



ST JOSEPH'S BOYS' SCHOOL

INTIMATE CARE POLICY

Agreed SMT _____
Principal

Date: _____

Agreed BOG _____
Chairperson

Date: _____

Next Review Date: _____

INTIMATE CARE POLICY

Rationale

The Intimate Care Policy has been developed in line with the regional intimate care policy and guidelines regarding children.

"Let the children come to me, and do not hinder them, for to such belongs the kingdom of God." (Luke 18:16)

Introduction

St Joseph's Boys' School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. The guidelines apply to everyone involved in the intimate care of children.

Please note: The term parent/s is used to refer to parents, carers and legal guardians.

1. Definition of Intimate Care

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Intimate care may involve washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

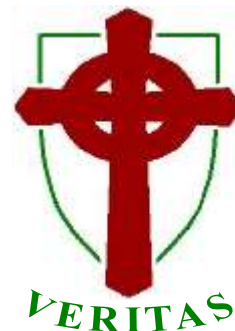
Intimate care may also involve help with drinking, eating, dressing, menstrual care, supervision of a child involved in intimate self-care and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of an insulin injection, epipen or rectal medication.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent will undertake the procedure. Any additional training will be provided by the school and or the Education Authority.

Aims

The aims of this document and associated guidance are;

- To provide reassurance to staff and parent/s



- To safeguard the dignity, rights and well-being of children
- To assure parents that staff are knowledgeable about intimate care and that their child's individual needs and concerns are taken into account

2. Principles

This document embraces the principles of The Children (N.I.) Order 1995, Cooperating to Safeguard Children and Young People N.I March 2016 replaces guidance issued 2003.

This policy follows the detailed guidance set out in the recent Department of Education Northern Ireland (DENI) guidance – Safeguarding and Child Protection: A Guide for Schools April 2017, Children Order (NI) 1995 Guidance and the Area Child Protection Committee Regional Policy and Procedures (2005).

3. GENERAL PRINCIPLES

The principles and philosophy which underpin our work with pupils are those set out in the “UN Convention on the Rights of the Child” (UK Agreement in 1991) and enshrined in the Children (NI) Order 1995 (effective from November 1996). In particular, the principle we support is that every pupil or young person has the fundamental right to be safe from harm, with proper care given to their physical, emotional and spiritual well-being by those looking after them. Other reference documents include Human Rights Act 1998, Education and Libraries Order 2003, Articles 17, 18 and 19 Welfare and Protection of Pupils, Safeguarding Vulnerable Groups (N. Ireland) Order 2007 and The Sexual Offences (N. Ireland) Order 2008. Safeguarding Board N.I Act 2011, Public Services, Ombudsman N.I 2016, The Addressing Bullying in Schools Act N.I 2016, Education Order N.I 1998 article 4.

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to information and support that will enable him or her to make informed and appropriate choices
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs
- Every child (and parent) has the right to information and procedures for any complaint or queries he or she may have regarding intimate care

4. Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child's welfare and dignity is of paramount importance. Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities are to be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist and community Paediatrician with clear approaches to care laid out in the Pupils care plan.

Staff will be supported and appropriately trained to adapt their practice in relation to the needs of individual children taking into account developmental changes such as

the onset of puberty. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children involved. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to remain as independent as possible.

Individual intimate care plans will be drawn up for particular children if required and to best suit the circumstances of the child. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one trained adult, unless there is a sound reason for having more adults present. If this is the case, the reasons will be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's intimate care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

5. Working with Parents

Partnership with parents is an important principle and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious/cultural sensitivities. Prior permission must be obtained from parents before Intimate care procedures are carried out (see appendix 6). Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Education Plans (IEPs), Health Care Plans and any other plans which identify the need for intimate care where appropriate. Exchanging information with parents is essential through face-to-face contact, telephone or written correspondence. However, information concerning intimate care procedures should not be recorded in home/school books as it may contain confidential information that could be accessed by people other than the parent and named staff member with responsibilities for the care plan.

