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Good Shepherd Nursery School

Intimate Care Policy

Ratified on September 2020 by The Board Of Governors

Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Introduction**

The Intimate Care Policy has been developed to safeguard children and staff and follows the guidelines distributed by “Intimate Care and Policy Guidelines Regarding Children” document (https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/intimate-care-policy.pdf )

Intimate care arrangements will be reviewed every year taking into account the views of all relevant parties.

The pastoral care of our children is central to the aims, ethos and teaching programmes in Good Shepherd Nursery School and we are committed to developing positive and caring attitudes in our children. Our Intimate Care Policy is part of our umbrella of pastoral care and safeguarding policies. This policy is in line with multi-agency guidance as found in the Safeguarding Board for Northern Ireland (SBNI) Procedures Manual. (This manual replaces the ACPC Regional Child Protection Policy and Procedures that were issued in 2005). It is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

Children and young people at school often require support in personal care. Children in the early years of school and those with physical disabilities and learning difficulties may require assistance in managing their personal needs. Other pupils, because of accident or illness, may also at some time require such assistance. Many pupils have support staff to assist them in all aspects of school life including personal care while others may rely on the help and goodwill of staff and peers.

This guidance has been drawn up to help Good Shepherd Nursery School safeguard pupils and staff by providing this support in as safe, structured and dignified a way as possible. The guidance is based on the experience and good practice of those working with children and young people requiring intimate care in the school situation.

**Definition**

‘Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.’ (2.0, ACPC Regional Policy and Procedures). In school this may occur on a regular basis or during a one-off incident. In some instances more specialized intimate assistance may be needed for children with physical or medical difficulties.

Good Shepherd Nursery 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 our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child’s individual needs.

Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes

2. Changing or washing a child who has soiled him / herself

3. Assisting with toileting issues

4. Supervising a child involved in intimate self-care

5. Providing first aid assistance

6. Providing comfort to an upset or distressed child

7. Feeding a child

8. Providing oral care to a child

9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. \*

\* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.) Parents have the responsibility to advise the school of any known intimate care needs relating to their child

**Aims and principles**

The aim of this document is to support Good Shepherd Nursery School put in place the fundamental principles of intimate care upon which our policy guidelines are based:

* Every child has a 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;
* All children have the right to be involved and consulted in their own intimate care to the best of their abilities;
* All children have the right to express their views on their own intimate care and to have their views taken into account; and
* Every child has the right to have levels of intimate care that are appropriate and consistent

Assisting a Child to change his/her clothes-our guidelines for good practice

* The child has the right to assistance that respects his/her dignity and to feel safe when being moved or handled.
* The child has the right to feel comfortable with the adult/s assisting, him/her and to make it known if this level of comfort is disturbed.
* The child should be encouraged to engage in the care procedure, to know what is happening and give permission of each stage.
* The child should be encouraged to work towards independence and helped to do as much as possible for him/her.
* Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

**Changing a child who has soiled him/herself**

If a child soils him/herself in school a professional judgement has to be made whether it is appropriate to change the child in school or request the parent/carer to collect the child for changing. In either circumstance the child’s needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

* The child has a right to assistance that respects his/her dignity and to feel safe when being moved or handled.
* The child has the right to feel comfortable with the adult assisting him/her and to make it known if this level of comfort is disturbed
* The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.
* School will have a supply of wipes, clean underwear and spare clothes for this purpose. (A supply of clean clothes should be kept on the child’s peg in the hall area provided by the child’s parents on their first day at school).
* If a child is not able to complete this task unaided, school staff will support the child in doing so.
* If staff feel that it is too intimate to clean or the child does not want the staffs help then a parent will be contacted.
* If the emergency contact can come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
* If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Principal is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.
* The member of Staff who has assisted a pupil with intimate care will follow

Child Protection/Safeguarding Guidelines

* Ensure that the action you are taking is necessary. Get verbal agreement to proceed

CARE – CONCERN – COMMUNICATE

**Pastoral Care Procedures**

* Ensure the child is happy with who is changing him / her.
* Be responsive to any distress shown.

