Intimate Care

<table>
<thead>
<tr>
<th>Change History</th>
<th>Summary of Key Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2014</td>
<td>Updated to new format. Minor changes to reflect newer version of ‘Working Together’</td>
</tr>
<tr>
<td>Jan 2016</td>
<td>Updated based on a review of Intimate care for a child in Year 1. Changes include minor alterations and referencing safeguarding policy rather than summarising it.</td>
</tr>
<tr>
<td>Jan 2017</td>
<td>Reviewed and updated to incorporate 2.10 and 4.0</td>
</tr>
</tbody>
</table>
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 and menstrual management as well as more ordinary tasks such as help with washing or bathing.

1.3 Children and young people'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 and young people have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Nailsworth C of E Primary School (the School) 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 and young people as appropriate to their developmental level and degree of understanding.

1.5 The School is committed to ensuring that all staff responsible for the intimate care of children and young people will undertake their duties in a professional manner at all times. The School recognises that there is a need to treat all children and young people 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 and young people 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 have training in child protection and any other training appropriate to a specific need. Staff will also liaise with the trained first aider or Special Needs Coordinator where appropriate.

2.3 Staff will be supported to adapt their practice in relation to the needs of individual children and young people 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 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.

2.5 As a basic principle children and young people 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. If necessary individual intimate care plans will be drawn up for particular children and young people 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.

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.

2.7 Wherever possible the same child will not be cared for by the same adult 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.

2.8 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 young people and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

2.9 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.

2.10 In any instance where clothes are soiled by a child, these will be bagged and sent home with the child at the end of the day. Where disposable pants are required by any child these are disposed of appropriately and hygiene procedures are followed with careful hand washing and/or hand sanitisers being used.
3.0 THE PROTECTION OF CHILDREN AND YOUNG PEOPLE

3.1 See Safeguarding and Child Protection Policy

4.0 OTHER POLICIES TO BE AWARE OF

4.1 First Aid and Medication Policy

Health and Safety Policy

Safeguarding & Child Protection Policy