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Dundee City Council

Children and Families Service

Supporting Children and Young People with Healthcare Needs in Schools



PART 2

Intimate Care Policy and Guidelines for Children & Young People with Additional Support Needs

October 2017
Review October 2020

1. Aim

The aim of this policy is to:

- safeguard the rights and well-being of children
- provide guidance and reassurance to Dundee Children and Families Service staff
- assure parents/carers that staff are knowledgeable about intimate care and that children's wishes are taken into account.

2.Introduction

The purpose of this document is to set out a framework which will allow staff providing intimate care to children and young people, to offer a service which acknowledges responsibilities and protects the rights of everyone involved. Intimate care encompasses areas of personal care which most people usually carry out for themselves but which some people are unable to do because of impairment or disability.

Some children need help with eating, drinking and aspects of personal care such as washing, dressing and toileting. Intimate care involves close physical contact between children and adults and it may involve the adult touching the private parts of the child's body. By acknowledging this degree of contact, we aim to:-

- ✓ create an awareness of the importance of maximising safety for all concerned;
- ✓ promote the best interests of children and young people who have the right to be treated with sensitivity and respect, in such a way that their experience of intimate care is a positive one.

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. We encourage staff to reflect on how they would feel in the child's position.

3.General Principles

Intimate care can provide opportunities to teach children about the value of their own bodies, to develop skills to keep themselves safe and to enhance their self-esteem. Where children have the ability to learn to assist in carrying out aspects of intimate care, they should be encouraged to do so **(Appendix 1).**

This can be done by:

- allowing the young person, if practicable, to express a preference of carer
- allowing the young person a choice in the sequence of care
- ensuring privacy appropriate to the young person's age and the situation in which the care occurs
- being responsive to the young person's reactions.

4. Dundee Children and Families Service Responsibilities with Respect to Intimate Care

Dundee Children and Families Service will:

- provide facilities which afford privacy and allow for dignity and modesty to be maintained
- provide facilities which have adequate space, heating and ventilation
- provide facilities which are properly equipped
- provide readily accessible protective materials such as gloves and aprons
- provide special bins for the removal of soiled material
- have special arrangements in place for the removal of soiled material or contaminated waste
- provide supplies of suitable cleaning materials for cleaning and disinfecting changing surfaces
- ensure that staff are aware of this policy and understand its content
- provide such information, instruction and support as is necessary to enable staff to feel confident in their practice and to ensure the health, safety and protection of all staff, children and young people.

5. Staff Responsibilities with Respect to Intimate Care

Staff will:

- ensure that the intimate care needs of a child are known and planned for during transition processes
- work in partnership with parents; children and other professionals to formulate a plan for intimate care that is unique to each child's needs and is reviewed on a regular basis - minimally once per year **(Appendix 2)**
- get to know the child before attending to intimate care procedures
- be aware and respectful of any cultural/religious sensitivities
- speak to the child by name so that they know they are the focus of the activity
- give explanations of what is happening in a straightforward and reassuring manner
- take account of the child's preferences

- offer genuine encouragement to enable the child to participate in the procedure as far as possible
- ensure that the child has the privacy necessary to maintain modesty and dignity
- respect a child's preference for a particular carer or sequence of care
- use appropriate terminology for private body parts or body functions
- use good working practices which comply with Health and Safety regulations **(Appendix 3)**
- respect confidentiality – do not speak about the care needs of any child outside of work or in the presence of visitors, volunteers etc.
- use discreet observation to see if clothing needs changed or an 'accident' has occurred

6. Specific Issues

6.1 Confidentiality

Sensitive information about a child or young person should only be shared with those who need to know, such as parents/carers or other members of staff who are specifically involved with the child. Others should only be told what is necessary for them to know to keep the child safe.

6.2 Home / School Liaison

Staff should be mindful of confidentiality when communicating with parents/carers about intimate care. Some procedures should not be recorded in the home/school diary as this is not a confidential document and could be accessed by people other than the parent/carer and member of staff. It may be more appropriate for communications related to intimate care to be made through a sealed letter, personal contact or a telephone call. Preferred methods of communication could be included in the child's intimate care plan.

