The Highland Council
Comhairle na Gàidhealtachd

## Integrated Children's Services

BEAULY PRIMARY SCHOOL

# Intimate Care for Children and Young People: Policy and Guidance

Updated in partnership with
Beauly Primary Parent Council
March 2014

# HIGHLAND COUNCIL
# Integrated Children's Services

# Intimate Care Policy and Guidance for Children and Young People

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## 1. Acknowledgements and Thanks

Acknowledgement and thanks are given to the Drummond School Intimate Care Policy Group for their work on developing policy and guidance for schools.

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Acknowledgement and thanks are also given for the valued information/reference documents obtained from the following:

Beatlie School, **Policy and Guidelines on Personal and Social Development,** West Lothian Council

Capability Scotland: **A Code of Conduct for Staff Working with Children & Young People,** Edinburgh

Capability Scotland: **Child Protection Policy,** Edinburgh

Carnbooth Residential School for Deaf-Blind Children, (2000) **Policy/Guidelines on Dressing, Bathing, and Toileting and Sex Education**

Currie M. et al, (1999) **Helping Hands: Guidelines for Staff who provide Intimate Care for People with Disabilities,** Scottish Office Education and Industry Department

Dawson Park School, **Intimate Care: Guidelines to Good Practice-Managers,** Angus Council

National Care Standards, (2002) **Early Education and Childcare up to The Age of 16,** Scottish Executive, Edinburgh

NHS, Highland, (2002) **Infection Control Guidance for the Pre-School Setting**

Pinewood School, (2001) **Policy Document on 'Intimate Care'**, West Lothian Council

## 2. INTRODUCTION

This Policy and relevant sections of the Guidance must be followed by all Highland Council staff involved in the intimate care of children. These staff include those in Early Years settings, schools and residential care settings within the Highland Council area, those who are involved in school trips, out-of-school activities and outdoor pursuits, and foster carers

The documentation supports those staff who provide intimate care to Highland children and young people. It acknowledges the responsibilities and protects the rights of everyone involved.

This Policy and Guidance are based on national guidance, accepted good practice and practical experience working with children and young people requiring intimate care.

Infants may require assistance with toileting, including nappy changing because they have not yet achieved full continence.

Older children and young people may require intimate personal care because they have learning disabilities, physical, visual, hearing or speech and communication impairments.

Children and young persons who require intimate personal care will be found in all educational settings including Early Years centres, nursery classes, primary schools, secondary schools, special schools, special classes and resourced bases.

Since some Intimate Personal Care requires Moving and Handling this document includes proforma policy and guidance for Moving and Handling (see Section 12).

This Policy and Guidance should be read in conjunction with other Highland Council policies including:

- The ECS Accessibility Policy, as required by Disability Discrimination legislation
- The Highland Child Protection Policy
- The Highland Council's Health & Safety and Moving and Handling Policies
- ECS and SWS guidance in relation to Moving and Handling
- Joint Council and NHS Policy and Guidance: Administration of Medicines in Schools (in preparation)

Throughout this Policy and Guidance the term child/children will be used to refer to children and young people. The term *parent/s* is used to refer to parents, carers and legal guardians. The term school includes all Early Years settings.

This Policy and Guidance will be reviewed every two years, or more frequently if required, in order to take account of feedback and in order to take account of operational changes and changes in legislation.

## 3. HIGHLAND COUNCIL POLICY

### Definition of Intimate Care

Intimate Care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, additional support needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Intimate Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of invasive medication.

In most cases Intimate Care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specialised procedure only a person suitably trained and assessed as competent should carry out the procedure.

Staff providing Intimate Care must be aware of the need to adhere to good Child Protection practice in order to minimise the risks for both children and staff. It is important that staff are supported and trained so that they feel confident in their practice.

### Aims

The aims of the policy and associated guidance are:

- To safeguard the dignity, rights and well being of children and young people
- To ensure that children and young people are treated consistently when they experience intimate personal care in two or more settings
- To provide guidance and reassurance to staff
- To ensure that parents are involved in planning the intimate care of their child and are confident that their concerns and the individual needs of their child are taken into account
- To reassure parents that staff are knowledgeable about intimate care

### Principles

The policy and guidance embrace the principles of Every Child Matters.

• Every child has the right to feel safe and secure
• Every child has the right to be treated as an individual
• Every child has the right to remain healthy
• Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
• Every child has the right to information and support that will enable him or her to make informed and appropriate choices
• Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
• Every child has the right to information and procedures for any complaint or queries he or she may have regarding intimate care

## Partnership and participation

Much of the information required to make the process of intimate care as comfortable as possible for the child is available from parents and/or carers. They must be closely involved in the preparation of intimate care protocols. The importance of regular consultation and information sharing with parents/carers and professionals working with the child is emphasised throughout the policy and guidance.