**Basic hygiene routines**

* Always wear protective disposable gloves.
* Seal any soiled clothing in a plastic bag for return to parents.

In the case of nursery children, in order to avoid any unnecessary distress, a member of staff may assist the child, with a colleague in attendance, unless a parent has requested otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

Providing comfort or support to a child:

* There are situations and circumstances where children seek physical comfort from staff.
* Where this happens, staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.
* If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Teacher for Child Protection.

Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school.

Parental permission must be given before any medication is dispensed in school.

A small number of children will have significant medical needs and in addition the arrangements included in our Administration of Medications Policy will have an Individual Care plan. This Care plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

**School Responsibilities**

All members of staff working with children are vetted by the Education Authority. This includes students on work placement and volunteers (although they will never be left alone with a child). Vetting includes criminal record checks and two references.

Only those members of staff who are familiar with the intimate care policy and other Pastoral Care Policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child’s file.

**Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school.**

Parents would then be contacted immediately.

The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague’s intimate care practice he or she must report this to the Designated Teacher for Child Protection.

**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.
* Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.
* Members of 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 forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard both children and staff.
* Involve the child in the intimate care.Try to encourage a child’s independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.
* Treat every child with dignity and respect and ensure privacy appropriate to the child’s age and situation.
* Care should not be carried out by a member of staff working alone with a child.
* Make sure 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 ensures that practice is consistent.

Be aware of your own limitations

Only carry out activities you understand and feel competent with. If in doubt, ask.

Some procedures must only be carried out by members of staff who have been formally trained and assessed.

* 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 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 both efficient and relaxed.
* If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Teacher for Child Protection. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child’s personal file.

**Working with Children of the Opposite Sex**

* There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:
* 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 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 Designated Teacher for Child Protection and make a written record;
* Parents must be informed about any 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. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

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; and treat the child as an individual with dignity and respect.

**The Parents**

* Parents have the right to information regarding school policy and procedures designed to meet the needs of their child. Good Shepherd Nursery School will work closely with parents to ensure that all aspects of the care procedure are shared and understood.
* Parents have a responsibility to ensure that all relevant information is provided to help Good Shepherd Nursery School assist their child in an appropriate way. Parents will meet the adult/s who will provide intimate care to the child and be informed of the school’s arrangements in the event of this person/s being absent.
* Parents should also be asked to consider alternative arrangements to allow the child to participate in school activities ( PE, performances, swimming, sports day etc..) and activities outside school (educational visits).
* The school should gain written permission from parents for the care to be provided. (Appendix 1)

**Confidentiality**

* Information regarding agreed procedure must be treated confidentially and recorded/held only in the child’s school file.
* Information should not be disclosed or discussed with any adults other than those with responsibility for the child’s personal care and should not be referred to in the presence of other children
* Care should be provided at agreed times, at the child’s request or in response to an agreed signal. Staff should make themselves familiar with the child’s manner of communication, whether verbal, sign or eye contact.
* Appropriate terminology for parts of the body and bodily functions should be clarified between the child, parents and his/her assistant/s.

