

The logo for The Education Alliance, featuring the text "THE EDUCATION ALLIANCE" in white, uppercase letters on a teal square background.

THE
EDUCATION
ALLIANCE

Intimate Care Policy

Version 2.0

Name of Responsible Committee/Individual:	Board of Trustees
Implementation Date:	December 2018
Review Date:	December 2021
Target Audience:	All Staff, Students and Parents/Carers
Related Documents/References	

Intimate Care Policy

Contents

SECTION	PAGE
1. Introduction	3
2. Definition	3
3. Our Approach to Best Practice	3
4. Protection of Children	4

1. Introduction

The Education Alliance 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, embarrassment or pain.

2. Definition

Intimate care is any care which involves toileting, washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

3. 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 (all staff undergo Child Protection and Moving and Handling training) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist.

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 involved in the intimate care of children will not usually be involved with the delivery of sex education to the children in their care as an additional safeguard to both staff and children 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 as 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. Wherever possible one child will be catered for by one adult, unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

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 in our school, because of a lack of suitably trained male staff

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

4. The Protection of Children

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

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.

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 will be taken from outside agencies if necessary.

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

All staff will be required to confirm that they have read the school policy for clarification of practices and procedures.