Intimate Care Policy

(Primary School and Nursery Unit)

RATIONALE

It is our intention to develop independence in each child, however we recognise that there will be times when help is required. Our Intimate Care Policy has been developed to safeguard children and staff. It forms part of the school's Pastoral Care Policy. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults therefore, staff involved with any aspect of pastoral care need to be sensitive to their individual needs.

DEFINITION

Intimate care may be regarded 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. Such activities may include:

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

It is recognised that pre-school children and those with disability will have different needs.

Parents have a responsibility to advise the school of any known intimate care needs relating to their child. Medical advice will be taken into consideration where appropriate (this is detailed in the Administration of Medication Policy).

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)

Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and mistreatment.

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; (UNCRC 19)**
- **personal privacy; (UNCRC 16)**
- **be valued as an individual; (UNCRC12)**
- **be involved and consulted in their own intimate care to the best of their abilities; (UNCRC12)**
- **express their views on their own intimate care and to have such views taken into account; (UNCRC 12)**
- **have levels of intimate care that are appropriate and consistent; and be treated with dignity and respect. (UNCRC 12)**

SCHOOL RESPONSIBILITIES

It is the responsibility of the Board of Governors and the Principal to ensure that:

All members of staff working with children are vetted by SER. This includes students 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.

Anticipated intimate care arrangements which are required on a regular basis are agreed between the school and parents, and when appropriate and possible, by the child.

In such cases consent forms are signed and securely stored by the Designated Teacher for Child Protection. Intimate care arrangements for any child who requires this support on a regular basis should be reviewed at least every six months.

The views of all relevant parties should be sought and considered to inform any future arrangements. Any amendments to arrangements should be recorded for all parties involved.

Parents of children starting Nursery and Primary One are asked to give permission for staff to attend to the intimate care of their child (with particular reference to toilet accidents or illness) should need arise (see IC Form 1).

Only in an emergency would staff undertake any aspect of intimate care that has not been agreed by the parents. The act of intimate care should be reported to a member of staff and parents at the earliest possible time following the event.

If a staff member has concerns about a colleague's intimate care practice he or she must report it to the Designated Teacher for Child Protection, Mrs R Wilson, or the Deputy Designated Teachers for Child Protection, Mrs J Hamilton or Mr D Spratt.

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. All incidents

of Intimate Care should be documented using the Record of Intimate Care Form (IC Form 2), detailing the nature of care provided, how the parents were discretely informed and any other appropriate comments. Parents are informed using IC Form 3.

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 some forms of assistance can be open to misinterpretation.

STAFF WILL ENDEAVOUR TO:

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. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices.

2. Treat Every Child With Dignity And Respect And Ensure Privacy Appropriate To The Child's Age And Situation.

Care should be carried out in view of/in close proximity of another member of staff.

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 the 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 be carried out by members of staff who have been formally trained.

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 with 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 or the Deputy 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 to the DT or DDT. 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.

HYGIENE

All staff must be familiar with normal precautions for avoiding infection and should ensure the use of appropriate protective equipment when necessary, for example, protective, disposable latex/vinyl gloves.

WORKING WITH CHILDREN OF THE OPPOSITE GENDER

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 female.

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, ie. they should be appropriately covered, the door closed or screen/curtains put in place;**
- **if the child appears to be 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 DT or DDT 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 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;**
- **treat the child as an individual with dignity and respect.**

OCCASSIONAL (AND ONE OFF INICIDENTS) INTIMATE CARE (eg changing after a toilet accident)

From time to time in school young children may need assistance with intimate care, ie help with changing of clothes and cleaning after a wetting, soiling, or vomiting incident. In these instances, the parents will be informed immediately.

It may be that pupils need general help or that they have had an accident that requires an adult to help with intimate care. When helping children with intimate care, school will provide them with the appropriate level of caring support whilst minimising, as far as possible, the level of physical contact with the child in intimate body regions. The child will be removed to a less public place to maintain dignity and avoid a feeling of humiliation. If an accident occurs during lunchtime, the child's class teacher may be contacted to assist with the situation, if required.

If parents cannot be contacted, school staff will decide on the most appropriate care in order to minimise any stress, discomfort, or anxiety which the child may be experiencing. If members of staff are providing intimate care an Intimate Care Pro-Forma will be completed (IC Form 2).

In these situations, any decision to provide intimate care will be made by Mrs J Hamilton (senior Nursery teacher), Mrs R Millar (Vice Principal) or Mr D Spratt (Principal).

It should be noted that by the time a child starts school they will normally be expected to be independent in terms of their use of toilet facilities. If this is not the case, parents may be asked to take appropriate measures during the school day and, if necessary, come into school to assist.

Children may be upset and need to be comforted. They may have had a toileting accident and need to have their clothes changed. To fail to do these things for a young child would be negligent. The wellbeing and dignity of the child will remain paramount at all times during any incident requiring intimate care.

Menstrual Wellbeing

Girls in P6 and P7 will be made aware of who they can speak to if they require any assistance with issues related to menstrual wellbeing (Miss Neill, Mrs Aiken, Mrs Reid or any classroom assistant). A supply of sanitary items will be kept in an agreed location and there will be access to a sanitary bin in the Key Stage 2 girls' bathrooms. Any issues in this area will be handled discretely and sensitively. Parents of P6 and P7 girls will be informed of these procedures in school. Girls will be encouraged to be independent, but if required the school may contact parents for support.

MAGHABERRY PRIMARY SCHOOL
INTIMATE CARE POLICY
IC FORM 1

PARENTAL PERMISSION FOR INTIMATE CARE

Should it be necessary, I give permission for ..... to receive intimate care (e.g. help with changing or following toileting).

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.

I understand that my permission will remain effective throughout my child's time at Maghaberry Primary School.

Signed: _____

Date: _____

MAGHABERRY PRIMARY SCHOOL
INTIMATE CARE POLICY
IC FORM 2

RECORD OF INTIMATE CARE

Name of child	*Date*	*Time*	*Parents Informed?*	*Comments*	*Name & Signature*

MAGHABERRY PRIMARY SCHOOL
INTIMATE CARE POLICY
IC FORM 3

Note to Parent/Guardian

Name of child _____

Year Group _____

Date _____

Reason for child needing a change of clothes (please tick)

- ☐ Toileting accident
- ☐ Wet/dirty during play inside
- ☐ Break/dinner play outside
- ☐ Other: _____

☐ Assisted by adult ☐ Changed independently

Name of adult who assisted: _____

Additional Information

_____

_____

_____

_____

_____

Signed: _____

(Class teacher)