

Gresham Primary School

Headteacher: Ms Karen Steele

POLICY FOR INTIMATE CARE

Date: May 2025

Review Date: May 2027

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RATIONALE:

Staff who work with young children 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.

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.

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 should have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Gresham Primary School work in partnership with parents/carers to provide continuity of care to children wherever possible.

Gresham 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. The school recognises 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 distress or pain.

AIM OF THE POLICY:

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

The policy outlines our approach to providing the best practice.

POLICY AND PROCEDURES:

These procedures are in place for children with certified medical conditions. Parents are expected to provide medical evidence for conditions which may result in the need for a care plan. For example, children who experience bouts of diarrhoea or vomiting as a result of a certified medical condition (requiring a care plan) are different from those who have similar bouts as a result of a 'bug' or temporary condition emanating from environmental factors e.g., food poisoning, bugs and other temporary conditions (where the guidance of Public Health England will be followed).

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

Gresham Primary School

Headteacher: Ms Karen Steele

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. Wherever possible, staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to their children as an additional safeguard to both 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 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 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 and health. This will be drawn up with consultation with relevant professionals and parents/carers.

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. Staff leading the intimate care will ensure they have another adult present. However, there may be occasions when written parental consent has been given for one member of staff to carry out intimate care without a second adult being present.

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. This may not always be possible due to timetable arrangements and the nature of support roles in class as well as the needs of other children with existing needs.

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 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.

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be

Gresham Primary School

Headteacher: Ms Karen Steele

accessible to staff and adhered to.

Gresham Primary School

Headteacher: Ms Karen Steele

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 Designated Safeguarding Leader. A clear record of the concern will be completed and referred to social care and/or the CDAIU (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.

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, official procedures will be followed, as outlined in the Safeguarding Policy.

Staff will not be expected to administer medication that requires rectal insertion as part of intimate care. Where this is necessary in an emergency, paramedics will be called, with parents being called at the same time.

Next review date June 2021

Confirmation the Policy Intimate Care in respect of Gresham Primary School has been discussed, approved and ratified by the Governing Body:

Signed by:

Chair of Governors: Date:

Headteacher: Date:

Approved at the Governing Body Meeting on:

Minute section: