INTIMATE CARE POLICY

	CONTENTS	PAGE NUMBER
1	**Background** **Article 3 (best interests of the child)** The best interests of the child must be a top priority in all decisions and actions that affect children.	2
2	**Purpose and Scope**	2
3	**Objectives**	2
4	**Procedures/Guidelines:** • DEFINITION • PRINCIPLES OF INTIMATE CARE • SCHOOL RESPONSIBILITIES • GUIDELINES FOR GOOD PRACTICE • WORKING WITH CHILDREN OF THE OPPOSITE SEX • COMMUNICATION WITH CHILDREN • APPENDIX 1-7	3-19
5	**Monitoring/Evaluation**	20

Commencing Date:	
Approval Signature:	
Review Date:	

1. Background

Intimate care in Ardnashee School and College involves providing assistance to students with personal care tasks, such as toileting, dressing, feeding, or administering medication, that they are unable to perform independently. In Northern Ireland, such policies are guided by a combination of statutory requirements, best practice guidelines, and safeguarding principles.

The intimate care policy in Ardnashee School and College is informed by several key documents and legislations, including:

- Children (Northern Ireland) Order 1995: Provides the legislative framework for child protection and safeguarding.
- The Education (Northern Ireland) Order 1998: Outlines the responsibilities of schools in caring for students.
- Safeguarding Board for Northern Ireland (SBNI) guidelines: Provides overarching guidance on safeguarding practices within schools.
- Department of Education guidance: Offers specific advice on managing health care needs and intimate care in schools.

2. Purpose and Scope

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.

3. Objectives

The aims of this document is:

- To provide reassurance to staff and parents
- Safeguard the dignity, rights and wellbeing of our children
- To reassure parents that staff are knowledgeable about intimate care and that their child's individual needs and concerns are taken into account

4. Procedure/Guidelines

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 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.

SCHOOL RESPONSIBILITIES

- All staff working with children must be vetted by the school. This includes students on work placement and volunteers. Vetting includes:
    - Access NI Checks

- Pre Employment Checks
- Two independent references

- **Only** named staff identified by the school should undertake the intimate care of children
- Managers 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 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).
- School will 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 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 their designated manager/teacher.

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 and record keeping (Appendix 7) 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, by having in place Personal Care Plan (Appendix 4) and/or a Working Towards Independence Plan where appropriate (Appendix 5). 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. The practice of providing one to one intimate care of a child alone is unsupported, 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/agencies ensures practice is consistent.

Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileting/involved in intimate care procedures. If a child requires intimate care one key member of staff will be assigned to take care of the child's intimate needs. Parental permission must be given for this (Appendix 2). A second member of staff will be identified to support in the event of staff absence. However, if a manual handling plan exists for an individual child, 'manual handling protocols will be adhered to'.

Be aware of own limitations

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt ASK. All Ardnashee staff will receive appropriate training for medical interventions as well as lifting and handling and use of hoists etc. which will be delivered by WHSCT. The nurse will then carry out any competency training with staff to ensure they can fulfil all aspects of care for specific children.

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, discolouration 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 your designated manager/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 your Agency'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 and Pastoral Care Guidance 1999*
- *Safeguarding Vulnerable Groups (Northern Ireland) Order 2007*

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:

- Keyworking and liaising with families.
- Co-ordinating of and contribution to a child's review.
- Meeting the development, emotional and recreational needs of the children.
- Escorting the children between sites, on outings and to clinics unless intimate care is needed.

Intimate Care

Where a more complex procedure is required a Personal Care Plan (Appendix 4) should be agreed in discussion with child (where appropriate), school staff, parents and relevant health professionals. The plan should be signed by all who contribute and reviewed on an agreed basis.

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/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 agency policy and procedures.
- Staff who are not governed by a professional code of conduct must follow policy and procedures in operation within their agency and direction and agreement must be provided by the Designated Manager/Principal.
- When intimate care is being carried out, **all** children have the right to dignity and privacy
- 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 Manager/Teacher and make a written record.
- 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 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.

APPENDIX 1

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

Key worker/s_____

Contact-Number/s_____

Parent / Carer signature_____

APPENDIX 2

Parental Consent for Intimate Care

Name of Pupil _____

I have read the schools policy on intimate Care and give permission for only staff employed by the Education Authority to deal with my child whenever necessary.

