Our Mission Statement
Southfield Primary School is committed to ensuring that all staff responsible for the intimate care of children and young people in Southfield will undertake their duties in a professional manner at all times. Southfield recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain. The child’s welfare and dignity is of paramount importance. Every child’s right to privacy will be respected.

Parents /Carers views will be sought and listened to with regard to every part of this policy.

Rationale
The purpose of these guidelines is to set out procedures that safeguard children and young people, and staff, by providing a consistent approach within a framework, and that recognises the rights and responsibilities of all those involved in providing intimate care for children and young people.

We believe that all children and young people should be able to participate in all aspects of community life so that intimate care procedures will be carried out in various settings. It is therefore important that appropriate facilities and equipment are available wherever possible.

We recognise that intimate care raises complex issues. Whilst it may not be possible to eliminate all risks the balance should be on the side of dignity, privacy, parental (and where appropriate pupil) choice and safety.

Definition of Intimate Care
Intimate care involves helping pupils at Southfield with aspects of personal care which they are not able to undertake for themselves, either because of their age and maturity or because of developmental delay or disability. Children and young people with disabilities may require help with moving and handling, eating and drinking and all aspects of care including:

- Washing
- Dressing and undressing (including swimming)
- Supported Eating (including tube feeding)
- Toileting & Menstruation
- Physiotherapy Exercise Programme/Manual handling
- Massage/Intensive interaction

AIMS
- Safeguard the rights and well-being of children and young people with regard to dignity, privacy, choice and safety.
- To ensure that children and young people are treated consistently when they experience intimate personal care in two or more settings.
- Assure parent/carers that all staff are knowledgeable about intimate care and that individual concerns are taken into account and when possible are acted upon.

Intimate Care Policy
Reviewed by Dawn Hubbard – September 2018
To be reviewed September 2020
- Parent/carers to be involved in any decision about the Intimate Care of their children.
- To provide appropriate guidance, training, supervision and reassurance to staff, and to ensure safe practice.
- To ensure that parents/carers and children and young people [where appropriate] are actively involved in the development of agreed Intimate Care protocols.
- The school will ensure that details of an agreed individual Intimate Care protocol are shared with other agencies that support the pupil.
- The child or young person’s choices will be taken into consideration in developing an individual Intimate Care protocol with parent/carer agreement.
- Provide staff with information and appropriate training in Intimate Care.

**Approach to Best Practice**

The management of all children and young people with intimate care needs to be carefully planned. All staff who provide intimate care need to be trained in Child Protection. Appropriate facilities will be provided.

**Principles of best practice:**

- to allow the child or young person to care for him/herself as far as possible, to encourage independence and to encourage him/her to carry out aspects of intimate care as part of his/her personal and social development. Targets may be set in developing these life skills.
- to provide facilities appropriate to the child or young person’s age and individual needs.
- to show awareness of and be responsive to the child or young person’s reactions, their verbal and non-verbal communication and signifiers.
- to use the opportunities during intimate personal care to teach children and young people about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem.

**Communication regarding Intimate Care**

**Letter of Permission**

Permission must be sought from the parent/carer before any form of Intimate Care can be undertaken. All those staff working with the child or young person should know that permission has been given before undertaking any Intimate Care. There are exceptional circumstances where intimate care may need to be given eg. where younger children have accidents. In these cases, parents will be informed.

**Daily Home/School Communication**

It is good practice to maintain a regular diary system to pass information between the school and home. This diary may include information such as:

- how well a child or young person has eaten/or what she/he ate
- particular achievements
- seizures
- other important occurrences at school

**Communication of Intimate Care information to Parent/Carer**

Information on sensitive issues such as Intimate Care will be communicated by telephone, sealed letter or personal contact as appropriate.

