



Intimate Care Policy

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CONTENTS

Page No

1.0 INTRODUCTION	3
2.0 DEFINITION	3
3.0 PRINCIPLES OF INTIMATE CARE	3
4.0 AGENCY RESPONSIBILITIES	4
5.0 GUIDELINES FOR GOOD PRACTICE	5
5.1 Involve the child in their intimate care	5
5.2 Treat every child with dignity and respect and ensure	6
5.3 Make sure practice in intimate care is consistent	6
5.4 Be aware of own limitations	6
5.5 Promote positive self-esteem and body image	6
5.6 If you have any concerns you must report them	6
6.0 WORKING WITH CHILDREN OF THE OPPOSITE SEX	7
6.1 Principles:	7
6.2 General Care	8
6.3 Intimate Care	8
7.0 COMMUNICATION WITH CHILDREN	9
8.0 INTIMATE CARE IN EARLY YEARS	9
8.1 Aim	9
8.2 Implementation and procedure	10
8.3 Health and Safety	11
8.4 Safeguarding	12
Appendix 1	13
Appendix 2	14

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 but may not be appropriate for other members of staff.

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

This 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 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 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 should 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, unless in an emergency, that has not been agreed between the School, parents / carers and child (if appropriate).

The School needs 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 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.

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.

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 supported, unless the activity requires two persons for the greater comfort / safety of the child or the child prefers two persons.

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 leader / 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 lead / 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.

If a child makes an allegation against a member of staff, the procedure set out in the Safeguarding Policy will be followed.

It is important to follow any reporting and recording procedures the School has.

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
Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

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/buildings, 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 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 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 Lead / Head..
- 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.

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.

- d) Report concerns to your DSL and make a written record.

- e) Parents / carers 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 and, if appropriate, communication needs must be recorded (please refer to Appendix 2, 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.

8.0 INTIMATE CARE IN EARLY YEARS

This section sets out clear principles and guidelines on supporting intimate care with specific reference to toileting and nappy changing. It should be considered in line with our Safeguarding (Child Protection) Policy, Health and Safety Policies and Administration of Medicines policy.

8.1 Aim

At St Christopher's The Hall, we aim to meet the needs of all our children and promote their welfare. No child is excluded from participating in our setting who may for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent.

We work with parents towards toilet training their child, unless there are medical or other developmental reasons why this may not be appropriate at the time. We recognise and assist children with intimate care where needed, and ensure that the children are treated with courtesy, dignity, and respect at all times

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

It is the expectation that children will be toilet trained and able to manage their own personal hygiene before starting Reception; however, due to the developmental stages of the children that we work with, we support them with their personal care: reminding the children to go to the toilet and to wash their hands to develop their independence. As outlined in the Early Years Foundation Stage Curriculum, we are responsible for children's personal care skills, as an essential part of Managing Self Care, in order to enable children to access the rest of the curriculum.

Intimate care is defined as care involving washing, touching or carrying out a procedure to intimate personal areas which some children may need support in doing because of their young age, physical difficulties or other special needs.

8.2 Implementation and procedure

In Preschool

- Staff are aware of children who require nappy/ pull-up changes or who need reminding if toilet training.
- All children in nappies/pull-ups can be changed by any member of the team as long as they have a satisfactory DBS check.
- We provide changing facilities for changing children who are in nappies. The door to the toilet is never closed during changing for safeguarding children and adult purposes.
- Parent/carer's may supply their children with spare nappies, wipes and disposable bags in a named bag and ensure these are replenished as they are used.
- Staff members wear disposable gloves when changing nappies/pull-ups and ensure the changing area is prepped beforehand.
- Staff ensure that the changing mat is wiped with dettox or similar product after use.

- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it.
- All children are encouraged to wash their own hands and have soap and disposable paper towels to hand.
- Children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and pull-ups are double bagged and disposed in the outside refuse bins.
- Cloth nappies, wet or soiled clothes are double bagged for parents to take home.
- The name of the child, time, date and signature of the person changing the nappy is recorded on the clipboard outside the changing area.

In Reception:

From time to time some children will have accidents and need to be attended to. Parents are asked to supply a spare pair of pants and socks for their child, to be kept at school. These are taken into the toilet facilities when changing. However, a supply of spare clothing is available if necessary and parents are asked to return these as soon as possible.

If a child has needed help with meeting intimate care needs (had an accident), this is treated as confidential and shared via a toileting slip with the parent or adult collecting or at the end of the day.

When intimate care is given, the member of staff explains fully each task that is carried out and the reason for it. Staff encourage children to do as much for themselves as they can and lots of praise and encouragement will be given to the child when they achieve.

8.3 Health and Safety

In accordance with *Guidance for safer working practice for those working with children and young people in education settings* (May 2019, Safer Recruitment Consortium) when nappy changing or toileting assistance is required, this should normally be undertaken by one member of staff; however, he/she should try to ensure that another appropriate adult is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible. Intimate or personal care procedures should not involve more than one member of staff unless the pupil's care plan specifies the reason for this.

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely by caretakers, who will be telephoned and informed of an incident.

When dealing with body fluids staff will wear protective clothing (disposable plastic gloves and, if necessary, aprons) and wash themselves thoroughly afterward. Clothing soiled with urine will be bagged to go home - staff will not rinse it. Clothing soiled with faeces will be binned. Children will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene, and will take all practicable steps to prevent and control the spread of infection.

8.4 Safeguarding

The School is committed to ensuring that all staff and volunteers receive training in Child Protection and we ensure that they understand our Safeguarding Policy and procedures. The training enables staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way.

All staff must understand their responsibility to: identify, act on and refer the early signs of abuse and neglect; keep clear written records; listen to the views of the child; reassess concerns when situations do not improve; share information quickly; and challenge inaction. All staff at the School are expected to comply with the statutory guidance document *Working Together to Safeguard Children* (July 2018) and *Keeping Children Safe in Education* (2021).

If a member of staff is concerned that a pupil may be suffering significant harm, or is at risk of significant harm, they should refer to the DSL, as soon as possible but always within 24 hours. If there is a risk of immediate serious harm to a child, a referral should be made to CSC immediately, or in an emergency dial 999 and request the police. The Safeguarding Policy will then be implemented.

Appendix 1 - Record of Intimate Care Intervention

Child's Name:

DOB:

Name of Staff Involved:

Date:

Time:

Procedure:

Staff Signature:

Child's name:

Details:

Procedure:

Member of staff :

Date:

Appendix 2

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
_____ 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 _____

Speech and Language Therapist _____

Occupational Therapist _____

Key worker/s _____

Contact-Number/s _____

Parent / carer signature _____