



## **'Living Learning and Growing in the Love of God'**

### **Intimate Care Policy**

#### **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, changing of stoma bag, nappies, catheterisation 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 behaviour is open to scrutiny and staff at Newland St John's 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. The PSHE Policy is available to parents via request.
- 1.5 Newland St John's Primary School is committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. Newland St John's 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 pain or distress.

## **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 – where needed) and are fully aware of best practice. More than one member of staff will be trained to carry out specific procedures. 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. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved in the delivery of sex 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, etc) to discuss the child's needs 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 medical needs 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 carers might need to be present when a child needs help with intimate care. Where intimate care involves direct exposure of the genital region then two adults need to be present.
- 2.7 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 record book (where kept) and one off care reported to parent/carer as soon as possible. The needs and wishes of the children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

## **3.0 THE PROTECTION OF CHILDREN**

- 3.1 Guidance for safer working practice for adults who work with children and young people in Education settings and Hull safeguarding Children's Board – Procedures and Guidance will be accessible to all 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 manager/designated person for child protection (Lyn Frankton). A clear record of the concern will be completed and referred to social care and/or police 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.
- 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 possible 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.

November 2019