



## Education Intimate Care and Emotional Wellbeing Policy

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## **1.Principles**

1) The Academy will act in accordance with the Government guidance 'Keeping children Safe in Education' (2023) to safeguard and promote the welfare of pupils.

2) We take seriously our responsibility to safeguard and promote the welfare of the Children and young people in our care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

3) The Academy recognises its duties and responsibilities in relation to the Equalities Act 2010, which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

4) We are committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

5) We recognise that there is a need to treat all pupils, whatever their age, gender, Disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The pupil's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively; no pupil should be attended to in a way that causes distress or pain.

6) Staff will work in close partnership with parents/carers and other professionals to Share information and provide continuity of care.

7) Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this Intimate Care Policy.

8) All staff undertaking intimate care must be given appropriate training.

9) This policy has been developed to safeguard children and staff: it applies to Everyone involved in the intimate care of pupils.

## **2.Child focused principles of intimate care**

The following are the fundamental principles upon which the policy and guidelines are based. Every child has the right:

- To be safe
- To personal privacy
- To be valued as an individual
- To be treated with dignity and respect
- To be involved and consulted in their own intimate care and to have such views taken into account
- To have levels of intimate care that are as consistent as possible.

### **3. Definition**

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 pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It can also include supervision of pupils involved in intimate self care.

### **4. Best Practice**

1) Pupils who require regular assistance with intimate care have written Educational Health Care Plans (EHCP) and Individual Healthcare Plans (IHPs) agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists.

Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips. They should also take into account procedures for educational visits/day trips.

2) Where relevant, it is good practice to agree with the pupils and parents/carers appropriate terminology for private parts of the body and functions.

3) It is recommended practice that information on intimate care should be treated as confidential and where necessary communicated in person by telephone or by sealed letter, not through the home/school contact book.

4) All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for themselves as possible.

5) Staff who provide intimate care and trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons. Waste products, such as nappies and pads, should be disposed of in the yellow bags provided. Any soiled items of clothing should be placed in a bag and sent home to parents.

6) Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

7) There must be careful communication with each pupil 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 pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.

8) Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages and developmental understanding.

9) Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the number of staff involved goes some way to preserving a child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

10) An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with the toilet.

11) The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

12) Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

13) Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

14) Staff have the responsibility to report any safeguarding issues and should complete a safeguarding slip on Bromcom.

15) All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

16) No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **5. Medical Procedures**

- 1) Pupils who are disabled might require assistance with invasive or non-invasive Medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the IHP or EHCP and will only be carried out by staff who have been trained to do so.
- 2) It is particularly important that these staff should follow appropriate infection Control guidelines and ensure that any medical items are disposed of correctly.
- 3) 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.

## **6. Massage**

- 1) Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.
- 2) It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.
- 3) Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

## **7. Emotional Wellbeing**

At Snowfields Academy the emotional health and wellbeing of all students and staff will be considered at all times and in every circumstance and will remain the responsibility of all of us. Young people with ASD are much more likely to experience stress and anxiety than their mainstream peers; this has been researched extensively by the specialist Educational Psychologist Dr. Smith for the National Autistic Society who states; For many young people with an autism spectrum disorder (ASD) anxiety permeates their daily life. We too would be confused and extremely anxious if we experienced difficulties with:

- Language and communication
- Social understanding and relationships
- Flexible thinking and social imagination
- Sensory development
- Poor generalisation
- Attention, memory, understanding how others think and feel, getting the

gist of a problem or situation before we plough into the detail

- Knowing that the adults around us can be turned to for help and guidance.

For young people with autism their emotional state often captures the essence of the day. A student who is confused, scared and anxious cannot focus on the teacher's tasks or their own learning. They can't often clearly articulate their emotional predicament, and may communicate their discomfort in more basic ways such as hitting out, screaming, avoiding situations, running away or closing down. Strategies to support the emotional wellbeing and mental health of young people with ASD are many and varied and Dr Smith notes the most effective strategies can be identified as follows;

- I'm OK
- Recognising and naming emotions
- Teaching relaxation
- Developing networks of support
- Teaching playground skills
- Supporting exercise, sleep and a healthy diet
- Encouraging helpful, optimistic thinking.

Several interventions underpin each of these broad headings (Smith 2014) but perhaps the most significant are those identified under 'I'm OK': a variety of ways of helping the child with autism identify their strengths, skills and personal qualities as well as learning that they are cared for, loved and valued.

At Snowfields Academy we will use a variety of approaches which will recognise the significant levels of stress and anxiety experienced on a day to day basis by our students and will support the steps above through use of the following:

- Six Ways to Wellbeing - staff will be trained to use this approach to proactively support the mental health and wellbeing of all of our students using the following approach:
- Zones of Regulation - staff will be trained to use this approach to support students' self-regulation, so helping them to gain and maintain some control around their emotional wellbeing and anxiety
- Other strategies which may be embedded into the curriculum include mindfulness, SEAL (Social Emotional Aspects of learning), yoga and a range of other approaches which will help young people to manage their feelings to improve their well being and mental health
- We will work closely with families and other professionals such as CAMHS, GPs, Social Workers, Carers and others to ensure good mental health for all students

- We will ensure approaches are personalised to meet the needs of everyone, and what will work for one student will not necessarily be the correct approach for another. Personalisation of the curriculum, behaviour strategies and expectations will apply to mental health and emotional wellbeing as well as progress and learning

### **8. Monitoring arrangements**

This policy will be reviewed by the Principal every 2 years.

At every review, the policy will be approved by the Principal.