## Using the Policy and Guidance in Schools, Early Years Centres and Residential Care Establishments

Where any school, Early Years or residential setting provides intimate care to one or more pupils the Head Teacher or Centre Manager must ensure that:

1. The proforma Intimate Care policy is adopted as policy, Section 4.

2. All staff are given copies of the single page summary, Section 6.

3. Staff involved in providing Intimate Care are provided with training both in relation to the specific care being provided and in relation to child protection, and that they receive copies of the relevant parts of the appendices containing specific guidance, Section 5.

## Insurance and Liability

The Highland Council has public liability insurance and, provided the Council's documented procedures are followed, the Council will indemnify staff who undertake intimate personal care with children and young people. The Council will also indemnify any member of staff acting in good faith for the benefit of a pupil in an emergency situation. Head teachers and managers should let staff know about the provision for indemnity against legal liability made for all staff who undertake intimate personal care, and can ask the Council to provide written confirmation of insurance cover for staff who provide specific intimate personal care support.

## 4. INTIMATE PERSONAL CARE POLICY FOR SCHOOLS, EARLY YEARS CENTRES AND RESIDENTIAL SETTINGS (Proforma)

## Beauly Primary School

Contents

**Proforma Intimate Personal Care Policy – Part 1**

## Our Mission Statement

**Beauly Primary School is committed to ensuring that all staff responsible for the intimate care of children* and young people in our Beauly Nursery or Beauly Primary School will undertake their duties in a professional manner at all times. Beauly Primary School 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 recognise 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.

In accordance with the Highland Council Health and Safety Policy, all employees, regardless of position, are legally obliged to take reasonable care for the health and safety of themselves and others, and to co-operate with the employer or other authorised persons in achieving this worthwhile aim. It is the duty of both employer and employee to translate this safety policy into a course of effective action, Highland Council, Health and Safety Manual, (2002).

**Proforma Intimate Personal Care Policy – Part 2**

## Definition of Intimate Care

Intimate care involves helping pupils at Beauly Primary School 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)
- Administering medication (e.g. rectal diazepam )
- Toileting & Menstruation
- Physiotherapy Exercise Programme/Manual handling
- Massage/Intensive interaction
- Dental Hygiene
- Care of Tracheostomy
- Applying topical medicines (e.g. sun creams, eczema creams)

## 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.*

- 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/centre will ensure that details of an agreed individual Intimate Care protocol **[see Part 7]** 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.

**Proforma Intimate Personal Care Policy – Part 3**

## 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. Staff working with older children and young people and with those with disabilities will require training in Moving & Handling]. There need to be facilities and equipment for intimate care to take place in a manner that is fully compliant with Highland Council Policies and with our Mission Statement **[see Part 1]** and our aims **[see Part 2].**

### 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.

**Proforma Intimate Personal Care Policy – Part 4**

## Communication regarding Intimate Care

### Letter of Permission

Permission must be sought from the parent/carer before any form of Intimate Care can be undertaken [**see Section 8].** All those staff working with the child or young person should know that permission has been given before undertaking any Intimate Care.

### Daily Home/School Communication

It is good practice to maintain a regular diary system to pass information between the school or centre 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

### 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 DDA* [Disability Discrimination Act] with regard to dissemination of information.

[DDA* Disability Discrimination Act 1995]

**Proforma Intimate Personal Care Policy – Part 5**

## Responsibilities

### 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 or centre's 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.

**Proforma Intimate Personal Care Policy – Part 6**

**Policy Team:**

**The following members of staff are responsible for overseeing intimate care procedures in Beauly Primary School:**

| | | |
|---|---|---|
| **Mr Kenneth E. Morrison** | **-** | **Head Teacher (and Named Person)** |
| **Mrs Susie Lockett** | **-** | **Additional Support Needs Teacher** |

## 5. GUIDANCE ON PROVIDING SPECIFIC TYPES OF INTIMATE CARE

## APPENDICES TO PROFORMA INTIMATE PERSONAL CARE POLICY IN SCHOOLS, EARLY YEARS CENTRES AND RESIDENTIAL SETTINGS

**Beauly Primary School**

1 Hand Hygiene

2 Dressing (Including Swimming)

3 Supported Eating

4 Spoon Feeding

5 Policy on Administration of Medicines

6 Toileting and Menstruation

7 Physiotherapy/Exercise Programmes

8 [a] Massage, [b] Intensive Interaction, and [c] Body Signing

9 Dental Hygiene

**Appendix 1.** **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.

**Never allow children to eat without showing you their washed hands**

The NHS Highland, Infection Control Guidelines for the Pre-school Setting include guidance on hand washing and can be viewed and downloaded through the NHS Highland website at:

www2.nhshighland.scot.nhs.uk/Your%20Health/Health%20Protection/Guidance%20and%20Policy/Pre-school%20guidance%20-%20Dec%2006.pdf

All Early Years Centres are supplied with a paper copy of this guidance.

