

# NAS Intimate Care Procedure for Schools and Children & Young People's Services

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## Contents

Scope .....	1
Creating an Intimate Care Plan .....	1
Role of Staff .....	2
How Intimate Care will be Carried Out .....	3
Offsite Procedures .....	3
Appendix 1 – Intimate Care Plan Template .....	5

## Scope

This procedure document should be used in accordance with NAS Intimate Care **Policy** for Schools and Children & Young People's Services SO-0005.

This procedure is for use with children or young people **under the age of 18 only**.

## Creating an Intimate Care Plan

Please refer to policy for further detail.

Where an intimate care plan is required, it will be agreed in discussion between the relevant NAS staff, the child or young person (if appropriate), the parents or carers, and any relevant medical professionals prior to admission.

The plan should have the child or young person's safety, privacy, and dignity as paramount.

This plan should reflect the child or young person's needs, including information such as:

- The specific language the child or young person uses or understands in relation to intimate care
- The communication tools needed such as visuals
- Particular routines and successful strategies
- Any cultural preferences
- The type of continence supplies used by the child or young person
- How the child or young person's independence will be promoted and developed

The plan should also include:

- Any specific agreed times of the day when intimate care will be needed
- A named lead staff member for the child or young person's intimate care
- Arrangements for the absence of this staff member
- Any considerations for offsite visits/trips into the community
- Any specific considerations regarding how intimate care procedures will be documented

See Appendix 1 for an intimate care plan template.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to the child or young person's needs.

## Role of Staff

Any roles who may carry out intimate care will have this set out in their job description. This includes:

- Teachers
- Teaching Assistants
- Support Workers

No other staff members are permitted to provide intimate care.

### **Volunteers cannot provide intimate care.**

All staff who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

## How Intimate Care will be Carried Out

Best practice is that intimate care will be provided by 2 members of staff, where staffing levels allow. These staff should be familiar with the child or young person's intimate care plan (where one is in place).

Intimate care may be provided by staff of the opposite sex, where this has been agreed by the child or young person (if appropriate), the parents or carers, and any relevant medical professionals, and recorded in the child or young person's intimate care plan.

Where a child or young person who does not have an intimate care plan in place requires intimate care, parental permission will be sought before performing any intimate care procedure. If staff are unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child or young person is comfortable, and staff will inform parents/carers afterwards. In this situation where there is no plan and no parental agreement, intimate care will be provided by 2 members of staff of the same sex as the child or young person, where this is possible.

The child or young person's dignity and privacy will be promoted by intimate care taking place in a private room with suitable equipment and facilities.

When carrying out procedures, the school or service will provide:

- A private area away from other child or young people for intimate care to take place.
- Personal protective equipment (PPE) such as disposable protective gloves, disposable aprons, as well as hot water and liquid soap for handwashing.
- Suitable cleaning supplies, changing mats and appropriate bins for disposal of continence supplies and PPE.

For a child or young person needing routine intimate care, the family or relevant medical professionals will need to provide the school or service with sufficient supplies of necessary resources, such as continence pads, underwear, and/or a spare set of clothing.

Any intimate care procedure will be recorded in a manner appropriate to the needs of the child or young person, family, and service. This recording will document which staff members provided the intimate care, what took place, and any observations or concerns. Intimate care records will be regularly reviewed by the allocated senior member of staff to quality assure the care provided and identify any concerns. These records will be shared with parents/carers and relevant health professionals as appropriate.

## Offsite Procedures

All the above procedures apply to staff when offsite, with the additional considerations:

- Staff should have a RADAR key to access disabled bathrooms and changing facilities in the community.

- Staff must prioritise the child or young person's dignity when in the community, only using appropriate private disabled bathrooms to provide intimate care.
- Staff must ensure sufficient continence supplies and alternative clothing are taken for the child or young person.

## Appendix 1 – Intimate Care Plan Template

Below is a template for use in NAS schools and services. This template is a prompt on the necessary things to consider and not an exhaustive list, nor is its use compulsory. The contents can be added in to an existing plan.

This should be adapted as necessary to the specific needs of the child or young person and context. Where the format of this plan is a barrier to the child or young person's understanding, a parallel plan should be developed in an alternative format accessible for the child or young person, such as a social story.

<b>Name of Child or Young Person</b>	
<b>Date of this plan</b>	
<b>Communication</b>	
How can you help me understand what is happening? (visuals, routines)	
What words do we use to describe what is happening?	
What existing routines do I have at home/school?	
Who can I talk to if I am worried or upset?	
<b>Cultural Preferences</b>	
Is there anything important to me or my family about how my intimate care is provided? (i.e. gender of staff)	
<b>Independence</b>	
How can you support me to increase my independence with intimate care?	
<b>Routine and Resources</b>	
What help do I need (e.g. changing continence pads, stoma care, etc)?	
How often do I need intimate care?	
Where will my intimate care be provided (specific room)?	
What resources, supplies, and equipment do I need for intimate care and who is going to provide them?	
What are the procedures for trips/community visits?	
How will my intimate care be recorded?	
<b>Staffing</b>	
Name of key staff member for providing intimate care	
Name of senior member of staff responsible for making sure care is	

carried out according to the intimate care plan	
<b>Safeguarding and Risk Assessment</b>	
Is there anything staff need to know about when providing intimate care (such as personal sexual touch)	
Do the child or young person's intimate care needs warrant a risk assessment yes/no	
If yes, date of risk assessment	
<b>Agreements</b>	
Child or young person (where appropriate)	
Parent/Carer	
Designated Safeguarding Lead	
Other relevant professional	
<b>Date of next review</b>	