



Intimate Care Policy

1. INTRODUCTION

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.

Waverley Academy 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. All staff recognise 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 humiliation, distress or pain.

Staff who work with young children or children who have special needs recognise that the issue of intimate care is a sensitive one, and requires staff to be respectful of the child's needs.

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 level of awareness with regard to child protection issues. Staff behaviour is open to scrutiny and staff at Waverley Academy 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 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.

2. 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 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 as recommended by physiotherapist/ occupational therapist.

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 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 manage their own personal

care as best as they are able. 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 will include a full risk assessment to address issues such as moving and handling, personal safety of the child and the staff.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff 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.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of staff 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 staff.

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

Each child 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. THE PROTECTION OF CHILDREN

Education Child Protection Procedures and Inter-Agency 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 manager/ designated person for child protection. A clear record of the concern will be completed and referred to social care and/or the CAIU (police) if necessary. 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. [See the Education Child Protection Procedures].

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. Staffing schedules will be altered until the issue(s) are resolved so that 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.