**Appendix 2.** **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.

**Appendix 3.** **Supported Eating**

**Eating is a social occasion**

**Positioning: -** a clear description, agreed by the team involved as to where the pupil will eat meals

**Object of reference: -** individually chosen for each pupil to indicate to them that it is time to eat

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. Use object of reference at this point
4. Follow each pupils guidelines for feeding (refer to example)
5. Dry hands, preferably using paper towels

**Never allow children to eat without showing you their washed hands**

The NHS Highland, Infection Control Guidelines for the Pre-school Setting include guidance on hand washing and can be viewed and downloaded through the NHS Highland website at:

www2.nhshighland.scot.nhs.uk/Your%20Health/Health%20Protection/Guidance%20and%20Policy/Pre-school%20guidance%20-%20Dec%2006.pdf

All Early Years Centres are supplied with a paper copy of this guidance.

**Appendix 4.** **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.

**Object of reference:** spoon and his/her bib

## 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.

**Appendix 5.** **Dental Hygiene**

The Child Smile tooth brushing programme has developed National Standards for Tooth brushing during Early Years and Childhood.

The Child Smile website http://www.child-smile.org contains much useful information.

Detailed guidance for Early Years and school settings can be accessed at:

http://www.child-smile.org/index.aspx?o=1011

## Appendix 6. Guidance on Administration of Medicines in Schools

Beauly Primary School aims to meet the needs of, and provide equal opportunities for all its children and young people. In trying to fulfil this aim it is accepted that some children and young people may require to take medication while attending school. The administration of medicines is the responsibility of parents and NHS Highland, Argyll & Bute and the school will consider assisting in relation to the administration of medication.

The school is bound by the joint NHS Highland, Argyll & Bute and Highland Council policy on 'Administration of Medicines in School'. This policy includes that:

- No child should take any form of medication in school without the written permission of the parent/guardian

- Only medication supplied by the parent/guardian, or in an emergency situation by a doctor, should be administered to a child.

- Topical preparations such as sun screen and insect repellent will not be used in schools.

- Some older pupils with long-term conditions may be able to carry and manage their own medication, but most pupils should take the medication only when supervised by an adult.

- Parents should be asked to inform the school of any known allergy their child has.

- Whenever a pupil is given medication it should be entered in the 'Administration of Medication' Record Book which is kept in the school. Pupils who require long term medication should have an individual record sheet.

- School staff should discuss the medical needs of pupils in the first instance with the head teacher. It is also likely that it will be necessary to liaise with the school nurse, school doctor and the parents on specific issues.

- Except where medication is carried by a pupil (as above) all medication will be stored securely in the school. Arrangements are made so as to ensure that is readily accessible at all times of the school day. Specific arrangements will be made where inhalers or any medication may require to be administered quickly.

- Parents must ensure that medication is delivered to the school by an agreed safe method.

- Where a pupil has long term or complex medical needs all the teaching staff including visiting and supply teachers, relevant classroom assistant/auxiliary and playground supervisor should be informed (staff will be reminded about the need for confidentiality). Following discussion with the parent/guardian and a representative of the Health Authority from the Department of Community Child Health of the Highland Primary Care Trust, a written set of procedures for the individual pupil will be drawn up. Where required, staff will be trained by Highland Health Authority staff in dealing with specific conditions.

- In an emergency situation the emergency services must be contacted immediately. A nominated adult will ensure that the emergency vehicle has ready access to the school.

**Appendix 7.** **Toileting and Menstruation**

## Guidelines

- 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.

- Some children and young people may prefer to be changed by a single member of staff for reasons of privacy and dignity. Where an individual expresses a clear preference this must be respected if possible. It is acceptable for a single member of staff to change a child providing they ensure that:

    - another member of staff is aware of what is happening.
    - the event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as bad nappy rash, which may have arisen or been noticed should also be recorded. This should be shared with the parent/carer and a copy of the written record supplied.

  It may be necessary, however, to have more than one member of staff to help while toileting a child or young person because of health and safety or other considerations. Children who are heavier and with physical disabilities may require hoists and a hydraulic changing table and these should be provided. Staff must be trained in the use of these aids and equipment.

  The Highland Council Manual for Moving and Handling should be consulted.

- All staff must be made aware of good hygiene and its implications.

The NHS Highland, Infection Control Guidelines for the Pre-school Setting include detailed advice on hygiene and safe procedures. These guidelines can be viewed and downloaded through the NHS Highland website at:

www2.nhshighland.scot.nhs.uk/Your%20Health/Health%20Protection/Guidance%20and%20Policy/Pre-school%20guidance%20-%20Dec%2006.pdf

All Early Years Centres are supplied with a paper copy of this guidance.

NHS Highland guidance on Infection Control in Care Homes is currently (June 2008) being reviewed.

## Appendix 8. 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.

**Appendix 9.** **Massage and Intensive Interaction**

## [a] 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).

## [b] Intensive Interaction

Intensive Interaction is an approach to helping people with very severe learning difficulties to learn more about communicating and relating.

