- Who will substitute in the absence of the appointed person/s
- Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child/young person has an odour
- Management of the plan: writing it, managing it, handling confidentiality, reviewing it etc

b) Classroom management

- The child/young person's seating arrangements in class
- A system for the child/young person to leave class without disruption to the lesson
- Avoidance of missing the same lesson due to routines
- Awareness of a child/young person's discomfort which may affect learning
- Implications for PE, swimming etc e.g. discreet clothing, additional time for changing

Intimate care plans will be available to the member of staff giving the care and not displayed for all to view, thus helping to support the child/young person's dignity

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

Environmental considerations

Consideration needs to be given as to the most appropriate space and facilities for the intimate care to take place. Under the Disability Discrimination Act 1995, all public buildings must have an accessible toilet, but in many instances these are not adequate for children and young people who need additional equipment such as changing benches or hoists.

Advice can be sought on providing a suitable environment which takes into account the needs and choices of the child/young person and of other users of the building. It is necessary to look at issues such as proximity to the classrooms, how to ensure privacy and dignity, the types of equipment needed, how to alert for assistance if required etc. Environmental advice pertinent to a child/young person can be gained

by contacting the Occupational Therapist who supports the child/young person in the setting.

Moving and Handling

Assisting personal care tasks may present challenges for moving and handling. At all times the child/young person's wishes and choices must be considered, but procedures must also take in to account the safety of the people who are assisting.

Manual handling risks need to be assessed and identified and measures put in place to reduce the risk as required. This may involve small items of equipment, such as grab rails or steps, or may be more complex equipment such as mobile or ceiling track hoists and electric height adjustable changing benches.

Advice as to the best moving and handling procedures can be requested via the Occupational Therapy (OT) and Physiotherapy (PT) service supporting the school or setting. For children in mainstream it is possible to request formal moving and handling training for staff involved with an individual child/young person via the Special Needs Officer within Student Assessment Service. Special Schools are responsible for providing their own training package. The teacher will liaise closely with the health OT/PT to ensure that advice is consistent and in keeping with the therapeutic aims.

In the same way as an intimate care plan is required, there also needs to be a clear protocol for the moving and handling procedures identified for the task. This should clarify who and how these procedures are to be undertaken. This also needs regular review due to changing circumstances. At minimum, annual training is needed and more frequently in the event of changing staff or circumstances.

The Intimate Care Plan

Having identified, as far as possible, with the child/young person the most appropriate procedures and methods to ensure the personal care is met, it is advised to produce an "Intimate Care Plan". This is a signed record of agreed procedures and persons who are engaged in the task. It states the aims and purpose of the activity and how this is to be met. As situations are subject to change, this needs to be reviewed on a six monthly basis. In some instances, review will need to be made on a more frequent basis.

See Appendix for Model Intimate Care Plan and Guidance.

Links with Other Agencies

Positive links with other agencies will enable setting based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well being and development remains paramount.

It is recommended good practice for settings to know what agencies are involved with the child/young person, to seek advice, involve parents or the person who knows the child/young person best and also to consult a relevant health professional such as the school nurse, O.T, or physiotherapist.

Staff Development

- All staff should receive training in good working practices, which comply with best practice. Every member of staff must receive Child Protection training every three years; this will include midday supervisors, dining hall staff, caretakers etc.

- Individual staff must be supported in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines.

- Where appropriate staff must receive Moving and Handling training at least every year.

- Newly appointed staff should be closely supervised until completion of a successful 'probationary' period.

- Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.

- School and individual staff must keep a dated record of all training undertaken.

The following guidelines should be used in training staff identified to support intimate care.

Senior staff members should be able to:

- Ensure staff have had appropriate external checks (e.g. CRB) and that the setting has a protective ethos and all staff aware are of the Whistleblowing Policy
- Ensure staff know of the whole setting approach to intimate care
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure that sensitive information about a child/young person is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other staff should only be given information that keeps the child safe.
- Consult with parents/child/young person about arrangements for intimate care
- Ensure that appropriate personal safety skills are taught to all children/young people so that they understand good/bad touches, good/bad secrets, telling etc.
- Ensure staff are aware of set procedures, the Child Protection Policy & Health and Safety Policy etc.
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary.
- Ensure staff are aware of and have training in the communication system/s that the child they are working with uses.
- Wherever possible, avoid using staff involved in intimate care, in the delivery of sex education, as an additional safeguard to both staff and children/young people involved.

