

**What I learn today,** **prepares me for tomorrow**

**INTIMATE CARE**

**and Toileting**

**Policy**

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| **Policy Location:** | **Last Revised:**  | **Review Due:** | **Person Responsible:** |
| Staff Share -> Policy Library | September 2021 | September 2022 | Katrina Green, Head of Care |

Barndale House School is responsible for the care of children and young people with learning and physical disabilities who have an increased dependency on carers for a primary level of care and who therefore require practical support with their intimate care needs at school.

We have defined Intimate Care as direct care of the child in terms of any personal care activity a child would normally be able to do for him/herself. These needs are no different to the needs of a child who is not disabled but we need to flag up the notion that there are differences in the nature, method and principles of fulfilling those needs.

Intimate care is a high risk activity in terms of abuse and it is particularly important that there are guidelines on Intimate Care, both to protect those being cared for and the staff who care for the children’s needs. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible.

The staff at Barndale House School has recognised the need to design guidelines, which encompass all aspects of our procedures. They apply to every member of staff involved with the intimate care of the children and they aim to support good practice.

**Aims**

The aims of this policy and associated guidance are:

* To safeguard the rights and promote the welfare of children and young people.
* To provide guidance and reassurance to all education and residential care staff who’s working role and responsibilities include the support of intimate care tasks.
* To assure parents and carers that all education and residential care staff are knowledgeable about personal care and that their individual concerns are taken into account.
* To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children and young people as pupils and students.

**Definition of intimate care**

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. The Northumberland County Council guidance on The Administration of Medicines is in place to support staff and children and young people where nursing tasks are required. This guidance document makes it clear that teaching staff should be under no obligation to provide nursing care, and the same applies to intimate care.

Intimate care tasks specifically identified as relevant include:

* Dressing and undressing (underwear)
* Helping/supporting someone to use the toilet
* Changing continence pads (faeces)
* Changing continence pads (urine)
* Bathing/ showering
* Washing intimate parts of the body
* Changing sanitary wear
* Inserting suppositories
* Giving enemas
* Inserting and monitoring pessaries.

**Definition of personal care**

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people

Those personal care tasks specifically identified as relevant here include:

* Skin care/applying external medication
* Feeding
* Administering oral medication
* Hair care
* Dressing and undressing (clothing)
* Washing non-intimate body parts
* Prompting to go to the toilet.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need.

Children and young people may require help with eating, drinking, washing, dressing and toileting.

This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young people.

**Basic principles**

Children and young people’s intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child/young person and for their parents/carer(s). It is essential that every child/young person is treated as an individual and that care is given as gently and as sensitively as possible. The child/young person should be encouraged to express choice and to have a positive image of his/her body.

Staff should bear in mind the following principles:

* Children/young people have a right to feel safe and secure.
* Children/young people have a right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
* Children/young people should be respected and valued as individuals.
* Children/young people have a right to privacy, dignity and a professional approach from staff when meeting their needs.
* Children/young people have the right to information and support to enable them to make appropriate choices.
* Children/young people have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.

 Children/young people have the right to express their views and have them heard. Barndale House School has a complaints procedure that children and young people can access.

A child/young person’s Intimate/Personal care plan/Education Health Care Plan should be

designed to lead to independence

**Vulnerability to abuse**

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all education and residential care staff is familiar with the school/residential Safeguarding / Child Protection Policy and procedures, with agreed procedures within this policy and with the child/young person’s own Care plan.

The following are factors that increase the child or young person’s vulnerability:

* Children/young people with disabilities often have less control over their lives than is normal.
* They do not always receive sex and relationship education, or if they do, may not fully understand it, and so are less able to recognise abuse.
* Through residential, foster or hospital placements, they may have multiple carers.
* Differences in appearance disposition and behaviour may be attributed to the child’s

disability rather than to abuse.

* They are not always able to communicate what is happening to them.

Intimate care may involve touching the private parts of the child/young person’s body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

**Working with parents and carers**

Establishing effective working relationships with parents/carers is a key task for all schools and is particularly necessary for children/young people with specific care needs or disabilities.

Parents/carers should be encouraged and empowered to work with professionals to ensure their child/young person’s needs are properly identified, understood and met. Although they should be made welcome, and given every opportunity to explain their child/young person’s particular needs, they should not be made to feel responsible for their child/young person’s care in school or early years setting, or for making teaching staff disability aware. They should be closely involved in the preparation of Individual Support Plans (ISP’s) and Health Care Plans. Staff have a duty to remove barriers to learning and participation for pupils and students of all abilities and needs.

Plans for the provision of Intimate/personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and school or setting, monitoring and review. It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents/carers and all those involved.

**Links with other agencies**

Children and young people with specific care needs or disabilities will be known to a range of other agencies. It is important that positive links are made with all those involved in the care or welfare of individual children/young people. This will enable school or setting based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child/young person’s well-being and development remains the focus of concern. Arrangements for ongoing liaison and support to school or setting staff where necessary should also be formally agreed and recorded. It is good practice for schools or settings to identify a named member of staff to co-ordinate links with other agencies, and this person could be the SENCO or another senior member of staff.

