

# Intimate Care Policy

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Date Revised: October 2022

Next review: September 2024

## INTRODUCTION

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

We recognise that there is a need to treat all of our pupils with respect and dignity when intimate care is given. The pupil's welfare is of paramount importance and their experience of intimate care and personal care should be a positive one. The pupil's welfare and dignity are of paramount importance, and they will be provided with a high level of privacy, choice and control.

This intimate care policy should be read in conjunction with the following policies and guidelines:

- Child protection and safeguarding policy
- The administration of medicines policy
- Infection control policy
- Staff code of conduct
- Social media policy
- Health and safety policy
- Intimate care plans/Menstrual care plans
- Feeding placemats
- Safe moving and handling policy
- Whistleblowing policy

### **Aims**

The aims of this document and associated guidance are:

To safeguard the rights and promote the welfare of our pupils.

To provide guidance and support to staff.

To assure parents and carers that staff are knowledgeable about personal care and that their children are cared for and protected.

### **DEFINITION**

Intimate care may be defined as any activity 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
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

### **PRINCIPLES OF INTIMATE CARE**

The following are the fundamental principles upon which the Policy and

Guidelines are based:

- 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 own 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 staff working with children must be vetted by the School. This includes students on work placement and volunteers. Vetting includes: Access NI checks, Pre-employment checks, Two independent references
- ♣ Only named staff identified by your school should undertake the intimate care of children.
- ♣ Managers must ensure that all staff undertaking the intimate care of children are familiar with, and understand the Intimate Care Policy and Guidelines together with associated Policy and Procedures e.g. ACPC Regional Policy and Procedures 2005, Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.
- ♣ All staff must be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work.
- ♣ No member of staff should take any form of digital device into the bathroom. Staff mobile phones should be stored in a safe place such as the locked office in each classroom and should only be used during break/lunch times.
- ♣ Intimate care arrangements must be agreed by the school, parents/carers and child (if appropriate).
- ♣ Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate).
- ♣ Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents / carers and child (if appropriate).

- ♣ School will make provisions for emergencies i.e. a staff member on sick leave. Additional trained staff should be available to undertake specific intimate care tasks. Do not assume someone else can do the task.
- ♣ Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.
- ♣ If a staff member has concerns about a colleague's intimate care practice, they must report this to their designated manager / teacher.

## **GUIDELINES FOR GOOD PRACTICE**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Staff 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 care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

### **Intimate/menstrual Care Plans**

Pupils who require regular assistance with intimate care should have a written intimate/menstrual care permission form and a Care Plan (*see appendix 1&2*) that has been agreed and signed by staff and parents. Should a parent refuse to sign their child's Intimate Care Plan, the teacher should make a note of why the Intimate Care Plan has not been signed and retain the copy in line with the school Disposal of Records Policy. Where appropriate, pupils will be consulted regarding their intimate/menstrual care plans. Care plans should take into consideration historical concerns. The plan should be reviewed at least once per year (June) and as and when necessary, throughout the academic year. They should also take into consideration procedures for outings and /or residential trips if applicable.

### **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 choice where possible. Check your practice by asking the child / parent any likes / dislikes while

carrying out intimate care and obtain consent.

### **Make sure practice in intimate care is consistent**

As a child can have multiple assistants, a consistent approach to care is essential. Effective communication between parents / carers / school 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 been formally trained and assessed e.g. internal feeding, 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 you take to intimate care can convey lots of messages to a child about their body worth. Your 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, discolouration or swelling, including the genital area, report immediately to the Vice Principal/Principal. 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 to your designated teacher. Report and record any unusual emotional or behavioural response by the child.

A written record of concerns must be made and kept in the child's nursing/ medical notes/personal file. It is important to follow the School's reporting and recording procedures. Parents/ carers must be informed about concerns.

Please refer to:

Regional Area Child Protection Committee Child Protection Procedures – April 2005

DENI Child Protection & Pastoral Care Guidance 1999

Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

### **Staff will endeavour to:-**

- Encourage each pupil to be as independent as possible in their intimate care
- Treat every pupil with dignity and respect whilst ensuring privacy appropriate to the pupil's age and situation
- Ensure that pupils' individual intimate care practices are consistent
- Clean the pupil using wipes provided. For Child Protection and Safeguarding reasons there are restrictions regarding the cleaning of intimate areas therefore staff will clean pupils in the least invasive way possible. Where there has been a loose bowel movement parents will be informed in case any further cleaning is required upon the child's return home
- Take account of religious views and cultural values of families as they might affect certain practices or determine the gender of the carer
- Only carry out activities which they understand and feel competent with. Some procedures must only be carried out by members of staff who have been formally trained and assessed (example enteral feeding, rectal diazepam, manual handling and back care awareness)
- Help promote positive self-esteem and body image. Confident self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach taken with intimate care can convey lots of messages to a pupil about their body worth
- Report any concerns to the designated teacher or the deputy designated teacher for child protection. If staff observe any unusual markings, discoloration or swelling they must follow guidelines and report this to the DT/DDT immediately
- If a pupil is accidentally hurt during intimate care or misunderstands or misinterprets something, staff should reassure the pupil, ensure their safety and report the incident to the DT or DDT for child protection. Staff must also report or record any unusual emotional or behavioural response by the pupil

### **WORKING WITH CHILDREN OF THE OPPOSITE SEX**

#### Principles:

There is a positive value in both male and female staff being involved with children.