6.3 Menstruation

This is a normal physical function for all girls and those who have Additional Support Needs may need extra reassurance and support when they reach puberty. They may also need straightforward guidance, instructions and assistance to cope with the practical aspects.

6.4 Staffing Levels

It is not essential for two members of staff to be involved with a child for intimate care, unless necessary in terms of the Moving and Handling or other identified reasons through a risk assessment or Individual Care Plan. The best interests of the child need to be considered in making such decisions about staffing.

6.5 Physiotherapy/Exercise Programmes/Manual Handling Procedures

For some children physiotherapy/exercise and manual handling procedures are advised by qualified physiotherapists and regularly delivered by staff. Parents/carers and all staff involved, including Health, Education and Social Care, 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 and updated on a regular basis, in line with the Individual Care Plan (**Appendix 2**).

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.

6.6 Body Signing

For some individuals with complex needs and/or severe and multiple sensory impairment Body Signing, involving repeated touching, may be the recommended means of communication. The usual procedures for involving parents/carers in planning, recording consent, and reviewing methods and progress should be followed.

Massage, Intensive Interaction or Body Signing should only be used with a child where it is an agreed approach and is included within the Individual Care Plan; Communication Passport or other planning document. Use of massage should be recorded.

Appendix 1

WORKING TOWARDS INDEPENDENCE RECORD

Child's / Young person's details					
Forename(s):		**Surname:**		**DOB:**	
Name(s) of Staff involved:					

Things I can do myself:

Things I need help with:

Things I will try to do myself:

INTIMATE CARE PLAN

Appendix 2

Child's / Young person's details					
Forename(s):		**Surname:**		**DOB:**	
Name of Staff involved:					

Area of Need	Staff Responses / Support Required	Equipment Needed
Toileting		
Feeding		
Any other eg Bathing/Showering; Shaving		

Parent / Carer…… LCA……..

Child (If appropriate)…… Senior Management……

Appendix 3

Guidelines for Intimate Care

These guidelines describe what is considered good practice in normal circumstances.

They are not to be seen as unduly prescriptive.

Staff should be aware of specific guidance for the individual child, which takes priority over these general guidelines.

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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 and undressing

(including for swimming)

Ensure facilities provide privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening.

Children should be encouraged to dress/undress themselves independently.

When using public facilities, staff should be aware in advance of the nature of the facilities and ensure the dignity of each participant in the activity. Remember to consider the needs of members of the public as well as those of children.

Procedure for undressing and dressing children who require full support:

1. Ensure privacy before beginning dressing/undressing.

2. Put on swimming costume/or wash as required

3. Ensure lower regions are covered before removing garments from upper body

4. Encourage the child to assist whatever way possible

5. Refer to moving and handling procedure for safe movement of child and safety of staff

Supported Eating

1. Remember eating is a social activity.

2. Ensure the child's hands have been washed and dried.

3. Ensure the child is well positioned in chair in a stable upright position. The team should have given consideration to the best location.

4. If protection for clothing is required it should be appropriate to the age of child e.g. use a. disposable paper napkin, not a bib, for school-age children

5. Follow each child's guidelines for feeding. If spoon feeding is required see below.

Spoon Feeding

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

2. Give the child their signifier for the mealtime and allow them to smell the food he/she is about to taste.

3. Take the spoon to child's mouth and hold it still just in front of his/her mouth so that they are aware of where it is. Let him/her choose to touch it and see it.

4. Allow the child to come forward and taste the food of the spoon and move away from it as he/she pleases.

5. Do not force him/her to eat the food. Let it be on their own terms.

6. Given time, the child may bring his/her own hand to the spoon and guide it to his/her mouth.

7. When placing the spoon inside child's mouth apply pressure downwards and slightly back on his/her tongue with the bowl of the spoon.