**Staff Communication with the Child or Young Person**

- Appropriate use of language, signs, symbols, photographs or objects should be used as appropriate at all times.
- Staff should work in a reassuring, supportive and focused manner with the child or young person when involved in intimate care
Staff Communication with Parent
- Have an understanding of parental and cultural preferences and take account of these.
- Continue to maintain confidentiality and dignity for the parent/carer
- Be compliant with Equality Act 2010 with regard to dissemination of information.

Management responsibilities:
- To ensure that staff will receive ongoing training in good working practices which comply with health and safety regulations such as hygiene procedures; manual handling; awareness of medical conditions and associated first aid/child protection procedures; and other aspects of Intimate Care.
- To keep a record of training undertaken by staff and to ensure that refresh and updating training is provided where required.
- To provide an Induction programmes for all new staff and to ensure that they are made fully aware of the individual Intimate Care protocols for the children and young people they are supporting.
- To ensure that all new staff are familiar with the school Intimate Care policy and relevant individual Intimate Care protocols and that they receive the appropriate assistance from experienced staff to provide the children and young people they are supporting with the Intimate Care as outlined in their individual protocols.

Staff Responsibilities:
- Staff must be familiar with the Intimate Care policy/procedures.
- Staff must adhere to health and safety and intimate personal care policies and procedures and must report any health and safety concerns to management within their establishment.
- Designated staff will liaise with parents/carers and other appropriate services over the development and implementation of the agreed Intimate Care protocol.
- Designated staff will liaise with other professionals regarding specific aspects of Intimate Care (e.g. physiotherapy) and their advice will be included in the child or young person’s individual Intimate Care protocol.
- Staff in schools will work in consultation with the School Nurse in the development of individual Intimate Care protocols. Staff in Early Years Centres will work in consultation with the Link Health Visitor for the Centre in the development of individual Intimate Care protocols.
- Designated staff will take part in training for any aspect of Intimate Care Support.
Appendix 1
GUIDANCE ON PROVIDING SPECIFIC TYPES OF INTIMATE CARE

Hand Hygiene
Good hand washing is the single most effective way of stopping germs from getting into our bodies and causing infection.
Liquid soap is better than solid soap because it is less likely to become contaminated.
In some circumstances it may be necessary to disinfect with an alcohol disinfectant solution e.g. when a child has an infectious disease.
Disposable paper towels are the best option for drying hands because damp towels can harbour germs.
Don't assume children know how to wash their hands.

Hand washing procedure
1. Wet hands under warm running water.
2. Apply a small amount of liquid soap.
3. Rub hands together vigorously ensuring soap and water is applied to all surfaces of the hands. Be sure
to rub between fingers, the palms and the back of the hands.
4. Rinse hands under running water.
5. Dry hands, preferably using paper towels.

Dressing (Including swimming)
Ensure facilities provide privacy and modesty e.g. separate toileting and changing for boys and girls or at
least adequate screening. Separate changing cubicles should be available for swimming sessions.
Pupils should be encouraged to dress/undress themselves independently.
There should be a clear plan, appropriate to each individual for (un)dressing for those who require
supervision.
When using Public Facilities e.g. staff should be aware in advance of the nature of the facilities, and to ensure
the dignity of each participant in the activity.

Procedure for undressing and dressing pupils who require full support: (swimming or when soiled)

Ensure privacy before procedure
1. Remove clothing from lower body first
2. Put on swimming costume/or wash as required
3. Ensure lower regions are covered before removing garments from upper body
4. Encourage pupil to assist whatever way possible
5. Refer to moving and handling procedure for safe movement of pupil and safety of staff
6. Refer to swimming pool procedures for further information.
7. Staff should always have a second member of staff present for child protection purposes.

Supported Eating
Eating is a social occasion
Positioning: - a clear description, agreed by the team involved as to where the pupil will eat meals
Pupils should be encouraged to eat as independently as possible and make choices where appropriate

Procedure for supported eating
1. Ensure pupil is well positioned in chair in a stable upright position
2. If protection for clothing is required it should be appropriate to the age of pupil i.e. disposable paper
   napkin
3. Follow each pupils guidelines for feeding
4. Dry hands, preferably using paper towels
**Spoon Feeding**

**Positioning:**
Ensure that the child is well positioned in his/her chair in a stable, upright position and that his/her head is in the mid-line and aligned with his/her body.

