



POLICY AND GUIDELINES FOR INITIMATE CARE



Introduction

Staff who work with young children or children/young people who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs. Children who have difficulties in controlling their bladder and bowels or those that have not developed toileting skills have sometimes had a difficult start on the road to personal independence. Therefore, these children must be treated with respect, dignity and sensitivity. They should be offered choice and control in every way possible

At Booker Avenue Infants we encourage and promote independence and self-help skills as much as possible and give the child sufficient time to achieve. If handled correctly this can be the most important single self-help skill achieved, improving the child's quality of life, independence and self-esteem.

We recognise the approach taken to provide a child's intimate care is very important – It conveys an image about what the body is worth. A positive body image should be encouraged; routine care should be relaxed, enjoyable and fun, with lots of praise and rewards for when the child has achieved goals.

Intimate care can be defined as an activity that is required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child and staff have a responsibility to work in partnership with children and parents. Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Treatment such as enemas, suppositories, enteral feeds
- Catheter or stoma care
- Supervision of a child involved in intimate self-care.

Booker Avenue Infants 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 a way that causes distress or pain.

Principles of Intimate care

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

School responsibilities:

All members of staff working with children are checked and vetted to ensure they are safe to do so. Only those members of staff who are familiar with the intimate care policy and all school safeguarding documentation are involved in intimate care of children.

Staff who provide intimate care are trained to do so (including Safeguarding and Manual Handling where appropriate) and are fully aware of best practice. Where basic care is required (similar to that normally provided by any parent or carer) then little or no training may be necessary.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

If a staff member has concerns about a colleague's intimate care practice they must report this to the Safeguarding Team within school.

Adhering to these guidelines of good practice should safeguard children and staff.

Booker Avenue Infants 4 golden rules:

- If it is possible the child should be encouraged to do as much cleaning of themselves and removal / donning of clothes as is practicable.
- When delivering intimate care beyond basic care, a second member of staff should be present (or at the very least in the vicinity).
- The cleaning and changing should be done in a place that provides privacy – but not in a completely isolated location. Where possible, best practice would

be for the two members of staff to remain by the external doors to a toilet room – to offer advice / help / comfort as needed - and the child to clean / change themselves in a toilet cubical.

- If a child requires administration of creams or rectal medication a family member is asked to come to school to administrate this.
- If it appears that a child will require intimate care regularly a care plan/manual handling plan should be formulated and discussed with the child and the child's parents / guardians. This plan should be communicated to all staff and as far as is possible adhered to at all times – if there is any deviation from the plan the reasons should be documented and shared with parents / guardians as soon as possible. Consideration should be given as to what to do on school trips and discussed with parents/carers.

Volunteers are not to provide intimate care – but they may be used as a witness and assist if DBS checked.

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Guidelines for Good Practice:

All children will be supported to achieve the highest level of independence possible according to their individual needs.

Sensitive arrangements will be put in place to allow children to toilet themselves at intervals to suit their needs and not at the demands of school routine or class requirements.

It is important to take into consideration a child's preferences, if the child indicates a preference for a particular sequence, then this should be followed rather than a sequence imposed by a member of staff. As long as all the necessary tasks are completed for the comfort and wellbeing of the child, the order in which they are complete is not important.

Staff who provide intimate care are trained in personal care (eg manual handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. (See Appendix 1)

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 the same child will not be cared for by the same adult but there will be a rota of staff within the classroom/phase who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different staff.

Despite this, Covid-19 restrictions currently restrict flexibility to receive care from a different adult, with the staff delivering intimate care limited to staff within the children's 'Bubble'.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

The religious views, beliefs and cultural values of children and their families will be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

Involve the child in their intimate care Try to encourage a child's independence as far as possible in his/her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them a choice where possible.

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

Intimate care involves supporting children with toileting and /or cleaning, where intimate physical contact may occur. If a toilet management plan has been agreed 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. On all other occasions two adults will be in attendance.

Make sure practice in intimate care is consistent

As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents/cares/agencies e.g. OT ensures practice is consistent.

