



# Intimate Care Policy

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| Version number:                    | V1            |
| Date adopted by Trustees:          | October 2023  |
| Scheduled review date:             | Autumn 2024   |
| Statutory or Best Practice policy: | Best Practice |
| Appendices:                        | No            |
| School or Trust policy:            | School        |

## Meeting your communication needs:

We want to ensure that your needs are met. If you would like this information in any other format, please contact us on 01208 72773 or email [beacon@kernowlearning.co.uk](mailto:beacon@kernowlearning.co.uk)

## Introduction:

Staff who work with young children or vulnerable children/young people who have Special Educational Needs, Disabilities and Medical Conditions, 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 helping to wash 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 have a high awareness of child protection issues. Staff behavior is open to scrutiny and staff at Beacon Academy work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, 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.

Beacon 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. We recognise 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.

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 will be clearly documented on the child's care plan.



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 in 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 care being carried out by a succession of completely different carers.

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

#### **Occasional intimate care:**

- One member of staff will support children when necessary, with intimate care
- This will be done in Foundation Stage or Key Stage One in the nearest appropriate toilets, in Key Stage 2 using the disabled toilets, using the partition screen for privacy and the door ajar. In all cases children's privacy and dignity will be respected.
- Children will be encouraged to do as much for themselves as possible, but staff will assist where necessary.
- A second adult will be informed and will be called if necessary.
- The adult will talk the child through the process.
- Parents will be informed, if necessary, if a child becomes distressed.
- Intimate care log will be completed (this can be located on SharePoint)

#### **Regular intimate care:**

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.

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 sex and relationship education as an additional safeguard to both staff and children/young people involved.



There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbols 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 and in consultation with parents/carers. Parents/carers will be involved with their child's intimate care plan, and this will be reviewed annually, or sooner if needed.

Beacon Academy recognises that every child has the right to be accepted for who they are without regard to race, culture and beliefs and will ensure that the values of the parent/carer and child/young person are taken into account when developing an individual intimate care plan.

### **The protection of children:**

Beacon Academy's 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 appropriate manager/designated person for child protection. A clear record of the concern will be completed and referred to social care and/or the 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. A copy of the school's Child Protection Procedures is available on request from the Main Office at School



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 from outside agencies will be taken if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

### Monitoring:

This policy will be updated at least bi-annually and when any amendments need to be made. It will be monitored by Kaye Haywood (Head teacher), Kim Alway (SEND Coordinator) and the chair of Governors.