I understand that Intimate care can include:

- Toileting
- Feeding
- Oral care
- Washing
- Changing clothes
- First aid and medical assistance
- Supervision of a child involved in intimate self-care

I will inform the school staff if the intimate care of my child change.

Parents Signature: _____

Date: _____

Form 3

Personal care management plan (developed from the personal care management checklist)

Child / young person's name: Condition Details of assistance required:	Date of birth:

Facilities and equipment: (Clarify responsibility for provision of supplies e.g. parent/carer/school/other)

Staffing		
Regular plan	Name	Time
Back up		
Training needs (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan)		
Curriculum specific needs:		

Arrangements for trips/transport:

Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)

This current plan has been agreed by:		
Name Date:	Role	Signature

Date for review:

APPENDIX 3

One Off Personal Care Incidents

Name of Pupil: _____

Your child required intimate care today. This was carried out in accordance with our school policy: in the presence of a witness and with respect for the privacy needs and wishes of your child.

When given appropriate attention your child then continued happily with their school day.

Please talk to your child about the incident and contact the school if you have any concerns.

Staff Member: _____

Witness Name: _____

Date: _____

Original to child's personal file in school office and copy to parent /person with parental responsibility

APPENDIX 4

Personal care management checklist

(to inform the written personal care management plan)

Child/young person's name:_____ Date of birth _____

Facilities	Discussed	Action
• Suitable toilet identified? • Adaptations required? • Changing mat/table (easy clean surface) • Grab rails • Step • Easy operate locks at suitable height • Accessible storage for supplies • Mirror at suitable height • Hot and cold water • Disposal unit • Moving and handling equipment • Bleeper/emergency help		

Family provided supplies:	Discussed	Action
• Pads /Nappies • Catheters • Wipes • Spare clothes • Others (specify) **School/setting provided supplies:** • Toilet rolls • Bowl/bucket • Antiseptic cleanser, cloths and blue roll • Antiseptic hand wash • Paper towels, soap • Disposable gloves/aprons • Disposal bags • Other (specify		

Staff training/communication	**Discussed**	**Action**
• Advice sought from medical personnel? Manual handling adviser? • Parental/carer involvement in the management plan • Child/young person's involvement in the management plan • Any parental/child/young person's preference for gender of carer • Specific training for staff in personal care role • Awareness raising for all staff **Other children and pupils?** • Consult child/young person, respect privacy • How does the child/young person communicate needs?		

PE issues to enable access to all activities	**Discussed**	**Action**
• Discreet clothing required? • Privacy for changing? • Specific advice required for swimming? • Specialist nurse? • Manual handling adviser?		

Support	**Discussed**	**Action**
• Identified staff • Back up staff • Training for back up staff • Time plan for supporting personal care need		

APPENDIX 5

WORKING TOWARDS INDEPENDENCE

Childs name	
DOB	
Date of Plan	
Name of Support Staff involved	
I can do....	
I will try to do....	
Review Date	
Parents / Carers Signature	
Child (if Appropriate) Signature	
Personal Assistant Signature	
Senior Manager Signature	

APPENDIX 6

Record of other agencies involved

Child/young person's name: _____ Date of birth _____

Address _____

Name and role	**Contact address, phone and email**
Parent/carer	
GP	
Nurse/Health Visitor	
Social Worker	
Educational psychologist	
Hospital consultant	
Occupational therapist	
Physical and Sensory Support	
Physiotherapist	
Speech and Language Therapist	
Other (Specify)	

APPENDIX 7

INTIMATE CARE RECORD

CHILD'S NAME : _____

Date	Time	Nappy change	Dressing/undressing	Catheter / stoma	Menstrual cycle	Toileting/toilet training	Enemas / suppositories	Additional info.

5. Monitoring/Evaluation

The Principal will co-ordinate and oversee the policy and its implementation.

The policy will be monitored and evaluated on an ongoing basis through consultation with pupils, staff, parents and the BOG and in line with statutory requirements or advice.

Commencing Date:	September 2025
Review Date:	September 2028.
Signed by Chairperson	Aisling Bonner
Signed by Principal	