

Intimate Care Policy

1. Aims

All staff members understand that the delivery of personal and intimate care requires a professional and sensitive approach in order to preserve the dignity and integrity of our pupils and to safeguard their wellbeing at all times. Many of our pupils have sensitivities about their bodies and bodily functions; about dressing and undressing; and find personal hygiene routines challenging.

We support our pupils by offering the highest appropriate level of privacy, choice and control, as determined by each individual's personal needs and/or degree of independence. Due to the nature of our pupils however it is often necessary to engage in intimate care routines with pupils during the school day. Such routines are always undertaken in the least obtrusive way possible, whilst ensuring that the needs of the pupils are fully met. Staff working with pupils give clear and appropriate commentary on what is happening during personal and intimate care routines. Where pupils are being taught how to be independent with such skills, (for example through a task analysis), staff may be present but make no verbal comments, as prompts can often be difficult to fade and can ultimately limit pupil independence). We also aim to give pupils the skills and opportunities to communicate their preferences and dislikes during intimate care routines. Pupils at TreeHouse are taught self help skills to work towards achieving greater independence.

2. Definition

Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, body products, medication and personal hygiene which need direct or indirect contact with or exposure of the child or young person's body.

3. Toileting and Intimate dressing

Pupils are encouraged to be as independent as possible during toileting routines. Staff will typically be present to oversee safety, however if a pupil is known to be able to use the toilet appropriately and independently, they may ask permission to go to the toilet and do so unescorted (the staff member being aware of where they are going and checking for safety as appropriate to their needs).

TreeHouse staff respect the privacy and personal space of all pupils and will offer the least intrusive support needed during toilet times to encourage the independence and dignity of the child or young person.

Where more help with toileting is required, when possible pupils are supported by a known member of staff. All toileting and changing facilities allow the children as much privacy as is required. There are separate male and female toileting facilities; pupils are always taken to the toilet designated for their gender in order to establish appropriate community routines from as young an age as possible.

All staff responsible for toileting have received clearance through an Enhanced DBS check. Staff whose clearance has yet to be received will never be left in sole charge of a pupil or a group of pupils, and as a general rule will not be involved in toileting. Furthermore, staff recognise that it is good practice to inform another member of staff when they are taking a pupil to the toilet. This is for the protection of both the pupil and the member of staff. Staff are encouraged to maintain regular communication about toileting and intimate care with parents, having daily opportunities to share such information through the Home-School book. Parental guidance will be sought to agree how their child will be cleaned following an accident or after passing a solid (if their child is not independent with cleaning themselves). TreeHouse will offer support to any member of staff who feels unsure about how to cope with pupils in these situations.

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A toilet training programme is implemented at TreeHouse for those pupils who are known to have the necessary pre-requisite skills necessary to be successful in this programme yet require a structured approach to learning toileting behaviour. Toileting is recognised to be an important daily living skill, not least because a higher level of independence affords a child greater personal dignity and reduced vulnerability. Before any toilet training programmes are introduced, parents are consulted and guidelines for consistent partnership working between home and school are agreed.

4. Personal hygiene routines

In consultation and agreement with parents, some pupils may follow programmes designed to improve their independence with personal hygiene routines such as washing, applying deodorant, showering and brushing their teeth. Such programmes are taught with the least intrusive level of prompting or instruction. If a particular hygiene routine requires a pupil to be naked i.e. learning to shower or bathe, a second member of staff will be discreetly present to act as chaperone in order to further safeguard the pupil. In the interests of safeguarding children, staff should not lock the doors of individual rooms such as the family bathroom, or a disabled toilet room / nappy room when changing a pupil.

5. Inappropriate sexualised behaviours

Personal behaviours such as touching private body parts, are a fact of life – learning when and in what places it is appropriate to touch private body parts can be more challenging for young people with autism.

If a pupil is displaying inappropriate sexualised behaviours, and no child protection issues are raised or noted, the pupil will be redirected to an appropriate task or activity. If the inappropriate behaviour continues, an intervention programme aimed at decreasing the behaviour, will be devised involving the parents, ABA Supervisor, and multi-disciplinary support staff. No child will ever be reprimanded for inappropriate sexual behaviour.

It is preferable to develop a proactive rather than reactive approach to managing behaviours. Any behavioural intervention will be reviewed frequently and in consultation with parents. TreeHouse recognises that some parents may find it difficult to discuss their son or daughter's sexualised behaviours in a public forum and may prefer to conduct such conversations over the telephone or in a meeting with only two staff members present.

6. Safeguarding Children (2010)

TreeHouse recognises that a sudden increase in sexualised behaviours may, very occasionally, be the result of sexual abuse and as such, monitors records and reports any significant changes in behaviour in accordance with Working Together to Safeguard Children 2013.

7. Implementation

1. Pupils requiring intimate care are treated with respect and dignity at all times.
2. There is careful and appropriate communication with a pupil before any intimate care routine is carried out in order to prepare them for what will be happening and why (see notes above, 'Aims' – paragraph 2)
3. All pupils are given support in communication so that they can understand and respond to intimate care routines and can express their views through objects of reference, gesture, signing, symbols or words.
4. Pupils are given the highest possible level of autonomy during intimate care routines; the aim is always to teach them to be able to carry out their own care where possible and appropriate.
5. If a pupil has a toileting accident, they are changed as soon as possible and will not be reprimanded for their accident.

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6. Staff who carry out intimate care routines for pupils will have support and will be aware of best practice from their Behaviour Analyst/Consultant, and from the support team including the School Leadership Team.
7. Whenever possible, pupils have a range of known carers delivering teaching programmes and who may also offer support with intimate care routines. Whilst being mindful of establishing appropriate 'public – private' boundaries for pupils and avoiding situations where unknown adults will deliver intimate care, attention is also given to ensure that over familiar relationships between staff and pupils do not develop.
8. If, through delivering intimate care, staff observe any health issues i.e. a pupil shows signs of having worms, or head lice are discovered they will communicate this with parents immediately and inform the Headteacher as appropriate, so that other parents may be informed if necessary.
9. Parents/carers have regular communication with school through the daily home/school book; are kept aware of all intimate care arrangements and are partners in discussions when an Individual Care Plan is needed, for instance use of rectal diazepam.
10. Prescribed medication can only be administered by school staff with written permission by parents/carers. Any medication administered is recorded, dated and signed by staff.

This policy should be read in conjunction with the school's Safeguarding policies and procedures which are available on the website.

Other helpful guidelines may include:

- Working Together to Safeguard Children 2013
- Keeping our school safe, Sir Roger Singleton, 3/2009
- Safeguarding disabled children practice guidance 7/2009
- Safeguarding children and safer recruitment in education 4/2012.
- ISRC guidance for safe working practice 2/2005

8. Monitoring

This practice is monitored by each class leader, and by School Leadership Team and the PSHCE Subject Leader.

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