

Policy for Intimate Care

This policy has been written using guidelines from Norfolk Children's Services available from the Kim Andrews (Norfolk Children's Services Disability Co-ordinator and Specialist Teacher for Physically Impaired – Carrow House – Level 2 01603 307568).

The principles adopted in this policy are:

1. Children should be encouraged to express choice and to have a positive image of his/her body.
2. Children have a right to feel safe and secure.
3. Children should be respected and valued as individuals.
4. Children have a right to privacy, dignity and a professional approach from staff when meeting their needs.
5. Children have the right to information and support to enable them to make appropriate choices.
6. Children have the right to complain and have their complaint dealt with.
7. Intimate care can involve risks for both the child and any adults in attendance. These guidelines seek to minimise such risks.

Good practice

It is essential that all staff are familiar with the school's Child Protection Policy and procedures. If staff are concerned about a child's actions or comments whilst carrying out intimate care, this should be recorded and discussed with the school's Designated Person for Child Protection.

The number of adults in attendance: ideally this should be two. This provides mutual support in case child protection allegations are made. However it is recognised that in many schools this is not a practical proposition as staff numbers and availability preclude it. In these circumstances the nature and the knowledge of the child must be used to help assess the risk. The dignity of the child must also be considered; two adults may be inappropriate. If only one adult is to be in attendance then, whilst maintaining discretion, ensure another adult knows why the child has been withdrawn from class.

Which adults should attend? Wherever possible allow the child to express a preference. At least one person should be on the school staff. It is not appropriate for a helper or volunteer to provide the only care for the child. Wherever possible, staff should work with children of the same sex in providing personal care. Male adults should not normally be involved in providing intimate care for girls. Religious and cultural values must always be taken into account.

Location: Whilst privacy is necessary, the area should be accessible to another adult if they are needed. You should spend the minimum time possible with the child in this intimate care situation. However, the child may need support and/or reassurance after the incident; try to provide this in a different place, where such support is normally given. If you have a pupil with complex needs in relation to intimate care please contact or **Kim Barber** (01603) 229952 the Disability Co-ordinator.

Caring: The child should be spoken to by name and given explanations of what is happening. Ensure privacy appropriate to the child's age and the situation. Encourage the child to care for him/herself as far as possible. Be aware and responsive to the child's reactions. Items of spare clothing should be readily available.

Hygiene: When washing always use a disposable flannel and encourage the child to wash private parts of their body. The provision of gloves and aprons should be readily accessible. Used items must be disposed of appropriately. Supplies of cleaning materials should be provided for cleaning and disinfecting any soiled surfaces

Recording: All incidents involving intimate care must be recorded straight away. The minimum information to be kept is

the date and time, the name of the child, the adult(s) in attendance, the nature of the incident, the action taken and any concerns or issues. The parent/carer must be informed as soon as possible.

Regular occurrences: When it becomes evident that a child has an on-going problem that requires regular intimate care intervention, the school should seek to make arrangements with the parent/carer for the long-term resolution of the problem¹. This is likely to include a care plan that involves the parent/carer directly as well as external referral to a health professional.

Confidentiality: The dignity of the child must be respected so as much as possible should be kept confidential between child, school and parent/carer.

Parents/carers: All parents/carers should be made aware of the way the school will deal with these issues.

Support for staff: It is unlikely that any staff will want to be involved in such intimate care, however for the smooth running of the school this can sometimes be unavoidable. It is therefore important that all staff are aware of the school's policy on intimate care issues and, where necessary are trained and supported appropriately. Staff must also have the opportunity to raise their own concerns and issues.

For further information please contact:

For Child Protection issues, [Grace Cheese](#), 01603 223473

For Health & Safety issues, [Paul Commins](#), 01603 223470

For Disability issues, [Kim Andrews](#), 01603 307568

¹ Any policy on intimate care needs to be non-discriminatory and parents of disabled pupils should not be asked to do more than their peers who do not have disabled children. So where intimate care is a direct result of a child's disability it is the responsibility of the school to cater for that need and parents should not have to be involved.

Reviewed 19th November 2014

Signed:
Chair of Governors

To be reviewed when a child requires intimate care or current best practice changes, (but at least every two years otherwise).

Subsidiary Guidance:

1. Processes to form an Intimate Care Agreement
2. Intimate Care Plan
3. Record of undertaking Intimate Care
4. FAQ