West SILC

Guidelines for Intimate Care

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1.0 Our approach to best practice

All pupils who require intimate care are treated respectfully at all times; the pupil's welfare and dignity is of paramount importance.

Ensure that details of an agreed intimate care protocol will be formally documented in an individual health care plan and EHCP where relevant and appropriate and will be shared with other agencies where necessary. Each pupil where appropriate will have an Intimate Care Plan in place that will be updated annually and shared with relevant members of staff.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice.

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.

There is careful communication with each pupil who needs help with intimate care in line with their preferred means of communication to discuss the pupil's needs and preferences. The pupil is aware of each procedure that is carried out and the reasons for it.

It is the responsibility of all staff caring for a pupil to ensure that they are aware of the pupil's method and level of communication.

Pupils communicate using different methods e.g. words, signs, symbols, body movements, eye pointing.

2.0 Definitions

The following definitions are based on those within the document "Intimate care and toileting; Guidance for early years settings and schools" 2014, Surrey Council.

2.1 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. In some cases, it may be necessary to administer rectal medication on an emergency basis. For the purposes of these guidelines, we are also including any activities related to gastrostomy feed, suctioning and other medical procedures which require significant levels of physical touch and invasion of personal space.

Intimate care tasks include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads/nappies (faeces and urine)
- Bathing/ showering

- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.
- Rectal diazepam
- Gastrostomy feeds
- Administering VNS magnet activation

2.2 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 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.

Personal care tasks 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.

Definition of intimate examination - includes examinations of breasts, genitalia and rectum. Cultural and diversity influences may affect what is deemed ‘intimate’ to a patient and particular regard should be taken of social, ethnic and cultural perspectives.?

This document is specifically concerned with providing best practice in relation to intimate care, however it should be recognised that the definitions are potentially interchangeable depending on the needs of the child and their parents.

3.0 Individual pupil considerations

As a basic principle pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for themselves as they can. This may mean, for example, giving the pupil responsibility for washing themselves.

3.1 Communication

- Ascertain how the pupil communicates e.g. consult with pupil, parent / carer, classroom staff. For all pupils with complex communication needs and those who are pre-verbal, visual supports must be used.
- Use simple language and repeat if necessary (i.e. keep to one or two words as appropriate if necessary such as 'toilet' or 'Sam toilet').
- Make eye contact at the pupil's level.
- Continue to explain to the pupil what is happening even if there is no response.
- Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage pupils to use these terms as appropriate.

3.2 Touch

- Tell the child where you are going to touch them and what you are doing
- Use firm, consistent and predictable pressure. Light or varied touch can feel like a tickle or unpleasant for touch-defensive children
- Try and avoid extreme temperatures – keep any wipes somewhere where they're not too cold, and ensure your hands are warm and soft, without sharp nails. Where you are using wet wipes, allow the child to feel these with their hands first if they wish.

3.3 Sensory issues to consider

- Sensitivity to touch and/ or movement sensory input, often called sensory defensiveness may need to be considered for some pupils.
- Sensory under-responsiveness or sensory seeking behaviours can 'disrupt' the practical 'doing' of personal care. This can prevent the student from feeling safe and secure to allow someone to assist them and can also hinder development of independence in personal care activities.
- This may lead to fearful 'fight or flight' response – withdrawing, running off, hyper-excitement or 'being silly,' resisting, nipping, scratching, biting.
- Sensory seeking behaviours or attempts to communicate can present in behaviours such as smearing.
- Some pupils may present with fearful freeze responses, stiff, rigid, looking vacant, appearing to comply but not looking comfortable with the activity.
- A history of care that has been inconsistent, intrusive, and possibly even abusive can mean that the activity itself can be triggering and fearful for the child before it even starts and therefore must be taken into consideration.

Some suggestions for adults to try to support pupils with sensory issues:

- Connect and regulate first. Approach on their level, where they can see you, approach slowly and verbally connect before touching. Look for signs of connection e.g. child makes eye-contact or responds vocally to you.
- The use of visual supports such as Objects of Reference and/ or symbols may be required. These **must** be used for all pupils who are pre-verbal and may be required for pupils who struggle to process verbal information.
- Allow time for students to process instructions – tell them what you are going to do, use short simple instructions. ALWAYS GAIN CONSENT WHERE THE CHILD IS ABLE TO GIVE CONSENT.
- Ensure that there is sufficient transition time before and after going to the bathroom and be patient. Repeat the expectations (i.e. Anne bathroom) using simple language and continue to show the pupil the visual support as appropriate.
- For those children with greater developmental needs this is an opportunity for play and engagement e.g. anticipation games like 'This Little Piggy,' blowing bubbles and interacting.

3.4 Behaviours that may challenge

In cases where children / adolescents are extremely resistant to intimate care and become distressed, staff must always use agreed strategies / techniques as outlined in the intimate care plan which will be informed by an understanding of their wider needs. At no point must staff forcibly hold children down to undertake intimate care, as this could result in injury / distress / trauma and / or increased anxiety for all parties concerned.

The intimate care plan should clearly identify an agreed plan of action between parents / carers and the setting on how to support the child / adolescent who is likely to be extremely resistant to intimate care, which could include, distraction techniques, notifying parents / carers of the situation, and an agreed way forward that is in the best interest of the child, without compromising their safety, dignity, health or causing emotional harm. This could include the name and de tails of an emergency contact(s) who will be asked to attend without delay. All behaviour should be understood as communication.

