Prospect House
PRIMARY SPECIALIST SUPPORT SCHOOL

INTIMATE CARE POLICY

Introduction

The purpose of this policy is to set out a framework within which staff who provide intimate care to our pupils, all of whom have special needs can offer a service and an approach which acknowledges the responsibilities and protects the rights of everyone involved.

Definition of Intimate Care

Intimate care encompasses areas of personal care which most people usually carry out for themselves but some are unable to do so because of impairment or disability.

Children and young people with disabilities might require help with eating and drinking and all aspects of personal care such as washing, dressing and toileting. Help may also be required, for example, with changing colostomy or ileostomy bags, managing catheters or with other appliances. In some cases it may be necessary to administer rectal medication.

Staff should be aware of these guidelines and encouraged to follow them for their own protection as well as for the protection of students. Staff should also have a good knowledge of the school's safeguarding policies.

Vulnerability to abuse

It has become increasingly apparent from research studies on child protection that pupils with disabilities are particularly vulnerable to abuse.

Factors which contribute to this increased vulnerability include the following:

- pupils with disabilities often have less control over their lives;
- pupils with disabilities can find it difficult to communicate what is happening;

From a child protection perspective, intimate care involves risks both for pupils and staff as it may involve the member of staff touching the private parts of the pupil's body. It is also important that staff are supported and trained so that they feel confident.

Partnership and participation

Much of the information required by the school to make the process of intimate care as comfortable as possible for the child is available from the parents or carers of the pupil. They are closely involved in the preparation of Individualised care plans. The importance of regular consultation and information sharing is emphasised.

Pupils are able to participate in all aspects of life in the community and it is necessary for intimate care procedures to be carried out in a variety of settings and by a variety of staff, such as teachers and support staff. Pupils requiring intimate care will vary in age, background, and ethnicity, level of dependency and communication skills.

All pupils are given the right to be treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one.

Setting the climate for intimate care

Intimate care can be a positive experience both for the staff involved and for the child. It is essential that every child is treated as an individual and care is given as gently and as sensitively as possible. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body. It is important for staff to bear in mind how they would feel in the child's position.

Principles

These **principles** can be put into practice in the following ways:

- *Allow the child, wherever possible, to express a preference regarding / to choose his/her carer and encourage them to say if they find a carer to be unacceptable.*
- *Allow the child a choice in the sequence of care.*
- *Ensure privacy appropriate to the child's age and the situation.*
- *Allow the child to care for him/herself as far as possible.*
- *Be aware of and responsive to the child's reactions.*
- *When carrying out intimate care away from school e.g. on a trip out remember the main issues of privacy and safety.*

Where ever pupils can learn to assist in carrying out aspects of intimate care, they should be encouraged to do so. This is in line with the school's PSHE Curriculum in terms of giving children life skills and developing their independence.

Confidentiality

Sensitive information about a pupil is shared only with those who need to know, such as parents or other members of staff who are specifically involved with the child. Escorts and others should only be told what is necessary for them to know to keep the child safe. Parents and children need to know that where staff have concerns about a pupil's well-being or safety arising from something said by the child or an observation made by staff, then the school's Safeguarding lead will be informed. This may lead to the procedures set down in the school's Child Protection Policy being implemented. **Where there are good reasons to suspect that a child may be at risk of abuse, action must be taken to protect the child**. Such action may involve disclosure of observations or concerns to appropriate people or agencies.

Home/school liaison

School diaries offer an excellent way of exchanging information between parents/carers and school staff which is essential in the personal and social development of a pupil. Parents/carers welcome the daily communication as it gives them relevant information relating to their child's day at school, and staff also appreciate news from home.
Topics which are included in the diary are:

- food which is eaten (or not)
- particular achievements
- daily routine
- news about outings
- unusual incidents
- seizures

However matters 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 always procedure that communication relating to intimate care should be made through one of the following:

- sealed letter
- personal contact - face to face at home or at school
- telephone call - between member of staff and parent/carer

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young persons' right to privacy and dignity is maintained at all times.

