

"Joined by faith, Encouraged to Succeed".



Intimate Care Policy

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April 2026 or as required

Signatures

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INTRODUCTION

In St. Colman's PS we exercise our care of children with the utmost paramountcy.

Our Intimate Care Policy and Guidelines have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of our children.

Disabled children can be especially vulnerable. Staff involved with their intimate care always need to be sensitive and mindful of their individual needs.

The Intimate Care Policy and Guidelines should be read in conjunction with the DENI Circular 2017/04- "*Safeguarding and Child Protection in Schools- a guide for Schools.*" This Circular was further updated in September 2023.

In forming our school policy, we have used advice from Health providers and appropriate Medical staff.

DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care (see Appendix 4)
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care.

PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles upon which the St. Colman's PS Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- 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 levels of intimate care that are as consistent as possible.

SCHOOL RESPONSIBILITIES

- All our staff are vetted by the school. This includes students on work placement and volunteers. Vetting includes:
 - Access NI checks
 - Pre-employment checks
 - Two independent references when required
 - Only named staff identified should undertake the intimate care of children.
- The school Principal ensures that all staff undertaking the intimate care of children are familiar with and understand the Intimate Care Policy and Guidelines together with associated Policy and Procedures e.g., ACPC Regional Policy and Procedures 2005, Safeguarding Vulnerable Groups (Northern Ireland) Order 2007. Staff have also had training following the guidance in Circular 2017/04 – updated Sept 2023
- All staff are trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work.
- Intimate care arrangements are agreed by the school, parents / carers and child (if appropriate). Consent given via consent at the beginning of the child's primary career with us i.e., P1.
- Medical intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate)- Retained by the school via records.
- Every class teacher will use the school Personal Record to record incidents where a child has received intimate care. Parents will be informed by phone. All staff will follow agreed Intimate Care Procedures.
- Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents / carers and child (if appropriate). In emergency toileting accidents the school office will inform parents via telephone of the toilet accident and the care to be administered. (Parents can come to school and attend to support the child themselves if they prefer.)
- The school has made provisions for emergencies i.e., a staff member on sick leave. Additional trained "sub" staff should be available to undertake specific intimate care tasks. Do not assume someone else can do the task.

- Intimate care arrangements are reviewed regularly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.
- If a staff member has concerns about a colleague's intimate care practice, they must report this to the designated teacher/Principal.
- Parents must sign an Intimate Care consent form at the beginning of their child's time with us. - re: non-emergency toileting accidents
- Parents of children who require invasive medical care will offer consent via a more formal letter of understanding which outlines the importance of them having read and understanding our Intimate Care Policy. Ref: Appendix 2 - Invasive medical care arrangements must be recorded in the child's personal file

All our work seeks to promote the well-being, care and welfare of our children.

This policy is one of a suite of policies that allows us to exercise our Pastoral care and responsibilities.

STAFF GUIDELINES FOR GOOD PRACTICE

All our staff are to be familiar with the following guidelines:

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff.

They apply to every member of staff involved with the intimate care of children.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

Involve the child in their intimate care.

Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible.

Check your practice by asking the child / parent any likes / dislikes while carrying out intimate care and obtain consent.

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

A lot of care is carried out by one staff member / carer alone with one child. Our older children have offered their preference for this to prevent potential embarrassment. The practice of providing one-one intimate care of a child alone is fully supported, unless the activity requires two persons for the greater comfort /safety of the child, or the child prefers two persons.

Make sure practice in intimate care is consistent.

As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents / carers / school ensures practice is consistent.

Be aware of own limitations.

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt, ASK. Some procedures must only be carried out by staff who have been formally trained and assessed e.g., enteral feeding, catheterisation.

Promote positive self-esteem and body image.

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.

If you have any concerns, you must report them.

If you observe any unusual markings, discolourations or swelling including the genital area, report immediately to your designated manager / teacher. If during the intimate care of a child, you accidentally hurt them, or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher.

Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made and kept in the child's nursing / medical notes / personal file.

It is important to follow the school's reporting and recording procedures.

Parents / carers must be informed about concerns.

Please refer to:

- Regional Area Child Protection Committee Child Protection Procedures – April 2005
- DENI 2017/04 "Safeguarding and Child Protection in Schools"-updated Sept 2023
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- CCEA Period Dignity advice
- <https://www.education-ni.gov.uk/sites/default/files/publications/education/Completed%20Screening>

WORKING WITH CHILDREN OF THE OPPOSITE SEX

Principles:

- There is a positive value in both male and female staff being involved with children.
- Ideally, every child should have the choice of carer for all their intimate care.
- The individual child's safety, dignity and privacy are of paramount importance.

