

Intimate Care Policy

Governor Lead:	Lynne O'Reilly
Nominated Lead Member of Staff:	Headteacher
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Aims

The aims of this policy and associated guidance are:

- To safeguard the rights and promote the welfare of children.
- To provide guidance and reassurance to staff whose contracts include intimate care.
- To assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are taken into account.
- To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children and as pupils and students.

Definition of intimate care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis. The Surrey guidance on The Administration of Medicines is in place to support staff and children and where nursing tasks are required. That document makes it clear that teaching staff should be under no obligation to provide nursing care, and the same applies to intimate care.

Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing incontinence pads (faeces)
- Changing incontinence pads (urine)
- Bathing/ showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

Definition of personal care

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need.

Children and may require help with eating, drinking, washing, dressing and toileting.

This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and .

Basic principles

Children and 's intimate care needs cannot be seen in isolation or separated from other aspects of their lives.

Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

It is essential that every child/ is treated as an individual and that care is given as gently and as sensitively as possible. The child/ should be encouraged to express choice and to have a positive image of his/her body.

Staff should bear in mind the following principles:

- Children have a right to feel safe and secure.
- Children have a right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
- Children should be respected and valued as individuals.
- Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children have the right to information and support to enable them to make appropriate choices.
- Children have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- Children have the right to express their views and have them heard. Schools must have complaints procedures that children and can access.
- A child's Intimate/Personal care plan/Education Health Care Plan should be designed to lead to independence.

Vulnerability to abuse

Children and with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the school or settings Safeguarding / Child Protection Policy and procedures, with agreed

procedures within this policy and with the child's own Care plan.

The following are factors that increase the child or 's vulnerability:

- Children/ with disabilities often have less control over their lives than is normal.
- They do not always receive sex and relationship education, or if they do, may not fully understand it, and so are less able to recognise abuse.
- Through residential, foster or hospital placements, they may have multiple carers.
- Differences in appearance disposition and behaviour may be attributed to the child's disability rather than to abuse.
- They are not always able to communicate what is happening to them.

Intimate care may involve touching the private parts of the child's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

Working with parents and carers

Establishing effective working relationships with parents/carers is a key task for our staff and is particularly necessary for children/ with specific care needs or disabilities. Parents/carers should be encouraged and empowered to work with professionals to ensure their child's needs are properly identified, understood and met. Although they should be made welcome, and given every opportunity to explain their child's particular needs, they should not be made to feel responsible for their child's care in school or early years setting, or for making teaching staff disability aware. They should be closely involved in the preparation of Individual Support Plans (ISPs) and Health Care Plans. Staff have a duty to remove barriers to learning and participation for pupils and students of all abilities and needs.

Plans for the provision of Intimate/personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and school or setting, monitoring and review. It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents/carers and all those involved.

Links with other agencies

Children and with specific care needs or disabilities will be known to a range of other agencies. It is important that positive links are made with all those involved in the care or welfare of individual children/. This will enable school or setting based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well being and development remains the focus of concern. Arrangements for ongoing liaison and support to school or setting staff where necessary should also be formally agreed and recorded. It is good practice for schools or settings to identify a named member of staff to co-ordinate links with other agencies, and this person could be the SENCO or another senior member of staff.

Achieving continence is one of hundreds of developmental milestones for all children usually reached within the context of learning in the home before the child/ transfers to learning in a setting. In some cases this one developmental area can assume significance beyond all others. Parents and carers are sometimes made to feel guilty that this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising. Schools and settings have a responsibility to teach toilet training and other personal care skills, as an essential PSHE basis in order to be able to access the rest of the curriculum.

For some children and , achieving continence will never be possible. Assistance with the management of their toileting needs should be provided sensitively to allow them continued access to the full curriculum, life in the establishment, and dignity in front of peers and staff.

Good practice guidance

In many schools, education and other settings, designated staff are involved on a daily basis in providing intimate/personal care to children and with special educational needs arising from learning difficulties, sensory impairments, medical needs and physical impairments. This places those staff in a position of great trust and responsibility. They are required to attend to the safety and comfort of the children/ and to ensure that they are treated with dignity and respect.

The time taken to carry out this care can also be used to promote personal development, as even the youngest child can be encouraged to become aware of and value their own body and extend their personal and communication skills. If such opportunities are denied then they may not learn to distinguish between appropriate and inappropriate. Confident and self-assertive children and who feel their bodies belong to them are less vulnerable to sexual abuse.

Religious and cultural values must always be taken into account when making arrangements for managing intimate/personal care needs for children , and stereotypes should be challenged Staff concerned should begin by simply asking questions about the child being supported and try to discover things about their background and experience.

Cross gender care There is positive value in both male and female staff being involved in intimate/personal care tasks, although it may be unacceptable to some parents, carers, or the child or , to have a carer of the opposite sex, to attend to toileting or other intimate needs, and this should be respected. However, at times there may be exceptional circumstances where there are human resource implications preventing full consideration to the optimum gender balance (available carers are more likely to be female).

It is vital that schools and settings meet with parents/carers and the child prior to enrolment, to discuss the care plan and staff most likely to be involved in providing the intimate/personal care aspects.

Examples of positive approaches Examples of positive approaches to intimate/personal care which ensure a safe and comfortable experience for the child/:

- Get to know the child beforehand in other contexts to gain an appreciation of his/her mood and systems of communication.
- Have a knowledge of and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Speak to the child by name and ensure they are aware of the focus of the activity. Address the child in age appropriate ways.
- Give explanations of what is happening in a straightforward and reassuring way.
- Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children/ to use these terms appropriately.
- Respect a child's preference for a particular sequence of care.
- Give strong clues that enable the child to anticipate and prepare for events, for example show the clean nappy/pad to indicate the intention to change, or the sponge/flannel for washing.
- Encourage the child to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing.
- Seek the child's permission before undressing if he/she is unable to do this unaided.
- Provide facilities that afford privacy and modesty.
- Keep records noting responses to intimate care and any changes of behaviour.

