



ASPIRE

THE ASPIRE HUB

PERSONAL & INTIMATE CARE POLICY

PERSONAL CARE/INTIMATE CARE POLICY



Personal care/intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include, help with feeding, washing, toileting or dressing.

Best Practice

Staff who provide intimate care at The Aspire Hub are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate. 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. There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the child is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. All children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for his/herself as possible.

Children who require regular assistance with intimate care have written care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the Key Worker. Any historical concerns (such as past abuse) should be noted and taken into account.

Where a care plan is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter, not through the home diary this should then be recorded on CPOMS.

Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many Key Workers might need to be present when a child needs help with intimate care. Adults who assist children one-to-one should be employees of Aspire BM and be DBS checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and also this does not take account of the child's privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a child with intimate care. Wherever possible the same child will not be cared for by the same adult on a regular basis. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing.

Wherever possible staff should care for a child of the same gender. However, in some circumstances this principle may need to be waived; for example, female staff supporting boys as no male staff are available. Male members of staff should not normally provide routine intimate care (such as toileting, changing or bathing) for adolescent girls. This is safe working practice to protect children and to protect staff from allegations of abuse.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the Key Worker.

All staff should be aware of the confidentiality policy. Sensitive information will be shared only with those who need to know. If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products.

Child Protection

At the Aspire Hub we recognise that children with special needs and disabilities are particularly vulnerable to all types of abuse. The Safeguarding Policy and procedures will be accessible to staff and adhered to.



From a child protection perspective, it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely, but best practice will be promoted and all adults will be encouraged to be vigilant at all times.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the designated senior person for child protection. A clear written record of the concern will be completed on CPOMS and a referral made Social Care if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

If a child becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Aspirations Room Leader. The matter will be investigated at an appropriate level (usually the Aspirations Room Leader) and outcomes recorded on CPOMS. 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's needs remain paramount. Further advice will be taken from outside agencies if necessary. If a child makes an allegation against an adult working at The Aspire Hub, this will be investigated by one of the Directors (or by the if the concern is about the Director) in accordance with the agreed procedures. Any adult who has concerns about the conduct of a colleague or about any improper practice will report this to the Room Leader or to the Director, Gill Bullock if the concern is about the Room Leader.

Physiotherapy

Children who require physiotherapy whilst at The Aspire Hub, should have this carried out by a trained physiotherapist. If it is agreed in the care plan that a member of the Hub staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly.

Under no circumstances should The Hub staff devise and carry out their own exercises or physiotherapy programmes. Adults (other than the physiotherapist) carrying out physiotherapy exercises with pupils should be employees of Aspire BM. Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Medical Procedures

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as managing catheters or colostomy bags. These procedures will be discussed with parents/carers documented in the care plan and will only be carried out by staff who have been trained to do so.

Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity. On admission to The Aspire Hub, parents/carers will be asked if their child requires any medication administering to their child. Medical forms will be completed by parents/carers for this information and kept on file. Staff will be advised if medication needs to be administered.

Record Keeping

It is good practice for a written record to be kept in an agreed format every time a child has physiotherapy or requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.

These records will be kept in the child's file and available to parents/carers on request.

<p>PERSONAL CARE NEEDS PLAN For:</p> <p>Date of plan: Review Date: As directed by parents</p>	<p>CONFIDENTIAL</p>
<p>This plan has been discussed with parents/carers and the student, if appropriate. Signed permission has been obtained for this plan to be followed during the day. This plan is to be reviewed yearly (or sooner if needs change) in consultation with parents/carers and student, if appropriate.</p>	
<p>Staff involved in routinely meeting this pupil's personal care needs:</p>	
<p>Medical Information: Mobility: Communication Skills:</p>	
<p>Details of Plan</p>	
<p>Changing Procedure:</p> <ul style="list-style-type: none"> • 2 adults to one child (when appropriate only one may be needed) • Changer to put on disposable gloves and a plastic disposable apron, used during the procedure. • Child to stay standing, holding on to bar depending on ability • Changer to support child to undo any buttons or zips and remove lower garments, shoes and socks, then sit on the toilet/stand as appropriate. • Child's nappy/pull up/soiled garments to be removed and disposed of safely in the hygiene bin/bag. • Baby wipes to be used to clean child- changer/child depending on ability • A clean nappy/pull up/undergarment is fitted and changer checks that child is comfortable. • Changer to support child to put on lower garments and shoes and socks. • Soiled pads and wipes are disposed of safely in the hygiene bin. • Gloves and apron are disposed of in the waste bin. • Changer and child to wash their hands before leaving the bathroom. • Changer to record observations on the changing pro forma. <p>At the end of the school day key worker to pass on relevant information to parents/carers.</p>	