6. Writing an Intimate Care Plan

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan, the following should be considered;

a) Whole School implications

- The importance of working towards independence
- Arrangements for home-school transport, sports day, school performances, examinations, school trips, swimming and all other activities outside school.
- Ensure that there is enough stock of equipment and medication (within date) such as sanitary products.
- Who will substitute in the absence of the appointed person?

b) Classroom management

- The child's seating arrangements in class
- A system for the child to leave class without disruption to the lesson e.g. toilet or time-out pass
- Avoidance of missing the same lesson all year due to medical routines
- Awareness of a child's discomfort which may affect learning
- Implications for PE e.g. discreet clothing, additional time for changing
- Strategies for dealing with pressure from peers e.g. teasing/bullying particularly if the child has an odour or modification to the school uniform to meet his additional needs.

All plans will be clearly recorded to ensure clarity of expectation, roles and responsibilities. They will reflect all methods of communication including emergency procedures between home, school and medical services.

7. Links with other agencies

Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well-being and development remains paramount. The school nurse will be informed of all children requiring intimate care and provide training to enable the school to fully meet individual needs.

8. Pupil Voice

It may be possible to determine a child's wishes by observation of reactions to the intimate care. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents/carers are usually in the best position to act as advocates. It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing. To ensure effective communication with the child, staff will ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

9. Recruitment

Parents must feel confident that relevant staff have been carefully vetted and trained appropriately, helping to avoid potentially stressful areas of anxiety and conflict. Recruitment and selection of candidates for posts involving intimate care will be made following the usual Safeguarding, Access NI checks, equal opportunities and employment rights legislation.

Candidates will be made fully aware of what will be required and detailed in their job description before accepting the post.

Wherever possible, staff should work with pupils of the same sex in providing intimate care respecting their personal dignity at all times. However, if this is not possible all efforts are made to sustain the pupil's dignity and ensure a clear understanding between pupil and staff.

Intimate care can only be provided in school by those who have a job description to reflect this or have specifically indicated a willingness to do so.

10. Staff Professional Development

- Staff will receive training in working practices which comply with Health & Safety.
- All staff will receive Safeguarding/Child Protection training as part of whole school training.
- Staff will 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.
- Staff will receive Moving and Handling training where appropriate.
- The school will keep a dated record of all training undertaken.
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary

In addition, identified staff members should be able to;

- Access other procedures and policies regarding the welfare of the child e.g. Safeguarding and Child Protection Policy
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care

11. Environmental

Where children have a long - term incontinence or a disability requiring regular intimate care, the school may require specially adapted facilities. Specialist advice from medical or therapy staff will be sought when considering space, heating, ventilation and lighting.

Additional considerations we have in place include:

- Facilities with hot & cold running water
- Protective clothing including disposable protective gloves - provided by the school
- Labelled bins for the disposal of sanitary products
- Waste for incineration (e.g. needles, catheters etc)
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, anti-bacterial hand wash
- Supplies of appropriate clean clothing, sanitary products, disposal bags and wipes
- An effective system should be identified to alert staff for help in emergency

12. The Protection of Children

The School's Safeguarding / Child Protection Policy will be adhered to. If a member of staff has any concerns about changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Teacher for child protection. Further advice will be sought from outside agencies if necessary. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

13. Vulnerability to abuse

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. It is essential that all staff are familiar with the school's Safeguarding and Child Protection policy and procedures.

The following are factors that can increase a child's vulnerability;

- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
- Children with disabilities may have less control over their lives than others
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

14. Toileting Procedures (*see appendix 4*)

If the toilet management plan has been agreed and signed by parents, children and staff, it is acceptable for only one member of staff to assist unless there are implications for safe moving and handling of the child.

The plan will consider the following;

- Location of the plan for reference, ensuring discretion and confidentiality.
- Location of recording procedures, ensuring discretion and confidentiality.
- Necessary equipment & waste disposal – see environmental.

15. Relevant Policies

These guidelines should be read in conjunction with other School policies:

- Safeguarding and Child Protection/ Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Safe Handling Policy
- The Administration of Medicines in Schools
- Staff Code of Conduct
- Anti-bullying policy

16. Further Guidance

Regional Intimate Care Policy and Guidelines Regarding Children.

