

Ormiston Academies Trust

Thomas Wolsey Ormiston Academy

Intimate care policy

Policy version control

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Description of changes	<ul style="list-style-type: none"><li>▪ New policy</li></ul>

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## 1. Statement of intent

- 1.1. Thomas Wolsey Ormiston Academy is committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times.
- 1.2. This academy takes seriously its responsibility to safeguard and promote the welfare of the children in its care.
- 1.3. The governing body recognises its duties and responsibilities in relation to the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.
- 1.4. It is fundamental that that children and young people are treated with dignity and respect in all aspects of their intimate care.
- 1.5. No child shall be attended to in a way that causes distress, embarrassment, or pain.
- 1.6. Staff will work in close partnership with parents and carers to share information and provide continuity of care.
- 1.7. The child's voice is fundamental in planning for and delivering intimate care and routines and procedures should be regularly reviewed in response to this for each individual.

## 2. Legal framework

- 2.1. This policy has due regard to legislation, including, but not limited to the following:
  - Education and Inspections Act 2006
  - Equality Act 2010
  - Children Act 1989
  - Human Rights Act 1998
  - Relationships Education, Relationships and Sex Education and Health Education, 2020
  - Health and Safety at Work Act
- 2.2. It will also have due regard to the current iteration of Keeping Children Safe in Education.
- 2.3. This policy will be implemented in conjunction with the academy's:
  - Equality Policy
  - Child protection and safeguarding policy
  - Accessibility plan
  - Admissions policy
  - Code of conduct policy
  - SEND policy
  - SEND information report

- Supporting students with medical needs
- Whistleblowing policy
- Allegations against staff policy

### 3. Definition

- 3.1. Intimate care is defined as any care which involves washing, touching, or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do because of their young age, physical disability, or other special need. Examples include care associated with continence and menstrual management as well as tasks such as help with washing, toileting, or dressing. It includes nappy/pad changing, support with catheters as well as the supervision of children involved in intimate self-care.

### 4. Planning

- Children who require regular assistance with intimate care have written plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. **As the majority of pupils at TOWA receive intimate care a generic risk assessment is in place that covers all pupils. This identifies risks and considerations universal to all as well as signposting to other personalized plans already in place.**
- **Personalised plans cover:**
  - **Moving and handling arrangements during personal care within the wider considerations of a pupil's moving and handling needs (Moving and Handling Risk Assessments)**
  - **Any behaviours that are specific to personal care routines and shared approaches around these behaviours (Behaviour Management Plans)**
  - **How to communicate with the pupil more generally (Communication snapshots)**
  - **Any specific independence goals pupils are working on around personal care routines (Learning Maps)**
  - **Application of any topical creams or ointments needed during personal care (Parental agreements for administration of medications)**
  - **Any other bespoke arrangements, e.g. to be taken by female staff only, (Child in Need / Annual Review plans)**
- **All personalized plans, risk assessments and agreements that impact on intimate care routines should be written jointly with the pupils, their parents and key members of staff wherever possible and appropriate.** Any historical concerns (such as past abuse) **must** be taken into account in the drafting of relevant plans. **All plans** should be reviewed as necessary, but at least annually, and at any time of change of circumstances.

- Temporary changes to intimate care arrangements, for example during residential trips, educational visits/day trips or following an operation such as pupils being in casts, will be included in the relevant plans or risk assessments. **Moving and handling risk assessments or the risk assessment relating to the educational visit will be the most likely location detailing such arrangements.**
- Intimate care **arrangements and routines** will take into account the cultural and religious values of the child and their family, ensuring that all practices are respectful of these needs.
- Children's feedback will be regularly sought, and any concerns they raise will be formally reviewed and added to any relevant plan accordingly. Children should be actively involved in the planning and review process of their intimate care **arrangements and routines**.
- Where specialist equipment and facilities are required that are not currently available in the school, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a physiotherapist and/or occupational therapist.
- Children will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.
- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.
- Regular recording of the implementation of support should be carried out in order to ensure need are met effectively and any potential changes in support required are monitored closely.
- The Principal or Designated Safeguarding Lead (DSL) will conduct termly audits of intimate care procedures and **personalized routines** to ensure compliance with best practices and child protection protocols.

## 5. Staffing

- Staff will ensure that the dignity of the child is of the highest priority.
- Staff who provide intimate care will have an enhanced DBS check and up to date child protection and safeguarding training which will include how to recognize signs of abuse.
- The staff will have a full understanding of the child's needs and will follow the advice of relevant professionals. They will be fully aware of best practice.
- Staff will be trained to effectively communicate with the child, including for children who are non-verbal or for deaf children. They will have training in mental health awareness.
- Where necessary staff have appropriate practical training, such as moving and handling.
- Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account developmental changes, such as the onset of puberty and menstruation.
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures (including risk assessments where necessary). Where possible one child will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented. The adult must always notify another member of staff when taking the child to carry out intimate care.

- In some cases, such as when supporting children with mobility issues or health complications, there will be a need for more than one person to carry out intimate care in order to fulfil moving and handling procedures or to keep the child safe.
- The child's voice should always be central to planning. Where the child communicates that they do not want a particular adult to carry out intimate care, this should be taken seriously, and alternative arrangements put in place.

## 6. Communication

- There must be careful communication with any child who requires intimate care, in line with their preferred means of communication, to discuss needs and preferences.
- The views of parents/carers will be sought at the earliest possible opportunity when planning for their child's needs. Where possible these will be followed in the planning process. Where the parent/carer views differ from the child's, Gillick competence and Fraser guidelines will be adhered to. <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>
- Parents and carers will be engaged in regular reviews of their child's care plan, with termly feedback meetings to discuss any updates, concerns, or changes in provision.
- The plan will be signed by all involved, including the child if this is appropriate.
- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This information should be treated as confidential and communicated in person, via telephone, email or by sealed letter.

## 7. Safeguarding and child protection

- 7.1. The governors and staff of Thomas Wolsey Ormiston Academy recognise that children with special educational needs and/or disabilities are particularly vulnerable to all forms of abuse.
- 7.2. The academy child protection and safeguarding policy will be adhered to at all times.
- 7.3. If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to (academy to insert name of DSL/DDSL here)
- 7.4. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated under the allegations against staff policy at an appropriate level and outcomes recorded as a low-level concern or allegation where required.