



Ballyclare Secondary School

Intimate Care Policy

BALLYCLARE SECONDARY SCHOOL

INTIMATE CARE POLICY



“Every child, regardless of intellectual ability or social background, should have a rewarding educational experience”

Rationale

It is our intention to develop and support independence in each child, however there will be occasions when help is required. Our intimate care policy has been developed to safeguard children and staff. It is one of a range of specific policies that contribute to our pastoral care policy. The principles and procedures apply to everyone involved in the intimate care of children and young people.

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

Definition of Intimate Care

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. Such activities can include:

- first aid and medical assistance;
- oral care;
- washing;
- feeding;
- changing clothes;
- toileting;
- 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/young person has the right to be safe;
- every child/young person has the right to personal privacy;
- every child/young person has the right to be valued as an individual;
- every child/young person has the right to be treated with dignity and respect;
- all children/young people have the right to be involved and consulted in their own intimate care to the best of their abilities;
- all children/young people have the right to express their views on their own intimate care and to have such views taken into account;

- every child/young person has the right to have levels of intimate care that are appropriate and consistent.

School Responsibilities

All staff working with children/young people are vetted by NEELB. This includes students on work placement and volunteers. Vetting includes criminal record checks and two references.

- Only those members of staff who are familiar with the intimate care policy and other pastoral care policies of the school can be involved in the intimate care of children.
- In the first instance it should be the School Nurse who is the primary point of contact for intimate care.
- Medication should only be administered by either the School Nurse, a Vice Principal or the Principal.

Where anticipated, intimate care arrangements are agreed between the school and parents and, if appropriate, by the child/young person. Consent forms are signed by the parent and stored in the pupil's file. 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 for a child/young person should be reviewed at least six monthly. 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 designated teacher for child protection.

Guidelines for Good Practice

All children and young people 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/young people with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care as an opportunity to abuse children.

Principles of Good Practice

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 children and staff:

- 1. Involve the child/young person in the intimate care.**
Try to encourage a pupil's independence as far as possible in his or her intimate care. Where a situation renders a child/young person fully dependent, talk about what is going to be done and give choices where possible.
Check your practice by asking the pupil or parent about any preferences while carrying out the intimate care.
- 2. Treat every child/young person with dignity and respect and ensure privacy appropriate to the child's age and situation.**
Care should not be carried out by a member of staff working alone with a child/young person.
- 3. Make sure practice in intimate care is consistent.**
As a child/young person 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.
- 5. Promote positive self-esteem and body image.**
Confident, self-assured children/young people who feel their body belongs to them are less vulnerable to sexual abuse.
The approach you take to intimate care can convey lots of messages to a child/young person about their body's worth.
Your attitude to intimate care is important. Keeping in mind the pupil'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 (**Mr A Nicholl**)
If a child/young person is accidentally hurt during the 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. A written record of concerns must be made available to parents and kept in the child's personal file.