4.0 Environment/ Health and Safety

Staff should receive training in good working practices which comply with health and safety regulations

- There should be sufficient space, heating and ventilation to ensure the pupil's safety and comfort.
- Rubber gloves should be worn when dealing with body fluid spillages
- There should be a disabled toilet and/or appropriate toilet seats for pupils who require them.
- Items of protective clothing, such as gloves and disposable aprons, should be provided readily accessible.

- Special bins should be provided for the disposal of wet or soiled pads.
- There should be special arrangements for the disposal of any contaminated waste/clinical materials e.g. through the Schools Medical Service.
- Supplies of suitable cleaning materials should be provided for cleaning and disinfecting changing surfaces.
- Supplies of fresh clothes should be easily to hand so that the pupil is not left unattended whilst they are found.
- There should be a suitable changing table.
- Ensure the environment is calm and predictable – without others coming and going
- Ensure the lights aren't too bright, and there isn't too much noise

Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions and residential experiences.

4.1 Moving and Handling considerations

Staff should receive training in good working practices which comply with Moving and Handling regulations and staff should be aware of individual Moving and Handling plans and IPRAs.

- Staffing ratio's outlines in individual Moving and Handling plans should be adhered to.
- Hoists should be provided for staff moving heavier pupils.

5.0 Safeguarding

5.1 Vulnerability to abuse

By its definition intimate care may involve touching the private parts of the child / young person's body, increasing the vulnerability of the child / young person. Leeds SCP recognise that children who experience intimate care may be more vulnerable to abuse:-

- Children with additional needs are sometimes taught to do as they are told to a greater degree than other children. This can continue into later years. Children who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The child may come to believe they are passive and powerless.
- Increased numbers of adult carers may increase the vulnerability of the child, either by increasing the possibility of a carer harming them, or by adding to their sense of lack of attachment to a trusted adult.
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the child inappropriately.
- Repeated intimate care may result in the child feeling ownership of their bodies has been taken from them.

- Children with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a child who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.

  Abuse and children who are disabled: a training and resource pack for trainers in child protection and disability, 1993.

5.2 The protection of pupils

When developing individual intimate care plans, staff should be aware of these increased vulnerabilities and seek to address these. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

Staff should be advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice within the establishment. 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 in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

The school Safeguarding and Child Protection Policy will be accessible to staff and adhered to.

Where appropriate, all pupils will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate teacher/ designated person for child protection in line with the SILC's Safeguarding and Child Protection Policy.

A clear record of the concern will be completed and referred to social services and/or the Police if necessary.

Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the pupil at greater risk of harm.

If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.

If a staff member has concerns about a colleague's intimate care practice they must report this to a the Principal (or the chair of Governors in the event that the concern is regarding the Principal).

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

Report and record any unusual emotional or behavioural response by the pupil.

A record of concerns must be made on Behaviour Watch (or CPOMS for learners at the West Area Inclusion Partnership)

Parents / carers must be informed about concerns, unless directed by the Designated Safeguarding Lead).

If a pupil makes an allegation against a member of staff, all necessary procedures will be followed.

Each pupil's right to privacy will be respected. Careful consideration will be given to each pupil's situation to determine how many carers might need to be present when a pupil needs help with intimate care. Where possible one pupil will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Although it may be more preferable for a pupil to receive intimate care from a member of staff of the same gender, this is not always possible due to the high ratio of female workers.

Male staff should only be involved in the intimate care of girls aged below the age of 8 years. After the age of 8 years they may assist a female worker if 2 members of staff are needed.

Parents/carers will be involved with their child's intimate care arrangements. Arrangements will be agreed and recorded in an EHCP, CIN or similar meeting.

5.3 Issues related to sexuality

Staff should be aware that boys may have penile erections during washing and changing and they should accept this as natural and normal.

Menstruation is a normal physical function but girls and young women who have special needs may need extra reassurance when they reach puberty.

Masturbation

- Interest in one's own body and other people's bodies is part of normal development.
- Young people with disabilities develop the same feelings and needs as others though expressing them may be more difficult. Masturbation is normal sexual behaviour but it may take place in an inappropriate context.
- When this happens, staff and parents should consult about what action to take. The approach adopted will vary according to the pupil's age and stage of development and level of understanding. A consistent approach is important.
- Wherever possible, young people need to experience 'personal space' where their privacy is respected. If masturbation occurs inappropriately, young people can be directed to a 'private' place. The one private place for pupils is at home, in their bedroom with the door shut and curtains closed, on their own. Everywhere in school is 'public' and this will be taught to pupils that it is not appropriate to engage in any masturbation in school.

These guidelines have been compiled and will be reviewed, to ensure that it is fair, does not prioritise or disadvantage any pupils.

These guidelines will be approved by the SILC's Governing Body

These guidelines will be reviewed in September 2024 and bi - annually thereafter.

This policy should be read in conjunction with

Equality ACT 2010

West SILC Teaching and Learning Policy

West SILC Safeguarding and Child Protection Policy

West SILC Intimate Care Policy

West SILC Whistleblowing Policy

Leeds SCP Children and Young People's Intimate Care Good Practice Guidelines

(Sarah Riley, John Mace and Debbie Clark – September 2020)

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