In carrying out Intensive Interaction activities the member of staff attempts to create enjoyable and understandable interactions with the other person.

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.

## [c] 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 or young person where it is an agreed approach and is included within the Individualised Education Programme, Communication Passport or other planning document. Use of massage should be recorded.

## 6. Intimate Personal Care – Staff Information Summary

**Staff Responsible:** All staff who support pupils needing any aspect of Intimate Care described in the full policy.

**It is important that all staff have read and understood the full policy.**

**Our mission statement is:**

Beauly Primary School is committed to ensuring that all staff responsible for the intimate care of children and young people will undertake their duties in a professional manner at all times. We recognise 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 the full policy.

Definition of Intimate Care

- Washing
- Dressing and undressing [including swimming]
- Supported eating [including tube feeding]
- Administering medicines [e.g. rectal diazepam]
- Toileting and Menstruation
- Dental Hygiene
- Care of Tracheostomy
- Physiotherapy exercise programmes/Manual handling
- Massage/intensive interaction
- Application of topical medicines [e.g. sun cream, eczema cream]

**Best Practice**

Please read **Intimate Personal Care Policy – Part 3: Approach to Best Practice**

**What to do if a child in your care will require intimate personal care:**

Complete the following protocols, keep a copy of each in the day-to-day working file for the child or group (in schools this will be the pupil's ASN file) and give a copy to your line manager:

- **Intimate Personal Care Policy – Part 7: Intimate Care Protocol** - ensure this is completed immediately and send to parents for signature.

- **Intimate Personal Care Policy – Part 8: Permission to provide intimate Care** - ensure this is completed immediately and sent to parents for signature.

In addition ensure that you and all of your staff and any other agencies supporting the child have read and are using appropriate methods and protocols.

Intimate Care policies and guidance must be adhered to at all times to ensure the health, well being and safety of all our children and staff.

## 7. Proforma Intimate Care Protocol

To be completed by Head Teacher/Centre Manager and parent/carer & shared with all staff who are involved in supporting the child.

| **Name of Child or Young Person** | **Class Teacher/Responsible staff member** |
|---|---|
| **School/Centre Staff Involved** [including support staff, school nurse, specialist staff]<br>**1.**<br>**2.**<br>**3.**<br>**4.**<br>**5.**<br>**6.** | |
| **Other Agency Staff** [state reason for involvement]<br>**1.**<br>**2.**<br>**3.**<br>**4.**<br>**5.**<br>**6.** | |
| **Nature of Intimate Care provide[**including changing, toileting, feeding, showering, medical intervention, first aid, physical education] | |
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |
| **5.** | |
| **Parental Permission agreed** [please tick] Yes No | |
| **Special arrangements for Changing** [please include number of personnel involved and indicate whether this is agreed by parents or is a Child Protection or Moving & Handling requirement] | |
| **Special arrangements for Toileting** [please include number of personnel involved and indicate whether this is agreed by parents or is a Child Protection or Moving & Handling requirement] | |
| **Other Special arrangements** [please included any other intimate care not shown above] | |

Signature of Head Teacher/Responsible Staff Member…….....
Signature of Parent/Carer: ……

## 8. Permission for School/Centre to provide intimate Care

| | |
|---|---|
| Child's last name | |
| Child's first name | |
| Male/Female | |
| Date of Birth | |
| Parent/Carers name | |
| Address | |

I understand that;

I give permission to the school/centre to provide appropriate intimate care to my child E.g. changing, toileting, feeding, showering, medical support or other.

I wish to advise you that I would like the following to be the approach to this:

| |
|---|
| Special arrangements for my child should be as follows |

I will advise the head teacher/centre manager of any medical issues which impact on the intimate care of my child.

| |
|---|
| The medical issues are |

Name ……..

Signature ……..

Relationship to child……..

Date ……..

## 9. CHILD PROTECTION AND CHILDREN WITH DISABILITIES OR ADDITIONAL SUPPORT NEEDS

**The following statements provide a context for understanding the particular problems in dealing with allegations of abuse in respect of children with special needs (especially those with severe or profound disabilities).**

"Children with disabilities are particularly vulnerable. They have the same rights as other children to be protected."

**There is a prevalent view that children affected by disability will be better protected than their less vulnerable peers, whereas in fact their dependent situation may make them more at risk of abuse – in particular, in respect of neglect and emotional abuse. Drawing attention to their distress is likely to be harder for children who are non-ambulant, non-verbal or have severe learning difficulties.**

Research has shown that not only are disabled children more likely to be candidates for physical or sexual abuse, but that they are likely to be abused for longer periods of time than their non-disabled peers.

**Family factors affecting disabled children**
Parents of children with disabilities or other additional support needs are no more likely than other parents to abuse their children. But the additional responsibilities (and frequent lack of support) may make such families and children more at risk of abuse - and pressures of care may make families and professional carers hesitant to voice suspicions when there may be no alternative source of help.

