



Intimate Care Policy

Revised by: Mrs M Smyth & Board of Governors
Date: February 2017

Date	Policy reviewed:	Policy amended:
February 2020		



Intimate Care Policy and Guidelines Regarding Children

Definition

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. 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.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

Principles of Intimate Care

- 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.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has 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 as consistent as possible.

Responsibilities of Staff involved with intimate care

- All staff working with children must be vetted. This includes students on work placement and volunteers. See Vetting Form
- Only named identified staff should undertake the intimate care of children
- The Principal/Designated teacher for child protection must 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.
- 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/guardian and child (if appropriate).
- Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents/guardian and child (if appropriate).
- Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents/guardian and child (if appropriate).
- Additional trained staff will be available to undertake specific intimate care tasks in the event of a staff member being on sick leave.



- Intimate care arrangements will be reviewed regularly. The views of all relevant parties, including the child (if appropriate), will 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 teacher.

Guidelines for Good Practice

Mission Statement

All children have the right to be safe and to be treated with dignity and respect.

These guidelines apply to every member of staff involved with the intimate care of children.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Involve the child in their intimate care

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

Make sure practice in intimate care is consistent. As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents/outside agencies ensures practice is consistent.

Be aware of own limitations

Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of message to a child about their body worth.

Concerns that need to be reported. If you observe any unusual markings, discolourations or swelling including the genital area, report immediately to your designated teacher. If during the intimate care of a child you accidentally hurt them, reassure the child, ensure their safety and report the incident immediately to your designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made and kept in the child's personal file.

It is important to follow the school's reporting and recording procedures.

Parents/guardians must be informed about concerns.

Working with children of the opposite sex

Principles

The individual child's safety, dignity and privacy are of paramount importance.

Intimate Care

The intimate care of boys/girls can be carried out by a member of staff of the opposite sex with the following provisions:

- The delivery of intimate care by professionally qualified staff will be governed by Cumber Claudy's professional code of conduct in conjunction with the School's policy and procedures and in agreement with the designated teacher



for Child Protection/Principal

- 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 care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance
- Report concerns to your Designated teacher and make a written record
- Parents/guardians must be informed about concerns
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Anti-bullying

The school is committed to ensuring that pupils learn in a supportive, caring and safe environment without fear of being bullied.
(See Anti-bully Policy)

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.

Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing.

To ensure effective communication:

- Ascertain how the child communicates e.g. consult with child, parent/guardian 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.
- 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

A handwritten signature in black ink, appearing to read 'K. M. Sani'.

Chair Board of Governors

**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 _____

Speech and Language Therapist

Occupational Therapist

Key Worker/s _____

Contact Number/s _____

Parent/Guardian Signature _____