

Intimate Care Guidance

GUIDANCE ON TOILETING AND PROVISION OF INTIMATE CARE

INTRODUCTION

The Intimate Care Policy and Guidelines applies to everyone involved in the intimate care of children.

These guidelines should be read in conjunction with other policies such as:

- Child Protection/Safeguarding Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Medical Policy

The term parent/s is used to refer to parents, carers and legal guardians.

DEFINITION OF INTIMATE CARE

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

AIMS

The aims of this document and associated guidance are;

- To provide guidance and reassurance to staff
- To safeguard the dignity, rights and wellbeing of children and young people
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

PRINCIPLES

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs

WORKING WITH PARENTS

Partnership with parents is a vital principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious or cultural sensitivities.

Prior permission must be obtained from parents before Intimate care procedures are carried out. Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Health Care plans and any other plans that identify the need to support of intimate care.

Recording equipment such as mobile phones or cameras must not be taken into areas where intimate care is carried out.

WRITING AN INTIMATE CARE PLAN

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following should be considered:

- Staff ratios and procedures
- Toilet arrangements and equipment (e.g. spare clothes and disposable gloves)
- Awareness of a child's discomfort which may affect learning
- The importance of working towards independence
- Who will substitute in the absence of the appointed person.
- Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if the child has an odour

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

LINKS WITH OTHER AGENCIES

Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's wellbeing and development remains paramount.

PUPIL VOICE

Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care. Agree appropriate terminology for private parts of the body and functions to be used by staff. It may be possible to determine a child's wishes by observation of reactions to intimate care. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols and body movements. To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

RECRUITMENT

Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.

No employee can be required to provide intimate care unless they are specifically employed to undertake this role.

STAFF DEVELOPMENT

Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care guidelines within the context of their work. It is imperative for the school and individual staff to keep a dated record of all training undertaken.

The Academy should be able to:

- Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
- Consult parents about arrangements for intimate care
- Ensure staff are aware of all appropriate procedures, Child Protection/Safeguarding Policy & Health & Safety Policy etc
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole school approach to intimate care

In addition identified staff members should be able to:

- Identify and use a communication system that the child is most comfortable with.
- 'Read' messages a young child is trying to convey
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when Child Protection procedures must be followed.

ENVIRONMENTAL ADVICE

When children need intimate care facilities, reasonable adjustments will need to be made.

Additional considerations may include:

- Protective clothing including disposable protective gloves provided by the school
- Labelled bins for the disposal of wet & soiled nappies
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, Anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- An effective system should be identified to alert staff for help in emergency

INVASIVE PROCEDURES

The school should make arrangements to ensure that there is always a member of staff nearby or within earshot, when intimate care takes place.

VULNERABILITY TO ABUSE

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. Staff should be encouraged to listen. It is essential that all staff are familiar with the school's Safeguarding Policy and procedures.

The following are factors that can increase a child's vulnerability:

- Children with disabilities may have less control over their lives than others
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

SAFEGUARDING AND ALLEGATIONS OF ABUSE

It is essential that all staff are familiar with the school's Child Protection and Safeguarding Policies and procedures. If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

If a child misunderstands or misinterprets an action / instruction, the incident should be reported immediately to the designated line manager.

Personnel working in intimate situations with children can feel particularly vulnerable, however with an agreed plan that is clear in what is required and what action to take if there are concerns, staff should be reassured.

Any allegation of harm should be referred and dealt with following the Academy Safeguarding Policy processes.

TOILETING PROCEDURES

Working with Parents:

Working in partnership with parents is a vital principle of the EYFS. Exchanging information with parents is essential; parents should be encouraged and empowered to work together with staff to ensure a consistent approach.

Staff Development:

Staff will receive safeguarding training annually and in addition identified staff members should able to:

- Access other procedures and policies regarding the welfare of the child.
- Identify and use a communication system that the child is most comfortable with
- 'Read' messages the child is trying to convey
- Communicate and involve the child in the toileting programme
- Offer choices, wherever possible
- Develop, where possible, greater independence
- Maintain confidentiality with children unless it is a child protection issue when Safeguarding Procedures must be followed

Environmental Advice

The school ensures that toilet facilities are easily accessible and well maintained to promote children's awareness of good hygiene practices and developing independence.

Appendix 1: Intimate Care and Toileting Parental Consent Form

Name of Child:					
Date of Birth:					
Class / Teacher					
Name:					
Care required and	frequency:				
Member(s) of staff	who will carry out the tasks - all staff need to be fully				
	ntimate care plan and school priorities				
Name:					
Signature:					
Where will the task	s be carried out and what equipment/resources will be				
	carry out the procedures:				
	<u> </u>				
Infection Control an	d Disposal Procedures in place:				
Infection Control and Disposal Procedures in place:					
Actions that will be	taken if any concerns arise:				
Actions that will be	taken ii any concerns anse.				
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Parent's responsibi	lity to provide:				
	greement of care/management plan or communication via				
school/home diary (if required):					

Other Professionals in involved in care/advisory role: (School Nurse, Health Visitor, etc)				
Additional Informati	ion:			
	ndependence (where appropriate)			
Name of child will tr	y to:			
Staff assisting will support by:				
IAM's bosses was all the s	utimata CanalTailatina Baliau manidad bu Nama at Acadamu			
I/We give permissio	ntimate Care/Toileting Policy provided by <i>Name of Academy</i> . n for the named member(s) of staff to attend to the care ild and are in agreement with the procedures proposed			
Name of	ia and are in agreement with the procedures proposed			
Parent/Carer:				
Signature:				
Child (if appropriate)				
Signature:				
Head Teacher:				
Signature:				
Date:				
Review Date:				

Appendix 2 – Intimate Care and Toileting Log

Date	Time	Type of Care Carried out	Carried out by:	Signature:
		(toileting, nappy change, other intimate/personal care task)		
		intimate/personal care task)		

Date	Time	Type of Care Carried out	Carried out by:	Signature:
		Type of Care Carried out (toileting, nappy change, other		
		intimate/personal care task)		
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