

Fountain Primary School & Nursery Unit



POLICY ON INTIMATE CARE AND GUIDELINES REGARDING CHILDREN

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REVIEWED BY: Nursery Staff & Child Protection Designated Teacher

SIGNED:

PRINT:

DATE:


WILLIAM LYNN
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INTRODUCTION

It is our intention to develop independence in each child, however there will be occasions when help is required. Our Intimate Care Policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our Child Protection Policy. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults and staff involved with any aspect of intimate care need to be sensitive to their individual needs.

The Intimate Care Policy and Guidelines should be read in conjunction with the Safeguarding Board for Northern Ireland Procedures Manual 2017.



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



PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles of intimate care upon which our 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 appropriate and as consistent as possible.



SCHOOL RESPONSIBILITIES

- **Only** fully vetted members of staff of Fountain Primary School and Nursery Unit 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.
- All staff must 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.
- Staff will inform parents/guardians if they have had to carry out intimate care. (Appendix 2)
- Staff should not undertake any aspect of intimate care that has not been agreed between the school and parents/carers.
- Fountain Primary School and Nursery Unit need to make provisions for emergencies i.e. a staff member on sick leave. Additional trained staff should be available to undertake specific intimate care tasks. Do not assume someone else can do the task.
- Intimate care arrangements should be reviewed at least once a year or more frequently if required. 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 their designated teacher or principal.



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.

Young children, children with special educational needs and disabled children can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their 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 forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff.

1. Involve the child in the intimate care

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any likes/dislikes while carrying out the intimate care and obtain consent.

2. 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. The practice of providing one-one intimate care of a child alone is supported, unless the activity require two persons for the greater comfort/safety of the child or the child prefers two persons.

3. Make sure practice in intimate care is consistent

As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.



4. Be aware of your 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.

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.

6. If you have any concerns you must report them

If you observe any unusual markings, discolorations or swelling including the genital area, report it immediately to the designated teacher for child protection.

If a child is accidentally hurt during intimate care, or 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 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 personal file.

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

Parents/carers must be informed about concerns.



Please refer to:

- Revised Regional Core Child Protection Policies and Procedures for Northern Ireland – December 2017
- Safeguarding and Child Protection in Schools – August 2020
- Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

WORKING WITH CHILDREN OF THE OPPOSITE SEX

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.

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



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 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 and 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 their professional code of conduct in conjunction with the school policy and procedures.
- Staff who are not governed by a professional code of conduct must follow policy and procedures in operation within the school and direction and agreement must be provided by the Designated Teacher or 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 any concerns to the designated teacher for child protection and make a written record.
- Parents/Carers must be informed about any 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.

Depending on their maturity and levels of stress children may communicate using different methods – words, signs, symbols, body movements, eye pointing etc.

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 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.

SHARED EDUCATION

During shared education activities the teacher in charge will follow the procedures appertaining to their own school.

If an incident/concern occurs with a child from the partner school, the teacher in charge will inform the child's class teacher, who will then deal with the incident/concern.

If this is not immediately possible the teacher in charge will deal with the incident, according to their individual school's policy and report it as soon as they can to the child's class teacher in the partner school.



REVIEW

This policy will be reviewed every year under the Child Protection guidelines.



RIGHTS RESPECTING SCHOOL

This Policy relates to:

Article 3: All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

Article 5: Your family has the responsibility to help you learn to exercise your rights and to ensure that your rights are protected.

Article 12: You have the right to give your opinion, and for adults to listen and take it seriously.

Article 16: You have the right to privacy.

Article 19: You have the right to be protected from being hurt and mistreated, in body or mind.

Article 24: You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

Article 27: You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

Article 34: You have the right to be free from sexual abuse.

Article 37: No one is allowed to punish you in a cruel or harmful way.

Article 39: You have the right to help if you've been hurt, neglected or badly treated.



Specific Consent Pro-forma for Intimate Care How I Communicate



Childs Name: _____

Date of Birth: _____

Childs Class: _____

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 can manage by myself / require help / prefer mum to be called.

Additional information: (Please indicate if your child is fully toilet trained). If not, what strategies are you using at home to support toilet training?

Speech and Language Therapist: _____

Occupational Therapist: _____

Parent/Guardian signature: _____

Date: _____



INTIMATE CARE



NAME: _____

CLASS: _____

Your child required intimate care today due to:

- a toileting accident ☐
- being sick ☐
- clothes becoming wet through play ☐
- clothes becoming wet while eating ☐

his was carried out in accordance with our school policy. When given appropriate attention, the child then continued happily with the school day.

Signed: _____
Member of staff

Date: _____

