



*The Ruskington
Chestnut Street CofE
Primary Academy School*

INTIMATE CARE POLICY

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Guidelines for staff that provide Intimate Care for Children and Young People.

1.0 Purpose of Guidelines

- 1.1 The purpose of these guidelines is to set out a framework within which all children and young people may have the opportunity to access Ruskington Chestnut Street Primary Academy School. Therefore, staff will provide support systems to meet individual requirements with regard to intimate care for each child and young person, (see definition). Staff will offer a service and an approach which acknowledges the individual, and the importance of their independence in relation to self-esteem and confidence. The responsibility of each assistant is to enable and protect the dignity and rights of everyone involved.
- 1.2 These guidelines particularly apply to children and young people who want to attend our school setting and require assistance for intimate care due to their impairment or specific requirements. There could be children and young people who may not be fully continent; there could be children who have not been introduced to toilet training; and there could be some children and young people who may never gain continence. Continence is now recognised as a stage of development in the Early Years Foundation Stage.

2.0 Introduction

- 2.1 Intimate care encompasses areas of personal care which most people usually carry out for themselves, or/ and where some children/young people are unable to do so because of their age or impairment.
- 2.2 Disabled children and young people might require assistance with eating and drinking or other aspects of personal care, such as: washing, dressing or toileting. Some may require assistance with changing a colostomy bag or ileostomy bag, managing catheters or other appliances.
- 2.3 The guidance is not prescriptive but offers advice for good practice based on the practical experience of Specialist Support Service staff in providing intimate care. Assistants should be aware of these guidelines and encouraged to follow them for the inclusion of all children into our school.. The guidelines should also be used for their own protection as well as for the protection of children and young people. The policy and procedures should be in place as part of Child Protection Advice to safeguard children, young people and assistants.
- 2.4 From a Safeguarding Children perspective, intimate care involves risks for both children/young people and adults, as it may involve the adults touching the private parts of the body. It may be unrealistic to expect to eliminate these risks completely. However, acknowledging the risks creates an awareness of the importance of maximising safety for all concerned and promoting the best interest of the child. It is also important that staff are supported and trained so that they feel confident in their practice.

- 2.5 Where possible, partnership with parents/carers and children/young people themselves is an important principle in service and is particularly necessary in relation to children and young children. Much of the information required by the play/childcare setting to make the process of intimate care as comfortable as possible is available from parents. Regular **consultation and information sharing with parents remains an essential feature of this partnership**. Prior to attending the service, an intimate care plan is drawn up between the child/young person, parent and staff; to ensure that all involved are clear with roles and responsibilities.
- 2.6 Whilst the children and young people will vary in terms of age, gender, background, ethnicity, religious beliefs, level of dependency and communication skills, they have the right to be treated with sensitivity and respect, so that their experience of intimate care is a positive one.
- 2.7 Intimate care in any service can be provided only by those who have clear roles and responsibilities outlined in their job description and have been trained to a level of competency to carry out specific procedures. (Refer to competency document in Annex 4).
- 3.0 Principles
- 3.1 The principles derived from the above can be put into practice in the following ways:
- Subject to the provisions of paragraph 2.7 enable the child and young person, wherever possible, to express a preference regarding the choice of his/her assistant and encourage them to voice their views about the preferred assistant. Where appropriate, use of symbols and alternative methods of communication should be used to empower the child and young person to express their views
 - Enable the child and young person a choice in the sequence of care.
 - Ensure privacy appropriate to the child's and young person's age and the situation.
 - Enable the child and young person to care for him/herself as far as possible.
 - Be aware of, and responsive to, the child's and young person's reactions.
 - When carrying out intimate care away from the service, remember the main issues of privacy, dignity and safety.
- 3.2.1 Given the right approach, intimate care can provide opportunities to assist/support the independence and ability for children/young people to understand their own bodies, to develop supportive techniques and encourage confidence and self-esteem.
- 3.2.2 Wherever children/young people can learn to assist in carrying out aspects of intimate care, they should be encouraged to do so. This practice supports the life skills and promotes the development of personal and social independence.

4.0 Confidentiality and information sharing policy

4.1 Confidentiality is an important issue. All services must adhere to their Safeguarding Children Policy or Child Protection Policy, and have a confidentiality section that is shared with all staff, parents and, wherever possible, children and young people. Sensitive information about a child and young person should be shared only with those on a need to know basis. This should include any adult that is directly involved with the child. Any concerns about a child's well-being or safety are paramount. Ruskington Chestnut Street Primary Academy School has clear Safeguarding guidelines and these must be followed at all times.

5.0 Home and Service liaison

5.1 Diaries offer an excellent way of exchanging information between parents and identified adults involved in the child's personal and social development.

