

Millennium

INTEGRATED PRIMARY SCHOOL

Intimate Care Policy MIPS-116

<i>Date of Adoption</i>	<i>June 2017</i>
<i>Date of Next Review</i>	<i>March 2018</i>



1 Our Intimate Care Policy

- 1.1 This policy applies to all staff, including senior managers and the Board of Governors, paid staff, volunteers and sessional workers, agency staff, pupils and anyone else working for and/or on behalf of Millennium Integrated Primary School (MIPS).

2 Purpose of this policy

- 2.1 It is our intention to develop independence in each child, however, we recognise that there will be times when help is required. This Intimate Care Policy has been developed to safeguard children and staff. It forms part of the school's Safeguarding Policy. The principles and procedures apply to everyone involved in the intimate care of children.
- 2.2 Children are generally more vulnerable than adults and young children and children with special educational needs can be especially vulnerable, therefore, staff involved with any aspect of pastoral care need to be sensitive to the child's individual needs.
- 2.3 Intimate care may be regarded as any activity that is required to meet the personal needs of an individual child either on a regular basis or during a one-off incident. Such care may include:
- Supporting a child with dressing/undressing
 - Providing comfort or support for a distressed child or a child who feels unwell
 - Assisting a child requiring medical care who is not able to carry this out unaided
 - Cleaning a child who has soiled himself/herself or has vomited
 - Feeding
 - Oral care
 - Toileting
 - Menstrual care
 - Supervising and supporting a child involved in intimate self-care
- 2.4 Parents have the responsibility of advising the school of any intimate care needs relating to their child.
- 2.5 For the purposes of this policy, the term 'parents' shall be interchangeable with 'carer', 'legal guardian' as the case requires.

3 Legal framework

- 3.1 This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:
- The Children (NI) Order 1995
 - Human Rights Act 1998
 - The Education and Libraries Order 2003 – Welfare and Protection of Pupils
 - Safeguarding Vulnerable Groups (NI) Order 2007
 - The Sexual Offences (NI) Order 2008
 - The Safeguarding Board Act (NI) 2011
 - The Protection of Freedoms Act 2012
 - Relevant government guidance on safeguarding children

4 The Principles of Intimate Care

- 4.1 The following are the fundamental principles of intimate care upon which our policy guidelines are based.
- 4.2 Every child has the right to:
- Be safe
 - Personal privacy
 - Be valued as an individual
 - Be involved and consulted in their own intimate care to the best of their abilities
 - Express their views on their own intimate care and to have such views taken into account
 - Have levels of intimate care that are appropriate and consistent
 - Be treated with dignity and respect

5 Intimate Care Responsibilities

- 5.1 All members of staff working with children are vetted by Access NI. This includes students and volunteers.
- 5.2 We endeavour to ensure that all members of staff are familiar with the Intimate Care Policy (including the procedures) and other related Pastoral Care policies and only those members of staff are involved in the intimate care of children.
- 5.3 Parents of children starting Nursery or new children to other classes are required to sign a consent enabling staff to attend to the intimate

care of their child/ren (with particular reference to toilet accidents or illness) should the need arise.

- 5.4 Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. The act of intimate care would be reported by a member of staff to the parents at the earliest possible time following the event.
- 5.5 Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and the parents and, when appropriate and possible, by the child. In such cases, consent forms are signed and stored in the child's record file.
- 5.6 If a member of staff has concerns about a colleague's intimate care practice, then he/she must report it to the Designated Teacher for Child Protection (DT) (Mr Barry Corrigan) or the Deputy Designated Teacher for Child Protection (DDT) (Mr Brendan Donnelly or Mrs Finn Magee) immediately.

6 Guidelines for Good Practice in Intimate Care (see Flow Chart for Intimate Care in Annexure 1):

- 6.1 The welfare of the child is paramount, as enshrined in The Children (NI) Order 1995. All children have the right to be safe and to be treated as individuals and this policy and these guidelines are designed to safeguard children and members of staff.
- 6.2 Members of staff 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. It is, therefore, important that staff adhere to the guidelines provided in this policy.
- 6.3 Staff shall endeavour to involve the child in their own intimate care:
 - Try to encourage a child's independence as far as possible in his/her own intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices.
- 6.4 Staff shall endeavour to treat every child with dignity and respect and ensure that the appropriate privacy is maintained based on the child's age and the situation
 - Care should not be carried out by a member of staff working alone with a child.
- 6.5 Staff shall endeavour to make sure that the 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 will ensure that the practise is consistent. The parents bear the responsibility of

ensuring that the school is fully informed of the care requirements of their child/ren.

- 6.6 Staff shall endeavour to be aware of your own limitations
- Only carry out activities you understand and feel competent with. The more complex, intimate care procedures must only be carried out by members of staff who have been formally trained. If in doubt, ask!
- 6.7 Staff shall endeavour to promote positive self-esteem and body image
- Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take with intimate care can convey lots of messages to a child about body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.
- 6.8 If you have any concerns, you must report them immediately
- 6.9 If you observe any unusual markings, discolouration and/or swelling, report it immediately to the DT or DDT.
- 6.10 If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident to the DT or DDT. Report and record any unusual emotional or behavioural response by the child. A written report of concerns must be made available to parents and kept in the child's personal file.

