



St Caireall's Primary School,
Aghyaran

**Intimate Care Policy &
Good Practice
Guidelines**

Intimate Care Policy

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1.0 INTRODUCTION

The Area Child Protection Committee's Regional Intimate Care Policy and Guidelines were developed in order to safeguard children and staff. They apply to everyone involved in the intimate care of children. The schools Intimate Care Policy and Good Practice Guidelines is informed by the Regional Intimate Care Policy and Guidelines.

2.0 DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents/carers/guardians 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/carers/guardians.

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 this Policy and Good Practice 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.

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- 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 the SCHOOL

All paid staff employed in the school will be vetted in accordance with the requirements of relevant DE guidance including DE Circulars 2006/06 and 2012/19. Risk assessments will be completed in relation to the use of students on work placement and volunteers and where necessary individuals will also be vetted

- The Board of Governors and Principal will ensure that all staff undertaking the intimate care of children are familiar with, and understand the Regional Intimate Care Policy and Guidelines as approved by the Area Child Protection Committees together with associated Policy and Procedures e.g. School Child Protection policy.
- All staff will be trained in the specific types of intimate care 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/guardians and child (if appropriate). In St Caireall's P.S staff encourage the children to take responsibility for their own personal care. The children are free to use the toilet at all times and staff support and encourage them to take care of their own toileting needs i.e using the toilet appropriately and washing their hands independently.
- Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents/carers/guardians and child (if appropriate).
- Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents/carers/guardians and child

(if appropriate). Where a child has a toileting accident a member of staff will encourage the child to clean themselves as best they can, change their clothes and parents/carers/guardians will be contacted to collect the child. Parents/carers/guardians are encouraged to keep a change of clothes in the schoolbags of the younger children or children with medical conditions..

- The school will make provisions for emergencies i.e. a staff member on sick leave. Additional trained staff will be available to undertake specific intimate care tasks.
- Where an intimate care plan is in place for an individual this plan should be reviewed at least six monthly. 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 Principal or Designated/Deputy Designated Teacher for Child Protection /Safeguarding.

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.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. When a disabled child is enrolled in St Caireall's staff will work closely with his/her parents/carer/guardian to support their child's personal needs. Staff will work in partnership with parents/carers/guardians and with outside agencies to draw up a programme which will support the individual needs of the child's intimate care.

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

When assistance is required each member of staff will encourage the child to be involved in his/her own care (wiping himself/herself and changing underwear independently). Where the child is fully dependent talk with them about what is going to be done and give them choices where possible.

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

Sometimes intimate care is carried out by one staff member/carer alone with one child. The practice of providing one to one intimate care of a child alone is supported in the regional intimate care policy and guidelines. Some children may require the assistance of 2 staff for their greater comfort / safety of the child or staff member or the child prefers two persons. At all times the child will be treated with dignity and respect.

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/guardians/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 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.

5.2 If you have any concerns, you must report them

If you observe any unusual markings, discolouration or swelling including the genital area, report immediately to your designated teacher for Child Protection /Safeguarding or deputy designated teacher for Child Protection /Safeguarding

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 class teacher or Principal.

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/guardians must be informed about concerns.

Please refer to:

- *Regional Area Child Protection Committee Child Protection Procedures - April 2005*
- *DENI Child Protection and Pastoral Care Guidance 1999*

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.

6.2 General Care

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

- a) Key-working and liaising with families.
- b) Co-ordinating of and contribution to a child's review.
- c) Meeting the development, 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

Wherever possible, 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/carers/guardians 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 staff will be governed by their professional code of conduct in conjunction with school policy and procedures.
- b) Staff are governed by the professional code of conduct of St Caireall's Primary School and must follow policy and procedures in operation within the school. They must take direction and agreement must be provided by the Principal.
- 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.

- 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.
- e) Report concerns to the Designated Teacher for Child Protection/Safeguarding and make a written record.
- f) Parents/carers/guardians must be informed about concerns.

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.

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/guardians and if appropriate, communication needs must be recorded (please refer to **Appendix 3**, Communication Proforma 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.

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Appendix 3

**Communication Proforma 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 _____

unhappy by _____

If appropriate please complete the following

When I need to go the toilet

I _____

When I get changed I _____

Additional Information _____

Speech and Language Therapist

Occupational Therapist

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Key worker/s _____

Contact-
Number/s _____

Parent / Carer signature _____