In addition identified staff should be able to;

- Access other procedures and policies regarding the welfare of the child/young person e.g. Safeguarding and Child Protection, Behaviour, Anti-Bullying, Positive Handling etc
- Understand their duty of care, know how to log and pass on concerns to the designated person in the setting
- Identify and use a communication system with which the child/young person is most comfortable with
- 'Read' messages a child/young person is trying to convey
- Communicate with and respectfully involve the child/young person in the intimate care process
- Offer choices, wherever possible
- Ensure greater independence with the procedure of intimate care
- Maintain confidentiality with the child/young person when discussing elements of their intimate care unless it is a child protection issue when Child Protection Procedures must be followed.

Sharing Concerns and Recording Incidents

Individuals should be aware of who their organisation's designated person for child protection is, where the Safeguarding and Child Protection policy and procedures are kept, including procedures for dealing with allegations against adults. All allegations must be taken seriously and properly investigated in accordance with local procedures and statutory guidance. Adults who are the subject of allegations are advised to contact their professional association.

In the event of any allegation being made, information should be clearly and promptly recorded and reported to the Head teacher (if in a school) who should then follow the LSCB Procedures.

Adults should always feel able to discuss with their line manager any difficulties or problems that may affect their relationship with children and young people so that appropriate support can be provided or action can be taken.

It is essential that accurate and comprehensive records be maintained wherever concerns are raised about the conduct or actions of adults working with or on behalf of children and young people.

Visits and "Out of School" Activities.

A setting may have robust procedures and plans in place for the day to day intimate care needs of a child or young person, but further consideration will need to be taken in good time before a trip or for an "out of school" setting or activity. The same principles apply and advice can be requested from the Occupational Therapist who supports the child/young person in school. If the situation requires a more detailed involvement, the Occupational Therapy Service for Procurement Team (Education and Settings) can become involved. If required, the setting can be visited in advance and consideration as to how equipment can be accommodated made. Again, specific training may be required as the environmental aspects may be different.

Appendix 1

Intimate Care Plan

Child/Young Person:				**School/Setting:**	
DOB:		**Male/Female**		**Date:**	

Description of Intimate Care Needs
Task: Identify one part of this process, which could be developed so that greater independence/involvement can be achieved.
Action Plan – Describe the steps needed to achieve this task
1. 2. 3. 4.

The following people will be assisting in the above activities:

Named Person: ……..

……

……

Additional people who may be involved to cover when the named people are absent:

……

……

I am in agreement with the above procedures being undertaken: (Please sign as appropriate)

Person for whom the plan is for ……

Parent/Carer ……..…….

SENCO/Inclusion officer ……..

Teaching Assistant(s) …… Teaching Assistant (s) ……

Date …….. Date for review ……

Guidelines for Use

The plan is an individualised protocol to ensure that the process of giving and receiving care is respectful, tailored to the individual needs of a child or young person and promotes safety for those receiving and administering the care.

It is recommended that where intimate care is required, an individual plan is drawn up and updated regularly. A six-monthly review would be good practice. It is advisable to have a named person who takes the lead and this needs to be identified on the plan.

As far possible, one plan can be usable across different settings such as school, short breaks, link care etc. Discretion needs to be used as to whether it is appropriate for home use.

The child/young person's choices and preferences need to be considered and incorporated into the plan as far as possible.

1. **Description of the child/young person's Intimate Care Needs**

Use this space to describe the child/young person's ability and need for intimate care.

(e.g. "N" needs full assistance for his/her toileting needs. S/he does not indicate a need to go to the toilet or when wet or soiled. "N" needs assistance to transfer onto a changing table using a hoist and sling from the wheelchair. "N" can assist with cleaning his/her hands by sitting at the wash basin in the wheelchair and placing their hands under the running water and rubbing them with soap.)

2. **Task**

Select a part of the whole intimate care process, which could be developed to encourage the child/young person's independence. This may be only one stage of the whole process, but more can be added. If possible, involve the child/young person in selecting which part of the task to focus on.

(e.g. "N" will assist in taking the wipe and assist in their own personal cleaning)

3. **Action Plan**

A detailed plan of what is needed for "N" to be able to achieve the selected task, e.g.:

1. 2 staff members will assist "N" to move from wheelchair to the changing bench using a hoist and sling as demonstrated.)
2. When "N" is lying on the bench give a verbal/visual cue that the pad will be removed.
3. Undo tapes and remove and dispose of pad
4. Give a verbal/visual cue that a wipe is to be used
5. Assist "N" in taking the wipe and prompt verbally/visually for him/her to complete the cleaning as required.

6. If additional cleaning is required, explain this to “N” and staff member to complete the task
7. Give verbal/visual prompt to say that you are now going to put on a clean pad
8. Replace clothing and transfer back to wheelchair using equipment as before)

The frequency of review will depend on the complexity of the task and progress of the individual. Circumstances may change which require more frequent review. This will work best if all people involved feel that they have some influence in the progress.