Induction programmes, supervision and training

Induction programmes, supervision and training are provided for all staff. These are essential, not only to increase knowledge and enhance skills but also to provide a forum of self-examination where values can be shared, unhelpful attitudes and practice can be challenged and staff can learn from examples of good practice. Escorts, volunteers and students are to be included in induction and training programmes.

Good Practice in Intimate Care

Where ever possible staff should work with children of the same sex in providing intimate care and be mindful of and respect the personal dignity of the children at all times. Except in life-threatening and emergency situations, and particularly where adolescent girls are involved, male members of staff should not normally be involved, and certainly not acting on their own or with another male adult, in providing routine intimate care for girls, for example bathing, changing and toileting. These precautions are necessary to ensure child protection and to safeguard male staff from possible allegations of abuse. The religious views and cultural values of families are also be taken into account. These might preclude having female staff provide intimate care to boys, particularly those in their teenage years. Accordingly, staff engage with parents, and children, prior to enrolment, to discuss the normal routines of the school and staff most likely to be involved in delivering aspects of intimate care.

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

The following assist in promoting positive attitudes to intimate care:

- Get to know the child beforehand in other contexts to gain an appreciation of his/her moods and verbal and non-verbal communication;
- Have a knowledge and understanding of any religious and/or cultural sensitivities related to aspects of intimate care related to this individual child and take full account of these;
- Speak to the child personally by name 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;
- Enable the child to be prepared for and to anticipate events whilst demonstrating respect for his/her body e.g. by giving a strong sensory clue such as using a sponge or pad to signal intention to wash or change;

- When washing, always use a sponge or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself;
- Provide facilities which afford privacy and modesty eg separate toileting and changing for boys and girls or at least adequate screening; bathing/changing children one at a time;
- Respect a child's preference for a particular carer and sequence of care;
- Keep records which note responses to intimate care and any changes in behaviour;
- Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage children to use these terms as appropriate; and
- Speak to older children in a way that reflects their age.

Practical considerations to ensure the health and safety of staff and children

- There must be sufficient space, heating and ventilation to ensure the child's safety and comfort.
- More than one member of staff should be available if a child is difficult to move or handle.
- There must be a suitable changing table.
- There must be a disabled toilet and/or appropriate toilet seats for children who require them.
- Items of protective clothing, such as gloves and disposable aprons, should be provided and readily accessible.
- Special bins must be provided for the disposal of wet or soiled pads.
- There must be special arrangements for the disposal of any contaminated waste/clinical materials e.g. through the Schools Medical Service.
- 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 is not left unattended whilst they are found.
- Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions and residential experiences.

The use of toilets

Staff promote appropriate use of toilets and associated skills in private and public settings. Parents are encouraged to train their children at home as part of their daily routine, and schools and residential facilities should reinforce these routines whilst avoiding any unnecessary physical contact. Where possible, staff should work with children of the same sex and be mindful of and respect the personal dignity of the pupils when supervising, teaching or reinforcing toileting skills.

The use of public toilets is introduced as part of a Personal and Social Development programme, emphasising the following points:

- find an empty cubicle;
- follow an established sequence;
- be aware of hygiene issues; and
- be aware of personal safety issues.

Safeguards for children

It is important that touch is not withdrawn from pupils with the most profound disabilities for whom it will always be essential for providing reassurance and further personal and social development. Opportunities for physical contact which satisfy emotional needs can be provided in various ways e.g. in movement and sensory activities and, with visually impaired pupils, through hand-over signing and sighted guiding. 'Yes' and 'no' touches can be explored in non-threatening situations and by use of 'permission' games (accepting or rejecting an object) or demonstrated using models, puppets or pictures.

Massage

Massage is sometimes used with pupils who have complex learning disabilities in order to develop sensory and body awareness, tolerance to touch and as a means of relaxation. It is not uncommon for teachers and teaching assistants to be involved in delivering aspects of programmes devised by physiotherapists and occupational therapists to assist individual children.

When using massage, staff recognise the child's vulnerability. Approaching a child through touch in this way should be done within a relationship of trust, built up gradually with staff who know the child well and who can sensitively interpret and respond to the child's reactions.

