

## **Intimate Care Policy and Guidelines**

The Physical and Medical Team would like to acknowledge the following Councils whose documents were referred to during the preparation of this policy: Devon, Kent and Somerset.

### **1. INTRODUCTION**

1.1 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.

1.2 This guidance is based on good practice and practical experience of those working with children and young people requiring intimate care.

1.3 These guidelines should be read in conjunction with other policies a school may hold e.g.:

- Accessibility Policy
- Safeguarding Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Moving and Handling Policy
- The Administration of Medicines in Schools
- Physical Contact between Staff & Pupils
- Policy on Access to Education for Children and Young People with Medical Needs
- Contenance Policy
- Anti-bullying Policy

1.4 In the rest of this document the term child/children will be used to refer to children and young people. The term parent/s is used to refer to parents, carers and legal guardians. The term school includes all Early Years settings.

### **2. DEFINITION OF INTIMATE CARE**

2.1 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.

2.2 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.

### **3. AIMS**

3.1 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.

#### **4. WORKING WITH PARENTS**

4.1 Partnership with parents is an important 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/cultural sensitivities.

4.2 Prior permission must be obtained from parents before intimate care procedures are carried out (see appendix 7).

4.3 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 Educational Plans (I.E.Ps), Health Care Plans and any other plans that identify the support of intimate care.

4.4 Exchanging information with parents is essential through personal contact, telephone and correspondence. However, information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information that could be accessed by people other than parents and staff member.

#### **5. WRITING AN INTIMATE CARE PLAN**

5.1 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.

5.2 In developing the plan the following should be considered:

a) Whole school implications

- The importance of working towards independence
- Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming etc.
- 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

b) Classroom management

- The child's seating arrangements in class
- A system for the child to leave class without disruption to the lesson
- Avoidance of missing the same lesson all year due to medical routines
- Awareness of a child's discomfort which may affect learning
- Implications for PE e.g. discreet clothing, additional time for changing

5.3 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 medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

## **6. LINKS WITH OTHER AGENCIES**

- 6.1 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.
- 6.2 It is good practice for the school nurse to be informed about children requiring intimate care.

## **7. PUPIL VOICE**

- 7.1 Allow the child, subject to their age and understanding to express a preference regarding the choice of his/her carer and sequence of care.
- 7.2 Agree appropriate terminology for private parts of the body and functions to be used by staff.
- 7.3 It may be possible to determine a child's current wishes by observation of reactions to the intimate care and amend if applicable.
- 7.4 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.
- 7.5 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, body movements and eye pointing.
- 7.6 To ensure effective communication and identify this in the agreed Intimate Care Plan.

## **8. RECRUITMENT**

- 8.1 Recruitment and selection of candidates for posts involving intimate care should be made following the usual checks made by the Disclosure and Barring Service (they have replaced the Criminal Records Bureau in 2010), equal opportunities and employment rights legislation.
- 8.2 Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict
- 8.3 Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.
- 8.4 Enquiries should be made into any restrictions the candidate may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.
- 8.5 Where possible, pupils may be involved in the recruitment process, dependent on their age and ability to understand.
- 8.6 It is recommended that candidates have an opportunity to meet the child with whom they will be working.

- 8.7 Wherever possible, staff should work with children of the same sex in providing intimate care respecting their personal dignity at all times.
- 8.8 Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.
- 8.9 No employee can be required to provide intimate care. Intimate care can only be provided in school and foundation stage setting by those who have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangement.

## **9. STAFF DEVELOPMENT**

- 9.1 Staff should receive training in good working practices which comply with Bradford's Health, Safety and Well Being policy requirements.
- 9.2 Staff must receive Child Protection training every 3 years.
- 9.3 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.
- 9.4 Where appropriate staff must receive regular Moving and Handling training at least every 2 years.
- 9.5 Newly appointed staff should be closely supervised until completion of a successful probationary period.
- 9.6 Whole school training should foster a culture of good practice and a whole school approach to intimate care.
- 9.7 It is imperative for the school and individual staff to keep a dated record of all training undertaken.
- 9.8 The following guidelines should be used in training senior staff and those identified to support intimate care.

Senior staff members 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 that staff are aware of the set procedures, the 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. Wherever possible, avoid using staff involved in intimate care, in the delivery of sex education, as an additional safeguard to both staff and children involved.

In addition identified staff members should be able to:

- Access other procedures and policies regarding the welfare of the child e.g. Safeguarding
- Identify and use a communication system that the child is most comfortable with.
- `Read` messages a young child is trying to convey
- Communication 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 Safeguarding Procedures must be followed.

## **10. ENVIRONMENTAL ADVICE**

10.1 When children need intimate care facilities, reasonable adjustments may need to be made if appropriate facilities are not available.

10.2 Where children have long-term incontinence or disability requiring regular intimate care; the school will require specially adapted facilities. Specialist advice from Health Professionals and Physical & Medical Team (Education).

10.3 Additional consideration may include:

- Facilities with hot & cold water
- Protective clothing including disposable protective gloves – provided by the school
- Labelled bins for the disposal of wet & soiled nappies/pads (soiled items being `double bagged` before being placed in bin)
- Waste for incineration (e.g. needles, catheters etc.) – contact Bradford Council for further details.
- Supplies of suitable cleaning materials, anti-bacterial spray, sterilising fluid, deodorisers, anti bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposable bags and wipes
- Changing mat or adjustable height bed.
- An effective system should be identified to alert staff for help in emergency

## **11. INVASIVE PROCEDURES**

11.1 It is not necessary that two adults are present when invasive procedures are performed unless stated otherwise in the relevant school policy or requested by parents. Whilst having 2 adults present may be seen as providing protection against a possible allegation against a member of staff; it further

erodes the privacy of the child.