Ideally, every child should have the choice of carers for all their intimate care but the current ratio of female to male staff means that assistance will more

often be given by a woman.

The individual child's safety, dignity and privacy are of paramount importance. The practical guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.

The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:-

- ↪ When intimate care is being carried out, all children have the right to dignity and privacy.
- ↪ If the pupil appears to be distressed or uncomfortable when personal care is being carried out, the care should be stopped immediately. Try to ascertain why the child is distressed and provide reassurance.
- ↪ Report any concerns to the DT or DDT for child protection and make a written record.
- ↪ Parents must be informed of any concerns.

### **General Care**

Male and female staff can be involved with children of either sex in:

- (a) Key working and liaising with families.
- (b) Co-ordinating of and contribution to a child's review.
- (c) Meeting the developmental, emotional and recreational needs of the children.
- (d) Escorting children between rooms/buildings and on outings unless intimate care is needed.

### **Intimate Care**

Wherever possible, boys and girls should have at least two carers within sight of each other when intimate care is taking place. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a child cannot make a choice.

The intimate care of boys/girls can be carried out by a member of staff of the opposite sex with the following provisions:

- (a) The delivery of intimate care by professionally qualified staff will be governed by their professional code of conduct in conjunction with agency

policy and procedures.

(b) Staff who are not governed by a professional code of conduct must follow policy and procedures in operation within their agency and direction and agreement must be provided by the Principal/Vice Principal.

(c) 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/curtains put in place.

(d) If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.

(e) Report concerns to the Principal/Vice Principal and make a written record.

(f) Parents / carers must be informed about concerns.

## **COMMUNICATION WITH CHILDREN**

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

### **To ensure effective communication:**

Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded. (see appendix 4) If further information is required, please consult with the Principal.

- 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 is happening even if there is no response.
- Treat the child as an individual with dignity and respect.

## **Menstrual Care**

According to literature women with intellectual disability, when asked, consistently report an overwhelming preference for other women to support



them in understanding and managing their menstrual care (McCarthy 2002 & Rodgers 2001).

For this reason and as an additional dignity measure, post-pubescent girls will not be routinely cared for by male members of staff. The exception to this would be in an emergency situation when male staff could be asked to assist with a female pupil.

Intimate/Menstrual Care Plans are in place for post-pubescent girls who require assistance with their personal care. These care plans highlight visuals that can be used with the young adult to help them to access items such as medicine and a hot water bottle if they are feeling discomfort. They also highlight the sanitary products to be used with the young adult and the frequency required of sanitary towel changes. Internal sanitary protection is not appropriate and must not be used unless the young adult can use tampons independently. Staff members will never provide direct support to insert a tampon.

## Permission for Intimate care

Appendix 1

Student's Name:	
Date of Birth:	
Address:	
Parent/Carer:	
Student's Diagnosis:	
I/we give permission for the assistance detailed overleaf to be provided to my/our child and will advise the school of any change that may affect this provision.	
Signed:	
I, the student, give permission for the assistance detailed overleaf to be provided to me.	
Signed:	

## Intimate/Menstrual Care Plan **Appendix 2**

*Article 16 Every child has the right to privacy Article 24 Every child has the right to the best health care possible Article 27 Every child has the right to have their basic needs met*

**Student's Name:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_ **Date of** \_\_\_\_\_  
**Plan:** \_\_\_\_\_

<b>Timing of toileting routine</b>	
<b>Toilet routine cue</b>	
<b>Arrangements for changing</b> (e.g. location, arrangements for privacy.)	
<b>Explanation of the routine</b> (e.g. number of staff needed, development of pupil independence where applicable inc. use of visuals, Menstrual Choice board, how to support hand washing, use of reward systems)	
<b>Infection control</b> (e.g. wearing disposable gloves, aprons, nappy disposal)	
<b>Sharing information</b> (e.g. record keeping, who to notify if child has rash or any marks)	
<b>Resources needed</b> (e.g. creams, sanitary products, change of clothes, gloves)	
<b>Additional information</b> (Persons assisting student, alternate arrangements if usual staff unavailable)	

Designation	Signed	Date
Teacher		
Classroom		
Assistants		
Parent/Carer		
Student		

**REVEIWED:-**

DATE	BY WHOM

Date	Time	Signature 1	Signature 2


**Intimate Care Record**

Appendix 3

**Student's Name:**

# Communication for Intimate Care

## Appendix 4

### How I Communicate

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I communicate using words / signs / communication book / communication aid / body movements.

I indicate my likes/preferences by

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I indicate my dislikes by

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I show I am happy by

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And unhappy by

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If appropriate please complete the following:

When I need to go to the toilet I

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When I need changed I

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Additional information

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Parent /Carer signature

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