

Last Review: March 2015
Next Review: Spring 2017

Discovery Primary School

Policy for Intimate Care

1.0 Introduction

- 1.1 Staff who work with young children or children/young people* who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- 1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.
- 1.3 Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Discovery Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- 1.5 Discovery Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Discovery Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2.0 Our approach to best practice

- 2.1 All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. We would recommend that wherever possible staff who are involved in the intimate care of

children/young people will not usually be involved with the delivery of sex education to their children/young people as an additional safeguard to both staff and children/young people involved. However, in practice it may be the main carer who remains in the lesson.

- 2.4 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- 2.5 As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans (I.I.C.P.) will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health. This to be carried out before the child arrives in school and then annually or as needs arise.
- 2.6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.
- 2.7 Normally the child will be cared for by at least two adults - one of whom will be identified as the 'Main Carer' to maintain the dignity of the child. (This ensures cover through absence, training and caters for the need to avoid potential C.P. issues when only one person is identified). This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 2.8 Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.
- 2.9 Each child/young person will have an assigned senior member of staff (usually the SENCo) to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

3.0 The protection of children

- 3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- 3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection. A clear record of the concern will be completed and referred to social services and/or the Police if necessary. Parents will be informed that a referral will be made unless doing so is likely to place the child at greater risk of harm.

3.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed.

* where 'children' are mentioned in this document, the term will also include young people.

Acknowledgement and Appreciation note:

This Policy is based upon a Model Policy put together by Mary Palazzo, Head of Education Child Protection, Cambridgeshire County Council.

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P-Intimate Care

