Ebor Gardens and Victoria Primary Academies

Intimate Care Policy

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Review date:	September 2021

CHILDREN'S INTIMATE CARE GUIDELINES

This policy is written with reference to Leeds Safeguarding Children Partnership Intimate Care Guidelines October 2018. This should be reviewed regularly (at least annually) and any individual intimate care plans should have an agreed regular review to ensure needs or requests have not changed. Any changes should be communicated to staff, children, young people and parents/carers.

DEFINITION

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.

INTIMATE CARE GOOD PRACTICE GUIDELINES

These guidelines should be viewed as expectations upon staff, which are designed to protect both children and staff alike. In situations where a member of staff potentially breaches these expectations, other staff should be able to question this in a constructive manner.

If staff are not comfortable with any aspect of the agreed guidelines, they should seek advice from the Head. For example, if they do not wish to conduct intimate care on a 1:1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff nearby so that they are close to hand but do not compromise the child's sense of privacy.

Involve children, young people and parents / cares in devising intimate care plans

Parents / carers and the child or young person should be involved in individual discussions and decisions in relation to how intimate care will be managed in order to draw up an agreed plan. The wishes and feelings of both the child and the parents/carers including cultural and religious beliefs should be sought and plans should be respectful and responsive to these, reflecting where possible usual home routines. A copy of this should be given to the parents and the child or young person as well as being held within the child's records

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

Privacy is an important issue. Much intimate care is carried out by one staff member along with one child. This practice should be actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse. However, this is balanced by the loss of privacy and lack of trust implied if two people have to be present. If should also be noted that the presence of two people does not guarantee the safety of the child or young person – organised abuse by several perpetrators can, and does, take place. Therefore, staff should be supported in carrying out the intimate care of children alone unless the task requires the presence of two people. For older children (over 8 years old) it is preferable if the member of staff is the same gender as the young person. However, this is not always possible in practice.

Involve the child as far as possible in his or her own intimate care.

Try to avoid doing things for a child that s/he can do alone, and if a child is able to help ensure that s/he is given the chance to do so. This is as important for tasks such as

removing underclothes as it is for washing the private parts of a child's body.
Support children in doing all that they can themselves. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

Be responsive to a child's reactions.
It is appropriate to 'check' your practise by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"; "Can you wash there?"; How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a 'grudge' against you or dislikes you for some reason, ensure your line manager is aware of this, that it is recorded and escalated if appropriate. In such circumstances every effort should be made to find an alternative person to undertake the care.

Make sure practice in intimate care is as 'care-planned' as possible.
Line managers have a responsibility for ensuring their staff have a "care planned" approach. This means that there is a planned approach to intimate care across the school, but which is also flexible enough to be planned to meet the specific needs (and wishes as appropriate) of individuals. It is important that approaches to intimate care are not markedly different between individuals, but also reflect individual needs and wishes. For example, do you use a flannel to wash a child's private parts rather than bare hands?

Never do something unless you know how to do it.
If you are not sure how to do something, ask. If you need to be shown more than once, ask again. Certain intimate care or treatment procedures, such as rectal examinations, must only be carried out by nursing or medical staff. Other procedures, such as giving rectal valium, suppositories or intermittent catheterisation, must only be carried out by staff who have been formally trained and assessed as competent.

If you are concerned that during the intimate care of the child:-
- You accidentally hurt the child
- The child seems sore or unusually tender in the genital area
- The child appears to be sexually aroused by your actions
- The child misunderstands or misinterprets something
- The child has a very emotional reaction without apparent cause (sudden crying or shouting)
- You suspect FGM has taken place

Report any incident as soon as possible to another person working with you and make a brief written note of it. **Then discuss immediately with a senior member of staff or designated child protection officer**.

This is for two reasons: first, because some of these could be cause for concern, and secondly, because the child or another adult might possibly misconstrue something you have done. Additionally, if you are a member of staff who has noticed that a child's demeanour has changed directly following intimate care e.g. sudden distress or withdrawal, this should be noted in writing and discussed with a designated child protection officer.

Staff should be trained to be alert to the potential indications of abuse or neglect in children and be aware of how to act upon their concerns in line with the Leeds Child Protection procedures.

Encourage the child to have a positive image of her or his own body.
Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a child's intimate care can convey lots of messages about what her or his body is 'worth'. Your attitude to the child's intimate care is important.

Intimate care is to some extent individually defined, and varies according to personal experience, cultural expectations and gender. It is important to recognise that children who experience intimate care may be more vulnerable to abuse.