Achieving continence is one of hundreds of developmental milestones for all children usually reached within the context of learning in the home before the child/young person transfers to learning in a setting. In some cases this one developmental area can assume significance beyond all others. Parents and carers are sometimes made to feel guilty that this aspect of learning has not

been achieved, whereas other delayed learning is not so stigmatising. Schools and settings have a responsibility to teach toilet training and other personal care skills, as an essential PHSE basis in order to be able to access the rest of the curriculum.

For some children and young people, achieving continence will never be possible.

Assistance with the management of their toileting needs should be provided sensitively to allow them continued access to the full curriculum, life in the establishment, and dignity in front of peers and staff.

**Good practice guidance**

In many schools, education and other settings, designated staff are involved on a daily basis in providing intimate/personal care to children and young people with special educational needs arising from learning difficulties, sensory impairments, medical needs and physical impairments. This places those staff in a position of great trust and responsibility. They are required to attend to the safety and comfort of the children/young people and to ensure that they are treated with dignity and respect.

The time taken to carry out this care can also be used to promote personal development, as even the youngest child can be encouraged to become aware of and value their own body and extend their personal and communication skills. If such opportunities are denied then they may not learn to distinguish between appropriate and inappropriate. Confident and self-assertive children and young people who feel their bodies belong to them are less vulnerable to sexual abuse.

Religious and cultural values must always be taken into account when making arrangements for managing intimate/personal care needs for children and young people, and stereotypes should be challenged Staff concerned should begin by simply asking questions about the child/young person being supported and try to discover things about their background and experience.

**Cross gender care**

There is positive value in both male and female staff being involved in intimate/personal care tasks, although it may be unacceptable to some parents, carers, or the child or young person, to have a carer of the opposite sex, to attend to toileting or other intimate needs, and this should be respected. However, at times there may be exceptional circumstances where there are human resource implications preventing full consideration to the optimum gender balance (available carers are more likely to be female).

It is vital that schools and settings meet with parents/carers and the child/young person prior to enrolment, to discuss the care plan and staff most likely to be involved in providing the intimate/personal care aspects.

**Examples of positive approaches**

Examples of positive approaches to intimate/personal care which ensure a safe and comfortable experience for the child/young person:

* Get to know the child/young person beforehand in other contexts to gain an appreciation of his/her mood and systems of communication.
* Have a knowledge of and respect for any cultural or religious sensitivity related to aspects of intimate care.
* Speak to the child/young person by name and ensure they are aware of the focus of the activity. Address the child/young person in age appropriate ways.
* Give explanations of what is happening in a straightforward and reassuring way.
* Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children/young people to use these terms appropriately.
* Respect a child/young person’s preference for a particular sequence of care.
* Give strong clues that enable the child/young person to anticipate and prepare for events, for example show the clean nappy/pad to indicate the intention to change, or the sponge/flannel for washing.
* Encourage the child/young person to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing.
* Seek the child/young person’s permission before undressing if he/she is unable to do this unaided.
* Provide facilities that afford privacy and modesty.
* Keep records noting responses to intimate care and any changes of behaviour.

**Practical considerations for managers and supervisors**

Practical considerations for managers and supervisors to ensure health and safety of staff and children/young people:

* All adults assisting with intimate/personal care should be employees of the school or setting. This aspect of their work should be reflected in the job description. In exceptional circumstances unpaid employees, such as voluntary workers may assist provided they have been trained and DBS cleared, and with agreement of all parties.
* Staff should receive training in good working practices which comply with Health and Safety regulations such as dealing with bodily fluids, wearing protective clothing, Manual Handling, Child Protection, HIV and Infection, Whistle Blowing, Risk Assessment. Identified staff should also receive training for very specific intimate care procedures where relevant.
* Where a routine procedure needs to be established, there should be an agreed care plan involving discussion with school or setting staff, parents or carers, relevant health personnel and the child/young person. All parties should sign the plan. The plan must be reviewed on a regular basis. The school or setting’s complaints procedures should be known to all, and followed where necessary.

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Staffing levels need to be carefully considered. There is a balance to be struck between maintaining privacy and dignity for children/young people alongside protection for them and staff. It is important for each school or setting to decide on practical ways of dealing with staffing levels. Some procedures may require two members of staff for health and safety reasons, for example manual handling. This should be clearly stated in the care plan. As far as possible, personal care procedures should be carried out by one person, protection being afforded to a single member of staff in the following ways:

* Personal care staff implement the strategies in the “examples of positive approaches “section outlined above.
* Personal care staff notifies the teacher, line manager or other member of staff, discreetly, that they are taking the child/young person to carry out a care procedure.
* A signed record is made of the date, time and details of any intervention required that is not part of an agreed routine. See Appendix A Form 4. A decision can be made at the Care Plan meeting as to whether a regular record needs to be kept of routine procedures.
* If a situation occurs which causes personal care staff embarrassment or concern, a second member of staff should be called if necessary, and the incident reported and recorded.
* When staff are concerned about a child/young person’s actions or comments whilst carrying out the personal care procedure, this should be recorded and discussed with a line manager immediately.

