Northfold C.P. School
Policy for Intimate Care

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 will have a high awareness of child protection issues in relation to the job they are doing. At Northfold C.P. School we will ensure that we work in partnership with the child, staff and parents/guardians to provide continuity of care wherever possible.

Staff deliver a full personal safety curriculum, as part of P.S.H.E., 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.

Northfold C.P. 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. Northfold C.P. 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.

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

Staff who provide intimate care will be trained to do so where relevant, including Health and Safety training in Moving and Handling, and will be made fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapy/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children. There will be careful communication with each child who needs help with intimate care in line with their preferred means of communication to discuss the child's needs and preferences. The child will be made 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. 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.

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 two adults present. If this is the case, the reasons should be clearly documented.

Parent/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.

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 DSL. A clear record of the concern will be completed via CPOMs and referred to the appropriate service if necessary. Parents will be 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 issues 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.

This policy was initially agreed by the Governor's Curriculum Committee on Monday 15th May 2006 and will be reviewed annually.

Next review September 2026.