

St Patrick's Academy, Dungannon



INTIMATE CARE POLICY

'Achieving Excellence Together'

June 2025

Definition

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

Rationale

This policy has been developed to safeguard pupils and staff and applies to everyone involved in the provision of intimate care to a pupil. Since disabled pupils are particularly vulnerable, staff involved with their intimate care need to be sensitive to their individual needs. 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.

Aims

In St Patrick's Academy, we believe that every child:

- Has the right to feel safe in school and when travelling to and from our school;
- Has the right to personal privacy and to be included and consulted on their own intimate care, when appropriate;
- Has the right to be treated with dignity and respect and be valued as an individual;
- Has the right to express their views on their own intimate care and to have such views considered;
- Has the right to have levels of intimate care that are as consistent as possible.

Roles and responsibilities

The Principal/SLT will:

- Ensure that all staff working with children will be vetted;
- Ensure that health professionals working with the child(ren) are supervised;
- Appoint a School Health Officer, or appropriate staff member in her absence, to undertake intimate care of children;
- Ensure that those who administer intimate care are fully trained;
- Ensure that appropriate permissions and consents are obtained from parents/carers;
- Ensure that those delivering intimate care are familiar with this policy and associated Safeguarding Policies and Procedures.

The School Health Officer will:

- Consult with the parents/carers, pupil, SENCo, Principal and member of the Safeguarding Team when drawing up an Intimate Care Plan;
- Undertake training 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;
- Work with health professionals to help deliver the appropriate level of care;
- Agree intimate care arrangements with parents/carers and gain their written consent;
- Keep a record of intimate care arrangements and update the pupil's details on SIMS;
- Review the arrangements for intimate care regularly (at least every 6 months) and consult with all relevant parties, including the pupil, to inform future arrangements/changes;

- Not undertake any aspect of intimate care that has not been agreed with the school and the child's parents/carers;
- Report any unusual marking or behaviours to a member of the Safeguarding Team immediately;
- Update staff as and when required to do so or immediately after a change in circumstances ;
- Follow the Guidelines for Good Practice (Appendix 1).

Staff will:

- Be sensitive to individual needs of pupils requiring intimate care;
- Recognise that they have a duty of care to support any pupil who is upset or unwell;
- Seek help from the School Health Officer should intimate care be required;
- Support the work of the School Health Officer in the provision of intimate care;
- Attend any training when required to do so;
- Report any concerns about a colleague's practice to the Principal immediately.

The pupil will:

- Assist in the creation of an Intimate Care Plan;
- Communicate with the School Health Officer and/or appropriate care-giver to ensure a consistent and open approach to intimate care.

The parents/carers will:

- Assist the school in the creation of an Intimate Care Plan;
- Be available to speak to a member of staff at short notice;
- Update the school on any changes or amendments to pupil's care immediately;
- Give their explicit, written consent to the School Health Officer/appropriate care-giver before intimate care is administered;
- Report any concerns to the Principal or a member of the school's Safeguarding Team immediately;
- Always promote a positive image of the pupil.

Working with children and young people of the opposite gender

The safety, dignity and privacy of the pupils is of paramount importance. While intimate care may be carried out by an appropriate member of staff of the opposite sex, this following must apply:

- The member of staff must always act professionally and in line with the school's *Professional Conduct for Staff Policy*. This should include another member of staff being informed so that there is openness and transparency;
- The member of staff should follow the school's Child Protection and Safeguarding Policies;
- Gain explicit consent from parents/carers and the Principal in advance;
- Seek advice and support from appropriate outside agencies, when required;
- Cease all care should the child become distressed and/or upset;
- Report concerns to the Principal/Member of the Safeguarding Team immediately;
- Update parents/carers with any concerns.

Changing after Accidents

Post- primary school aged pupils, without specific medical needs, are considered to be capable of changing themselves after a wetting, soiling or vomiting incident. Spare clothes will be provided by the school, when possible and parents/carers contacted, as necessary. Should a pupil without a specific medical need require assistance, their parent/carer will be contacted before proceeding. Another member of staff may be required to supervise while the School Health Officer contacts home.