7 Guidelines for the use of the Hygiene Room for intimate care

- 7.1 Circumstances may arise where intimate care needs to be conducted in the school's Hygiene room. Staff must ensure that they follow the Guidelines for Good Practice in Intimate Care, as set out above, as well as adhere to the following:
- As the Hygiene Room contains no vision panels, 2 members of staff must be present at all times
 - The Principal or Senior member of staff is to be informed that a child is to be taken to the Hygiene room for purposes of intimate care. In all instances the Principal or Senior member of staff is to be informed prior to the intimate care being initiated in the Hygiene room
 - An Intimate Care Form (an example of which is included in this policy) is to be completed and a copy sent home to the parents.

8 Guidelines for Good Practice in Hygiene

- 8.1 All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary, for example, disposable gloves.

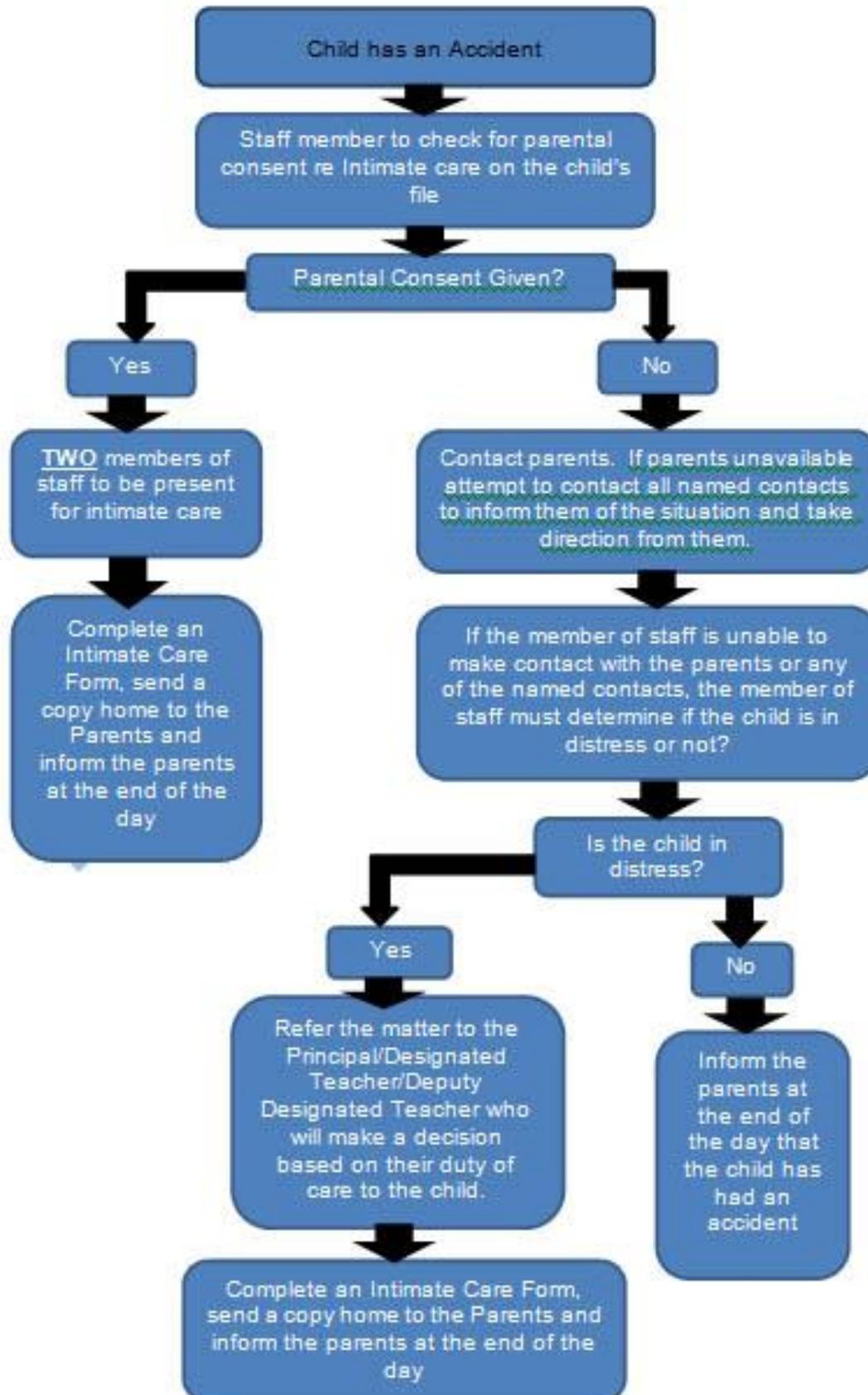
9 Providing intimate care to a child of the opposite gender

- 9.1 There is positive value in both male and female staff being involved in the care of children. Ideally, every child should have the choice for intimate care.
- 9.2 The intimate care of children may be carried out by a member of staff of the opposite gender with the following provisions:
- 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 screen/curtains put in place
 - If the child appears to be distressed or uncomfortable when personal 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 DT or DDT
 - Parents must be informed about any concerns

10 Communication with children

- 10.1 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 level of stress, children may communicate using different methods – words, signs, symbols, body movements, etc. To ensure effective communication:
- Make eye contact at the child's level
 - Use simple language and repeat if necessary
 - Wait for a 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.
- 10.2 It is important to note that in addition to the information in the Intimate Care policy, reference should also be made to the guidance in the policies contained in the Safeguarding Policy.
- 10.3 We are committed to reviewing our policy and good practice annually.

Appendix 1 Intimate Care Flowchart



Appendix 2 Schedule of Updates

<i>DATE</i>	<i>RESPONSIBLE PERSON</i>
<i>June 2017</i>	<i>Barry Corrigan</i>