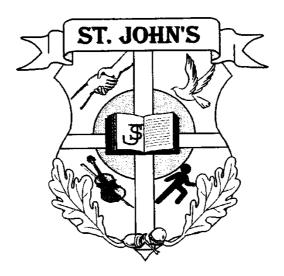
St. John's Primary School Bligh's Lane Derry

A Policy for Intimate Care 2025



"Learning Together Growing Together"

CONTENTS

- 1.0 INTRODUCTION
- 2.0 DEFINITION
- 3.0 PRINCIPLES OF INTIMATE CARE
- 4.0 AGENCY RESPONSIBILITIES
- 5.0 GUIDELINES FOR GOOD PRACTICE
 - 5.1 Involve the child in their intimate care
 - 5.2 Treat every child with dignity and respect and ensure
 - 5.3 Make sure practice in intimate care is consistent
 - 5.4 Be aware of own limitations
 - 5.5 Promote positive self-esteem and body image
 - 5.6 If you have any concerns you must report them
- 6.0 WORKING WITH CHILDREN OF THE OPPOSITE SEX
 - 6.1 Principles
 - 6.2 Intimate Care
- 7.0 COMMUNICATION WITH CHILDREN
- 8.0 SHARED EDUCATION
- 9.0 MONITORING, EVALUATION AND REVIEW

APPENDICES

MISSION STATEMENT

At St. John's Catholic, Primary School, we provide a happy, nurturing, inclusive, learning, environment which delivers high quality outcomes and life-enriching experiences. We embrace diversity and encourage all to respect the environment and develop the confidence and digital skillset required to contribute to society and the local and global economy. We work collaboratively with parents/carers and community partners to promote the social, emotional, intellectual, and spiritual well-being of each individual, thereby enabling our school family to 'Learn Together' and 'Grow Together'.

1.0 INTRODUCTION

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children. Children with physical or learning needs can be especially vulnerable. Therefore, staff involved with their intimate care need to be sensitive to their individual needs.

2.0 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
- Photographs
- Treatments such as enemas, suppositories, enteral feeds, diabetic injections or monitoring of pumps and/or blood checks
- Catheter and stoma care
- Supervision of a child involved in intimate self-care.

3.0 PRINCIPLES OF INTIMATE CARE

The following are the fundamental principles upon which the Policy and 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.
- 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 considered.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Nurture

The nurturing approach offers a range of opportunities for children and young people to engage with missing early nurturing experiences, giving them the social and emotional skills to do well at school and with peers, develop their resilience and their capacity to deal more confidently with the trials and tribulations of life, for life. The Six Principles of Nurture also underpin our work in Intimate Care Safeguarding:

- Children's learning is understood developmentally.
- The classroom offers a safe base.
- The importance of nurture for the development of wellbeing.

- Language is a vital means of communication.
- All behaviour is communication.
- The importance of transition in children's lives.

The general principles, which underpin our work, are those set out as follows:

- UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995
- Education and Libraries (NI) Order 2003 the Department of Education (Northern Ireland) guidance "Pastoral Care in Schools- Child Protection" (DENI Circular 99/10)
- Area Child Protection Committees' Regional Policy and Procedures (2005)
- Safeguarding Board Act Northern Ireland (2011)
- "Co-operating to Safeguard Children and Young People in Northern Ireland" (DOH, 2017)
- Department of Education (Northern Ireland) guidance "Safeguarding and Child Protection in Schools" (DENI Circular 2017/04), (2024)
- Children Who Display Harmful Sexual Behaviour (DENI Circular 2022/02)
- Safeguarding Board for NI Core Child Protection Policy and Procedures (2017).

4.0 SCHOOL RESPONSIBILITIES

All staff working with children must be vetted. This includes students on work placement and volunteers. Vetting includes:

- Access NI checks
- Pre-employment checks
- Two independent references.

Only named staff should undertake the intimate care of children.

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/ carers, and child, if appropriate, and recorded on Risk Reduction Action Plans.

Intimate care arrangements must be recorded in the child's personal file - see Appendix 1.

Staff should not undertake any aspect of intimate care that has not been agreed between the school, parents/carers, and child if appropriate.

Schools will make provisions for emergencies i.e. a staff member on sick leave. Additional trained staff will be available to undertake specific intimate care tasks.

Intimate care arrangements will be reviewed at least annually. 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 in writing to Mrs G O'Connor, Designated Teacher for Child Protection.

5.0 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.

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 care tasks/treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

5.1 Involve the child in their intimate care

The school will try to encourage a child's independence as far as possible in his/her intimate care. Where the child is fully dependent staff will talk with them about what is going to be done and give them choices where possible.

Staff will check their practice by asking the child/parent any likes/dislikes while carrying out intimate care and obtain consent.

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

Intimate care requires two persons for the greater comfort/safety of the child and the protection of staff.

5.3 Make sure practice in intimate care is consistent

As a child can have multiple Learning Support Assistants a consistent approach to care is essential. Effective communication between the school/parents/carers ensures practice is consistent.

5.4 Be aware of own limitations

Staff will only carry out care activities they understand and feel competent and confident to carry out. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. administration of insulin via the pump.

5.5 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 taken to intimate care conveys lots of messages to a child about their body worth. Attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be relaxed.

5.6 If you have any concerns, you must report them

If staff observe any unusual markings, dis-colourations or swelling including the genital area, this must be reported immediately to the Designated Teacher for Child Protection using the Incident Report Form.

If during the intimate care of a child he/she is accidentally hurt, or the child appears to be sexually aroused, or misunderstands or misinterprets something, staff should reassure the child, ensure their safety, and report the incident immediately to the Designated Teacher for Child Protection Mrs G O'Connor.

Parents/carers must be informed about concerns.

6.0 WORKING WITH CHILDREN OF THE OPPOSITE SEX

6.1 Principles:

- There is a positive value in both male and female staff being involved with children.
- Ideally, every child should have the choice of carer for all their intimate care.
- The individual child's safety, dignity and privacy are of paramount importance.

Intimate Care

Wherever possible, the children's voice will be heard in their care plan. Where there is any doubt that a child can make an informed choice on these issues, the child's parents will act as advocates. 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 their professional code of conduct in conjunction with school policy and procedures.

When intimate care is being carried out, **<u>all</u>** 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.

Report concerns to the Designated Teacher for Child Protection and make a written record.

Parents/carers must be informed about concerns.

7.0 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:

- 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.

8.0 SHARED EDUCATION

During shared education activities the teacher in charge will follow the procedures appertaining to their own school. If an incident/concern occurs with a child from the partner school, the teacher in charge will inform the child's class teacher who will then deal with the incident/concern. If this is not immediately possible the teacher in charge will deal with the incident, according to their individual school's policy and report it as soon as they can to the child's class teacher in the partner school. The overall aim is to adhere to the core principals underpinning the delivery of Shared Education, as stated in our joint Shared Education Policy.

"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be of primary consideration". Article 3 UN Convention on the Rights of the Child.

9.0 MONITORING, EVALUATION & REVIEW

A full review of procedures will be completed annually and EA/CCMS advice sought where necessary.

Signed:_____ Kathleen McCallion (Chairperson of the Board of Governors) Date: ___

(Ratified at Board of Governors' Meeting)

Appendix 1 RECORD OF INTIMATE CARE FOR _____

Date/Time of Care	Details of Care	Name of Adult(s Providing Care	s)Signatures of Witnesses