**Definitions of abuse in the context of disability**
Children with disabilities are **children** first and their experiences of abuse, neglect or disinterest will be similar to those experienced by all children. But disability may result in increased risk - and it may certainly expose children to greater risk of inappropriate care because of the likelihood of multiple care-givers and the increased dependency resulting from a disability or special needs.

There may be a reluctance to believe that anyone would abuse a disabled child, as if the disability confers some special protection. Equally, parents, on whose care society depends very heavily, may be viewed unrealistically as super-carers without needs or problems of their own.

**Emotional abuse**
This may include:
- ridicule and rejection;
- humiliation (for example over problems relating to continuance of self-care skills);
- withdrawal from favoured activities such as leisure interests or activities with non-disabled children;
- inappropriate patterns of care (such as lack of privacy for intimate care).
- **isolation from others through prolonged periods in bed(room)**
- **failure to provide play materials that can offer stimulation and foster a sense of competence**
- **denial of child's areas of heightened sensitivity (such as exposing child with autism to sensory overload)**
- **refusal to recognise developmental stage of young person (such as extreme over-protection)**

**Sexual abuse**
- Children with disabilities may be exposed to the full range of risks experienced by all children:
- viewing or contributing to the production of pornographic photographs and videos;
- displays of sexual parts;
- witnessing sexual activities

These are all aspects of non-contact abuse.

Children with disabilities may not only find it harder to remove themselves from such passive activities, but their limited social experience may not immediately indicate the inappropriateness of the activities in question.

Contact sexual abuse, as with other children, may include a range of activities ranging from:

- touching of parts of the body;
- masturbation;
- or actual intercourse.

Unlike other children, many children with disabilities may require personal care which involves undressing and physical assistance from another person. Furthermore, intimate contact (including access to a child in various stages of undress) may be considered quite appropriate by other family members or professionals.

Because of poor personal and sex education, many children may also not only be unaware of the sexually explicit nature of some contacts but may lack the necessary vocabulary in order to communicate what has happened.

**Physical abuse**

Physical abuse may also include non-contact abuse (such as threats of punishment or restraint).

Contact abuse may include:

- actual bodily harm (such as slapping or shaking);
- force-feeding;
- physical restraint (such as tying up or pinning down);
- deprivation of heat, clothing, food or medication, often for the theoretical management of behaviour difficulty
- misuse of medication (often in combination with extreme exclusion diets.

They may occur in institutional settings (such as residential schools) as well as in private homes.

In some instances the perpetrators may believe that the regime is right for the child or may be misapplying programmes which have been inadequately understood. Supervision of any behavioural programme is crucial - by an appropriately qualified professional and preferably through a multi-disciplinary team such as a child development or community learning difficulty team. Although most disabled children in the community will be known to such teams, residential placements frequently mean loss of contact and inadequate supervision in the child's new place of residence, unless conscious efforts are made to ensure that such advice is available.

**Racial abuse**

This may occur in conjunction with any of the other forms of abuse. Because children with disabilities from minority ethnic backgrounds will be a small minority in any service (often because parents are unaware of possible sources of help), services may either not be offered at all because of false assumptions about families not wanting practical help such as respite care or the provision offered may be culturally insensitive, with poor communication, unsuitable diets and misunderstandings about any special health care needs such as those arising from sickle cell anaemia.

**Risk factors for children with disabilities**

Limited life experiences and social contacts mean that children with disabilities have had no chance to acquire the 'street-wise' behaviours and judgements which their non-disabled peers use in assessing the behaviour and attitudes of other people.

Some children with disabilities may have had almost no contact with non-disabled people and are particularly at risk in terms of understanding inappropriate adult behaviour. In particular, children with high dependency needs may have learned from an early age that it pays to be pleasing and compliant and may be reluctant to challenge carers (family or professionals).

Lack of experience together with a wider lack of control or choice over their own lives will be compounded if children with disabilities lack appropriate sexual education - including personal and social education. This creates problems which are further compounded if isolation and rejection increase the need for affection and attention which makes such children particularly vulnerable to adults' attention and favours.

**Exposure to Multiple Carers**
Children with disabilities are likely to use a much wider range of services than their non-disabled peers and, furthermore, to use services which may be distant from their family home. Research tells us that such children are most likely to be abused by someone they know. But who do they know? And how well do the multiple professionals involved in their lives and care 'know' each other and ensure that the children's wishes and feelings are fully recognised?

In addition, with multiple carers, how do such children learn appropriate and consistent models of adult behaviour? In theory, they receive a balanced programme of therapy and support. They are certainly assessed and re-assessed continuously. But the danger lies in the complexity of the service arrangements offered - and in the absence of any child protection components in the training of many professionals working in the disability field.

Their parents (however good the quality of parenting provided) are pressurised by the burdens and demands of caring for the child and may be reluctant to complain or to query the behaviour of any of their children's carers or supporters for fear of losing a service.

