

St. Margaret's C of E Primary School

Intimate Care Policy

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Head Teacher's signature

NAHINO M. G. Emen

Chair of governor's signature

Introduction

Staff who work with children will understand that the issue of intimate and personal care is a difficult one and will require staff to be respectful of children's needs.

Intimate and personal care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which may demand direct or indirect contact with or exposure of the genitals. Examples may include care associated with continence and menstruation 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 and personal care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at St Margaret's CE Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

St Margaret's CE Primary School is committed to ensuring that all staff responsible for the intimate and personal care of children will undertake their duties in a professional manner at all times. St Margaret's CE Primary School understands that there is a need to treat all children with respect when intimate care is given.

OUR APPROACH TO BEST PRACTICE

All children who require intimate and personal 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 (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.

There is careful communication with each child and /or their parent/carer, as appropriate, 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.

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 and personal care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. Where appropriate a risk assessment is carried out to address issues such as moving and handling, and personal safety of the child and the carer.

Each child's right to privacy will be respected. When a child needs help with intimate and personal care when possible the child will be cared for by one adult, with an additional adult witness present.

There will be a list 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 and personal 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.

THE PROTECTION OF CHILDREN

Child Protection Procedures will be accessible to staff and adhered to.

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 person for child protection.

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. 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.