



Intimate Care Policy

St Joseph's P.S, Ballycruttle

1.0 INTRODUCTION

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff. They apply to everyone involved in 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.

The Intimate Care Policy and Guidelines should be read in conjunction with the Area Child Protection Committee's Regional Policy and Procedures April 2005.

2.0 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

Photographs

Treatments such as enemas, suppositories, enteral feeds

Catheter and stoma care

Supervision of a child involved in intimate self-care

3.0 PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles upon which the 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.

4.0 RESPONSIBILITIES OF STAFF INVOLVED WITH INTIMATE CARE

All staff working with children must be vetted. This includes students on work placement and volunteers. Vetting includes:

- Access NI checks
- Only named staff identified by St. Joseph's should undertake the intimate care of children.
- The Principal must ensure 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 .
- All staff must be 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 must be agreed by the school, parents / carers and child (if appropriate).
- Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate).
- Staff should not undertake any aspect of intimate care that has not been agreed between the School, parents / carers and child (if appropriate).
- Additional trained staff will be available to undertake specific intimate care tasks in the event of a staff member being on sick leave.
- Intimate care arrangements will be reviewed regularly. The views of all relevant parties, including the child (if appropriate), will 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 their designated manager / teacher.

5.0 GUIDELINES FOR GOOD PRACTICE

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.

5.1 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.

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

5.3 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.

5.4 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, rectal diazepam.

5.5 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.

5.6 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 teacher.

If during the intimate care of a child you accidentally hurt them, or the child appears to misunderstand or misinterpret something, reassure the child, ensure their safety and report the incident immediately to your 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 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 Child Protection & Pastoral Care Guidance 1999/10
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- Child Protection Support Service for Schools - Governor's handbook - January 2007
- Circular 03/13 Guidance for schools on the Welfare and Protection of Pupils - Education and Libraries (NI) Order 2003
- Circular 06/06 Guidance on safer recruitment practices for education authorities (Access NI)
- Circular 06/07 Guidance for schools on the employment of substitute teachers (NISTR)
- Circular 06/08 Strand 3 Guidance for schools on the requirement for child protection training in relation to interviewing and selection panels
- Circular 06/09 Guidance on the vetting of paid and unpaid staff (Access NI)
- Circular 06/25 Guidance on the requirement for vetting of school governors (Access NI)

6.0 WORKING WITH CHILDREN OF THE OPPOSITE SEX

6.1 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.

6.2 General Care

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

- (a) Keyworking and liaising with families.
- (b) Co-ordinating of and contribution to a child's review.

- (c) Meeting the developmental, emotional and recreational needs of the children.
- (d) Escorting the children between sites, on outings and to clinics unless intimate care is needed.

6.3 Intimate Care

Intimate Care

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

- The delivery of intimate care by professionally qualified staff will be governed by St. Joseph's P.S.'s professional Code of Conduct in conjunction with the School's policy and procedures and in agreement with the designated teacher for Child Protection/Principal
- 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
- 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
- Report concerns to your Designated teacher and make a written record
- Parents/guardians must be informed about concerns

6.4 Changing after Accidents

From time to time in school young children may need assistance with intimate care, ie help with changing of clothes and cleaning after a wetting, soiling or vomiting incident. It may be that they need general help or that they have had a little accident and may need to change. In the situation where a child needs some assistance with intimate care, a member of staff will help but toilet doors should be left unlocked. Another member of staff should be informed so that there is openness and shared information about what help was given. It should be noted that by the time a child starts school they will normally be expected to be independent in terms of their use of toilet facilities.

Should children wet themselves, school staff will help by providing spare clothing if available. If the child is able they will be encouraged to change their clothing, however if they need help and are willing to receive it the staff will assist. Again this assistance must not be given without another member of staff being made aware of it.

If this situation does occur the parent will be informed by note or telephone that day and we will keep a written record of the incident(s) on our official form - see Appendix 1. We will use children's initials to provide anonymity and we will also use the code letters W, S and V (Wetting, Soiling or Vomiting).

If a child soils their clothes in school, the parent or other appropriate contact person will be contacted to take the child home. Should they not be available to help or we are unable to contact them, then the child's clothes will be changed for their own comfort. The same set of guidelines as mentioned previously will apply.

When helping children with intimate care, we will aim to provide them with the appropriate level of caring support whilst minimising as far as possible the level of physical contact with the child in intimate body regions. These procedures may seem very business-like, but they are designed to protect both pupils and staff. We need to make sure that we operate a system which is open and yet caring.

We have every intention of maintaining our level of care and support for the children. However in light of recent developments and legislation in our province we need to clarify our procedures. Should any member of staff have concerns about a child or a situation they should report these to a Designated Teacher or to the Principal.

If a parent or carer has concerns about a child or questions about a situation in school, they should contact the Principal. We believe that the positive working relationship between home and school is a major factor in providing care and security for the children. This working relationship thrives upon openness, effort and trust. We will do all in our power to promote this in our dealings with children, parents and the wider community

7.0 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.

To ensure effective communication:

Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded. 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

Intimate Care Record St. Joseph's P.S, Ballycruttle

To be completed each time a child requires a change of clothing due to an incident such as wetting and/or soiling themselves or being physically sick.

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