Clarendon Infant School

Intimate Care Policy

Wiltshire Council
Where everybody matters

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Staff who work with young children or children/young people who have special needs will realise that the issue of intimate care is a sensitive area and will require staff to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing. Invasive care includes the dealing with nasal-gastric tubes, Mickey button, feed pumps and the insertion of suppositories as a means of giving regular or one off medication.

Pupil's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to pupils have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Clarendon Infants' School work in partnership with parents to provide continuity of care to pupils wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all pupils as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Clarendon Infants' School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. Clarendon Infants' School recognises that there is a need to treat all pupils with respect when intimate care is given. No pupil should be attended to in a way that causes distress or pain.

Basic Components of good practice
All pupils who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate or invasive care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with pupils who need special arrangements following assessment by the child's General Practitioner, school doctor, physiotherapist/ occupational therapist as required.

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

There is careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the pupil's needs and preferences. The pupil is aware of each procedure that is carried out and the reasons for it.

As a basic principle pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for themselves as they can. This may mean, for example, giving the pupil responsibility for washing themselves.

Each pupil's privacy will be respected. Careful consideration will be given to each student to determine how many carers might need to be present when a student needs help with intimate care. Where possible one pupil will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Parents will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of pupil and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each pupil will have an assigned senior member of staff to act as an advocate (this will not be the member of staff involved in the child's intimate care) to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

The protection of children

Wiltshire Child Protection Procedures and Multi-Agency Child Protection procedures will be accessible to staff and adhered to.

Where appropriate, all students will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a student's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection. A clear record of the concern will be completed and referred to social services and/or the Police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. [**See the Wiltshire Child Protection Procedures]**

If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into, outcomes recorded, and the results of any investigation shared with the child and the parent / carers.

Parents 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 pupil'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 and the Head Teacher must be informed. If the allegation is about the Head Teacher, then the Chair of Governors should be informed instead.

Appendix One

PRACTICE GUIDELINES

INTIMATE CARE / INVASIVE CARE POLICY

Children have a right to be safe and to be treated with dignity and respect. Because our children are more vulnerable, everyone involved with their intimate/invasive care must be sensitive to their needs and to be aware that some intimate care tasks could be open to misinterpretation.

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- Intimate care includes bathing, washing, and toileting, changing pads and sanitary wear and administering diazepam.
- Personal care tasks are teeth cleaning and hair brushing.
- Invasive care is dealing with the giving of suppositories, nasal gastric tubes, Mickey buttons and feed pumps.

Individual intimate care plans will be drawn up for particular students as appropriate to suit the circumstances of the student. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the student and the carer.

INTIMATE CARE OF CHILDREN AND YOUNG PEOPLE WITH DISABILITIES

- Children with disabilities can be very vulnerable. They often need adult help with their personal care, including intimate care, long after non-disabled children of similar age have developed the skills to do such tasks for themselves.

- Having to depend on someone else to do these things for you may feel embarrassing or humiliating. Anyone involved with a person's intimate care needs to be sensitive to the child's needs and also aware that some care tasks could be open to possible misinterpretation.

Definition of intimate care

Intimate care may mean different things to different people but is usually used to describe any or all of the following activities:

- Washing any part of the body
- Bathing/showering
- Cleaning teeth
- Cutting nails or hair
- Washing hair
- Brushing/combing hair
- Shaving (face, underarms, legs etc.)
- Putting on make up
- Dressing/undressing
- Changing nappy or sanitary protection
- Assisting to use the toilet
- Changing incontinence bag

The students we work with have a right to be safe and to be treated with dignity and respect. We hope that some basic guidelines on intimate care will help to safeguard both students and carers. The aim of the guidelines therefore are to ensure that everyone is clear about the

issues that need to be considered before approaching intimate care tasks, and we hope that you will find them supportive.

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

Privacy is an important issue. Most intimate care tasks, for example bathing or changing a nappy for a child or young person, are carried out by a carer alone with the child or young person. This is entirely appropriate and is encouraged.

Male workers will not undertake intimate care tasks with girls/young women. Female workers may undertake such tasks with boys/young men, but if at all possible a male worker would be considered more appropriate, especially for teenagers.

2. **Treat every child as an individual**

Don't make assumptions about how things are done with a child. Families all have their own way of doing things, their own names for body parts etc. Cultural, ethnic and religious differences may affect what is or is not appropriate. Ask the child and/or parents and respect their wishes. Check with your supervisor/link worker if you are unsure about the appropriateness of anything you are asked to do.

3. **Involve the children as far as possible in their own intimate care**

Try to avoid doing things for a child that she/he can do alone and it the child is able to help, ensure that they are given the chance to do so. Support the child in doing all they can for themselves. If a child is fully dependant on you, talk with them about what you are doing and give them choices wherever possible.

4. **be responsive to a child's reactions and make sure that intimate care is as consistent as possible**

You will have had opportunities to talk with parents and learn from them how they undertake intimate care tasks. However, you should also whenever possible, check things out by asking the child, e.g.:

"Is it OK to do it this way?"
"Can you wash there?"
"How does Mummy do this?"
"Do you usually use a flannel to wash there?"
"Does that feel comfortable?"

5. **Don't allow yourself to be rushed into taking on intimate care tasks**

If you feel unsure about how to do something ask the parents to tell you how they do it. If you are still unclear, talk to your supervisor who will look with you at ways of getting training and support you in delaying taking on responsibility for these tasks until you feel confident about doing so.