<p>Facilities, Resources & Equipment needed: Access disabled toilet Gloves & Plastic aprons Hygiene disposal bin & Waste bin with lid Pads/nappies/pull ups/undergarments (supplied by parent) Wipes and nappy bags Changing pro forma</p>	<p>Management of Personal Care Needs Management and review of the personal care needs plan with Key Worker and parents/carers and pupil, if appropriate. Day to day responsibility for the implementation of this personal needs care plan remains the responsibility of the room leader Level of Supervision: 2 to 1</p>
<p>Confidentiality Agreement Parents/carers and pupil (if appropriate) agree that this is to be shared with key staff who will treat all information confidentially and will respect the dignity and privacy of this pupil.</p>	<p>Additional Roles of Support Staff: monitor the quantity of pads etc and inform parents when stock may be running low, - monitor the effectiveness of the pads etc in meeting child's needs, - maintain good health and safety practices such as wearing gloves and aprons, use of bed roll etc, - maintain hygiene/cleanliness of the equipment/area, - maintain standards of personal hygiene.</p>

I have read and agree to this procedure for:	
_____	Parent/Carer
Date: _____	
_____	Student
Date: _____	
_____	Key worker
Date: _____	
_____	SENCO/Lead
Date: _____	
Staff Briefing Please date and initial in the boxes below following each briefing on the contents of this protocol.	
Review notes:	

Guidance by Mitchell House School Support Service

Introduction

Children and young people at school often require support in personal care. Children in the early years of school, and those with physical disabilities, and learning difficulties may require assistance in managing their personal needs. Other pupils, because of accident or illness, may also at some time require such assistance. Many pupils have support staff to assist them in all aspects of school life including personal care, while others may rely on the help and goodwill of staff and peers.

This guidance has been drawn up by Mitchell House School Support Service to help schools safeguard pupils and staff by providing this support in as safe, structured and dignified way as possible. The guidance is based on the experience and good practice of those working

with children and young people requiring intimate care in school situations, and may or may not, need to be specifically adapted to suit your individual school's or pupil's needs. Within this document, the term "child" includes pupils at all stages of school life from preschool

to young adult, the term "assistant" refers to those adults with responsibility for providing intimate care in school, and the term "parent" refers to those persons having primary responsibility for the child in the home.

Definition of intimate care

Intimate care is any assistance that involves touching a child while carrying out a procedure that most children are able to do for themselves, but some are unable to manage without help. This may involve help with eating, drinking, dressing, and matters of personal hygiene such as washing and toileting. In some instances more specialised intimate assistance may be needed for children with physical or medical difficulties.

Aims

The aim of this document is to help schools put in place policies and procedures that:

- Safeguard the dignity, rights, and well-being of children;
- Provide guidance and support to staff; and
- Reassure parents that their children are cared for and protected.

The child

- The child has the right to assistance that respects his/her dignity, and to feel safe when being moved or handled.
- The child has the right to feel comfortable with the adult's assisting him/her, and to make it known if this level of comfort is disturbed.
- The child should be encouraged to engage in the care procedure, to know what is happening, and give permission at each stage.
- The child should be encouraged to work towards independence, and helped to do so

The parents

- Parents have the right to information regarding school policy and procedures designed to meet the needs of their child. The school should work closely with parents to ensure that all aspects of the care procedure are shared and understood.
- Parents have a responsibility to ensure that all relevant information is provided to help the school assist their child in an appropriate way. Parents should meet the adult/s who will provide intimate care to the child, and be informed of the school's arrangements in the event of this person/s being absent.
- Parents should consider alternative arrangements to allow the child to participate in school activities (PE, examinations, performances, swimming, sports day, etc.), and activities outside school (field trips, educational visits, transport, etc.).
- The school should gain written permission from parents for the care to be provided

Confidentiality

- Information regarding agreed procedures must be treated confidentially and recorded/held only in the child's school file. Information should not be disclosed or discussed with any adults other than those with responsibility for the child's personal care, and should not be referred to in the presence of other children.
- Care should be provided at agreed times, at the child's request or in response to an agreed signal. Staff should make themselves familiar with the child's manner of communication, whether verbal, sign or eye contact.
- Appropriate terminology for parts of the body and bodily functions should be clarified between the child, parents, and his/her assistant/s.

