



# INTIMATE CARE POLICY

Personnel and Curriculum Committee



Finance and Premises Committee

Full Governing Body

Christian Character Committee

Headteacher Nicola Pierce	Signature <i>N Pierce</i>	Date: 01/10/2019
Chair of Governing Body James Fordham	Signature <i>J Fordham</i>	Date: 01/10/2019

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Review date: Autumn 2021

# St. Augustine's Junior C of E (VA) Junior School Intimate Care Policy 2019



**Our Vision: To be guided by God's wisdom, to embrace challenge and to strive to achieve our best, enjoying all that we do together.**

## **1. Introduction**

- 1.1 Staff who work with young children or 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 other children's needs.
- 1.2 Intimate care can be define 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.
- 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 if staff at St. Augustine's C of E (VA) Junior work in partnership with parents/carers to provide continuity of care of children wherever possible.
- 1.4 Staff deliver a full, professional safety curriculum as part of PSHE to all children as appropriate to their development level and degree of understanding. This work is shared with parents who are encourages to reinforce the personal safety measures in the home.
- 1.5 St. Augustine's Junior School is committed to ensuring that all staff responsible for the intimate care for children will undertake their duties in a professional manner at all times. St. Augustine's Junior 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 that distress or pain.

## **2. Our approach to best practise in intimate care**

- 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 fully aware of best practise. Apparatus will be provided to assist with children who need special arrangements following an assessment from physiotherapist/ occupational therapist as required.
- 2.3 Staff will be supported to adapt their practise in relation to the needs of the individual children.
- 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 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 ability. Staff will encourage each child to do as much for themselves as they can.
- 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 one adult unless there is a sound reason for having 2 adults present.

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2.7 Parents/cares will be involved with their child's intimate care arrangements on a regular basis.

### **3. 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 appropriate designated person for child protection. A clear record of the concern will be completed and referred to social services and/or the police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to being made unless doing so is likely to place the child at greater risk of harm.
- 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 may be altered until the issue(s) are resolved so the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed.