



S P E R R I N
INTEGRATED COLLEGE

MAGHERAFELT

INTIMATE CARE POLICY

1.0 INTRODUCTION

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard pupils and staff. They apply to everyone involved in the intimate care of pupils. Disabled pupils 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.

2.0 DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual pupil. 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 pupils and parents.

Intimate care can include:

Feeding	Oral care	Washing	Dressing/undressing
Toileting	Menstrual Care	Photographs	Catheter and stoma care

Treatments such as enemas, suppositories, enteral feeds
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 and the school recognises that all children, whatever their age, sex, disability, religion, ethnicity, sexual orientation or transgender status, must be treated with respect when intimate care is given:

Every pupil has the right to

- be safe.
- personal privacy.
- be valued as an individual.
- be treated with dignity and respect.
- 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 as consistent as possible.

4.0 SCHOOL RESPONSIBILITIES

All staff working with pupils must be vetted by the School. This includes pupils 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 pupils. The School must ensure that all staff undertaking the intimate care of pupils 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 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 pupil. Intimate care arrangements must be recorded and consent forms signed by the parents/carers and pupil. Staff should not undertake any aspect of intimate care that has not been agreed between the School, parents/carers and pupil. 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 pupil, 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 line manager.

5.0 GUIDELINES FOR GOOD PRACTICE

All pupils have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard pupils and staff. They apply to every member of staff involved with the intimate care of pupils. Disabled pupils 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 pupils. 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 pupils and staff.

5.1 Involve the pupil in their intimate care

Try to encourage a pupil's independence as far as possible in his/her intimate care. Where the pupil 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 pupil/parent any likes/dislikes while carrying out intimate care and obtain consent.

5.2 Treat every pupil with dignity and respect and ensure privacy appropriate to the pupil's age and situation. A lot of care may be carried out by one staff member/carer alone with one pupil. The practice of providing one-one intimate care of a pupil alone is supported, unless the activity requires two persons for the greater comfort/safety of the pupil or the pupil prefers two persons.

5.3 Make sure practice in intimate care is consistent. As a pupil 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 the Vice Principal. 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 pupils 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 pupil about their body worth. Your attitude to a pupil's intimate care is important. Keeping in mind the pupil'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 the designated teacher. If during the intimate care of a pupil you accidentally hurt them, or the pupil appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the pupil, ensure their safety and report the incident immediately to your designated line manager. Report and record any unusual emotional or behavioural response by the pupil. A written record of concerns must be made and kept in the pupil's nursing/medical notes/personal file.

It is important to follow Sperrin College'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 & 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 pupils. Ideally, every pupil should have the choice of carer for all their intimate care. The individual pupil'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 pupils.
- (d) Escorting pupils between sites, 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 pupil is able to make an informed choice on these issues, the pupil's parents are usually in the best position to act as advocates. It may be possible to determine a pupil's wishes by observation of their reactions to the intimate care they receive.

Do not assume that a pupil 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 agency policy and procedures.
- (b) 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 Principal.
- (c) When intimate care is being carried out, all pupils have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens/curtains put in place.
- (d) If the pupil appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the pupil is distressed and provide reassurance.
- (e) Any concerns are reported to your designated Line Manager +Vice Principal and make a written record.
- (f) Parents/carers are informed about concerns.

7.0 COMMUNICATION WITH CHILDREN

It is the responsibility of all staff caring for a pupil to ensure that they are aware of the pupil's method and level of communication. Pupils communicate using different methods e.g. words, signs, symbols, body movements, eye pointing. To ensure effective communication:

- Ascertain how the pupil communicates e.g. consult with pupil, parent/carer. If further information is required please consult with the child's Speech and Language Therapist.
- Make eye contact at the pupil's level.
- Use simple language and repeat if necessary.
- Wait for response.
- Continue to explain to the pupil what is happening even if there is no response.
- Treat the pupil as an individual with dignity and respect.

Appendixes

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

Appendix 7 Communication Proforma for Intimate Care

APPENDIX 1

RECORD OF AGENCIES INVOLVED

Child'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**

Child's Name: _____

DOB: _____

Name of support staff involved: _____

Date: _____

Time: _____

Procedure: _____

Further comments: _____

Signature(s): _____

**APPENDIX 3
WORKING TOWARDS INDEPENDENCE PLAN**

Child's Name: _____

DOB: _____

Date of Plan: _____

Name of support staff involved: _____

I can do: _____

I will try to do: _____

Review date: _____

Parents/Carer: _____

Child (if appropriate): _____

Personal Assistant: _____

**Senior Management/
SENCO:** _____

**APPENDIX 4
TOILET MANAGEMENT PLAN**

Child'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:** _____

SENCO: _____

APPENDIX 5
AGREEMENT BETWEEN CHILD AND PERSONAL ASSISTANT

Child'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.

Child

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:** _____

• **Child (if appropriate):** _____

• **Parent/Carer:** _____

• **Personal Assistant:** _____

Appendix 6

Permission for Sperrin Integrated College

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 child: _____

Date: _____

Child's Name: _____

DOB: _____

Male/Female: _____

Address: _____

Telephone Number (s): _____

APPENDIX 7
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 _____
