

West Exmoor Federation



Intimate Care Policy

October 2009

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Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (eg, the administration of rectal diazepam).

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

The following document is a model based on best practice in special schools.

The West Exmoor Federation 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. The federation recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in any way that causes distress or pain.

Our approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapists as required.

Staff will be supported to adapt their practice in relation 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 education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

The child 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 him/herself and he/she 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.

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 is toileted. Where possible one child will be catered 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.

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally 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, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys, as no male staff are available.

The Protection of Children

Education Child Protection Procedures and inter-Agency Child Protection procedures will be adhered to.

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, eg, marks, bruises, soreness, etc, he/she will immediately report concerns to the designated person for child protection (head teacher).

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 (see Inter-Agency Child Protection Procedures for details).

Health and Safety

Health and Safety advice for schools can be found in the Health and Safety Handbook, available to schools through the Education, Arts and Libraries (EAL) website.

Further Guidance

- 'Working Together To Safeguard Children', Inter-Agency Child Protection Procedures
- Circular 10/95, Protecting Children from Abuse; The Role of the Education Service, DfEE, www.dfes.gov.uk/publications/guidanceonthelaw/10_95summary
- What To Do If You're Worried A Child Is Being Abused, Summary (2003), www.doh.gov.uk/safeguardingchildren/index.htm