



British International School of Cracow

Intimate Care Policy

June 2019

1.0 Introduction:

The 'Intimate Care Policy' and 'Guidelines Regarding Children' have been developed to safeguarding children and staff. They apply to everyone involved in the intimate care of children. All children including disabled children can be venerable. Staff involved with their intimate care need to be sensitive to their individual needs. All information is in reference to the Department of Health, Intimate Care Policy and Guidelines Regarding Children, 2006.

2.0 Definition:

Intimate care may be defined as any activity required meeting 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.

This includes:

- Feeding
- Oral care
- Washing
- Dressing / undressing
- Toileting
- Menstrual care
- Photographs
- Special needs care / treatment
- Supervision of a child involved in intimate self-care.

3.0 Principals 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, have personal privacy, valued as an individual and 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 ability.
- 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.

4.0 Responsibilities

All staff working with children will have been vetted by BISC. This includes volunteers and staff working after school for clubs/activities.

Vetting includes:

- ❖ Police check
 - ❖ Pre-employment check
 - ❖ References
 - ❖ Observations with the first 3 months.
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- All staff and Parents are required to be aware of the Intimate Care Policy.
 - Special Intimate care arrangements must be agreed by the parents and SLT member that is responsible for the group the child is in.
 - Parents must sign the overall agreement for all policies.
 - Staff should use best conduct when dealing with children.
 - If a staff member or parent has a concern about another person's intimate care practice, they must report it to their designated line manager /teacher.

5.0 Guidelines for Good Practice:

Every Child has the right to be safe and be treated with dignity and respect. These guidelines are designed to safeguard children and staff.

- They apply to each member of staff involved with the intimate care of children
- Staff needs to be especially sensitive to disabled children as they may be more vulnerable.
- Staff also needs to be aware that some adults may intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatment 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

Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent, talk with then about what is going on and what can be done and give them choices where possible. Talk then through steps needed to take care of their needs independently.

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

A lot of care is carried out by one staff member/ carer alone with one child. The practice of providing one to one intimate care of a child alone is supported. Two adults would always be preferable; however one adult is sufficient to carry out some needs of intimate care. If there will be one person supporting needs of a child, no doors can be fully closed.

5.3 Make sure practice in intimate care is consistent

As a child may have multiple carers, effective communication between all carers is vital to ensure practice is consistent. If a carer has given / supported a Child's intimate care, they must inform the homeroom teacher, and the homeroom teacher is responsible in informing parents.

5.4 Be aware of own limitations

Only carry out care activities you understand and feel competent and confident to carry out. It is encouraged to ask another staff to support with the intimate care of a child, however if you are unable to do so, make sure the door is open. If in doubt ASK!

5.4 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.

5.5 If you have any concerns you must report them.

If you observe any unusual markings, discolouration's or swelling including the genital area, report immediately to your designated manager / teacher. 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 your designated manager / 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 nursing / medical notes /personal file.

Parents 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, privacy are of paramount importance. However due to staffing ability, the children from FS1 – Y2 will deal with the teacher (male or female) of the class. Any student above Y2 may ask to be assisted by a staff of either gender.

6.2 Intimate care / communication

- Wherever possible, boys and girls should be offered the choice of carer and second carer. The delivery of intimate care can be carried out by either gender and if choice is not possible, staff dealing with the student will suffice.
- 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.
- Make eye contact at child's level and use simple language. Repeat if necessary instructions to them.
- Explain what is happening at all times while assisting the student. Keep explaining, even if there is no response.
- If the student or staff do not feel safe, staff must ask another member to assist or ask another member to take over.