

# Intimate Care Policy



## Named personnel with designated responsibility:

Academic year	Head teacher	Deputy Head teacher	Assistant Heads	School Business Manager	Chair of Governors
2023/2024	Mrs R Hocking	Mr R Warren	Mrs S Leaver & Mrs K McCall	Mrs E Elliot	Mrs L Gray

## Policy review dates:

Review Date	Changes made	By whom	Date Shared
June 2019		S Leaver	
June 2020		S Leaver	
September 2021	Introduction and Guidelines for good practice point 10	S Leaver	29.9.2021
October 2022	Covid-19 statements removed	S Leaver	
September 2023	No	S Leaver	

## **INTRODUCTION**

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Disabled children and those who are pre-verbal can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

The Intimate Care Policy and Guidelines should be read in conjunction with the Area Child Protection Committee's Regional Policy and Procedures April 2005.

## **DEFINITION**

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

## **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.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the 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 as consistent as possible.

## **SCHOOL RESPONSIBILITIES**

All staff working with children must be vetted by the School/Agency. This includes students on work placement and volunteers. Vetting includes:

- Access NI checks
- Pre-employment checks
- Two independent references

**Only** named staff identified by the school should undertake the intimate care of children.

School Leaders must ensure that all staff undertaking the intimate care of children are familiar with and understand the Intimate Care Policy and Guidelines.

All staff must be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work.

Intimate care arrangements must be agreed by the school, parents / carers and child (please refer to Appendix 1, Parental Agreement Form).

Intimate care arrangements must be recorded in the child's personal SEN file or in the school office and consent forms signed by the parents / carers and child (if appropriate).

Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents /carers and child unless it is an emergency.

The school needs to make provisions for emergencies i.e. a staff member on sick leave. Additional trained staff should be available to undertake specific intimate care tasks. Do not assume someone else can do the task.

Intimate care arrangements should be reviewed yearly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice they must report this to HT / AHT in line with child protection ie designated teacher.

## **GUIDELINES FOR GOOD PRACTICE**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff.

They apply to every member of staff involved with the intimate care of children.

Disabled children and those who are pre-verbal can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open

to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

### **1. Involve the child in their intimate care**

Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible.

Check your practice by asking the child / parent any likes / dislikes while carrying out intimate care and obtain consent by using the phrase 'Please can I change you' or 'Please can I help you change'.

### **2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.**

Care is carried out by two staff members with one child; this is for the safety of the child and the staff. As a child becomes more independent and/or older it may become best practice for only one member of staff to support the child with their intimate care needs. In these situations parental consent needs to be gained for only one member of staff to support (please refer to Appendix 1, Parental consent for Intimate care by 1 staff member).

### **3. Make sure practice in intimate care is consistent**

As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents / carers / agencies ensures practice is consistent.

### **4. Be aware of own limitations**

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt **ASK**. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding, tracheotomy changing.

### **5. Promote positive self-esteem and body image.**

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.

### **6. Partnerships with parents / carers.**

Where children have occasional 'accidents' they will be changed, or supported in changing (depending on age, stage of development and need) in school. Soiled/wet clothes will be bagged and children will be provided (where possible) with spare clothes or change into PE kit etc. If necessary, a parent can be called to bring in spare clothing – parents should not be asked to come into school and change a child unless the child specifically asks for this to happen. Parents should always be informed that a child has had an accident and told where to find the soiled/wet clothes.

Where children are routinely having 'accidents', parents will be asked to bring a bag of spare clothing in to school. As above the child will be changed or supported in changing, with soiled/wet clothes bagged up and taken home. The school/parents may feel that a referral to the Bowel and Bladder service is required or further investigation by the GP.

Where regular intimate care is required, the school will work with the parents/carers to provide care appropriate to the individual child. Parents/Carers are asked to supply the following where regular intimate care is required:

- Spare nappies

- Wipes, creams, nappy sacks etc
- Spare clothes and underwear
- Any medical equipment needed (feeding tubes, syringes etc)

### **7. If you have any concerns you must report them.**

If you observe any unusual markings, discolouration's or swelling including the genital area, report immediately to SLT as designated teachers for safeguarding and child protection. If during the intimate care of a child you accidentally hurt them, or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to SLT as designated teachers for Safeguarding and child protection.

Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made and kept in the Safeguarding file / personal SEND file. It is important to follow the school's reporting and recording procedures.

Parents / carers must be informed about concerns.

All staff to have a copy of this policy and to sign to say they have read and are in receipt of it.

### **8. Use of equipment**

Some children may require the use of a hoist and raised changing bed for safe intimate care practice which is kept in the hygiene room. This equipment will be regularly checked and charged by the caretaker. Advice will be sought from the Physiotherapist and/or Occupational Therapist regarding the required equipment and safe use of equipment. Manual handling training will be provided for staff to ensure they are competent. All equipment needs to be thoroughly cleaned after use.

