



# **Policy for Managing Intimate Care**



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## **Policy for Managing Intimate Care Needs in Schools**

This document is a response to requests for clear principles and guidance on the issue of supporting intimate care needs in schools.

### **Rationale:**

Many children experience difficulties at times for a variety of reasons. Some children and young people are delayed in achieving continence, some may experience early puberty. An increasing number of children with disabilities and medical needs are being included in mainstream educational settings, many of whom require assistance with intimate care tasks. All children have the right to have their needs met with sensitivity.

### **Aims:**

- To safeguard the rights and promote the welfare of children
- To provide guidance and reassurance to staff whose contracts include intimate care
- To assure parents and carers that their child's needs will be met
- Remove barriers to learning and participation and ensure inclusion for all children

### **Principles**

#### *Every Child Matters*

All children must be welcomed and not excluded from any activities because of a delay in achieving continence. Neither will they be required to wait for parents/carers to arrive to attend to them, or sent home to change.

### **Commitments:**

- to protect a child's dignity with a high level of privacy, choice and control
- to promote independence wherever possible
- to consult parents and carers and respect their views and wishes and take religious and cultural values into account

### **Definition of intimate care:**

For the purpose of this document, intimate care refers to care tasks of an intimate nature, associated with bodily functions and personal hygiene. These include dressing and undressing, feminine hygiene, washing, helping someone use the toilet and changing pads or continence products.

### **All staff may potentially be required to provide intimate care and must have:-**

- an enhanced CRB disclosure
- received in-house induction in safeguarding children before undertaking their duties and attend formal safeguarding training as soon as possible

Further training may be deemed necessary, for example, training linked to the child's particular medical condition or learning difficulties.

It is not usually necessary for more than one adult to be present when assisting or changing a child, as this can further erode a child's dignity.

### **Safeguarding children:**

Staff will report any concerns about any physical changes they notice while caring for a child, for example, any bruises or marks. Any distress a child exhibits about being cared for by a particular member of staff will be taken seriously, recorded, discussed with parents and a solution will be sought.

In the event of any allegations made against a member of staff, all necessary procedures will be followed, including notifying County Personnel or the Safeguarding Unit if appropriate.

### **Protecting members of staff:**

Parental consent should be gained for all children to be supported with intimate care tasks, should they require it.

Staff should ensure that the child understands and agrees to have intimate care prior to it happening.

All intimate care provided should be recorded and parents informed.

Parents of children who require regular support should be involved in drawing up individual care plans for their children.

If an adult is actively involved in changing a child, two adults would be present.

Girls would only be changed by female staff members.

Staff providing intimate care should follow the good practice guidelines outlined below.

### **Good Practice Guidelines:**

#### ***Appointments***

Personal needs with regard to intimate care should be considered in the appointment and induction eg job description and personal specs of staff could be amended.

#### ***Location and hygiene***

Ensure that the location offers privacy and sufficient space.

Ensure that it is heated and ventilated and has hot and cold running water.

Ensure disposable gloves and aprons are easily accessible. Store supplies of clean clothes (the child's own where possible) nearby.

Use anti-bacterial handwash and spray for surfaces.

Have special bins for waste. Make arrangements for disposal where necessary.

### ***Interacting with the child***

Ensure the child understands what is going to happen; use visual clues where necessary, such as showing the soap or the clean pad.

Use the child's name and ask the child's permission before beginning intimate care. Explain what you are doing as you are doing it, and why.

Encourage the child to be as independent as possible and carry out as many tasks for themselves as they can.

Offer choices to children where possible, for example, which towel to use, which clean underpants to wear.

Be aware of and responsive to the child's reactions. Build the child's self esteem and confidence.

### ***Recording***

As soon as possible after the intimate care has been provided, record the following: child's name, adult's name, date, time, nature of incident, action taken and any concerns or issues. This should be signed by the member of staff and the parent where possible. Confidentiality should be respected.

For regular occurrences or where there is an ongoing need, an individual care plan should be devised in consultation with the child, parents and any involved health professionals. This should be designed to lead to independence and should be revised regularly. Schools and parents may seek advice from the continence nurse and schools should consider whether a CAF is necessary.

### ***Support for staff***

All staff should be aware of the policy and guidelines for providing intimate care for children. There should be regular opportunities for them to raise any issues and share any concerns. They should be offered training where appropriate.