**Other practical considerations for managers**

* Is a risk assessment for Moving and Handling required?
* There should be sufficient space, heating and ventilation to ensure safety and comfort for staff and child/young person.
* Facilities with hot and cold running water. Anti-bacterial hand wash should be available.
* Items of protective clothing, such as disposable gloves and aprons should be provided. No re-use of disposable gloves.
* Special bins should be provided for the disposal of wet and soiled nappies/pads. Soiled items should be “double-bagged” before placing in the bin.
* There should be special arrangements for the disposal of any contaminated waste/clinical materials.
* Seeking advice on general continence issues through the school nurse or health visitor. For specific conditions, the school nurse, health visitor and/or parents/carers should be able to provide links with relevant specialists.
* Supplies of suitable cleaning materials should be available. Anti-bacterial spray should be used to clean surfaces.
* Supplies of clean clothes (the child or young person’s own where possible) should be easily to hand to avoid leaving the child unattended while they are located.
* Adolescent girls will need arrangements for menstruation in their plan.
* Schools should have a supply of sanitary wear which can be provided for girls in a sensitive and discreet way

**Training**

The requirement for staff training in the area of intimate/personal care will vary greatly between schools and settings and will be largely influenced by the needs of the children/young people for whom staff have responsibility. Consideration should be given, however, to the need for training on a whole school or setting basis and for individual staff who may be required to provide specific care for an individual child/young person or small number of children/young people.

Whole staff group training should provide staff with opportunities to work together on the range of issues covered within this document thus enabling the development of a culture of good practice and a whole school or setting approach to personal care. Whole school or setting training should provide disability awareness, and opportunities for staff to increase knowledge and enhance skills.

More individualised training will focus on the specific processes or procedures staff are required to carry out for a specific child/young person. In some cases this may involve basic physical care which might appropriately be provided by a parent or carer. In cases of medical procedures, such as catheterisation, qualified health professionals should be called upon to provide training.

Designated staff may require training in safe moving and handling. This will enable them to feel competent and confident and ensure the safety and well-being of the child/young person. It is imperative for the school and individual staff to keep a dated record of all training undertaken.

For any child/young person requiring intimate or personal care, it is recommended as good practice that this be discussed with the school nursing or health visiting service. For intimate care needs, training and advice should be included for staff on how to deal with sexual arousal in the child/young person, if appropriate.

**Managing risk**

These guidelines aim to manage risks and ensure that employees do not work outside the remit of their responsibilities. It is essential that all staff follow the guidance set out in this policy and take all reasonable precautions to prevent or minimise accident, injury, loss or damage. It is of particular importance with regard to:

* Staff training
* The recording of activities as necessary
* Consent being obtained from parents/ carers
* The care plan being written with, and signed by parents/carers
* The presence of two adults when invasive medical procedures are performed unless the parents/carers have agreed to the presence of one adult only.

**Guidelines**

**1. Children and their parents should have confidence in the staff**

All staff involved in Intimate Care routines will have had an enhanced Criminal Records Bureau check and will receive appropriate training to carry out this aspect of their work.

Parents receive a copy of the School’s Intimate Care policy and will be offered an opportunity to discuss their child’s needs with an appropriate member of staff.

**2. Carers should be aware of the abilities of the child**

The child should be enabled and encouraged as far, as is reasonably possible, to contribute to his/her own intimate care.

**3. Ensure privacy, appropriate to the child’s age and gender.**

The school takes the view that the issue of privacy is important. Many intimate care tasks are carried out by one person. This practice is actively supported unless the task requires two people.

**4. Children have the right to be respected.**

Respect of the child’s body and integrity should be included in all care procedures. Ideally someone who has a positive long-term relationship with the child should carry out intimate

care tasks. New staff members should get to know the children in the classroom context before getting involved in Intimate Care tasks.

**5. A strong focus should be evident on choice and decision making skills.**

Wherever appropriate, decision-making should be an integral part of the process – e.g. Do you want the toilet or not? Should we wash your hands or face first? Can I help fasten your trousers?

**6. Pupils will be prepared and involved in what is going to happen**

Staff will raise the child’s awareness of the process. Objects of reference, symbols, signs, gesture and verbal explanation will be given as appropriate.

**7. Intimate care tasks are not an interruption to the timetable**

These practices should be valued as part of each child’s essential curriculum. They are an opportunity to develop independent and age appropriate skills, increase dignity and to raise self-esteem.

**8. Never do any task unless you are confident in your ability to do it.**

Never guess; ask a colleague to help.

**9. If you are concerned – report it.**

Intimate care tasks should never be approached light-heartedly. If a child has soreness or something to cause you concern, follow School’s Child Protection Procedures.

**10. Health and Safety issues**

Barrier materials will always be used e.g. disposable gloves. Appropriate Moving and Handling Procedures will be followed.

**RESOURCES**

School will seek parental views on practices at home. Taking cognizance of this, preferred materials will be used and parents will be encouraged to resource their child’s needs wherever possible.