## **WORKING WITH CHILDREN OF THE OPPOSITE SEX**

### **1 Principles:**

- There is a positive value in both male and female staff being involved with children.
- Ideally, every child should have the choice of carer for all their intimate care.
- The individual child's safety, dignity and privacy are of paramount importance. The practical guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.

### **2 General Care**

Male and female staff can be involved with children of either sex in:

- (a) Keyworking and liaising with families.
- (b) Co-ordinating of and contribution to a child's review.
- (c) Meeting the developmental, emotional and social needs of the children.
- (d) Escorting the children between sites, on outings and to clinics unless intimate care is needed.

### **3 Intimate Care**

The intimate care of boys / girls can be carried out by a member of staff of the opposite sex or same sex with the following provisions:

(a) The delivery of intimate care by professionally qualified staff will be governed by their professional code of conduct in conjunction with agency policy and procedures.

(b) Staff who are not governed by a professional code of conduct must follow policy and procedures in operation within their agency and direction and agreement must be provided by the Designated Manager.

(c) When intimate care is being carried out, all children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens / curtains put in place. Swalwell Primary School has a designated room (which has been specially adapted) for the changing / intimate care of pupils. If more than one child is being changed a screen must be used for privacy.

(d) No mobile phones or recording devices of any description are to be taken when changing a child.

(e) If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.

(f) Report concerns to your Designated Manager /Teacher and make a written record.

(g) Parents / carers must be informed about concerns.

## **COMMUNICATION WITH CHILDREN**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication.

Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing.

To ensure effective communication:

- Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded (please refer to Appendix 1, Communication Proforma for Intimate Care: How I Communicate). If further information is required please consult with the child's Speech and Language Therapist.
- Make eye contact at the child's level.
- Use simple language and repeat if necessary.
- Wait for response.
- Continue to explain to the child what is happening even if there is no response.
- Treat the child as an individual with dignity and respect.

### **Links to other policies**

This policy should be read in conjunction with:

- SEND policy
- Health & Safety Policy

- Safeguarding Policy
- Equality Policy

# Appendix 1

## Communication Proforma for Intimate Care How I Communicate

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I communicate using words / signs / communication book /communication aid / body movements.

I indicate my likes / preferences by \_\_\_\_\_

I indicate my dislikes by \_\_\_\_\_

I show I am happy by \_\_\_\_\_ and

unhappy by \_\_\_\_\_

If appropriate please complete the following

When I need to go to the toilet I \_\_\_\_\_

When I need changed I \_\_\_\_\_

Additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Speech and Language Therapist**

**Occupational Therapist**

Key worker/s \_\_\_\_\_

Contact-Number/s \_\_\_\_\_

Parent / carer signature \_\_\_\_\_

## **INTIMATE CARE POLICY PARENTAL AGREEMENT FORM**



1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.

2 The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

3 Swalwell Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The school recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

4 The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

5 The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Our school policy is that to safeguard both children and staff there are two members present.

7 Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care.

8 Wherever possible staff should only care intimately for an individual of the same sex. This may not always be possible.

9 Throughout the school, staff have a book to record who changes a child, how often this task is carried out and the time they left/returned to the classroom following this task.

10 Parents have a role to play when their child is still wearing nappies. The parent should provide nappies, disposal bags, wipes, changing mat etc. and parents should be made aware of this responsibility. Schools are responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste.

11 Staff should always wear an apron and gloves when dealing with a child who is

bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste.

12 Staff who administer first aid should ensure wherever possible that another adult or other children are present. The pupil's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and should be made aware of the task being undertaken.

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**INTIMATE CARE POLICY PARENTAL PERMISSION SLIP**

I agree to support the Intimate Care Policy and practice of Swalwell Primary School.

**Signature of Parent / Carer** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Name of Child** \_\_\_\_\_

**Date** \_\_\_\_\_



### Personal Toileting Plan

<b>Name of child:</b>	<b>DOB:</b>	<b>Date agreed:</b>	<b>Review date:</b>
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	Details	Action
<b>1. Working Towards Independence:</b> e.g. taking pupil to toilet at timed intervals, using sign or symbols, any rewards used		
<b>2. Arrangements for changing of nappy / pad / clothing:</b> e.g. who, where, when, arrangements for privacy		
<b>3. Staffing Requirements:</b> e.g. how many, who (there should be more than one named person)		
<b>4. Level of Assistance Needed:</b> e.g. undressing, dressing, hand washing, talking/signing to pupil		
<b>5. Infection Control:</b> e.g. wearing disposable gloves, arrangements for nappy/pad disposal		
<b>6. Resources Needed:</b> e.g. special seat, nappies/pull ups/pads, creams, disposable sacks, change of clothes, toilet step etc		
<b>7. Sharing Information:</b> e.g. if pupil has nappy rash or any marks, cultural or family customs, birthmarks etc		
<b>8. Cleaning</b> e.g. on rare occasions the use of shower facilities may be required / procedure for this scenario to be confirmed		

<b>Parents/carers names (print)</b>		<b>Names of School Staff (print)</b>	
<b>Signatures</b>		<b>Signatures</b>	

