

# Intimate Care Policy

Sept 2021

Version 2

## 1. Scope

All employees of Expanse Learning

## 2. Overview

This policy was developed in collaboration with the appropriate health and education staff and has subsequently been adopted.

This policy should be read in conjunction with the Centre's Safeguarding Policy, Guidance for Safer Working Practice for Adults who work with children and Young People and DfE Statutory Guidance as outlined in Keeping Children Safe in Education document. (September 2021)

## 3. Aim

At Expanse Learning we understand that there will be times when it is necessary to have physical contact with the young people in our care. For some of our young people intimate care routines are essential throughout the day to ensure that basic needs are met.

Where these routines are of an intimate nature we will aim to:

- Provide a high quality of intimate care for students - both physically and emotionally, ensuring their well-being.
- Adopt procedures which are complemented by guidance to staff undertaking duties of care, and for the protection of both staff and the young people themselves.

At Expanse Learning we recognise that young people have the right to be safe and to be treated with dignity and respect whilst ensuring privacy appropriate to the student's age and situation. Young people at our Centre are amongst the most vulnerable and staff involved in their intimate care need to be sensitive to their individual needs.

## 4. Definition

Intimate physical care is seen as the physical assistance and supervision necessary to help a student fulfil his / her functions in terms of:

- personal and social needs.
- accessing the curriculum.

Situations may include, for example:

- assisting students using the toilet.
- manual handling, lifting or transferring students in a variety of situations.
- providing necessary physical assistance and support to individual students during curricular, practical, medical or PSD activities e.g. dressing and undressing, showering, bathing, therapy, hydrotherapy, sport/gym, sickness, accidents, part of an individual learning programme or self-help programmes - *N.B. this is not an exclusive list.*
- providing appropriate supervision of some of the above activities when young people are unable to undertake these themselves.
- basic physical care, including the application of prescribed treatments including creams and/or lotions to an intimate area (should this be the case, a second member of staff should always be present).

The extent and detail of physical handling and / or supervision will vary according to an individual's age, aptitude, and 'ability', as well as the level of social, educational, physical, medical and therapy needs.

<b>We believe that:</b>	<b>Procedures Therefore, we intend to:</b>	<b>Procedures This will be achieved by:</b>	<b>Performance We will evaluate by:</b>
Where it is needed the intimate care provided for young people should be of the highest quality and aims to safeguard against any potential harm.	Keep the type and level of care relevant to the individual young people.  Ensure all staff undertaking intimate care routines have suitable enhanced DBS checks.	Identifying staff who will undertake intimate care and ensuring that these staff are provided with relevant training and up-dates as necessary including where appropriate any specialist training in terms of medical support.  Providing staff with intimate care training as part of our induction	Safe, discreet support for young people in a variety of contexts (curricular, social & personal needs).  Carefully monitoring the procedures.  Staff feedback.

		& Guidance programme in relation to policy & practice.	
<p>Staff should be provided with adequate and relevant training to enable this to happen.</p> <p>The facilities, setting and equipment required should be the best that we can provide.</p>	<p>Provide staff with relevant training, including induction, safeguarding and lifting &amp; handling training along with any necessary updates and retraining (this should be 'certificated' if appropriate).</p> <p>Maintain facilities to the highest possible standard.</p>	<p>Establishing that staff must seek advice if they are unsure of care routines or any other matter.</p> <p>Health and Social Care Lead to review facilities, setting and equipment on a termly basis as part of a monitoring schedule.</p>	<p>Records of training, CPD including any specialist training required.</p> <p>Regular monitoring of facilities by premises staff. Reports presented at Health and Safety meetings.</p>
<p>Young people should be encouraged to and given every opportunity to be as independent as possible.</p> <p>Routines are considered to be part of the students' education and should as far as possible promote/maximise the development of self-help skills and independence.</p>	<p>Help each young person to fulfil as independently as possible his/her responsibilities and functions in terms of personal &amp; social needs and accessing the curriculum.</p> <p>Implement teaching programmes that are modified to suit the individual's age, aptitude and abilities.</p>	<p>Talking with young people during routines about what is happening to enable them to anticipate, understand and participate in care procedures.</p> <p>Encourage young people to be as independent as possible.</p> <p>Keeping physical contact to the minimum whilst ensuring thoroughness.</p>	<p>Monitoring the outcome of programmes:</p> <p>Young people are seen to be active participants in their own care wherever possible</p> <p>Young people are proactive (not passive)</p> <p>Communication (e.g. Using signing/aids) facilities/supporting routines &amp; procedures.</p> <p>Assessing young people's confidence and happiness.</p>