## **12. 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.

12.1 It is essential that all staff are familiar with the school's Child Safeguarding Policy and Procedures.

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

- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
- Children with disabilities may have less control over their lives than others
- Children do not always receive sex and relationship education and may therefore be less able to recognise abuse
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

12.3 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.

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

## **13. ALLEGATIONS OF ABUSE**

Personnel working in intimate situations with children can feel particularly vulnerable. The relevant school policy can help to reassure both staff involved and the parents of vulnerable children.

13.1 Action should be taken immediately should there be a discrepancy of reports between a child and the personal assistant, particularly with reference to time spent alone together.

13.2 It is advised that the support role be changed as quickly as possible, should such a discrepancy occur and then reviewed on a regular basis.

13.3 Where there is an allegation of abuse, the guidelines in the Safeguarding Protection procedures should be followed.

## **14. TOILETING PROCEDURES** see appendix 5

14.1 If toilet management plan has been agreed and signed by parents, children and staff involved; it is acceptable for only one member of staff to assist unless there

is an implication for safe moving and handling of the child.

14.2 The plan should consider the following:

- Location of the plan for reference, ensuring discretion and confidentiality
- Location of recording procedures, ensuring discretion and confidentiality
- Necessary equipment & waste disposal – see environmental advice
- Clear labelling of equipment and procedures e.g. wipe table after use

## 15. FURTHER GUIDANCE

- Working Together to Safeguard Children:  
Ref: OFE-00030-2013  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/779401/Working\\_Together\\_to\\_Safeguard-Children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf)
- Supporting pupils at school with medical conditions  
Ref: DFE-00393-2014  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/306952/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)
- Supporting pupils at school with medical conditions: templates  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)
- Supporting pupils with medical conditions: link to other useful resources  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>
- Equality of Human Rights Commission  
[www.equalityhumanrights.com](http://www.equalityhumanrights.com)
- Bradford Safeguarding Children Board  
[www.bradford-scb.org.uk](http://www.bradford-scb.org.uk)

## APPENDIX 1

**MODEL POLICY FOR SCHOOLS**

The following example will assist schools with writing their own policies.

**A School Intimate Care Policy****Introduction**

.....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. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in any way that causes distress, embarrassment or pain.

**Definition**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child who has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure (e.g. Catheterisation)

**Our approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Safeguarding and moving and handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from the Physiotherapist/ Occupational Therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved.

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 so 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.

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. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reason should be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children

and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Children**

Safeguarding Procedures will be adhered to.

If a member of staff has any concerns about physical changes in a child's presentation e.g. bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Safeguarding Procedures for details)

All staff will be required to confirm that they have read the Bradford Council document 'Guidance for staff who provide Intimate Care for Children and Young People 2009' and the need to refer to other policies the school may hold for clarification of practices and procedures.

This policy was evolved by consultation between staff and school's governing body and was approved on .....

This policy will be reviewed on .....

**APPENDIX 2**

**RECORD OF AGENCIES INVOLVED**

**Name:** ..... **DOB:** .....

<b>Name/Role:</b>	<b>Address/phone/email</b>
<b>Parent/Carer:</b>	
<b>School Nurse/Health Visitor:</b>	
<b>Continence Advisor:</b>	
<b>Physiotherapist:</b>	
<b>Occupational Therapist:</b>	
<b>Hospital Consultant:</b>	
<b>Physical and Medical Team (Education):</b>	
<b>GP:</b>	
<b>EP:</b>	
<b>Social Worker:</b>	



**APPENDIX 4**  
**WORKING TOWARDS INDEPENDENCE RECORD**

Child's Name : ..... DOB: .....

Name of Support Staff involved: .....

I can already

Aim:  
I will try to

Review date: .....

Parents/carers: .....

Child (if appropriate): .....

Senco: .....

Date: .....

**APPENDIX 5**

**TOILET MANAGEMENT PLAN**

Child's Name: ..... DOB: .....

Name of Support Staff involved: .....

Area of Need:
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Equipment required:
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Location of suitable toilet facilities:	
Support required:	Frequency of support:

**Working towards independence**

Child will try to:	Personal Assistant will do:	Target Achieved:
Review Date:		

Parents/Carers: .....

Child (if appropriate): .....

Personal Assistant: .....

Senco : .....

Date: .....

**APPENDIX 6**

**AGREEMENT BETWEEN CHILD AND PERSONAL ASSISTANT  
(model statements to personalise)**

Child's Name: ..... DOB: .....

Personal Assistant's Name: .....

**Personal Assistant**

As the personal Assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stoop what I am doing to help you in the toilet as soon as you ask me. I will avoid all unnecessary delays.
- When you use our agreed emergency signal, I will stop what I am doing and come and help.
- I will treat you with respect and ensure privacy and dignity at all times.
- I will ask permission before touching you or your clothing.
- I will check that you are as comfortable as possible, both physically and emotionally.
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you.
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

**Child**

As the child who requires help in the toilet you can expect me to do the following:

- I will try whenever possible, to let you know a few minutes in advance that I am going to need the toilet so that you can make yourself available and be prepared to help me.
- I will try to use the toilet at break times or at the agreed times.
- I will only use the agreed emergency signal for real emergencies
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed.
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change.

We will review this agreement on .....

Child (if appropriate) .....

Personal Assistant .....

Date: .....

**APPENDIX 7**

**PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE**

Child's Last Name:	
Child's First Name:	
Male/Female:	
Date of Birth:	
Parents/Carers:	
Address:	

I understand that:

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Headteacher of any medical complaint my child may have which effects issues of intimate care.

Name: .....

Signature: .....

Relationship to child: .....

Date: .....