When out of the usual environment it is good practice to maintain the same standards of privacy and dignity. Prior knowledge of location, for example, layout of toilets is to be sought wherever possible.

PARENTS/CARERS

Each child, for whom it is appropriate, is to have a written 'Intimate Care Plan' included in their individual programme. This includes pupils requiring any oversight, assistance and supervision. Close involvement of parents/carers and child/young person are essential in developing 'Intimate Care Plans' and written consent must be given by them.

The plan should be disseminated to all staff involved in the intimate care of the pupil. Care plans must be renewed regularly, at least once a year.

RECORDING

For most pupils, the pupil changing record (kept in each class) should be completed and signed by all staff involved in any intimate care tasks. This should detail the date, time, whether urine or soiling. Any comments or observations. eg – skin impairment – changed bowel or urinary pattern should also be recorded. Parents should be informed on the day. In the case of children with an Intimate Care Plan, this information should be recorded as detailed in the plan.

Consideration is to be taken when disposing of children's/young persons soiled clothing. Prior agreement with parents/carers is to be sought wherever possible. Soiled clothing should be placed in a plastic bag for the parent/carer to take home to wash. Machine wash is recommended. No soaking of soiled clothing should take place. Any faecal matter should be disposed of down the toilet before placing clothing in a plastic bag.

FACILITIES

- Facilities are to be easily accessed by the child and designed with the appropriate advice from relevant professionals where necessary, for example, Occupation Therapist, Physiotherapist, School Nurse, or appropriately trained professionals.

- Hand washing facilities are to be provided within the room for the child/young person and staff. Liquid soap and paper hand towers are to be available.

- All waste bins are to be fitted with a lid to be foot operated.

- A secure area for clinical waste awaiting collection must be available.
- Facilities must be regularly inspected and maintained.
- All notices must be laminated.
- Any spare clothing must be stored in sealed containers.

EQUIPMENT

The list of equipment detailed below is not exhaustive but gives examples of types of equipment available for us

1. Gloves – if direct contact with blood or body fluids is anticipated, staff to wear seamless, non-sterile gloves (e.g. latex and non-latex which are powder free)

2. Aprons – disposable plastic aprons.

3. Disposable paper towels.

4. Disposable wipes – the product as agreed in the ‘Care Plan’.

5. Cleansing agent – appropriate for use and as agreed on the ‘Care Plan’.

6. Continence care products.

7. Yellow Clinical Waste Bags for waste that has come into contact with body fluids. Large amount of waste to be disposed of using yellow plastic bags. Nappy bin for fortnightly collection by PHS. All bags should be labelled, secured with self-locking tie and stored in an appropriate secure area awaiting collection for incineration.

INTIMATE CARE PLAN

Name	
Date	
Date of Birth	

Assessor	
Relevant Background Information	
Setting	Hygiene Suite Toilet
Consent given	
Identified need – specific individual requirement e.g. cream applied	
Communication	Use of symbols? Signs? Verbal prompts? Object of reference etc?
Self care skills	Fully dependent/aided Supported/independent
Mobility	Independent/steady/grab rail Unsteady/wheelchair user
Fine motor skills	Can do – tapes/zips/buttons/taps/towels/adjust own clothing
Moving and handling Assessment **Step by step guide to what happens**	Tracking/mobile hoist or S, M, L or own sling in chair transfer using mobile hoist. Walking frame/support to table/physical turntable
Facilities	Environment to provide dignity safety Curtain Handwashing
Equipment	Gloves, wipes, aprons, waste bins foot operated Rise and fall bed. Changing mat/moving and handling equipment. Continence produce/nappy size/paper towels/liquid soap/spray cleaner
The disposal of soiled articles of clothing as agreed with parents/carers	Solid waste into the toilet. Clothes sent home in tied plastic bag. Indicate in bag or in diary contents of bag.
Frequency of procedure required	On arrival/mid morning/lunchtime/mid afternoon/ whenever necessary/on request
Review date	Whenever needs change / minimum annually

I/we have read, understood and agree to the plan for Intimate Care

Signed ……

Name ……

Relation to child ……

Date ……

CHANGING RECORD

CLASS _____

U(urinated), S(soiled)

NAME OF CHILD	DAY/ DATE	TIME	NAME AND SIGNATURE	U, S	COMMENTS/OBSERVATIONS Eg – skin impairment – changed bowel or urinary pattern

Please remember – if you have any concerns, discuss immediately with a senior member of staff or designated child protection officer