**Writing an Intimate Care Plan**

* The plan should have the child’s safety, privacy and dignity as paramount. (Appendix 2)
* The plan should include:
* Clear information regarding the assistance to be provided
* .The method of communication to be used by the child
* The named person/s with responsibility to assist the child
* The timetable, if possible, when assistance will be provided
* Arrangements in the absence of the named assistant/s
* Arrangements for school events and activities
* The means by which the arrangements will be monitored
* Strategies to prevent or deal with questions/comments from other pupils, and
* The maintenance of a record of assistance (Appendix 3)
* While it is recommended to have two members of staff assisting the child, this level of resourcing may not be available and, while the introduction of a second assistant may be perceived as providing protection against allegations of abuse, it can also further erode the child’s privacy.
* If the plan has been agreed and signed by parents and staff, it is acceptable to have one assistant unless there are implications regarding safe handling.
* Alternative arrangements must be in place in the absence of one or both of the named staff. However the school should be aware that the introduction of other staff to the care context without prior arrangement can increase the vulnerability of the child and adults.
* The plan should specify the assistance to be provided as clearly as possible e.g. Undressing/cleaning the child, changing a nappy, holding child in position etc..
* The assistant/s should talk to the child throughout the procedure e.g. “I am going to help you undress”, “I am using a wipe to clean your bottom”.
* The assistance should be rehearsed in the bathroom with the parent/s present to ensure clarity; following this there should be no change to what has been agreed.
* Teachers should be made aware of the care timetable, particularly if the child needs to be absent from class, and should be aware of the approximate time the procedure should take. The assistant/s should ensure their return to the classroom is noted.
* The plan should be signed by all contributors and reviewed on a regular basis.

**Training & Resources**

* Guidance/advice may often be provided by the child’s parent and/or the child him/herself.
* All staff providing personal care must have received Child Protection training. Specialized training may be required if the child uses a wheelchair, hoist, colostomy bag or requires medication. This training may be arranged through the relevant Education & Library Board and School Health.
* It is recommended that the school’s arrangements in the absence of named assistants should involve only members of staff who have undergone appointment procedure including background scrutiny.
* Casual substitute staff should not provide intimate care in the school situation.
* The school must provide appropriate accommodation that ensures privacy for the child and is sufficiently spacious to accommodate any other equipment the child may need, such as a changing bench or hoist. The provision of appropriate accommodation and equipment should be arranged in conjunction with the Education & Library Board.
* The school should provide resources to ensure that procedures are carried out hygienically. This may include disposable aprons, gloves, wipes and medicated hand washing products.
* Additional requirements may include labelled bins for the disposal of soiled waste, items such as needles, catheters etc and arrangements for the collection of such waste. This can be arranged through the Education & Library Board and District Council.
* Schools should ensure that the assistant has a means of attracting attention and assistance in an emergency.

**Vulnerability To Abuse**

* Children should be encouraged to recognize and challenge inappropriate assistance and behaviour that erodes their dignity and self worth.
* However the following factors may increase a child’s vulnerability:
* Experience of multiple carers
* The inability to distinguish between assistance and abuse
* The inability to communicate
* While adults are protected by their adherence to procedure, the following factors may increase their vulnerability:
* The possibility of accidents
* The possibility of misunderstanding or misinterpretation
* The possibility of the child becoming aroused
* The school should ensure that the programme of assistance is monitored and both child and adult given the opportunity to report any concerns they may have. The school’s Child Protection Designated Teacher may be the most appropriate person to undertake this responsibility.

Provision is monitored and regularly reviewed to ensure that policy and procedure is adhered too and that children and staff remain comfortable with the nursery’s arrangements.

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Appendix 1

|  |  |
| --- | --- |
| Good Shepherd Nursery School  Parental Permission for Intimate Care | |
| Child: |  |
| D.O.B. |  |
| Address: |  |
| Parent/ Guardian: |  |
| I/we give permission for the intimate care to be provided to my/our child (eg, help with changing or following a toileting accident)  I will advise the school of any change that may affect this provision.  I understand that staff will endeavour to encourage my child to be independent  I understand that I will be informed discretely should the occasion arise.  Signed:  Date:  Additional information: | |

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Appendix 2

|  |  |  |  |
| --- | --- | --- | --- |
| Good Shepherd Nursery School  Intimate Care Plan | | | |
| Pupil: | | | D.O.B: |
| Details of Assistance required: | | | |
| Timetable: | | | |
| Persons assisting: |  |  | |
| Alternative arrangements: |  |  | |
| Location/ Equipment: |  |  | |

|  |  |  |
| --- | --- | --- |
|  | Signature | Date |
| Parent |  |  |
| Staff |  |  |
| Staff |  |  |
| Principal |  |  |

