APRIL 2024

INTIMATE CARE POLICY

SPRING COMMON ACADEMY
AMERICAN LANE, HUNTINGDON, CAMBRIDGESHIRE. PE29 1TQ

DOCUMENT CONTROL	
ISSUED	CHANGES FROM PREVIOUS VERSION
Date reviewed: April 2024 Date of next review: Reviewer: KT/LA Date of ratification by Governing Board:	- **AS, Doc Control form added** - **AS, SCA address added** - **KT, amendments relating to notification of Trust**

1.0 INTRODUCTION

1.1 Staff who work with young children or children/young people (*where 'children' are mentioned in this document, the term will also include young people)* who have special needs understand 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'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 awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Spring Common Academy 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 (PSHE), 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.

1.5 Spring Common 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. Spring Common Academy 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.

2.0 OUR APPROACH TO BEST PRACTICE

2.1 All children 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 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 following assessment from physiotherapist/ occupational therapist as required.

2.3 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. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of relationship and sex education (RSE) 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 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 personal 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.

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 two adults unless there is a sound reason for having one adult present. If this is the case, the reasons should be clearly documented in the personal care plan.

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. Intimate and personal care should not be carried out by an adult that the child does not know. Volunteers and visiting staff should not undertake care procedures without appropriate training.

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

2.9 Any changes to an intimate care plan should be made in writing and without delay, even if the change in arrangements in temporary.

2.10 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.

Intimate care can provide challenge for those pupils who find touch, sensory experiences and transition difficult. Intimate care should not be attempted if the child shows signs of distress at any point.

3.0 THE PROTECTION OF CHILDREN

3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

3.3 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 child protection lead (DSL) or Deputy (DDSL). 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.

[See the Education Child Protection Procedures].

3.4 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. The Head Teacher will contact Local Authority LADO as required and follow procedures for 'allegations against staff'.

3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed which includes notification to the LADO (Local Authority Designated Officer) by the Head Teacher. The Academy will alert the Horizons Education Trust Safeguarding Lead and CEO for the Trust.

Policy agreed on: _____

Signed on behalf of the Trustees_____

Committee: _____

Author:_____

Review date (optional): _____

Website **Y**/N