

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

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Scope

This policy is for use in all National Autistic Society services providing care to children and young people, including schools, residential schools, children's homes, short breaks services, and community services.

This policy is for use with children or young people **under the age of 18 only**, however informs best practice for our young people over the age of 18

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to a child or young person's intimate personal areas.

Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of child or young people are safeguarded
- Children and young people with intimate care needs are not discriminated against, in line with the Equality Act 2010
- Parents and carers are assured that staff are knowledgeable about intimate care and that the needs of their child are considered
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the child or young person involved

Legislation and Statutory Guidance

This policy complies with statutory safeguarding guidance including:

- The Children Act 1989 (England and Wales)
- Keeping Children Safe in Education 2023 (England)
- Working Together to Safeguard Children 2018 (England and Wales)
- The Female Genital Mutilation Act 2003 (England, Wales, and Northern Ireland)
- The Female Genital Mutilation Act 2003 was amended by sections 70-75 of the Serious Crime Act 2015.
- The Prohibition of Female Genital Mutilation (Scotland) Act 2005
- The Equality Act 2010 (England, Wales, and Scotland)
- Northern Ireland Department of Health Intimate Care Policy and Guidelines Regarding Children
- National Guidance for Child Protection in Scotland 2021

Links with Other Policies

This policy links to the following NAS policies and procedures, where relevant to the school or service:

- NAS Schools Safeguarding Children and Young People (Child Protection) Policy – SO-0189
- Supporting Pupils with Medical Needs Policy – SO-0354

- Children's Services & Schools Medicines Procedures SO-0347
- Codes of Conduct Working with People We Support Policy SO-0308

Role of Parents and Carers

For child or young people who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents or carers will be asked to sign a consent form.

For child or young people whose needs are more complex or who need particular support outside of what is covered in the consent form, a meeting will be held to create an intimate care plan specific to the child or young person's needs. This meeting will involve the relevant NAS staff, the child or young person (if appropriate), the parents or carers, and any relevant medical professionals

Where there is not an intimate care plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If staff are unable to get in touch with parents/carers and an unexpected 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.

Sharing Information

The school or service will share information with parents, carers, and professionals as needed to ensure a consistent approach. It will expect others to also share relevant information regarding any intimate matters as needed.

Creating an Intimate Care Plan

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.

When an intimate care plan is required due to toileting needs it will be written in conjunction with a Toileting Programme, where the focus is on teaching and learning, according to developmental readiness. Consistency across settings is essential, as is collaboration with the school based Transdisciplinary Team, teachers, keyworkers, parents, carers, Bowel and Bladder Clinics, GPs, Pediatricians, CAMHS-LD, Social Workers, etc.

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

Staff will work with everyone to take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

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

See NAS Intimate Care Procedure for Schools and Children for further detail on what an intimate care plan should consider.

Role of Staff

Which Staff Will Be Responsible

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

- Teachers
- Teaching Assistants
- Therapists and TDT members

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 Staff Will Be Trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the child or young person to have as much participation as is possible
- Specialised training may be required if the child or young person has particular medical needs or uses specialist equipment. This training should ideally be provided by a specialist medical professional involved in the child or young person's care. If this is not possible, training will be sourced from an alternative reputable provider.
- Training will involve shadowing, discussions with staff familiar the young person's specific needs as well as meetings.

They will be familiar with:

- The control measures set out in risk assessments carried out by the school or service
- Hygiene and health and safety procedures
- They will also be encouraged to seek further advice as needed. We welcome staff coming forward if they have any questions or concerns.

Safeguarding

If a member of staff carrying out intimate care has concerns about physical changes in a child or young person's appearance (e.g. marks, bruises, soreness), or emotional changes in the child or young person's presentation during intimate care (e.g. suddenly avoiding intimate care routines, being unusually upset during routines) they will report this using the safeguarding procedures in place.

If a child or young person is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the Designated Safeguarding Lead.

If an allegation is made against a particular member of staff, the responsibility for intimate care of the child or young person concerned will be given to another member immediately and the allegation will be investigated according to the NAS safeguarding procedures.

Puberty and Sexual Education

As children and young people experience puberty and adolescence, it is natural for them to want to explore their own bodies. Sometimes the processes of intimate care present an opportunity for child or young people to explore their own bodies in a sexual, or non-sexual, manner.

Personal sexual contact may be developmentally appropriate for the child or young person; however, it is important that staff keep in mind key safeguarding and child or young person protection principles. Any new sexual behaviour should be raised with the Designated Safeguarding Lead in order for the DSL to monitor and discuss with parents, carers, and other relevant professionals as appropriate.

Considering the safeguarding risks to child or young people and staff, as well as the law on sexual activity in public places, we must take all necessary steps to avoid personal sexual contact during intimate care.

For children or young people for whom this is relevant, their intimate care plan must include specific consideration of this area. This plan will consider their behavioural profile and communication needs in order to focus on communicating appropriate boundaries, and that the current activity is intimate care rather than body exploration or sexual touch. It will be communicated that personal sexual contact is a private activity that may take place in the child or young person's own home and nowhere else. This can be a target to work towards over time, with appropriate encouragement and strategies in place. Staff will use strategies to prevent these situations occurring, and when they do occur they will communicate these expectations and divert/distract when possible. When not possible, staff will take the necessary steps to protect the child or young person's dignity, such as by leaving the room.

In any such scenarios, the child or young person must also have a relevant individual risk assessment.

Female Genital Mutilation (FGM)

All staff should speak to the Designated Safeguarding Lead with regard to any concerns about female genital mutilation (FGM). It should be noted that in England and Wales there is a specific legal duty on teachers and regulated health and social care professionals to personally report to the police any concern that an act of FGM appears to have been carried out on a female child or young person under the age of 18. (Refer to Safeguarding Policy for further information).

Monitoring Arrangements

This policy will be reviewed by the Safeguarding Advisor for Children and Young People every twelve months and will be adjusted according to changes in policy or best practice.