It is recommended that massage be confined to parts of the body such as the hands, feet and face in order to safeguard the interests of both staff and children.

'*The Massage and Aromatherapy Guidelines: Working with Children and Adults with Learning Difficulties*', (McConnell A, 1994) gives information and guidance about appropriate methods which can be used.

Intensive Interaction

During intensive interaction, physical contact occurs naturally between staff and pupils. Interactive activities should be carried out by adults whom the child knows well and trusts. However, staff must operate within understood limits. Where those limits lie will vary according to the age, gender and needs of the child. If a pupil touched a member of staff in a way that makes staff feel uncomfortable, for example touching a woman's breast, this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Personal passports

Our pupils with communication difficulties are vulnerable, particularly at times of transition, for example, when meeting new people or moving to new situations. In these circumstances their independent communication skills may not be adequate to convey relevant information regarding their particular needs. Pupils have a passport that aims to create a highly positive view of the pupil and to stimulate more productive involvement of key people by encouraging awareness and confidence, shared knowledge and increased consistency of care. Consideration is given to the best method of ensuring that sensitive information is kept confidential, for example, using a loose-leaf format from which sensitive information can be extracted when necessary.

Socio-sexual aspects of intimate care

In the context of equal opportunities and equal access to the curriculum, all pupils have a right to know and understand as much as they can about themselves, their bodies and their

sexual identity. A Personal, Social and Health Education Curriculum structured to suit the needs of individual children, provides a vehicle for personal development, exploring relationships, and appropriate decision-making about sexual matters. By providing appropriate language and knowledge about sexual matters, it also gives pupils the opportunity to communicate worries and concerns and to learn skills to keep themselves safe.

Issues related to sexuality

Changing

Staff need to be aware that boys may have penile erections during washing and changing and they should accept this as natural and normal.

Menstruation

Menstruation is a normal physical function but girls and young women who have special educational needs may need extra reassurance when they reach puberty. They may also need straightforward guidance, instruction and assistance to cope with the practical aspects of menstruation.

Such assistance should be provided by a female member of staff as she is also more likely to recognise associated mood swings or discomfort.

Masturbation

Interest in one's own body and other people's bodies is part of normal development. Masturbation is normal sexual behaviour but it may take place in an inappropriate context. When this happens, staff and parents should consult about what approach to take. The approach adopted will vary according to the child's age and stage of development and level of understanding. Boredom or stress may be important factors which can be alleviated by diverting attention to more rewarding and interesting activities.

The administration of rectal medication in schools

Many of our pupils with epilepsy are prescribed rectal diazepam or rectal paraldehyde to minimise the occurrence of seizures. The school nurse is available to administer rectal medication to pupils on the school premises. When such cover is not available, other arrangements are in place.

No pressure should be put on individual teachers to undertake the responsibility of administering medicines or supervising a child taking them especially if the teacher is unwilling to do so. However, staff frequently agree voluntarily to administer some form of rectal medication. In so doing they, require reassurance, support and training from management, education authorities and health care personnel for the following reasons:

- there may be concerns about potential legal action for negligence arising from carrying out this procedure; and
- It is an intimate and invasive procedure which may take place in a public place and could lead to allegations of abuse.

Parental rights and responsibilities

Parents should give relevant information to the school about their child's medical condition and any medication involved in treatment. No pupil should be given medication without

consent. The religious beliefs of the child and his/her family and any cultural sensitivities related to aspects of intimate care must be discussed with parents and, where ever possible, with the pupil. All staff involved in delivering intimate care are made aware of issues relating to individual children. The consent of parents and pupils who are able to give such consent is needed for the Headteacher to pass on information about a pupil's health to other agencies. Their agreement is also needed for any exchange of information between the GP and the school about a pupil's medical condition either directly or via the School Health Service.

