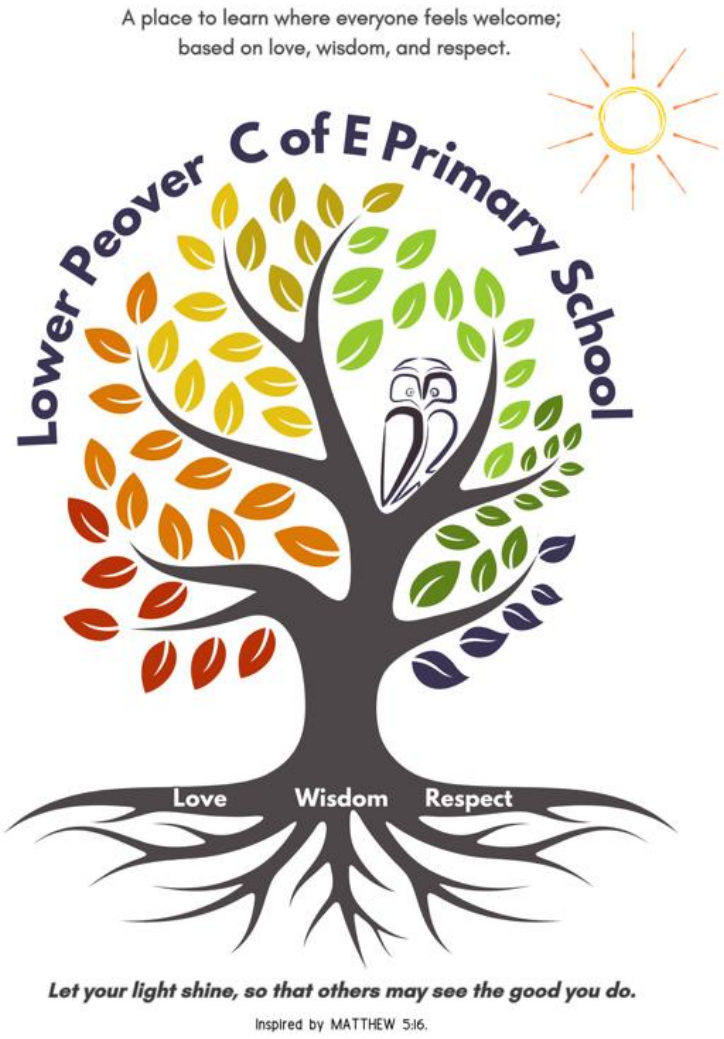

Intimate Care Policy

Review Date:	**October 2027**

Staff who work with young children who have special needs realise that the issue of intimate care requires staff to be respectful of children's needs. Intimate care is 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. Staff behaviour is open to scrutiny and staff at Lower Peover C. E. 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, Emotional 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.

Lower Peover C. E. 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. Lower Peover C. E. Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child is attended to in a way that causes distress or pain.

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 (including Child Protection and, if needed, Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus is 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 considering 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 relationships education to these children, as an additional safeguard to both the 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.

As a basic principle, children are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff 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.

Each child's right to privacy is respected. Careful consideration is 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 in the care plan.

Wherever possible the same child is not cared for by the same adult on a regular basis; best practice indicates that there should 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 are 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 are carefully considered alongside any possible constraints, e.g. staffing and equal opportunities legislation.

Each child has an assigned senior member of staff to act as an advocate to whom they are able to communicate any issues or concerns that they may have about the quality of care they receive.

The Protection of Children
Education Child Protection Procedures and Inter-Agency Child Protection Procedures are accessible to staff and adhered to. Where appropriate, all children are 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 designated officer for child protection. The normal procedures are then followed. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter is looked into, and outcomes recorded. Parents/carers are contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules may be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice may be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.