Area Child Protection Committee's Regional Policy and Procedures April 2005.

Appendices

Appendix 1 Record of Agencies involved

Appendix 2 Record of Intimate Care Intervention

Appendix 3 Working Towards Independence record
Appendix 4 Toilet Management Plan
Appendix 5 Agreement Between Child and Personal Assistant
Appendix 6 Permission for Schools to Provide Intimate Care

MONITORING AND REVIEW OF POLICY

This policy will be reviewed annually as part of the school's policy review cycle, by the designated teachers and ratified bi-annually by Board of Governors or as appropriate.

Principal /SMT

Signature _____ Date _____

Chairperson of Board of Governors

Signature _____ Date _____

Next Review due _____

APPENDIX 1



RECORD OF AGENCIES INVOLVED

Pupil's Name: _____

DOB: _____

Address: _____

Parent/Carer: _____

GP: _____

School Nurse/
Health visitor: _____

Continence Advisor _____

Physiotherapist: _____

Occupational Therapist: _____

Hospital Consultant: _____

Physical/Sensory Service: _ _____

Social Worker: _____

Others: _____

APPENDIX 2



RECORD OF INTIMATE CARE INTERVENTION

Pupil's Name: _____

DOB: _____

Name of support
staff involved: _____

Date: _____

Time: _____

Procedure: _____

Further comments: _____

Signature(s): _____



APPENDIX 3

WORKING TOWARDS INDEPENDENCE PLAN

Pupil's Name: _____

DOB: _____

Date of Plan: _____

Name of support
staff involved: _____

I can do: _____

I will try to do: _____

Review date: _____

Parents/Carer: _____

Pupil (if appropriate): _____

Personal Assistant: _____

Senior Management/
Learning Support Manager: _____

APPENDIX 4



TOILET MANAGEMENT PLAN

Pupil's Name: _____

DOB: _____

Date of Plan: _____

Name of support
staff involved: _____

Area of need: _____

Equipment required: _____

Location of suitable
toilet facilities: _____

Support required: _____

Frequency of support: _____

Signed:

Parent/Carer: _____

Learning Support Manager: _____

APPENDIX 5

AGREEMENT BETWEEN PUPIL AND PERSONAL ASSISTANT



Pupil's Name: _____

DOB: _____

Personal Assistant's Name: _____

Date of Agreement: _____

Personal Assistant

As the Personal Assistant helping you in the toilet you can expect me to do the following:

- When I am the identified person I will stop what I am doing to help you
- I will avoid all unnecessary delays
- I will treat you with respect and ensure privacy and dignity at all times
- I will ask permission before touching you or your clothing
- I will check that you are as comfortable as possible, both physically and emotionally
- If I am working with a colleague to help you, I will ensure that we talk in a way that does not embarrass you
- I will look and listen carefully if there is something you would like to change about your Toilet Management Plan.

Pupil

As the child who requires help in the toilet you can expect me to do the following:

- I will try, whenever possible to let you know a few minutes in advance, that I am going to need the toilet so that you can make yourself available and be prepared to help me
- I will try to use the toilet at break time or at the agreed times
- I will tell you if I want you to stay in the room or stay with me in the toilet.
- I will tell you straight away if you are doing anything that makes me feel uncomfortable or embarrassed
- I may talk to other trusted people about how you help me. They too will let you know what I would like to change

• We will review this agreement on: _____

• Pupil (if appropriate): _____

• Parent/Carer: _____

• Personal Assistant: _____

APPENDIX 6

PERMISSION FOR ST JOSEPH'S BOYS' SCHOOL TO PROVIDE INTIMATE CARE



I understand that;

- I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing, toileting, administering medication.
- I will advise the Principal of any medical complaint my child may have which affects issues of intimate care.

Name: _____

Signature: _____

Relationship to pupil: _____

Date: _____

Pupil's Name: _____

DOB: _____

Male/Female: _____

Address: _____

Tel. Number(s): _____