**Impaired Communication Skills**
Impaired communication skills may make disabled children appear to be 'safe victims' because they are unlikely to complain and may indeed lack the language skills to avoid the abuse in the first place. Communication skills may be obviously lacking, for example in a child who is profoundly deaf and can only communicate through sign language or when a child has a significant learning disability which restricts vocabulary and language. They may also be lacking in children who can communicate but whose social skills and life experiences make it difficult for them to do so.

A study from the National Children's Bureau of young women with moderate learning difficulties found considerable evidence of bullying and emotional abuse (such as teasing) in families and the local community which was neither reported nor discussed. The young women in question needed considerable peer support in order to confront their difficulties and to think through strategies for dealing with them. Their own low self image and their awareness of their ''differentness'' severely limited their own survival skills. The project concluded that all young people with special needs require positive discrimination in terms of assertiveness training - using role plays if necessary - and that parents may need help in really listening to what their children are saying.

**Need for assistance with intimate care**
The need for intimate care presents a major challenge. Many children with multiple disabilities require constant physical care and assistance with eating, dressing, toileting and general mobility. Others require periodic intimate care (if - for example - they have to use a public toilet which has not been adapted for wheelchair use) but may manage very well in a suitable environment.

Experience suggests that the risks and possibilities of abuse are minimised where there is both a culture which acknowledges the risks and practices which seek to prevent the possibility of abuse.

**Key features include:**
- procedures which respect the right of children and young people to privacy but which prevents individual staff members from putting themselves at risk of possible allegations';
- opportunities for all staff to have received training in both preventing and recognising child abuse;
- staff, parents and children (where they are able to communicate) knowing clearly that concerns in relation to abuse should be referred to the Rector;
- the Head Teacher (designated teacher) will investigate all suspicions/allegations of abuse or improper practice;

An awareness by all staff that our first duty is to protect the child - not to protect parents or members of staff.

**Preventive Factors**:

(i) **Environmental conditions**

Bathrooms and toilets need to be conveniently located, designed to permit maximum independence and privacy. As more children are integrated into mainstream services, environmental factors may become more problematic.

(ii) **Staff training**

Practical help should be as unintrusive as possible. Staff need clear messages about acceptable and unacceptable approaches to personal care. Children can be asked what they want - and their ideas and perceptions incorporated into training.

Training times need also to be seen as staff support. Anxiety about abuse can actually create emotional abuse if staff believe all personal contact must be strictly monitored. Many disabled children (particularly those living away from home) need friendship and affection - but may be indiscriminate in how they seek and give it.

Prevention of abuse is most likely to occur when there are warm and open relationships between staff and children - rigid institutionalisation of care routines is unlikely to offer protection and may increase children's vulnerability.

(iii) **Social skills and independence training**

It can be easy to under-estimate a child's capacity to acquire self care skills. Positive encouragement to self-management of incontinence; dressing and so forth are crucial. Better partnerships between schools and parents or professional carers can produce major improvements - and greater protection.

(iv) **Listening to children**

'Listening' may mean '**observation**' for some children with multiple disabilities or major communications difficulties. Listening may mean using a range of communications and asking key questions about the needs of particular children using a service. Good record keeping by staff (including the use of video) can indicate when behaviour indicates that children are unhappy or having difficulty with a particular routine.

(v) **Listening to parents**

A number of studies have suggested that negative perceptions of disability (sometimes regarded as the Cinderella of equal opportunities policies) may apply to parents as well as children. Parents frequently feel themselves not to be believed - or regarded as trouble makers - if they complain about a service. As noted above, many families are multiple service users. Such services may involve a child staying away from home periodically (for example in respite care).

(vi) **Listening to colleagues**

Professionals require to accept that abuse can and does occur. The alternative - disbelief - can only exacerbate the disempowerment, vulnerability and isolation of the victims. An 'open mind' and a preparedness to accept and objectively analyse improbable and sometimes unbelievable scenarios are essential for the well-being of the pupils in our care.

**Conclusion**

The Children (Scotland) Act 1995 provides us with a legal framework within which children with disabilities can be seen as 'children first'. However, the principle of integration and inclusion should not be allowed to conceal the fact that many disabled children need considerable support in order to lead lives which are, indeed, 'as normal as possible'.

As Butler Sloss noted in her introduction to the Cleveland Enquiry Report:
"There is a danger that in looking to the welfare of the children believed to be the victims of abuse, the children themselves may be overlooked. The child is a person and not an object of concern"

It is particularly easy to see disability as separate to the child - if we see the person, our approaches to child protection and disability will become more effective.

## 10. Intimate Personal Care for Children in Early Years Settings

### Changing Children.

The following principles and practices are based on advice from the Care Commission.

1. During the enrolment process a permission slip for intimate personal care should be completed and signed by parents and kept by the centre. The document **Intimate Personal Care Policy – Part 8 Permission for School to provide Intimate Care** can be used.