The practical guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.

General Care

Male and female staff can be involved with children of either sex in:

- (a) Key-working and liaising with families.
- (b) Classroom practice and routine
- (c) Co-ordinating of and contribution to a child's review/record.
- (d) Meeting the developmental, emotional and recreational needs of the children.
- (d) Escorting the children to PE, on outings and to clinics unless intimate care is needed.

Intimate Care

Wherever possible, our boys and girls should be offered the choice of carer and second carer. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a child cannot make a choice.

The intimate care of boys / girls can be carried out by a member of staff of the opposite sex with the following provisions:

(a) The delivery of intimate care by professionally qualified and vetted staff will be overseen by their professional code of conduct in conjunction with:

St. Colman's PS policy and procedures.

(b) Volunteers and temporary staff e.g., NVQ students are not to be involved in any Intimate Care.

(c) When intimate care is being carried out, all children have the right to dignity and privacy i.e., they should be appropriately covered, the door closed or screens / curtains put in place. In our school the **Medical room** is the base location for this type of care.

(d) If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance. A phone call to the child's parents is made as soon after.

(e) Report concerns to your Designated Teacher/Principal and make a written record.

(f) Parents / carers must be informed about concerns.

COMMUNICATION WITH CHILDREN

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

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

To ensure effective communication:

- Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded (please refer to Appendix 1, Communication Pro-forma for Intimate Care: How I Communicate). If further information is required, please consult with the child's Speech and Language Therapist.
- Make eye contact at the child's level.
- Use simple language and repeat if necessary.
- Wait for response.
- Continue to explain to the child what is happening even if there is no response.
- Treat the child as an individual with dignity and respect.

Appendix 1

Communication Pro-forma for Intimate Care How I Communicate

Name: _____

Date: _____

I communicate using words / signs / communication
book / communication aid / body movements.

I indicate my likes / preferences by _____

I indicate my dislikes by _____

I show I am happy by _____ and

unhappy by _____

If appropriate please complete the following

When I need to go to the toilet I _____

When I need changed I _____

Additional information _____

Notepaper

Dear Parent,

I enclose a copy of our updated "Intimate Care Policy" for your attention. Please be aware that we have based our policy on the Best Practice Guidelines as disseminated in the Safeguarding Vulnerable Groups (NI) Order 2007. We also refer to **DENI 2017/04: Safeguarding and Child Protection in Schools. (Updated Sept 2023)**

At the centre of all our work are the best interests and safety of our children. Every child will be treated with dignity and respect and will have their privacy ensured.

I ask you to note that as our policy indicates consistency for the children is key. Therefore I draw your attention to our Intimate Care policy.

Our practice entails one staff member working with one child unless the comfort and safety of the child requires two people. Your child's assistant will oversee any intimate care procedures and a sub-assistant has been organised should your child's assistant be absent for any reason. Your child will be made familiar with the "sub" assistant.

Any intimate care will be undertaken in our medical room where privacy can be assured.

I ask that you sign the consent form below which confirms that you have read our policy and are satisfied with its contents.

Yours sincerely

Stephen Baine

Principal

Intimate Care Consent Form

Child: _____

I have read and understand the Intimate Care Policy

I understand that my child will receive Intimate Care by one or two assistants

Parent/Guardian Signature: _____

Appendix 3

Steps for Intimate Care

- Child requiring Intimate Care is taken to the nearest toilet area or school Medical Room.
- As always best practice, 2 members of staff will be present to assist the child. In the event of this not being possible, the cloakroom door will be left open.
- Child will be given a change of underwear/clothing.
- Child will be given the opportunity to assist themselves as far as possible. If required child will be given sensitive wet wipes.
- If assistance is required, the member of staff will help child in a manner that reflects good practice.
- All soiled clothing will be placed in a plastic bag to go home and placed in the child's school bag.
- Member of staff must inform the office who will then inform parents/guardians by phone.
- The member of staff must record the incident on the class personal care record in the class folder.

Appendix 4

Steps for Menstrual Care

- All appropriate age groups will be provided with Hygiene Bins – sited in the classroom toilets.
- Sanitary towels will be readily available from Designated Staff members.
- Parents must inform class teacher or office staff if their child may need reassurance and assistance if they have recently started Menstruation.