

Stroud Valley Community Primary School

Intimate Care Policy



Stroud Valley Community 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. We recognise that there is a need to treat all children with care and respect when intimate care is given. No child will be attended to in a way that causes distress, pain or embarrassment.

Our aims are to:

- maintain the dignity of the individual child
- be sensitive to their individual needs and preferences
- maximise safety and comfort
- protect against intrusion and abuse
- encourage the individual to care for themselves as much as they are able
- respect children's rights to withdraw their consent or for their parent / carer to do so.
- to safeguard the children and adults involved.

What is intimate care?

Intimate care is the delivery of hands on care which will involve touching or washing a child in a child's genital area, usually after they have wet or soiled themselves. Intimate care may also comprise of care to a personal or sensitive area, for example the mouth. This type of care will only be carried out by an adult if the child concerned is unable to attend to their own needs. If a child is in school and requires intimate care or a clinical task to be undertaken regularly because of a specific need, a member of staff will be trained appropriately and work closely with the parents / carers and relevant medical professionals.

Intimate care requires:

- Prior consultation with the parents / carer and child if the need for care is known in advance. This may include the provision of choice of wet wipe / replacement clothes
- Following that consultation a plan will be drawn up for how the care will be
- The staff member undertaking the care to be familiar with the child and their circumstances
- The staff member to give the child as much choice and control over the care as is possible
- Only two staff to be involved if necessary and proportionate
- A record to be kept describing any intimate care procedures that are carried out. This will include the name of the person involved in the care and the nature of the task.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity will always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

The management of children with intimate care needs will be carefully planned and involve the parents / carers and child in all decisions. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Careful consideration will be given to each situation to determine how many carers are needed for intimate care. Where possible one child will be cared for by a designated adult, unless there is a sound reason for having two present. The child and parents will be fully aware of who provides the care and a review, with them, carried out regularly.

The child 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 him/herself as he/she 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 will be completed with the support of external professionals as well as with the child, parents and carers. These plans will also include a risk assessment linked to moving and handling children as well as the personal safety of the child and the carer.

The adult caring for the child will be trained in child protection issues for the individual situation they are working with. 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 safeguarding lead.

Wherever possible staff should only care intimately for an individual of the same sex.

The person undertaking these duties will have a full DBS enhancement.

We will offer children as much consistency of care as possible so that they can develop a rapport with the care staff.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and the situation resolved with the child and parents

Advice to safeguard staff with regard to situations which may lend themselves to allegations of abuse.

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. During 'limited touch' careful verbal communication will take place ensuring the child is aware of each procedure being carried out and the reasons for them.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and staff should take care to ensure that they provide a safe environment where their actions may not be wrongly interpreted by the child. Verbal communication, rehearsing with the child the stages of the procedure, will help the child to feel safe.

Other policies that need to be understood in relation to this intimate care policy are:

- Safeguarding and child protection procedures
- Whistle Blowing and allegations management
- Special Education Needs Policy

Policy Review

Policy Title	Intimate Care Policy
Date Policy Ratified by Governors	17 th October 2016
Committee Responsible	Behaviour and Safety
Date for next review	Oct 2018