8. Hold the spoon still and wait for a reaction. Look for child's upper lip to come downwards towards the spoon.

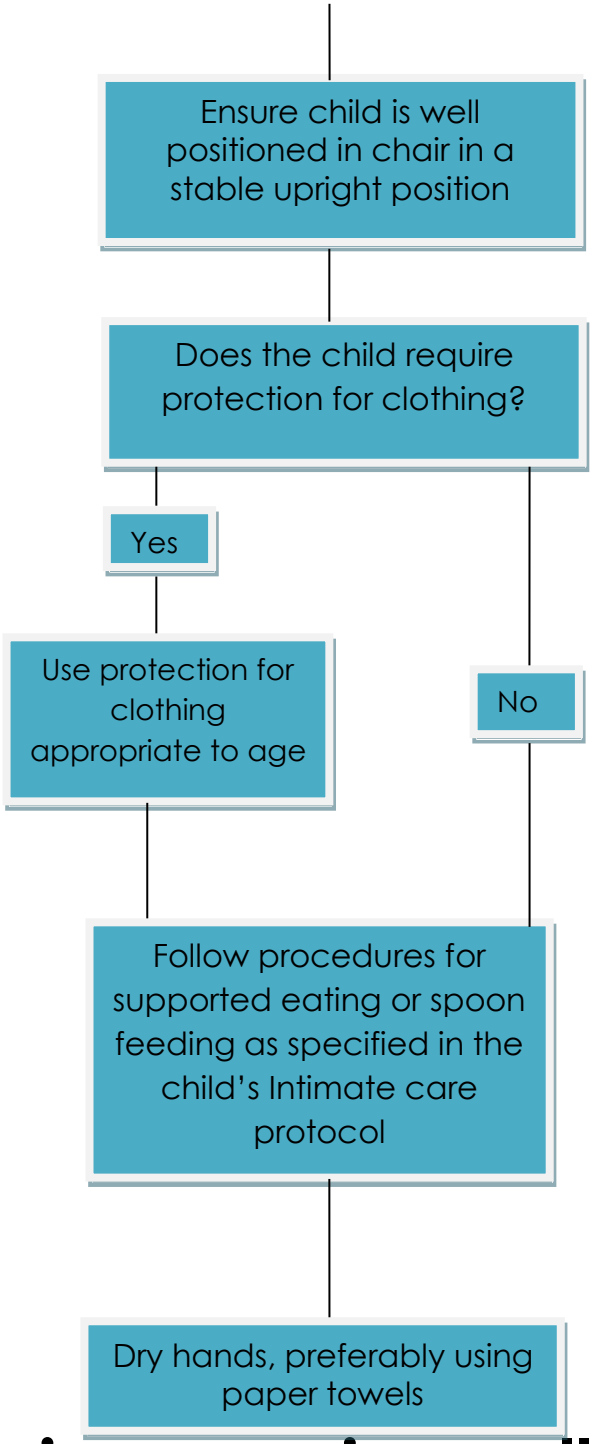
9. Remove the spoon on a horizontal angle and try not to scrape the food off his/her teeth and upper lips.

10. Allow the child plenty of time to finish one spoonful completely before giving him/her another spoonful.

11. If the child tightens his/her lips or clenches his/her teeth on presentation of the spoon, do not try to force them. Acknowledge that he/she has communicated that they are finished.

Flowchart for Supported Eating and Spoon Feeding

Ensure child's hands are washed and dried prior to eating



Changing nappies, pull-ups etc.

1. Make sure another adult knows what you are doing.

2. Be aware of privacy. Always use the changing facility provided. Keep the door closed throughout.

3. Encourage child to help as much as possible.

4. Children should lie on a changing mat or bed if necessary, NOT on the floor.

5. Wear gloves and an apron.

6. Place used nappies in a nappy sack, tie and put into the hygienic waste disposal unit.

7. Clean the area / changing mat afterwards.

8. Wash your hands with hot water and soap afterwards (antibacterial cleanser)