**Method:**
- Give the child his/her signifier for the mealtime and allow him/her to smell the food he/she is about to taste.
- Take the spoon to child's mouth and hold it still just in front of his/her mouth so that he/she is aware of where it is. Let him/her choose to touch it and see it.
- Allow pupil to come forward and taste the food of the spoon and move away from it as he/she pleases.
- Do not force him/her to eat the food. Let it be on his/her own terms.
- Given time, the pupil may bring his/her own hand to the spoon and guide it to his/her mouth.
- When placing the spoon inside child's mouth apply firm pressure downwards and slightly back on his/her tongue with the bowl of the spoon.
- Hold the spoon still and wait for a reaction.
- Look for child's upper lip to come downwards towards the spoon.
- Remove the spoon on a horizontal angle and try not to scrape the food off his/her teeth and upper lips.
- Allow the child plenty of time to finish one spoonful completely before giving him/her another spoonful.
- If the child tightens his/her lips and clenches his/her teeth on presentation of the spoon, do not try to force him/her. Acknowledge that he/she has communicated that he/she is finished.

**Toileting and Menstruation Guidelines**

- All procedures should be carried out with two members of staff present.
- Provide facilities, which afford privacy and modesty, with a separate toilet for girls and boys. These should be clearly marked. Screening should be provided where necessary e.g. when an individual requires nappy changing.
- There should be sufficient space, heating and ventilation to ensure the individual’s safety and comfort.
- There should be appropriate and specialised toilet seats provided for the size and physical needs of the child or young person. A step may be necessary for younger children.
- Staff must receive training in good working practices, which comply with health and safety regulation, such as wearing of appropriate disposable gloves for certain procedures and methods of dealing with body fluids.
- Ensure that adequate facilities are provided. Such as toilet paper, liquid soap, paper towels, "potties" bin for disposal of soiled pads.
- Supplies of suitable cleaning materials must be provided for cleaning and disinfecting areas.
- Items of protective clothing such as disposable gloves and aprons must be provided and readily accessible.
- Supplies of fresh clothes should be available when required.
- If a child expresses a wish to be changed by a single member of staff, then a risk assessment will be conducted and where possible it may be appropriate with a second member of staff in close proximity.
Physiotherapy/Exercise Programmes/Manual Handling Procedures
For some children and young people physiotherapy/exercise and manual handling procedures are advised by qualified physiotherapists and regularly delivered by school staff. Parents/carers and Health and Education personnel involved should agree all aspects of the programme. Many exercises involve touch and should be carried out in line with the professional advice. It is recommended that this advice be given in writing.

Regular consultation with all parties is recommended, in order to identify any changes required and ongoing training to be given as and when required. Any agreed moving and handling procedures should be followed at all times. It is the responsibility of individual staff to monitor his/her own safety at all times and continually assess the risks involved.

Massage
Massage is often used with children and young people who are uncertain about touching and exploring objects and about being touched by others. If the individual’s main route to communicating will be signing, and he or she dislikes being touched or touching, then awareness and tolerance of touch will be an important step towards learning to communicate.

In these circumstances massage is often considered as a means of relaxation and of experiencing touch in a positive context. When using massage staff need to understand that the child or young person becomes more vulnerable. Massage should therefore be carried out within a relationship of trust, built up gradually with staff who already know the child or young person and who can interpret his/her behaviour and respond appropriately. Most guidance recommends that massage be restricted to areas of the body such as the hands, feet and face (Aitkin S. et al, 2002).

When using Intensive Interaction staff need to understand that the child or young person becomes more vulnerable. Intensive Interaction should therefore be carried out within a relationship of trust, built up gradually with staff who already know the child or young person and who can interpret his/her behaviour and respond appropriately.