Writing an intimate care plan

- The plan should have the child's safety, privacy, and dignity as paramount
- The plan should include:
 - Clear information regarding the assistance to be provided;
 - one method of communication to be used by the child;



- The named person/s with responsibility to assist the child;
- The timetable, if possible, when assistance will be provided;
- Arrangements in the absence of the named assistant/s;
- Arrangements for school events and activities;
- The means by which the arrangement will be monitored;
- Strategies to prevent or deal with questions/comments from other pupils;
- The maintenance of a record of assistance.
- While it is recommended to have two members of staff assisting the child, this level of resourcing may not be available, and while the introduction of a second assistant may be perceived as providing protection against allegations of abuse, it can also further erode the child's privacy.

4

- If the plan has been agreed and signed by parents, staff, and child if appropriate, it is acceptable to have one assistant unless there are implications regarding safe handling.
- Two persons are required to assist if a hoist is being used. In this case the second person should be identified and made known to the child and parents.
- Alternative arrangements must be in place in the absence of one or both of the named staff. However, the school should be aware that the introduction of other staff to the care context without prior arrangement can increase the vulnerability of the child and adults.
- The plan should specify the assistance to be provided **as clearly as possible** e.g. undressing/cleaning the child, changing a nappy, holding child in position, etc.
- The assistant/s should talk to the child throughout the procedure e.g. "I am going to help you undress", "I am using a wipe to clean your bottom".
- The assistance should be rehearsed in the bathroom with the parent/s present to ensure clarity. Following this there should be no change to what has been agreed.
- Teachers should be made aware of the care timetable, particularly if the child needs to be absent from class, and should be aware of the approximate time the procedure should take. The assistant/s should ensure their return to the classroom is noted.
- The plan should be signed by all contributors and reviewed on a regular basis.

Training and resources

- Guidance/advice may often be provided by the child's parent, and/or the child him/herself.
- All staff providing personal care must have received child protection training. Specialised training may be required if the child uses a wheelchair, hoist, colostomy bag or requires an invasive procedure such as rectally administered medication. This training may be arranged through the Children and Young Peoples Services Directorate of the EA, and the Health Trust School Health Teams.
- It is recommended that the school's arrangements in the absence of named assistants should involve only members of staff who have undergone appointment procedure including background scrutiny. **Casual substitute staff should not**

provide intimate care in the school setting.

- The school must provide appropriate accommodation that ensures privacy for the child, and is sufficiently spacious to accommodate any other equipment the child may need, such as a changing bench or hoist. The provision of appropriate accommodation and equipment should be arranged in conjunction with the Children and Young Peoples Services Directorate of the EA.
- The school should provide resources to ensure that procedures are carried out hygienically. This may include disposable aprons, gloves, wipes and medicated hand washing products.
- Additional requirements may include labelled bins for the disposal of soiled waste; items such as needles, catheters, etc., and arrangements for the collection of such waste. This can be arranged through the Operations and Estates Directorate of the

EA and the District Council.

- Schools should ensure that the assistant has a means of attracting attention and assistance in an emergency.

Vulnerability to abuse

- Children should be encouraged to recognise and challenge inappropriate assistance, and behaviour that erodes their dignity and self-worth.
- However the following factors may increase a child’s vulnerability:
- Experience of multiple carers;



Please see link below for the full guidance.

<https://www.eani.org.uk/sites/default/files/2018-10/Guidance%20on%20the%20provision%20of%20intimate%20care.pdf>

Date	Ratification	Reviewed by
Feb 17	This policy was ratified by the board of Directors	Directors
August 17	Policy was amended to reflect the changes to The Hub converting to school status	GB
August 18	Policy was reviewed by Board	Directors
June 20	Policy was reviewed by Board	GB & JJ