2. Parents/carers should always be informed if a child is changed.

3. It is acceptable for a single member of staff to change a child providing they ensure that:

    - another member of staff is aware of what is happening.
    - the event is recorded and initialled by the member of staff who changes the child. Any issue or problem, such as bad nappy rash, which may have arisen or been noticed should also be recorded. This should be shared with the parent/carer/ childminder at the end of the session and a copy of the written record supplied.

4. The child's privacy and dignity should be maintained at all times. For example, talk to the child, not over the child to a colleague, do not comment about the child's body or body parts.

5. If no table changing station is available a changing mat on the floor is acceptable providing the child's privacy is ensured.

6. Staff should follow the guidelines for nappy changing as laid out in the NHS Highland, Infection Control Guidelines for the Pre-school Setting.

    All Early Years Centres have been supplied with a paper copy of these guidelines. They can be viewed and downloaded through the NHS Highland website at:

    www2.nhshighland.scot.nhs.uk/Your%20Health/Health%20Protection/Guidance%20and%20Policy/Pre-school%20guidance%20-%20Dec%2006.pdf

7. The Early Years centre will provide gloves, aprons, antibacterial wipes and changing mat liners, but it is the parent's responsibility to provide nappies, nappy liners, wipes and any creams they wish to be used and to clearly label these with the child's name.

8. Nappy disposal: after disposing of any solid waste matter, it is acceptable to double bag soiled nappies and dispose of these in the normal dustbin.

9. Soiled clothes should be double bagged and given to the parent/carer/childminder at the end of the session. If using non-disposable nappies, any solid waste should be disposed of before double bagging, labelling with the child's name, and giving to the appropriate adult.

10. Where possible, parents/carers should provide a spare set of labelled clothing for use in the centre.

## 11. MANUAL HANDLING POLICY STATEMENT FOR SCHOOLS

Beauly Primary School recognises its responsibility to ensure the health, safety and welfare of its employees as far as is reasonably practicable. It is the policy of Beauly Primary School School to conform to the requirements of the Manual Handling Operations Regulation 1992.

To this end, Beauly Primary School School aims:-

1. To avoid manual handling operations which are a risk to its employees or to individual pupils as far as is reasonably practicable;

2. To assess all operations involving manual handling procedures judged to be potentially hazardous, and reduce the risk to the lowest level which is reasonably practicable;

3. To ensure that all potentially hazardous operations involving manual handling are assessed on an annual basis and reports of these Annual Risk Assessments are forwarded to the school manager with responsibility for health and safety;

4. To provide all employees involved in manual handling of clients with a thorough training covering all the key elements for safe handling processes.

5. This policy will be reviewed annually by the school manager with responsibility for health and safety in order to keep it in line with operational changes and any future legal obligations. Any issues with Corporate implications will be discussed with the Area ECS Manager.

### Note on Best Practice

Multi-agency Risk Assessment should lead to a Moving and Handling Plan which will be shared with, supported by and implemented by all of the agencies working to support the child and family. The Moving and Handling documentation developed by the joint Highland Council and NHS Highland multi-agency working group should be used, see pages 36-41.

**Highland Council: Education Culture and Sport Service, Social Work Service**

**NHS Highland: Children's Services**

**Manual Handling Risk Assessment and**

**Individual Manual Handling Plan**

Name of child/young person: …….. D of B: ……

Are there tasks that involve manual handling (moving and handling)? yes no

Are manual handling risk assessments/manual handling plans required? yes no

**If 'yes', the remainder of this form must be completed.**

**If 'no', is it envisaged that a manual handling risk assessment will be required in the near future?** yes no

**If 'yes' state review date.** ……...

## ***Section 1:*** **Summary Of Manual Handling Tasks**

| Manual handling task | Location | Level of dependence ✓ | Equipment used for task/ Number of people required | Date of risk assess-ment/ m. h. plan | Proposed review date | Updated manual handling plan? y/n | Man-ager initial |
|---|---|---|---|---|---|---|---|
| | | Independent<br>Some assistance req'd<br>Maximum assistance | | | | | |
| | | Independent<br>Some assistance req'd<br>Maximum assistance | | | | | |
| | | Independent<br>Some assistance req'd<br>Maximum assistance | | | | | |
| | | Independent<br>Some assistance req'd<br>Maximum assistance | | | | | |
| | | Independent<br>Some assistance req'd<br>Maximum assistance | | | | | |
| | | Independent<br>Some assistance req'd<br>Maximum assistance | | | | | |
| | | Independent<br>Some assistance req'd<br>Maximum assistance | | | | | |

**List compiled by:** …… Date: ……

## Section 2: Child/Young Person Profile for Manual Handling Assessment

Name: …… DoB: ……

Diagnosis: …….

……...