***Schools will find it helpful to ensure that children's toilets are clean, safe, pleasant and accessible at all times***

<p style="text-align: center;"><b>Intimate Care Ten Top Tips for Best Practice</b></p>
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1. Use sensitivity and discretion at all times when dealing with any child with a continence issue - remember this could be your child
2. If you have children and young people who have continence problems remind them discreetly and sensitively to use the bathroom at break times or on other appropriate occasions
3. Use discreet and appropriate language to indicate personal needs are being met eg "It's time to go and get comfortable", "James is busy right now"
4. If there is a persistent problem record times of individual pupil problems with continence eg when? time of day? particular activity? to see if there is a pattern. Discuss with parents and consider if multiagency response to support the young person and their family is appropriate
5. Ensure that there is a mechanism in place so that children can discuss their issues discreetly
6. Arrange a discreet signal, eg a Makaton sign, for when a child may need to use the toilet
7. Make reference to continence support available in the School Information Pack for new parents and prospective pupils eg the Continence Service via School Nurse
8. Consider the esteem and self-perspective of the individual pupil - does Every Child really matter? Is your school doing everything you can to safeguard children, young people and staff and promote good practice?
9. Ensure that children with continence problems have the right kit available to them in school, such as spare clothing, wipes, specific toileting equipment, which is stored in an agreed place and is accessible

10. Ensure that there is an appropriate location to clean, package and then store any soiled clothing to be returned home, which is in a discreet and agreed location

Check that these tips for best practice help to inform your policy for intimate care needs.

***Remember, toilets and locations for intimate care should always be freely accessible***

## **Practical checklist for Environmental Needs**

Issues for consideration when attending to personal care needs

### Environment

- Where is the child/young person to be changed?
- If the child/young person needs incontinence products changed, is there an appropriate room which is warm, comfortable and discreet?
- Is the changing surface for the child/young person to lie on clean, comfortable and able to be disinfected? Can they slide off it?
- Can the area be ventilated in a way which does not compromise privacy?

### Equipment

- Is all the necessary equipment easily accessible?
- Is there all that is needed for basic infection control?
  - Protective aprons for staff (disposable or washed after each use)
  - Disposable gloves (plastic - avoid latex and talc which can cause allergies)
  - Hot and cold running water and soap
  - Wipes ("Contiwipes" or similar)
  - Towels for drying
  - Products to disinfect areas after use (eg a solution of "Detisor 33" diluted 1 part Detisor to 100 parts water is recommended. All hazardous products must be clearly labelled and stored out of reach of children and young people)
- Consider how waste is to be disposed - safely in discreet bin liners which can be tied and do not leak





Personal Care Record - Pupils Name

Date and time	Staff initials	Care Task		Frequency of visit	Time spent in Bathroom	Pupil comment	Staff comment	Parent/ carer informed
		Type	Support					

Key:

<b>Type:</b>	1. wetting 2. soiling 3. both 4. vomit 5. feminine hygiene 6. medical care	<b>Support</b>	a. independent b. verbal encouragement c. partial physical help d. full physical help e. resistant reluctant	<b>Frequency of visit</b>	A. part of care programme B. daily C. weekly D. monthly E. less often F. "accidental" wetting/soiling or both	<b>NB 'Pupil comment'</b> - use appropriate communication system <b>'Staff comment'</b> - needs to be brief - one word/short phrase and appropriate for the child to see (Freedom of Information Act etc) Refer to other policies and procedures for concerns such as safeguarding
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# PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE TO CHILDREN AND YOUNG PEOPLE

## Statement for management of intimate care needs for inclusion in School Prospectus for prospective, pupils, parents and carers

Issues around personal care, including children and young people having occasional wetting or soiling accidents may arise for children of varied ages throughout their school experience. This can have an impact on the child's social and emotional wellbeing if not dealt with sensitively. To help us support your child effectively please take the opportunity to discuss any issue with any of your child's teachers or support staff especially prior to school trips/residential visits.

Child's Last name:	
Child's First name:	
Male/Female:	
Date of birth:	
Parent/carers name:	
Address:	

I understand that;

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

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

Name.....

Signature.....

Relationship to child.....

Date.....