



# **Knowsley Central School**

## **Intimate and Personal Care Policy**

**Reviewed by:**

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## Intimate and Personal Care Policy

### **1. Purpose**

The purpose of this policy is to ensure that all pupils in Knowsley Central School who require intimate and/or personal care are given the correct support and staff are aware of procedures in place to support them.

This policy understands the key issues and balances that need to be considered when working with children and young people who have medical and physical dependency needs. Through this document we ensure that pupils who require this level of support are able to access all school activities both on and off site and there is no disruption to their education.

### **2. Introduction.**

As Knowsley Central is a Primary Special School for pupils with a range of needs including ASC, Development delay, ADHD etc, there is an increasing number of pupils that require assistance with intimate care tasks, especially toileting. All of the pupils we support have the right to be safe, to be treated with courtesy, dignity, and respect.

This document is a response to requests for clear principles and guidance on the issue of supporting intimate and personal care needs with specific reference to toileting.

### **3. References**

- The Children Act 1989;
- The Childcare Act 2004
- The Childcare Act 2006;
- The Disability Discrimination Act 1995;
- UN Convention on the Rights of the Child (1989);
- Health and Safety At Work etc. Act 1974;
- Equality Act 2010;
- Local safeguarding policy.

### **4. Definition of Intimate Care**

There is a clear difference between personal and 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. The Intimate care tasks specifically identified as relevant for school include:

- Dressing and undressing (underwear);
- Helping someone use the toilet;
- Changing continence pads (faeces/Urine);
- Washing intimate parts of the body;

- Changing sanitary wear;

## **5. 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 outcomes for pupils as they learn new skills, growing in independence.

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication; (this would require parental consent and a medication form being completed)
- Feeding;
- Administering oral medication; (By Identified trained staff)
- 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 disability or medical need. Pupils may require help with eating, drinking, washing, dressing and toileting.

## **6. Principles of Intimate and Personal Care**

The following are the fundamental principles of intimate and personal care upon which our policy guidelines are based:

- Every pupil has the right to be safe;
- Every pupil has the right to personal privacy;
- Every pupil has the right to be valued as an individual;
- Every pupil has the right to be treated with dignity and respect.

## **7. Outline of expectations.**

All pupils who require intimate and/or personal care are treated respectfully at all times; the welfare and dignity of the pupil is of paramount importance.

Staff who provide intimate care are trained in relevant aspects of safeguarding (including Child Protection and Health and Safety) and are fully aware of best practice. For staff that have difficulty fulfilling this duty on the Job Description, concerns will be discussed and support will be given or risk assessments if this is related to a physical issue.

Staff will need to adapt their practice in relation to the needs of individual pupils considering developmental changes such as the onset of puberty and menstruation.

There is careful communication with each pupil who needs support in line with their preferred means of communication (objects of reference, verbal, symbolic, now and next boards etc.) during the intimate or personal care.

As a basic principle, a pupil will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for themselves as they can. This may mean, for example, giving the pupil responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular pupils as appropriate to suit the circumstances. These plans include a full risk assessment to address the personal safety and health of the pupil and the staff e.g. moving and handling, infection control etc. (the care plans will be drawn up if there is a particular need for either a pupil or a member of staff).

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers might need to be present when a pupil needs help with intimate care. Where possible one pupil will be cared for by one member of staff unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Wherever possible, the staff team within classes will rota the toileting needs of pupils to ensure that, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

## **8. The Protection of Children.**

### Safeguarding Procedures

All staff within school will have all relevant checks completed before allowing them to be left alone with children (e.g. DBS) and will be subject to robust internal procedures such as reference checking and monitoring and regular updating of enhanced DBS checks.

Where appropriate, all pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupils presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the DSL (designated safeguarding lead). Safeguarding procedures will then be followed.

If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/guardians will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

## **9. Guidelines for Good Practice**

### **9.1**

Pupil's with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Staff also need to be aware that in exceptional circumstances some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard pupils and staff.

#### **1. Involve the pupil in the intimate care**

Try to encourage a pupil's independence as far as possible in his or her intimate care. Where a situation renders a pupil fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the pupil or parent about any preferences while carrying out the intimate care.

#### **2. Treat every pupil with dignity and respect and ensure privacy appropriate to the pupil's age and situation.**

Staff can administer Intimate Care alone however school are aware of the potential safeguarding issues for the pupils and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the pupil but also to protect the staff member from potential risk. (Toileting areas are present off corridors, when a pupil has a change of pad this should be logged and signed for, staff are always within hearing distance of other staff and the toileting areas are communal for other pupils)

#### **3. Be aware of your own limitations**

Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been formally trained and assessed. (This is for more specialist intimate care)

#### **4. Promote positive self-esteem and body image.**

Confident, self-assured pupils who feel their body belongs to them are less vulnerable to Sexual Abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a pupil's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

#### **5. If you have any concerns you must report them.**

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated safeguarding lead, record the information in the appropriate place such as sleuth under Safeguarding.

If a pupil is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the pupil, ensure their safety and report the incident immediately to the designated safeguarding lead. This should again be record on Sleuth. Report and record any unusual emotional or behavioural response by the pupil.

## **6. Helping through communication**

There is careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (object of reference, verbal, symbolic, etc.) to discuss the pupils needs and preferences. The pupil should be made aware of each procedure that is carried out and the reasons for it

## **7. Support to achieve the highest level of autonomy and independence**

As a basic principle pupil will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for themselves as they can. This may mean, for example, giving the pupil responsibility for washing themselves. Individual intimate care plans will be drawn up for particular pupils as appropriate to suit the circumstances of the pupil.

### **9.2**

#### **Infection Prevention Control**

Infection prevention and control is concerned with the prevention of avoidable risks of infection and the control and management of all unavoidable risks of infection to those administering and receiving intimate and personal care. We will manage infection risks related to the school, equipment, staff working practices arising from the intimate and personal care of pupils.

### **9.3**

#### **Suitable hygiene resources**

- Staff should wear disposable gloves and aprons while changing a nappy, pad or soiled clothing;
- Soiled nappies or pads should be placed in the bins provided with yellow bags in for clinical waste. If necessary, staff should also put the nappies into a nappy sack.

- Changing area to be cleaned after use; (Changing beds/mats should be wiped down between use with appropriate wipes, not with baby wipes or with harsh sprays)
- Hot water and soap to wash hands as soon as the task is completed;
- Hot hand dryer or paper towels available for drying hands.

## **10. Parent/Carers information**

If your child requires nappies or pads, we ask that you provide them from home. We do not have spare available within school.

If you are struggling with providing or purchasing any item please contact school and we will attempt to support through referrals to the continence team for appropriate support and guidance.

