



Intimate Care Policy Elements

Changing/toileting assistance for young or disabled children by school staff

This guidance is provided for the convenience of those drafting intimate care policies. Staff, parents and students should be part of the policy making process. This list of elements is not comprehensive. Local statutory guidance should be considered in every case.

1.0 Intimate Care Defined

This may be provided by national statutory guidance but generally includes: any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with toileting, continence, medical procedures, or menstrual management as well as assistance and supervisory tasks such as overseeing washing, toileting or dressing.

- 1.1. This policy should include both provision and supervision of intimate care (contact and non-contact).
- 1.2. Staff are trained in the policy and parents are informed of policy.
- 1.3. Policy is updated with input from key stakeholders annually, or when a concern arises.
- 1.4. Less commonly, intimate care may include procedures around feeding, oral care, or support for medical devices.
- 1.5. Note the difference between regular, expected intimate care which should be detailed in student's care plan and unexpected, incidental or irregular intimate care.
- 1.6. Intimate care should never be associated with negative outcomes (impatience, complaint, scolding, punishment, rough handling, etc.) for child.

2.0 Rights of Child Defined

2.1 United Nations Convention for Rights of Child (UNCRC) or national guidance referenced:

- Every child has the right to be safe.
- Every child has the right to personal privacy and modesty.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.

- Every child has the right to have support of intimate care that is as consistent as possible.
- Every child is supported to the highest level of autonomy and independence possible.
- Equality of rights of children with visible and invisible disabilities should be made explicit.

3.0 Child Protection Policy and Procedures Referenced

Child protection policies include definitions of abuse, signs and indicators of abuse, mandatory reporting expectations and explicit reference to multiple internal reporting pathways for staff, students, and parents.

- 3.1 Staff are training in all aspects of institutional child protection including features of grooming, signs and indicators of abuse, first responder training, and mandatory reporting barriers and expectations.
- 3.2 Code of professional conduct is known and upheld by staff.
- 3.3 Child protection principles of child agency and voice are part of policies and procedures.
- 3.4 Child protection principles of transparency, observability and accountability are part of policies and procedures.
- 3.5 Additional vulnerability to abuse of very young children and children with visible and invisible disabilities should be made explicit.
- 3.6 Provisions are primarily for student safety. Staff protection is a secondary consideration.
- 3.7 Understanding of vulnerability to abuse by staff and risk mitigation needed around intimate care of young children and those with visible or invisible disabilities should be made explicit.
- 3.8 Statutory guidance by national education departments should be cited and followed.

4.0 Intimate Care Procedure Elements

- 4.1 Stated expectation that children exhibit or work towards independence in toileting or dressing by a specific date may be appropriate. School may support this through instruction or practice, for example, students practicing swimsuit changing over their clothes.
- 4.2 Outcomes or alternatives if expected independence is not achieved (i.e. parent may need to come to school to provide support).
- 4.3 Understanding that accidents and continence issues are expected with young children and provisions are in place for these occurrences.
- 4.4 There must be no negative impact to either child or parent/caregiver in cases of incontinence or incidental care needs.
- 4.5 Provisions are made for staff absence and reduced staff to student ratios.
- 4.6 Risk is assessed and mitigated when incidental intimate care occurs or is requested by a parent, caregiver, colleague or student.

- 4.7 In cases of unexpected, incidental, or accidental intimate care needs, the procedure is documented and parent/caregiver is notified discretely, without penalty or censure, as soon as possible.
- 4.8 Student care planning is in place for any expected, regular or sustained intimate care needs.
- 4.9 Clipboards and clock are in place to record incidental care assistance (contact) and supervision (non-contact) which should be documented and signed.

5.0 Key Features of Safer Practice

Intimate care and supervision policies should align with child protection policies and include expectation of consent and explanation; no one-on-one contact; observable and interruptable contact; supervision of timing; and professional codes of conduct. The dignity of the child is paramount. Thus, no child should remain in soiled clothing. Additionally, best practice includes:

- 5.1 Parents are informed of policies using 'we statements' (for example, we respect a child's preferences.)
- 5.2 Staff mobile phones are stored in cubbies or lockers. They should never be present during intimate care tasks or supervision.
- 5.3 Where intimate care is ongoing, arrangements may be agreed by caregivers and child in advance and documented in child's care plan. Care plans state:
 - 5.3.1 Child's right to privacy, modesty, and choice of caregiver or gender of caregiver.
 - 5.3.2 Prescribed recordkeeping - may include timing, those present, action taken, child behavior and notes.
 - 5.3.3 Concerns are recorded and reported to parents. Child protection designate may be informed, if applicable.
 - 5.3.4 If child objects to care or care provider this will be documented and reported as a child protection concern.
- 5.4 Communication is child centered rather than adult centered; matched to child's development and understanding; reinforces body autonomy/consent; provides explanation; and uses appropriate language for private parts in support of personal safety skills.
- 5.5 Only trained and designated members of staff should assist with intimate care, not other students, volunteers or parents, other than the child's caregiver.
- 5.6 Child's name should be used and communication should reflect child's age and understanding.
- 5.7 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or specify the gender of the assigned staff member.

- 5.8 Reporting protocol should be clear for mandatory reporting of identified signs or indicators of physical or sexual abuse, including traditional practices such as female genital mutilation (FGM), if applicable.
- 5.9 Unplanned, ad hoc requests for intimate care (such as application of medicine) that cannot be risk assessed will be refused and will remain responsibility of parent.

6.0 Facility Elements Supporting Safe Practices

Staff have separate toilet and changing facilities from students for adults only. Staff, visitors and parents are not allowed to use student only facilities at any time. Facilities are purpose-built or modified to ensure clear sight lines and space for two staff members. They may additionally include:

- 6.1 Auditory and visual supervision (windows, doorless or half doors, or doors with grated/slatted opening are preferred)
- 6.2 Correct height changing facilities and accessible toilets that are ability and developmental age appropriate.
- 6.3 Hot and cold running water.
- 6.4 Appropriate supplies may include: protective clothing for staff such as disposable aprons and gloves, waste disposal bags, spare clean clothing for children, supplies of diapers/pads/wipes/disposal bags (may be provided by family).
- 6.5 Labelled, sanitized bins for the disposal of clinical waste and special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters, if applicable.
- 6.6 Effective staff-alert system for help in an emergency.
- 6.7 Clock for recording of timing.