Should children with specific medical needs wet, soil or vomit on themselves, staff will help by providing spare clothing, if available. If the child is able, they will be encouraged to change their clothing, however, if they need help and are willing to receive it, the School Health Officer or appropriate member of staff will assist if agreed in the care plan. Again, this assistance must not be given without another member of staff being made aware of it or without parental/carer permission.

Whilst administering intimate care, every effort should be made to minimise physical contact with a pupil and, as far as possible, with their private bodily regions. A member of the Safeguarding Team should be updated when any assistance is given to a pupil changing after an accident so that it can be logged in the Safeguarding Book and reported on at Board of Governor meetings. Concerns of either the parent/carer or School Health Officer should be reported to the Principal or a member of the Safeguarding Team immediately.

Consultation

Pupils, staff, parents/carers and the Board of Governors have been consulted on this policy in June 2025.

Review

This policy will be reviewed at least every three years.

Linked Policies

- Child Protection Policy
- Safeguarding Policy
- Pastoral Care Policy
- Professional Conduct Policy for Staff
- Special Educational Needs Policy
- Storage and Administration of Medication Policy
- Use of Reasonable Force and Safe Handling Policy
- Whistleblowing Policy

Reviewed: June 2025
To be reviewed: June 2028

Appendix 1 - 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. Disabled children or those with medical needs can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

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.

1. Involve the child in their intimate care.

Try to encourage a child's independence as far as possible in their own intimate care. Where the child is fully dependent, talk with them about what is going to be done and give them choice, where possible.

Check your practice by asking the child and their parent/carer any likes/dislikes they may have while carrying out intimate care and obtain consent (written consent should already be provided).

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

While it is recommended that much of the care should be administered by one staff member/care-giver with one child, the school will first seek explicit permission from the parent/carer, and the guidance of relevant agencies, before this will happen. When appropriate permission and guidance is obtained, the practice of providing one-to-one intimate care of a child alone is supported, unless the activity requires two persons for the greater comfort/safety of the child and staff member, or if the child prefers two persons present. An additional adult will be located within a short distance during the administration of intimate care but out of the sight of the pupil. Should consent not be received in full, the school's safeguarding protocols indicate that two people are present when dealing with a pupil on a one-to-one basis.

3. 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/carers/agencies ensures practice is consistent.

4. Be aware of own limitations.

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt, ASK. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding, rectal diazepam.

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 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 relaxed, enjoyable and fun.

6. If you have any concerns, you must report them.

If you observe any unusual markings, discolourations or swelling including the genital area, report immediately to a member of the Safeguarding Team using a Note of Concern (Appendix 2).

If during the intimate care of a child you accidentally hurt them, or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to a member of the Safeguarding Team using the Note of Concern (Appendix 2).

Report and record any unusual emotional/behavioural responses by the child. A written record of concerns must be made, kept in the child's medical files and made available to SLT, if required.

Useful Resources

- i. Regional Area Child Protection Committee Child Protection Procedures – April 2005
- ii. *DENI Child Protection & Pastoral Care Guidance* 1999
- iii. *Safeguarding Vulnerable Groups (Northern Ireland) Order* 2007

APPENDIX 2



NOTE OF CONCERN

(should be passed immediately to a member of the Safeguarding Team)

| | | |
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| Name of Pupil: | Class: | Date and time of disclosure or incident: |
| What led to the disclosure being made today/why was it made to you? | | |
| Nature and description of the concern (using child's own words where applicable): | | |
| List of parties already aware e.g. friends, family or witnesses to the event and what they said/did: | | |
| Any advice given to the child e.g. reassurances given and made child aware that concern would be passed on to the Safeguarding Team: | | |
| Date and time of Note of Concern passed to Safeguarding Team: | Details of additional materials attached with the Note of Concern: | |
| TO BE COMPLETED BY SAFEGUARDING TEAM | | |
| Member of Safeguarding Team who received the note: | Note of concern passed to Designated Teacher on date/time: | |
| Designated Teacher stored the Note of Concern in a Child Protection folder on: | Note of Concern not stored in Child Protection folder because: | |

Name of staff member: _____ Role: _____

Signature of staff member: _____ Date: _____

Signature of Safeguarding Teacher: _____ Date: _____