Elements of good practice:

- Appropriate certificated training (with review date) for staff volunteering to administer rectal medication.
- An Individual Care Plan drawn up in consultation with the pupil's parents with review provision.
- Confirmation of medical instructions by the child's GP or other appropriate medical authorities.
- Transport arrangements for a child who may require the administration of rectal medication checked with the relevant authorities.
- Employers' liability / insurance cover for staff administering rectal medication confirmed.
- Signed and dated records kept of any seizures together with details of any medication given.
- Back-up arrangements made for situations in which the member of staff usually responsible for administering the medication is absent or unavailable.
- Provision for two members of staff to be available to deal with a child should he/she require rectal medication to be administered, one who is trained and another to assist. A mobile phone is a reassuring back-up system for summoning emergency assistance if necessary.

Excursions and residential experiences

Arrangements for any pupil on rectal medication will need to take account of excursions. Apart from a trained member of staff, there should be sufficient adults to ensure that, if medication has to be given, this can be done with as much discretion and dignity as possible. The safety of the rest of the group will also have to be maintained.

Parents of pupils with conditions requiring emergency intimate care in a public place should be asked about their own procedure for dealing with such a situation. Where possible, the same routine should be followed to reassure the child in a potentially frightening situation.

Photography/video cameras

Photographs are used for display purposes to allow pupils, parents and visitors to view activities pursued by the pupils. Photographs are also increasingly being used as a rich form of evidence to place in pupils' Records of Achievement. In order to protect all adults and pupils, there is be a very clear policy set down by the school regarding the taking of photographs and the use of video cameras. Parents/guardians should be asked on an annual basis to give their consent to their child being photographed/videoed. Staff need to guarantee that the privacy and dignity of pupils will be respected at all times.. Visitors to the school and students on work placement must be made aware of the school's code of practice and the Headteacher must be content with the purpose and use to be made of any photographs/videos taken.

Vetting and supervision of staff, volunteers, students and escorts.

Any new member of staff or volunteer will have a DBS check.

Students and volunteers are never left in sole charge of pupils without other more experienced DBS checked staff present.

Transport

There is a close collaboration between school and those responsible for organising transport is in place. Escorts are familiar with and in sympathy with the school's attitude and practice in to provide a consistency of approach. The way in which our pupils are treated during their journey to school can have a significant effect on the rest of the day. Intimate care is planned so as not to coincide with time spent in transit on the bus. However in an emergency, this may become necessary and, although the surroundings will be less than ideal, the principles of privacy and dignity should be adhered to and, wherever possible, due regard should be given to gender issues.

Escorts are responsible for the care of children on the school journey.

Escorts are aware of the child's individual needs, specific seating requirements and, where relevant to the transport situation, any medical or behavioural problems. Consultation with parents and school on these matters is very important. This information should be shared on a 'need to know' basis only and confidentiality must be respected. At all times the safety and protection of the child is paramount.

Restraint

Physical restraint is only used as a very last resort in carrying out intimate care procedures with an uncooperative child where the restraint is absolutely necessary for the child's comfort and safety and where verbal persuasion has been unsuccessful in securing the child's compliance. Any member of staff who uses restraint in any situation with a child in his/her care should always be able to justify the reasons for doing so. Any use of physical restraint is recorded. Please refer to the Physical Intervention Policy for more information. The likely circumstances will be identified in the child's care plan which is subject to regular review. Staff should try, where possible, to de-escalate the situation. Where possible, colleagues are summoned to witness and assist if necessary.

Circumstances and procedures always feature in the agreed care plan for the child. This is a sensitive area of practice, as the use of any kind of force might be construed as an assault on the child; but also, failure to use it to keep a child safe, could be construed as failure in the duty of care.

Staff Development

We have the following systems in place that ensure staff are fully informed regard intimate care:

- Parents are informed and consulted about arrangements for intimate care?
- All staff are familiar with child protection guidelines and procedures.
- Staff know who to turn to for advice if they feel unsure or uncomfortable about a particular situation.
- Any allegations which a child may make are recorded.
- Volunteers and students are not asked to perform intimate care tasks.

It is not always practicable from the point of view of staffing resources, for there to be two members of staff involved with a child for intimate care unless for health and safety reasons e.g. with a child who is ill or difficult to move or handle. The best interests of the child 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. Ensuring that members of staff make their intention and purpose known to others before commencing intimate care with a child is a sensible precaution.

Policy Information and Review

Policy review dates (frequency of review: every 3 years)

Date	Changes made	By whom