

Intimate Care Policy

Name of Policy Writer/Amendments	Date Written/Amended	Next Review Date	Approved by Governors
Becky Freeman	July 2016	May 2018	7/7/16
Becky Freeman	May 2018	May 2020	10/5/18
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Becky Freeman	June 22	June 24	

Moorlands 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. Our main priority is be respectful of every child's needs and to maintain the dignity of every child in school. Moorlands 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.

Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee
- toileting, wiping and care in the genital and anal areas (particularly in the Early Years)
- dressing and undressing
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection
- Staff who work with young children or children 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.
- 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.
- 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. All Staff have received Safeguarding Training. Staff behaviour is open to scrutiny and staff at Moorlands Primary School work in partnership with parents/carers to provide continuity of care to children wherever possible.
- 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.

OUR APPROACH TO BEST PRACTICE

- All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- Staff who provide intimate care are trained to do so, where necessary (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.
- 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 will not usually be involved with the delivery of sex and relationship education to the children as an additional safeguard to both staff and children involved.
- 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. The privacy of children requiring an adult to apply specific creams or lotions will be treated with respect.
- 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 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.

- 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.
- Wherever possible the same child will be cared for by a limited group of adults on a regular basis; there will be a rota of carers 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 carers.
- 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.
- Each child will have an assigned senior 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.
- A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.

THE PROTECTION OF CHILDREN

- Safeguarding Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to. Clear quidelines are in place for Safeguarding.
- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 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 Senior Leader or, if not available, Deputy Designated Senior Leader for Safeguarding. A clear record of the concern will be completed and referred to social care and/or the LADO if necessary. In most cases 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 Education Child Protection Procedures, available on the school's portal].
- 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.

If a child makes an allegation against a member of staff, all necessary procedures will be followed [see The Education Child Protection Procedures)

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

THE PROTECTION OF STAFF

Staff welfare and protection is also a priority. To support this staff must:

- Always inform other colleagues and/or parents/carers about the contact(s) beforehand, assessing the need to have them present or close by
- Make other staff aware of the task being undertaken

It is essential that the adult who is going to change the child, informs the teacher and/or another member of staff that they are going to do this. If the member of staff feels it to be appropriate, another member of staff may be asked to assist.