6. **If you are concerned let us know**

If, during the intimate care of a child you accidentally hurt them, or if the child seems unusually sore or tender in the genital area, or appears to be sexually aroused by your actions, or

misunderstands or misinterprets something, or has a very emotional reaction without apparent cause – let your supervisor know about any such incident as soon as possible and make a brief written note of it. Some of these could be cause for concern about the child, or alternatively the child or the parent might possibly misconstrue something you have done.

7. **Encourage the child to have a positive image of its own body**

Confident, assertive children who feel their bodies belong to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to the child's intimate care can convey lots of messages to them about what their body is "worth". Your attitude to the child's intimate care is therefore very important. Keeping in mind the child's age, routine care should be enjoyable, relaxed and fun. Playing games with children, tickling and cuddling as part of care are all important, but the child also has a right to say no.

CARE PRACTICES IN RESPECT OF CHILDREN OF THE OPPOSITE SEX

- When working with children there is a difficult balance to be struck between showing the children normal physical affection and comfort at times of distress; and putting oneself in a situation of being open to allegations of abuse.

- For the safety of both staff and child it is considered totally inadvisable for a male member of staff to be involved in the intimate physical care of a girl of any age e.g. bathing. This should be the case whether or not the child has special needs or disabilities. The same limitations may not apply to female staff and boys. Account should be taken of the child's wishes and preference in deciding who should help the child with a particular physical need.

- One of the difficulties is that vulnerable children, and particularly those who have been abused, can respond unpredictably to physical contact. There is often a great deal we do not know about these children – when and where the abuse occurred, and what "triggers" will reawaken memories of the abuse. Members of staff must therefore be wary and sensitive that "normal" teasing and touching may give a very different message to an abused child.

The following points may be helpful to remember when dealing with vulnerable children:

- Children who have been abused can display very sexualised behaviour.
- Children who have been abused may not have experienced "normal" physical contact and may misinterpret attempts by staff to show affection and concern.
- Children should be discouraged from going around the school scantily dressed.
- If there are concerns about a child's vulnerability, staff should, except where it is totally impractical, avoid being left alone with a child.
- There should always be a mix of both male and female staff on duty, and always at least 2 staff sleeping-in, at least one of whom must be female.

- Issues about gender and sexuality should be discussed in supervision and staff meetings, and should be a mandatory part of staff training and development.

The following are some basic guidelines to help safeguard both staff and children.

1. Be familiar with any special names the child uses for body parts.

2. Male staff only assists male pupils; female staff can assist both male and female pupils. Supply staffs are not permitted to carry out any personal care for the child, unless the supply staff member has worked sufficient hours in the building to have built up a relationship with the child. Permission for the supply staff to provide personal care must be sought from the Head Teacher or senior member of staff responsible for this area of care. On advice of the senior staff member, staff should know the child before helping with their intimate/personal/invasive care.

3. Supply staff should whenever possible give the pupil a choice of who they would like to help them with their intimate care. To this end the Head must have in place suitable arrangements to inform and induct supply staff into the recognised and agreed procedures for the establishment.

4. Whenever possible a pupil should be offered a choice of a bath or shower and if they want their hair washed.

5. Staff must close the door before allowing the child to undress. If the child is using the bathroom/toilet by themselves, the member of staff should ensure the door is closed and explain about privacy.

6. Knock on the door before entering the bathroom or bedroom.

7. When changing a child's pad, sanitary wear or soiled clothing, the member of staff must always wear protective gloves and plastic apron. The member of staff must change the child's pad/sanitary wear at the frequency requested by the parent/carer. Parent must provide pads/sanitary wear.

8. Guidance for expected pad changes during 24-hour period would be 6 pad changes: consideration must be made for the fact that most children are assessed by health professionals to require 4 pads per day. Always liaise with parent. Double bag pads and dispose of in the sanitary bin. Take off the gloves, pulling from the wrists and turn inside out as they come away from the hand. Dispose of in the sanitary bin. Wash hands. Always use clean protective clothing for each child.

9. The child must use his/her own towels, flannels, toothbrush and deodorant. If they have their own shampoo etc. in their toilet bag use these. Use a different flannel/continence wipe for body and private parts.

10. If washing a child, whenever possible do not let them be fully unclothed e.g. wash their upper body and dress before stripping their lower body.

11. The member of staff must always check the water temperature before allowing the child access to the bath.

12. Allow/encourage the child to help itself as much as possible, use hand over hand if necessary. Give praise.

13. Never allow the child to leave the bathroom/bedroom naked if unable to clothe, cover with a towel.

14. After the bath has finished, clean bath with detergent solution.

15. If a child masturbates whilst in the bath, wherever possible give them time on their own. If a child is unable to be left alone, turn away from them, tidy shelves or read a magazine.

16. Members of staff do not insert tampons.

17. With invasive care (nasal gastric tubes, Mickey buttons and feed pumps) minimal staff should be used. All staff must be trained. When the alarm goes off at the end of a feed, it should be responded to straight away. Do not draw attention to the child.

18. Lone working – tell another staff member where you are, who you are with and when you are doing something? This is for your own protection. If you feel vulnerable, have another member of staff with you.

19. Staff should follow a health care plan for children who have Mickey buttons; nasal gastric tube feed pumps, suppositories or rectal diazepam. Only trained staff, which hold a current competence certificate, are able to carry out any of these procedures.