5.2 Information concerning intimate care procedures **should not** be recorded in the diary, as it is not a confidential document and could be accessed by people other than the parent/carer and member of staff. It is recommended that communication relating to intimate care should be made through one of the following:

- Sealed letter
- Open day, admission form registration
- Personal contact – face to face at home or at school
- Telephone call – between member of staff and parent/carer

5.3 Parents and staff should be aware that matters concerning intimate care will be supported confidentially and sensitively and that the child or young person's right to privacy and dignity is maintained at all times.

5.4 When compiling information, staff should be accurate in what they record with regard to intimate care. If appropriate, an intimate care plan will be put together with the child or young person, parent and identified adult, this should be agreed by all parties. It would be more appropriate to discuss the matter in greater detail at a meeting when the parents/carers and any relevant professionals are there to offer advice.

5.5 **However, where there are good reasons to suspect that a child/young person may be at risk of abuse, action MUST be taken to protect the child.** Such action may involve disclosure of observations or suspicions to appropriate people or agencies. Ruskington Chestnut Street Primary Academy School Safeguarding Procedures should be available and followed. It is important that any observations and any action taken should be recorded.

5.6 Induction programmes, supervision and training should be provided for all staff.

These are essential, not only to increase knowledge and enhance skills, but also to provide a forum of self-evaluation where personal experiences can be shared, attitudes and practice can be challenged and staff can learn from examples of good practice.

6.0 Good practice in intimate care

- 6.1 All staff employed are available on a daily basis in providing personal and intimate care to children and young people who have specific requirements. This way the child can choose whom they feel comfortable with wherever possible.
- 6.2 By providing intimate care, staff are placed in position of great trust and responsibility. They are required to attend to the dignity and respect of the child and young person and to be aware of their responsibilities towards health and safety concerns.
- 6.3 Activities related to intimate care can occupy regular periods of time. They should be positive, not distressing, experiences for the child and young person.
- 6.4 Wherever possible, staff should work with children and young people of the same gender as themselves in providing intimate care. They should be mindful of and respect the personal dignity of the children and young people at all times. The **religious** views and **cultural** values of families should also be taken into account. Accordingly, before the children and young people commence attending school, it is vital that the institution contacts the parents, and children and young people, to discuss the daily routines of the service and identified person most likely to be involved in delivering aspects of intimate care.
- 6.5 Where a child has a sensory impairment, (impairment of vision, hearing or both), advice should always be sought from professionals working in this field in order to ensure that the impact of their sensory impairment is taken into account when meeting their intimate care needs.

Examples of positive approaches to intimate care which ensures a safe and comfortable experience for the child and young person

The following assist in promoting positive attitudes to intimate care:

- Get to know the child and young person beforehand in other contexts to gain an appreciation of his/her feelings and emotions and verbal and non-verbal communication, use of language and different methods of communication and physical and medical requirements.
- Have a knowledge and understanding of any religious and/or cultural sensitivities related to aspects of intimate care related to this individual child and young person, and take full account of these.
- Speak to the child and young person personally by name making sure that the correct pronunciation of the name is used at all times so that he/she is aware of being the focus of the activity.

- Give explanations of what is happening in a straightforward and reassuring way and support and encourage the independence of the child and young person.
- Enable the child or young person to be prepared for and to anticipate events while demonstrating respect for his/her body e.g. by giving a visual clue, such as, showing a sponge or pad to signal intention to wash or change.
- When washing, always use a wet wipe or disposable towel. Where possible encourage the child and young person to attempt to wash private parts of the body him/herself.
- Provide facilities, which afford privacy and modesty e.g., separate toileting and changing bed with facilities for bathing/changing children and young people individually.
- Respect a child's or young person's preference for a particular care and sequence of care.
- Use intimate care plan to keep records, also note responses to intimate care and any changes in behaviour. Adhere to confidentiality procedures.
- Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage children and young people to use these as appropriate.

6.5 Practical considerations for managers of services, and establishments to ensure the health and safety of staff and children and young people.

Staff should receive training in good working practices, which comply with health and safety regulations such as the wearing of rubber gloves for certain procedures and methods for dealing with body fluid spillage and manual handling.

- There should be toileting facilities with wheelchair access, hand washing and sufficient space, heating and ventilation to ensure the security and comfort.
- Sometimes more than one assistant should be available if a child or young person requires a hoist or is difficult to move or support. Refer to individual care plans and seek training and advice on Moving and Handling.
- Items of protective clothing, such as gloves and disposable aprons, should be provided and readily accessible.
- Sanitary bins should be provided for the disposal of wet or soiled pads.
- Supplies of suitable cleaning materials should be provided for cleaning and disinfecting changing surfaces.

- Supplies of fresh clothes should be easily to hand so that the child/young person is not left unattended whilst they are found.

7.0 The use of toilets

7.1 Where possible, staff should work with children and young people of the same gender as themselves and be mindful of and respect the personal dignity of the child and young person when providing intimate care.