Practical considerations for managers and supervisors Practical considerations for managers and supervisors to ensure health and safety of staff and children/:

- All adults assisting with intimate/personal care should be employees of Bushy Hill. This aspect of their work should

be reflected in the job description. In exceptional circumstances unpaid employees, such as voluntary workers may assist provided they have been trained and DBS cleared, and with agreement of all parties.

- Staff should receive training in good working practices which comply with Health and Safety regulations such as dealing with bodily fluids, wearing protective clothing, Manual Handling, Child Protection, HIV and Infection, Whistle - Blowing, Risk Assessment. Identified staff should also receive training for very specific intimate care procedures where relevant.
- Where a routine procedure needs to be established, there should be an agreed care plan involving discussion with school or setting staff, parents or carers, relevant health personnel and the child/. All parties should sign the plan. The plan must be reviewed on a regular basis. Our complaints procedures should be known to all, and followed where necessary.

Appendix A (from Surrey's Guidance - please see Safeguarding File) provides some detailed background information and advice that will help inform the care plan. It also provides a selection of forms for use as appropriate:

- Form 1 – for recording details of important contacts
- Form 2 – a personal care plan checklist
- Form 3 – a sample format for a personal care management plan
- Form 4 – a sample sheet for recording interventions (primarily for use when the assistance is not on a routine basis and no formalised plan is set down)

The care plan should cover:

- facilities
- equipment
- staffing
- training
- curriculum specific needs
- school trips / outings
- arrangements for review and monitoring of the care plan and of the complaints procedure.

Staffing levels need to be carefully considered. There is a balance to be struck between maintaining privacy and dignity for children/ alongside protection for them and staff. It is important for each school or setting to decide on practical ways of dealing with staffing levels. Some procedures may require two members of staff for health and safety reasons, for example manual handling. This should be clearly stated in the care plan. As far as possible, personal care procedures should be carried out by one person, protection being afforded to a single member of staff in the following ways:

- Personal care staff implement the strategies in the “examples of positive approaches” section outlined above.
- Personal care staff notify the teacher, line manager or other member of staff, discreetly, that they are taking the child to carry out a care procedure.
- A signed record is made of the date, time and details of any intervention required that is not part of an agreed routine. See Appendix A Form 4. A decision can be made at the Care Plan meeting as to whether a regular record needs to be kept of routine procedures.
- If a situation occurs which causes personal care staff embarrassment or concern, a second member of staff should be called if necessary, and the incident reported and recorded.
- When staff are concerned about a child's actions or comments whilst carrying out the personal care procedure, this

should be recorded and discussed with a line manager immediately.

Other practical considerations for managers

- Is a risk assessment for Moving and Handling required?
- There should be sufficient space, heating and ventilation to ensure safety and comfort for staff and child/.
- Facilities with hot and cold running water. Anti-bacterial hand wash should be available.
- Items of protective clothing, such as disposable gloves and aprons should be provided. No re-use of disposable gloves.
- Special bins should be provided for the disposal of wet and soiled nappies/pads. Soiled items should be “double-bagged” before placing in the bin.
- There should be special arrangements for the disposal of any contaminated waste/clinical materials.
- Seeking advice on general continence issues through the school nurse or health visitor. For specific conditions, the school nurse, health visitor and/or parents/carers should be able to provide links with relevant specialists.
- Supplies of suitable cleaning materials should be available. Anti-bacterial spray should be used to clean surfaces.
- Supplies of clean clothes (the child or 's own where possible) are available in the medical room. .
- Adolescent girls will need arrangements for menstruation in their plan.
- A supply of sanitary wear can be provided for girls in a sensitive and discreet way.

Training

The requirement for staff training in the area of intimate/personal care will be largely influenced by the needs of the children/ for whom staff have responsibility. Bushy Hill will consider the need for training on a whole school or setting basis and for individual staff who may be required to provide specific care for an individual child or small number of children/.

Whole staff group training should provide staff with opportunities to work together on the range of issues covered within this document thus enabling the development of a culture of good practice and a whole school or setting approach to personal care. Whole school or setting training should provide disability awareness, and opportunities for staff to increase knowledge and enhance skills.

More individualised training will focus on the specific processes or procedures staff are required to carry out for a specific child. In some cases this may involve basic physical care which might appropriately be provided by a parent or carer. In cases of medical procedures, such as catheterisation, qualified health professionals should be called upon to provide training. Designated staff may require training in safe moving and handling. This will enable them to feel competent and confident and ensure the safety and well being of the child. It is imperative for the school and individual staff to keep a dated record of all training undertaken.

For any child requiring intimate or personal care, it is recommended as good practice that this be discussed with the school nursing or health visiting service. For intimate care needs, training and advice should be included for staff on how to deal with sexual arousal in the child, if appropriate.

Managing risk

These guidelines aim to manage risks and ensure that employees do not work outside the remit of their responsibilities. It is essential that all staff follow the guidance set out in this policy and take all reasonable precautions to prevent or minimise accident, injury, loss or damage. It is of particular importance with regard to:

- Staff training
- The recording of activities as necessary

- Consent being obtained from parents/ carers
- The care plan being written with, and signed by parents/carers
- The presence of two adults when invasive medical procedures are performed unless the parents/carers have agreed to the presence of one adult only.