

# **Intimate Care Policy**

Gainford CE Primary

December 2009

## **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 Gainford CE work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

1.4 Staff deliver a 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 may be shared with parents who are encouraged to reinforce the personal safety messages within the home.

1.5 Gainford CE Primary 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. Gainford CE 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 and are fully aware of best practice.

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 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 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.

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

Each child/young person 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.

### **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 manager/ designated person for child protection. A clear record of the concern will be completed and referred to social care and/or Child Protection. 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 opportunity as part of this process in order to reach a resolution.

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.*

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