

Intimate Care Policy and Guidelines Regarding Children



Agree Date	Review Date	Person Responsible
March 2024	March 2025	Mr. Smith

Introduction

This document outlines the approach to Intimate Care in Earlview Primary School and Nursery. The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff. This policy is complemented and supported by a range of other school policies including:

- Safeguarding and Child Protection Policy
- Health and Safety Policy

Definition

In Earlview Primary School and Nursery, we agree intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. 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 children and parents. Such activities can include:

- toileting
- feeding
- oral care
- washing
- changing clothes
- first aid and medical assistance
- supervision of a child involved in intimate self-care

Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- every child has the 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 such views taken into account
- every child has the right to have levels of intimate care that are appropriate and consistent

School Responsibilities

All members of staff working with children are vetted by Access NI. This includes students on work placement and volunteers. 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. Intimate care arrangements are agreed between the school and parents. Normally intimate care in the Primary School will be carried out in the Hygiene Room.

A member of the school's SMT will ensure that all staff undertaking the intimate care of children 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.

Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate).

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.

Intimate care arrangements should be reviewed at least every six months. 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 Principal or 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.

1. Involve the child in the intimate care

Try to encourage a child's independence as far as possible in his or her intimate care. When 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.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

Care should not be carried out secretly by a member of staff working alone with a child. Make sure another member of staff is aware what is happening, where it is taking place and is also close at hand.

3. 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.

4. 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. Staff can contact parents to come to school to carry out some intimate care procedures if they are unhappy doing it themselves.

5. 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.

6. 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 and give it to the DT.

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 than likely be given by a woman.

Wherever possible, boys and girls should be offered the choice of carer and second carer. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a child 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:

- 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 screens/curtains put in place
- 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:

Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded (please refer to Appendix 1, Communication Proforma for Intimate Care: How I Communicate). If further information is required, please consult with the child's Speech and Language Therapist.

- 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
- treat the child as an individual with dignity and respect

Appendix 1

**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 _____

