Intimate Care Policy

Policy Review
This policy will be reviewed in full by the Governing Body on an annual basis.
The policy was last reviewed and agreed by the Governing Body January 2017.
It is due for review September 2017

Signature: Date:
Head teacher

Signature: Date:
Chair of Governors
1: Introduction
1.1 Staff who work with children or young people 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 showering.

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 Delves Junior School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

1.4 Delves Junior 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. Delves Junior 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: 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 are fully aware of best practice. Equipment 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. Wherever possible staff who are involved in the intimate care of children and young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

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, visual, translation to home language,) 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. Where required, individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.
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 staff might need to be present when a child needs help with intimate care. Where possible one child will be cared for by two adults.

2.7 Wherever possible, the same child will not be cared for by the same adult on a regular basis; there will be named staff members known to the child who will take turns in providing care. 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 staff.

2.8 Parents/staff 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 member of staff 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: The protection of children
3.1 Child protection and safeguarding 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. he/she will immediately report concerns to the designated persons for child protection(DSL/DeputyDSL) and/or Special Educational Needs Co-ordinator (SENCO). Currently they are: Mr S Adlington(DSL), Miss D Manby(DeputyDSL), Miss T Oakshott(SENCO), Mrs T Headley(DeputyDSL) or Mrs C Jones(DeputyDSL). A clear record of the concern will be completed and referred to Walsall Safeguarding Children Board, if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm - see the Child Protection Policy.

S Adlington & T Oakshott January 2017