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| ***Scoil Náisiúnta an Chroí Ró-Naofa*** |

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**Intimate Care Policy**

**Introduction**

Staff who work with young children or young people will realise that the issue of intimate care is a difficult one and will require them to be respectful of children's needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with intimate personal areas or exposure to intimate personal areas. An example includes care associated with continence as well as more ordinary tasks such as help with washing or showering.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Rath N.S. work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Rath N.S. 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 or pain.

**Our Approach to Best Practice**

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection, Health and Safety training in moving and handling when appropriate) and are fully aware of best practice. Equipment will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child’s needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff might need to be present when a child needs help with intimate care. Where possible one child will be cared for by two adults. However, this may not always be practically possible.

The majority of care issues are usually dealt with between the Teacher and SNAs working in the ARC. However, other staff within the school may have to take over this care when needed.This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different staff.

Parents/staff will be involved with their child's intimate care arrangements (Appendix 1). The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive. Parents/guardians can communicate with the assigned member of staff also.

**The Protection of Children**

Updated training on Child Protection Procedures are delivered regularly, unless changes in legislation or current issues determine this to be delivered sooner. At every briefing meeting, staff are updated with regards to individual children’s medical needs. All members of staff adhere to all Child Protection Procedures at all times.

Where appropriate, through our SPHE programme, all children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. he/she will immediately report concerns to the class teacher and the principal/DLP will be notified. A clear record of the concern will be completed and where appropriate referred to social services. Parents will be informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed - see Child Protection Procedures / Child Safeguarding Statement.

**Specific Areas of Intimate Care**

**Children Wearing Nappies**

If a child is admitted into Rath N.S. and still wears nappies or present with toileting issues, parents will be provided with information from this policy and our practices in school. This agreement allows the school and the parent to be aware of all the issues surrounding this task from the outset.

Where possible, two staff members will be present while a child’s nappy is being changed. However, this will not always be possible. We generally try to change nappies while the child is standing to start preparing them for toilet training when the time is appropriate. We will encourage parents to do the same at home during this time.

**Toileting**

Children who are toilet trained are encouraged to toilet themselves independently. However, we understand that there will toileting accidents at times. Where possible, two members of staff will be present to help in these situations. Parents will be informed of any accidents that happen in school.

**Equipment Provision**

If a child is admitted to Rath N.S. still wearing nappies, it will be the parent’s responsibility to provide nappies, disposal bags, wipes and where necessary a changing mat. Spare clothes for the child are needed too. The school will make the parents aware of this responsibility prior to the child joining the school. We as a school will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste. It may also be necessary to purchase an insert for the toilet and again, we encourage parents to emulate this procedure at home simultaneously.

**Health and Safety**

Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a waste disposal bag, which can be sealed. This bag will then be placed in a bin (complete with liner). The bin will be emptied regularly and it will be collected as part of the usual refuse collection service as this waste is not classified as clinical waste. Staff will be aware of the school’s Health and Safety policy.

**Changing Facilities**

Any child who has long-term incontinence will require specially adapted facilities. At Rath N.S., we have two toilets specifically for children who need a larger space to toilet in. When children need to be changed in school, the dignity, safety and welfare of the child is of paramount concern. Consideration will be given to the sighting of this area from a health and safety aspect. The area should not be situated in a thoroughfare.

**Special Needs**

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and our school will be easily understood and recorded. Regardless of age and ability, the views and/or emotional responses of children with special needs will be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

**Physical Contact**

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in ‘limited touch’ cultures and that when physical contact is made with pupils this will be in response to the pupil’s needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. However, it is important to realise that children in the ASD class can find it difficult to communicate verbally at times when they are upset. If they are upset / hurt, and ask or gesture for a hug or general reassurance of some kind, this will be given. Children in the ASD class will also participate in programmes such as ‘Tac Pac’ which is a physical sensory communication resource using touch and music to help communication and social skills. Occupational Therapists will often recommend some type of physical intervention from staff working with the children, to aid their learning. This will be discussed with the parents prior to starting any specific programmes.

Staff will be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Children with special needs may require more physical contact to assist their everyday learning. The general culture of ‘limited touch’ will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child’s needs, consistently applied and open to scrutiny. Extra caution may be required where a child has suffered previous abuse or neglect. In the child’s view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Additionally, many such children are extremely needy and seek out inappropriate physical contact. In such circumstances staff should deter the child without causing them a negative experience. Ensuring that a witness is present will help to protect staff from such allegations.

**Restraint**

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In such cases, only the minimum force necessary should be used for the minimum length of time required for the child to regain self- control. In all cases of restraint, the incident must be documented and reported.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

**Physical Education and Other Skills Coaching**

Staff will come into physical contact with pupils from time to time in the course of their duties when participating in games, demonstrating an exercise or the use of equipment. Staff should be aware of the limits within which such contact should properly take place and of the possibility of misinterpretation. Where it is anticipated that a pupil might be prone to misinterpret any such contact, alternatives should be considered, perhaps involving another member of staff or a less vulnerable pupil in the demonstration.

**Changing Clothes**

Children are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children.

**Out of School Trips/Clubs**

Employees should take particular care when supervising pupils in the less formal atmosphere. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. To ensure pupils’ safety, increased vigilance may be required when monitoring their behaviour on field trips etc. It is important to exercise caution so that a pupil is not compromised and the member of staff does not attract allegations of overly intrusive or abusive behaviour. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

**Swimming**

Children from the ASD class will be brought swimming during the year. We will be encouraging parents to enable children to be as independent as possible when dressing / undressing for these sessions, as we see this as a learning opportunity. However, any assistance that is needed will be given.

**Photography, Videos and Similar Creative Arts**

Staff should be aware of the potential for such mediums of teaching to be used for the wrong purposes. Additionally, children who have been previously abused in this way may feel threatened by the legitimate use of photography, filming etc. The potential for founded and unfounded allegations of abuse requires that careful consideration be given to our school of these activities. Our school has clear policies and protocols for the taking and use of images and of photographic equipment. These should require the justification and purpose of the activity; its content; avoidance of one to one sessions; appropriate privacy when the changing of clothes is required; and, arrangements for access to the material and its storage. Consent to participating in these activities should be sought from the child and those with parental responsibility at the beginning of courses, but staff should remain sensitive to those children who appear particularly uncomfortable with the activity.

This policy was written in January 2019 and was ratified by the board of management on February 6th 2019.  
This policy will be reviewed every 3 years, unless the need for review arises beforehand.

**Signed: Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairperson) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 1**

**Intimate Care Agreement**

In order to best meet the needs of your children when they are with us we would like to set up an individual agreement between parents and the school with regard to intimate care.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure which are children are unable to do for themselves arising from the child’s stage of development.

Intimate care may involve helping with drinking, eating, dressing, toileting, or comforting. In most cases at school, intimate care will involve procedures to do with personal hygiene.

Staff at Rath N.S. providing intimate care are aware of the need to adhere to good child protection practice in order to minimise the risks for both the children and themselves.

**Name of child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I give permission to the staff in Rath N.S. to provide appropriate intimate care to my child.
* I understand that this will generally be carried out by staff from my child’s class but may also be carried out by another member of staff.
* I have discussed with my child’s class teacher the approach that I would like them to take for this the details are outlined above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Class teacher)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_