Weight: …… Height: ……

Tick and provide further information as appropriate

| COMPREHENSION | | additional information | COMPLIANCE | | additional information |
|---|---|---|---|---|---|
| good | | | cooperative | | |
| limited | | | uncooperative | | |
| very limited | | | unpredictable | | |

| COMMUNICATION | | additional information |
|---|---|---|
| good | | |
| limited | | |
| very limited | | |

| LEVEL OF DEPENDENCE | | additional information |
|---|---|---|
| able to weight-bear | | |
| inconsistent weight bearing ability | | |
| unable to weight-bear | | |
| full sitting balance | | |
| some sitting balance | | |
| no sitting balance | | |
| able to assist | | |
| limited ability to assist | | |
| not able to assist | | |
| totally dependent | | |

| OTHER RELEVANT ISSUES | | *additional information* |
|---|---|---|
| medication | | |
| epilepsy | | |
| fatigue | | |
| fear | | |
| pain | | |
| skin condition | | |
| fragility | | |
| muscle spasms | | |
| contractures | | |
| dislocations | | |
| fixed physical impairment | | |
| sensory loss | | |
| other,<br>please specify | | |

**EQUIPMENT AND APPLIANCES NORMALLY USED BY CHILD/YOUNG PERSON**

*Please list:*

## ***Section 3:*** Assessment of the Task, Environment and Carer/Staff Capability

| Name of child/young person: | | | |
|---|---|---|---|
| **THE TASK**<br>*Briefly describe the task/purpose of the movement* | | Number of people assisting | Equipment currently used for this task |

| Does the task involve | **yes** | **additional information** |
|---|---|---|
| 1. Holding away from the trunk? | | |
| 2. Twisting? | | |
| 3. Stooping? | | |
| 4. Reaching upwards? | | |
| 5. Carrying? | | |
| 6. Strenuous pushing/pulling? | | |
| 7. Unpredictable movement? | | |
| 8. Frequent handling? | | |
| 9. Insufficient rest or recovery time? | | |

### *THE ENVIRONMENT*

*Specify the environment(s) in which the task takes place*

| **In this environment are there** | **yes** | ***additional information*** |
|---|---|---|
| 10. Space constraints affecting posture? | | |
| 11. Obstacles? | | |
| 12. Variations in level of floors and work surfaces? | | |
| 13. Uneven, slippery or unstable floors? | | |
| 14. Poor lighting? | | |
| 15. Extreme temperatures / humidity? | | |
| 16. Other? | | |

| **THE INDIVIDUAL** | | |
|---|---|---|
| Individual capabilities of staff / carers<br>**Do the staff/carers need:** | **yes** | **additional information** |
| 17. Significant strength? | | |
| 18. Special training? | | |
| 19. Would the task increase risks for those who are pregnant or have a health problem? | | |

RECOMMENDATIONS FOR REDUCING RISKS:

**OTHER EQUIPMENT REQUIRED:**

**TRAINING REQUIRED:**

**ASSESSORS:**

**SECTION 4 Risk Assessment**

| Service: | Description of the task: | | Compiled by: |
|---|---|---|---|
| HC Area: RSL or INBS or CSER | # Risk Assessment Template | | Date/s of task: |
| Name of Establishment: | Click here for Highland Council's guidance notes re risk assessments. | All Risk Assessments should be reviewed and updated as necessary on a regular basis. | Date completed: |

| STEP 1 | STEP 2 | STEP 3 | STEP 4 | | | STEP 5 |
|---|---|---|---|---|---|---|
| List potential Hazards here: | List groups of people at risk from hazards. Including those most vulnerable: | List existing control measures or note where information may be found: | Calculate the residual risk taking the presence and effectiveness of existing measures into account: Severity x Likelihood = Risk Rating | | | List further control measures necessary to reduce risk to an acceptable level *and* date of their proposed introduction: |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | **If you want more rows click at the end of this text and press the tab key.** |

Note – Risk Ratings of 4 or more are significant and require further action to control risk

**Severity; 1=Slight** (all injuries not defined as major or serious); **2=Serious** (injuries that are not major but are likely to prevent someone working normally for more than 3 days); **3=Major** (death or major injury e.g. fracture of a bone, amputation, serious damage to an eye etc)

**Likelihood; 1=Low** (unlikely to happen); **2=Medium** (could well happen); **3=High** (certain or near certain to happen)

**Manager signature:** …… **Date:** ……

**Section 5 INDIVIDUALISED MANUAL HANDLING PLAN**

**Name of child/young person** ……..

| | | | |
|---|---|---|---|
| Task/procedure | | | |
| Equipment needed | | | |
| Method(s) to be used | | | |
| Specific instructions for carers | | | |
| Remaining problems and further measures required | | | |
| Date assessed: | **Assessor(s):** | **Proposed review date:** | |

*Note:*

Employers are responsible for provision of manual handling training, training in the use of equipment provided by them and reducing the risk of injury to the lowest possible level.

Employees should take responsibility for their own posture and personal safety, and should not compromise the personal safety of their colleagues. *Employees must ensure that they use equipment that has been provided to reduce manual handling*.