

Intimate Care policy

Principles of Intimate Care (Child Focused)

- Every child has a right to be safe
- Every child has a right to personal privacy
- Every child has a right to be valued as an individual
- Every child has a right to be treated with dignity and respect.
- Every child has a right to be involved and consulted in their own intimate care to the best of their abilities
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are appropriate and consistent.

Definition of Intimate Care

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.

Best Practice

Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans 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 or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a care plan or IEP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as

confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see aforementioned multi-agency guidance for the management of long-term health conditions for children and young people).

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

These records will be kept in the child's file and available to parents/carers on request.

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 his/herself as possible.

Staff who provide intimate care are 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 where appropriate.

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.

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.

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.

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 numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

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.

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research¹ 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.

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 CRB checks.

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

Health & Safety guidelines should be adhered to regarding waste products, if necessary; advice should be taken from the CCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

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

Staff

- will work in close partnership with parents/carers to share information and provide continuity of care. The religious views and cultural values of family will be taken into account particularly as they might affect certain practices or determine the gender of the carer.
- who provide intimate care have been trained in Child Protection and Moving and Handling procedures and are fully aware of best practice regarding infection control for example the need to wear disposable gloves and aprons at all times.
- will adapt their practice in relation to the needs of individual children intimate care taking into account developmental changes such as the onset of puberty and menstruation when and as appropriate. As far as appropriate and keeping in mind the child's age, routine care of a child should be enjoyable, relaxed and fun.
- involved in meeting intimate care will not be involved with the delivery of sex education to the same children.
- who are uncomfortable with any aspect of intimate care should discuss initially with the Head of Education.
- should check their practice by asking the child appropriate questions to ascertain that the child is comfortable with the procedures.

Children

- who need help with intimate care must be supported with their preferred means of communication for example (verbal, symbolic) to discuss their needs and preferences.
- will be supported to achieve the highest level of autonomy that is possible given their age and abilities.
- who are fully dependent on carer, and then the carer must talk with him/her about what is happening and give choices where possible.
- who require daily assistance with intimate care will have in place written care plans agreed by staff, parents and carers and other professionals actively involved for example the school nurse. These plans include a risk assessment to address issues such as moving and handling, personal safety of the child and the carer.
- must have a consistent approach to intimate care procedures. Effective communication between all parties ensures that practice is consistent.

Safeguarding

- The school Child Protection Policy (and associated policies and guidelines) and access to Inter-Agency Child Safeguarding Procedures are available to all staff and must be adhered to.
- Staff are CRB checked.
- Staff should uphold confidentiality. Sensitive information should be shared only with those who need to know.
- Staff should care for a child of the same gender. In some circumstances this principle may need to be waived for example, female staff supporting boys as no male staff are available. Male members of staff should **not** provide routine intimate care such as toileting, changing or bathing for female pupils. This is safe working practice to protect children and to protect staff from allegations of abuse.
- If a member of staff observes any unusual marking, discoloration or swelling he/she will immediately use the **report for file** to record the concerns and passed on to the named person.
- The named person for child protection will take appropriate action and feedback as appropriate.

Named persons

- If a child is accidentally hurt during the intimate care, misunderstands, or misinterprets something, reassure the child, and ensure their safety. Use the report for file to record the incident immediately and inform the Head of Education/ named person. Additionally if the child's demeanor has changed directly following intimate care e.g. sudden distress or withdrawal, this should be recorded (report for file) and passed on to the named person.
- Children who require intimate care must have care plans in place.
- Every child's right to privacy will be respected. Whether one carer or two carers are present during intimate care is dependent on the procedures. Two carers are present to manage invasive procedures to guarantee the safety of both adults and child.
- Wherever possible the same child will not be cared for by the same adult on a regular basis; there is a Rota of carers known to the child who will take turns in providing care.
- If a child makes an allegation against an adult working at the school this will be investigated in accordance with agreed procedures.
- Any adult who has concerns about the conduct of a colleague at the school or about any improper practice must report this to the Head of Education or to the Manager of the Service.

Massage

Massage is now commonly used with children who have complex needs to develop sensory awareness tolerance to touch and as means of relaxation. Massage undertaken by staff should be confined to the hands, feet and face in order to safeguard the interests of both adults and children. Some children respond appropriately to massage and pressure to the back and permission to do so must be sought from parents / carers.

Record Keeping

A written record is kept for those who require assistance with intimate care including comments such as a change in the child's behavior. These records are kept in the child's file and are available on request.

This policy should be read in conjunction with all Safeguarding policies.

Policy reviewed: December 2018