<b>We believe that:</b>	<b>Procedures We intend to:</b>	<b>Procedures This will be achieved by:</b>	<b>Performance We will evaluate by:</b>
<p>Young people should be handled with care, confidence, respect and reassurance with staff being mindful both of students' physical and emotional wellbeing and acting with sensitivity having the utmost regard for students' dignity and right for privacy and with respect for confidentiality.</p>	<p>Limit as far as possible 'intimate care' to members of staff with whom the student is familiar and ideally shares a 'good relationship' unless exceptional circumstances prevail.</p> <p>The emotional responses of any student to intimate care should be carefully and sensitively observed and where necessary any concerns passed to the Head of Health and Social Care.</p>	<p>Recruiting accordingly.</p> <p>Ensuring where it is possible an adequate period of familiarisation between student and staff before any intimate care is undertaken where possible.</p> <p>No young person will be involved in supporting the 'intimate care' of any other young person.</p> <p>Keeping all records on a 'need to know' basis.</p> <p>Respecting young people's privacy using minimum and discreet levels of supervision whilst giving due consideration to medical and health &amp; safety issues.</p>	<p>Considering the extent to which there is a seamless transition between situations e.g. lessons and care.</p> <p>Monitoring whether we maintain dignity, privacy and self-respect as part of our monitoring schedule.</p> <p>Determining whether staff feel supported and confident in their role.</p> <p>Monitoring the records kept.</p> <p>Monitoring the impact of the staff's professional development performance management process.</p>
<p>Intimate care should be undertaken with the parent's/carer's (and where applicable the student's) explicit consent and cooperation.</p>	<p>Gain parents/carers (and where appropriate young people's consent before embarking on a programme of intimate care by completing an agreed health care plan</p> <p>Record this consent if the requirement for care is for the foreseeable future.</p> <p>Make our best endeavors to gain verbal consent in the case of 'emergencies' and log this permission.</p>	<p>Include intimate care in Health and Care Plans and Physical Handling Plans which <i>ipso facto</i> meets the approval of parents/carers (and where relevant the young person's permission)</p> <p>Trying to contact the parents/carers by telephone in the cases where the parent/carer has not signed a form to gain prior approval (as well as gaining the young person's permission if appropriate).</p>	<p>Maintaining and monitoring the adequacy of records kept and information gathered.</p> <p>Verifying the effectiveness of home – centre communications.</p> <p>Evaluating the extent to which parents /carers trust the centre's care and related procedures.</p>

We believe that:	Procedures Therefore we intend to:	Procedures This will be achieved by:	Performance We will evaluate by:
	<p>Consult with senior staff and health and social care staff where any variation from the agreed plan/procedure may be necessary.</p> <p>Ensure that any changes to care plan are agreed with parents/carers/ young person.</p>	<p>Ensuring a member of SLT acting in <i>loco parentis</i>, gives explicit approval in emergency cases when parents'/carers' consent cannot be obtained and recording this accordingly.</p> <p>Informing parents/carers as soon as it is practicable in the event of unforeseen or emergency cases where the centre has been required to act in <i>loco parentis</i></p>	
Procedures and routines should protect both students and staff physically, emotionally and in the case of staff professionally.	Ensure that, where intimate care procedures are carried out staffing levels are adequate and procedures are followed meticulously.	<p>Ensuring that when necessary female staff work with female students and male staff with male students.</p> <p>Ensuring that staff are aware of the dangers of placing themselves in vulnerable situations and seek to avoid doing so.</p> <p>Keeping records on individual students care treatments.</p> <p>Reporting in accordance with the safeguarding procedures unexplained marks, bruises or physical conditions which are noticed during regular care routines.</p>	<p>Evaluate students confidence.</p> <p>Checking reports &amp; records of 'incidents' including scrutinising all accident and Health &amp; Safety reports Regular appraisal by SLT of performance and procedures.</p> <p>A named member of SLT undertaking an evaluation as part of the scheduled monitoring process.</p>

At Expanse Learning we recognise that some students in our care, particularly those who are particularly vulnerable and those with specific learning difficulties may present significant or regular occurrences of distress and may need comfort and reassurance which may involve physical contact. E.g. after an upset.

When working with those who may need additional support, staff should:

- Use their professional judgement to comfort or reassure a student in an age-appropriate way taking account of the student's ability, vulnerability, level of understanding and communication.
- Staff should not assume that all young people seek physical comfort when they are distressed.
- Always ensure that there are other adults around.
- Never show favour to individual students or young people.
- Never touch a young person between the waist and mid-thigh.
- Never touch a young person in a way that could be interpreted as anything other than friendly appropriate adult-young person support.
- Where a student tries to get closer than appropriate, the message should be I like you but you need to maintain "personal space".
- Never kiss a young person and do not encourage them to kiss anyone other than parents or carers.
- Tickling is not appropriate.

There will be times when due to extraordinary circumstances more physical contact and intervention is required. In these circumstances it is recognised that staff may be required to act quickly and decisively to remove students or a young person from danger or restrain them.

Appropriate physical intervention may only be used to prevent a young person from harming themselves, others or from causing significant damage to property and only when the young person has been previously identified as possibly requiring intervention procedures and this has been agreed. We will keep a record of any occasion where physical intervention is used, and parents and/or carers will be informed on the same day, or as soon as reasonably practicable.

Any form of physical contact as a punishment or a response to poor behaviour is unlawful.

Policy and Practice Documents to be read in conjunction with the Intimate Care Policy include:

- Safeguarding Policy.
- Physical Intervention Policy. (Specific to individual students)
- Health and Safety Policy.
- Whistle Blowing Policy.
- Behaviour for Learning Policy.
- DfE Guidance for Safer Working Practice for Adults who Work with Children and Young People.
- DfE Statutory Guidance as outlined in Keeping Children Safe in Education document.
- Lifting & Handling Policy.

## 5. Monitoring and Review

The effectiveness of this policy will be reviewed annually.

### Impact of non-compliance:

<b>Staff:</b>	Disciplinary action, Support Plans
<b>Student:</b>	Not applicable
<b>Legislation/organisational:</b>	Reputational damage, litigation, statutory and non-regulated compliance.
<b>Compliance lead:</b>	Corporate Services (Corporate Services)
<b>Policy Reference:</b>	ELCO-POL-SFG-009
<b>Version:</b>	1
<b>Agreed policy location:</b>	DatabridgeMIS
<b>Does the policy require Governor approval?</b>	No

### Approval

<b>Prepared by</b> Scott Roberts (Assoc. CIPD) 01/09/2021    Head of Corporate Services	<b>Approved by</b> Tony Brown 01/09/2021    CEO	<b>Counter Signatory</b> Karl Wane 01/09/2021    Director of Post 16 Education
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### Version Control

Version	Date	Revision	Review Date
1	01/09/2020	Policy Reviewed	31/08/2021
2	01/09/2021	Policy Reviewed	31/08/2022
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4			
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