7.2 The use of toilets will be introduced as part of developing the independence of the individual. The following points may be useful:

- Find suitable toilet facilities area. It may be necessary to make enquiries prior to **trips** and consider the journey for e.g. duration and transport stops if it is a long journey. Consideration of **toilets** on the journey and at destination may need to be considered.
- Follow an established sequence between you and the child and young person
- Be aware of hygiene concerns
- Be aware of personal safety concerns
- Be aware of personal dignity

8.0 Other Information

8.1 **Parental rights and responsibilities**

Ultimately it is parents/guardians, as the child and young person's main carers who have responsibility for his/her health. They should give relevant information to the identified person about their child's or young person's specific requirements, along with any medication instructions.

Cultural and religious sensitivities should be taken into account in relation to aspects of intimate care. These should be discussed with parents, and wherever possible, with the child and young person and recorded on the intimate care plan. All staff involved in delivering intimate care should be made aware of these requirements, relating to individual children and young people and taken into full account in practices.

Sharing information between home and the school is important to secure a consistent approach. Consent of parents and children or young people, (If able to give such consent), is needed before any information regarding their child's or young person's health/ medical condition is passed on to other agencies.

8.2 **The monitoring and identification of staff delivering intimate care**

It is envisaged that all services will receive intimate care training; this enables the parent and child and young person to choose who supports this role. This training will be monitored and support given to all staff delivering intimate care.

9.0 Staff Development

- 9.1 For staff involved in intimate care it can be difficult to achieve a balance between ensuring the child's or young person's privacy on the one hand, and his/her safety and protection on the other. There are concerns that actions, no matter how well intentioned, might be misrepresented in a damaging way. It is clearly important that the service should provide appropriate guidance and training for staff in this sensitive area.
- 9.2 The following questions could be used for awareness raising and discussion in staff development and training to promote the protection of children or young people from abuse or protection of staff allegations of abuse.

a) **Questions related to requirements for good practice**

- Are parents/guardians informed and consulted about arrangements for intimate personal care?
- All staff should be familiar with the Safeguarding Children guidelines and procedures?
- Do staff know whom to turn to for advice if they feel unsure or uncomfortable about a particular situation?
- Are any allegations, which a child or young person may make, left unchallenged or unrecorded?
- Are there guidelines as to the tasks, which qualified and unqualified staff should undertake?

b) **Questions involving more flexible approaches**

There are common situations and dilemmas facing establishments where children and young people receive intimate personal care, some of which are referred to below. There are often no 'right' answers since circumstances will vary.

What is important is the opportunity for staff to be able to discuss processes with managers and to reach decisions based on skilled professional judgement calling on specialist advice where necessary, good communication with parents and, most importantly, the best interests of the child or young person.

- How are decisions about the gender of the carer for a particular child reached?

Whilst it is considered preferable, especially for older and more physically mature children and young people to receive intimate care from a member of staff of the same gender, there are usually more female than male staff employed for these tasks. Boys are therefore likely to receive intimate care from a female and this is usually acceptable to parents, although not in some cultures. Parents should be

consulted at all times when making decisions about intimate care. Particular attention should be given where this involves male members of staff who might be required to provide intimate care for girls e.g. changing.

- Should a member of staff be alone with a child or young person when intimate personal care is being given?

It is not usually practicable from the point of view of staffing resources for there to be two members of staff involved with a child or young person for intimate care unless for health and safety reasons e.g. with a child or young person who is ill or difficult to move or handle or needs physical assistance. The best interests of the child or young person need to be considered in making such decisions on staffing. Whilst the presence of two people may be seen as providing protection against a possible allegation of abuse against a member of staff, it further erodes the privacy of the child or young person. Ensuring that members of staff make their intention and purpose known to others before commencing intimate care is a sensible precaution. Ruskington Chestnut Street Primary can also make arrangements to ensure that there is always another assistant nearby when intimate care is being undertaken on a one-to-one basis.

Other policies and procedures may need to be considered when carrying out Intimate Care Procedures, such as: Safeguarding Children; Physical Intervention Policy, and Moving Handling Guidance

10.0 Support

- 10.1 Any uncertainties should be raised by the assistant at their earliest opportunity to seek support by their key stage leader.
- 10.2 Contingency plans must be in place in the event of staff absence or the possibility that the key stage leader is not available.



Ruskington Chestnut Street Primary Academy School will not provide intimate care without parental permission and guidance, unless in an emergency. Please make sure you complete the admissions form and request an intimate care form.

Parents may however indicate below their permission for the service to provide any required intimate care. Such as changing soiled clothing, washing and toileting.

Last name of child/young person: _____

First name: _____

Chosen Name _____

Address: _____

Male/Female: _____

Date of Birth: _____

School: _____

I understand that:

- I am giving permission to the service to provide any intimate care requirements to my child/young person e.g. such as changing soiled clothing, washing, and toileting, wet from playing.
- I will indicate any medical requirements my child/young person may have within your intimate care plan or health care plan

Signature(s): _____

Print name: _____

Relationship to child: _____

Date: _____