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Appendix 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Good Shepherd Nursery School  Intimate Care Record | | | | | |
| Date and time | Incident,what,where | Action taken | Staff involved | Parents signature | Phone call to parent |
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Good Shepherd Nursery School Incident Form Appendix 4

|  |  |
| --- | --- |
| Child’s Name: | Date of Birth: |
| Teacher/Nursery assistant: | |
| Nature of Incident: | |
| Details of incident: | |
| Incident log completed: Yes/no | |
| Staff signatures: | |
| Parent/guardian signature: | |

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CHANGING PROCEDURES FOR CHILDREN WITH SPECIAL Appendix 5

EDUCATIONAL NEEDS

Name of child:

………………………………………………………….

Staff involved:

………………………………………………………..

Should the above mentioned child require a nappy change at any time during the

school day, the following procedures will be followed:

* Check in with the child, preparing them for the transition and explain to them what is happening.
* The member of staff working with the child will inform other staff members before leaving the classroom.
* The changing procedure will take place using the special facilities within our specialised toilet area.
* There may be only one member of staff undertaking this procedure unless an individual care plan has been agreed.
* The child will be laid on the changing table for the procedure.
* The member of staff, wearing disposable gloves provided, will remove the soiled nappy,clean the child and put on a clean nappy.
* The soiled nappy will be disposed of in the appropriate bin within the changing area.
* Both staff member and child will wash their hands.
* The child and staff member will return to the class immediately following the procedure.

I, ……………………………., have read the procedures to be followed and am happy

with the arrangements and agree to follow them.

Signed:………………………………(Staff member)

I, the parent/guardian of …………………………….. am happy for the above-named staff

member to change my child, following the above procedures.

Signed:……………………………..(Parent/Guardian) Date:……………………….

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Good Shepherd Nursery School has an effective Intimate Care Policy in place reflecting guidance that supports our procedures in place. Following the Government’s decision for some pupils to return to school from the 1st June 2020, the following amendments to the existing Intimate Care Policy will be followed.

This COVID-19 addendum reflects how we have adapted our provision to meet the current circumstances.

Definition of Intimate care:

‘Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.’ (2.0, ACPC Regional Policy and Procedures)

Social distancing and Intimate Care

* Any member of staff engaging in intimate care with some pupils must wear PPE provided, Disposable apron, rubber gloves, face mask, visor (if deemed necessary)
* Staff will refer to the guidance for how to safely put on (donning) and take off (doffing) PPE which has been watched in nursery and can be found here: https://www.eani.org.uk/services/eatv/principal-videos/how-to-don-ppe
* If a member of staff has been identified as vulnerable and instructed to not provide personal/intimate care as a result of their risk assessment, they must not engage in an activity that would pose a threat. This includes nose-wiping, toileting, attending to nose bleeds etc.
* If a second member of staff is required. The second member of staff will then attend whilst adhering to social distancing guidelines.
* Soiled clothes should be double bagged and kept in a safe area at least 2m away from staff and pupils, clothes will not be rinsed out.
* Wherever possible, the child will be encouraged to fulfil their own intimate care needs independently, under the direction of staff.
* In the event of a child requiring a more thorough wash than school can provide, the parent/carer will be called and asked to take their child home. The principal will make the decision whether it is appropriate for this line of action to be taken.
* Similarly if a child does not want staff to support them in the changing process, then the parent/carer will be contacted immediately.
* Parents will agree to guidelines set down within the Covid Addendum.

**Review**

This addendum will be reviewed on an ongoing basis, according to changes in guidance from the relevant authorities:

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Home/School Partnership Agreement

* I have read the intimate care policy and the COVID-19 Addendum and I understand and agree to the procedures that would be followed if my child requires toileting support or intimate care.
* Signed (parent/carer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  Date: \_\_\_\_\_\_\_\_\_\_\_\_