Be aware of own limitations

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt ASK. Some procedures must only be carried out by staff who have formally trained and assessed e.g. rectal diazepam.

Promote positive self-esteem and body image

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach taken to intimate care conveys lots of messages to a child about their body worth. Staffs attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.

If you have any concerns you must report them

If you observe any unusual markings, discolorations or swellings including the genital area, you must immediately report it to the schools Safeguarding Team.

If during the intimate care of a child you accidentally hurt them or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately.

Record and report any unusual emotional or behavioural response by the child. A written note of concerns must be put on CPOMS.

Parents/Carers will be informed of concerns unless this puts the child at risk then school will follow its Safeguarding procedures.

Working with Children of the Opposite Sex:

There is a positive value in both male and female staff being involved with children. Ideally, every child should have a choice for intimate care but the current ratio of female to male staff means that assistance will be more often be given by a woman. The intimate care of boys and girls can be carried out by a member of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens pulled.
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Staff will try and ascertain why the child is distressed and provide reassurance.
- Reported concerns will be put onto CPOMS.
- Parents/carers will be informed unless this puts the child at risk then school will follow its Safeguarding procedures.

Communication with Children:

It is the responsibility of all staff caring for a child to ensure they are aware of the child's methods and level of communication. Children communicate using different methods e.g. words, signs, symbol, body movements, eye pointing.

To ensure effective communication:

- Ascertain how the child communicates e.g. consult with the child, parent/carer.
- Make eye contact at the child's level.
- Use simple language and repeat if necessary. □ Wait for response.
- Continue to explain to the child what's happening even if there is no response.
□ Treat the child with an individual dignity and respect.

Physiotherapy/Occupational Therapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the Planning for Progress Plan or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated

regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist or occupational therapist.

Massage

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs.

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be

understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.

Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

Restraint

There may be occasions where it is necessary for staff to restrain children physical to prevent them from inflicting damage on either themselves, others or property. In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self- control.

In all cases of restraint the incident must be reported and the Safeguarding Team informed immediately.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is very likely to, constitute a criminal offence.

Pupils in distress

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give.

Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress.

Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. Particular care must be taken in instances which involve the same child over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from their Phase Leader.

This guidance covers a variety of areas relating to the procedures required for toileting and intimate/personal of children in Booker Avenue Infants. However, it must be accepted that there has to be a degree of flexibility and judgement within some situations.

This type of care will always involve some degree of risk; it will not be possible to eliminate all the risks. However, the balance should be on the side of safety.

Every child is entitled to maximum safety, privacy and respect for dignity.

Appendix 1

This guidance is a practical guide for staff who are responsible for meeting the care needs of the children within Booker Avenue Infants. This guidance will inform advice and direct staff towards best practice.



Hygiene Room Procedures

- Ensure your hands are washed thoroughly before and after each nappy change. Alcohol gel may be used in addition to but not instead of hand washing.
- Wear a disposable apron and gloves whilst changing nappies or toileting children within the hygiene rooms.
- Change the disposable apron and gloves between each child.
- Use a disposable covering (blue roll) on top of the changing bed for added protection.
- Change the blue roll covering following each nappy change.
- Decontaminate the changing bed following use by using the disinfected wipes. Clean both the bed and any other surrounding environmental surfaces e.g. bed rails that may have been touched during nappy changing procedures, after each and every nappy change.
- Dispose of the nappy into an individual nappy sack and place gloves and disposable apron into the appropriate coloured bin. Ensure you use your foot and not your hands to open pedal bins.
- Ensure the changing bed is in a good state of repair to facilitate thorough cleaning and decontamination. Any damage or torn equipment must be reported to Lynne Brown.
- Potties or toileting aids should be cleaned and disinfected to minimise the risk of cross infection using disinfected wipes after each use.
- Dirty floors or sinks should be reported to the cleaning team.

At the end of every school week a thorough cleaning of moveable toileting aids/changing beds must be made.