



INTIMATE CARE POLICY

The Fellowship takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Local Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child or young person with an impairment that affects his/her ability to carry out day to day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the following:

- Safeguarding Policy
- Health and Safety Policy
- First Aid and Medication Policy
- Special Educational Needs Policy
- Positive Handling Policy
- Confidential Reporting Code Policy

GANF is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

GANF recognises that there is a need to treat all children and young people, whatever their age, gender, disability, religion or ethnicity with respect when intimate care is given. The child/young person's welfare and dignity is of paramount importance. The child or young person's comfort and well being will be a priority at all times.

Staff will work in close partnership with parents/carers to share information and provide continuity of care.

Intimate Care Policy

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Children and young people who have intimate care needs include some of the most vulnerable children in society. All of these children and young people have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the education and childcare system.

What is intimate care?

Intimate care is often defined as care tasks of an intimate nature, associated with personal hygiene which demand direct or indirect contact with the child or young person.

Staff may need to provide personal care to children and young people across the school. This may be while they are developing independence or as part of their ongoing care needs due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Commonly accepted intimate care tasks include:-

- Helping a child or young person to use the toilet
- Helping a child or young person to bath/shower
- Changing sanitary wear
- Washing intimate parts of the body
- Changing continence pads
- Changing underwear

Children and young people's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children and young people have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff of GANF work in partnership with parents/carers to provide continuity of care to children and young people wherever possible.

Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children and young people as appropriate to their developmental level and degree of understanding. This work is shared with parents/carers who are encouraged to reinforce the personal safety messages within the home.

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The Fellowship is committed to ensuring that all staff responsible for the intimate care of children and young people will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children and young people with respect when intimate care is given. No child or young person should be attended to in a way that causes distress or pain.

Our approach to best practice

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

Members of staff that assist with intimate care are employed by GANF and have enhanced DBS.

Staff who provide intimate care are trained to do so. Training includes Child Protection, Health and Safety and training in Moving and Handling. Staff are fully aware of best practice. Training for specific medical needs for individual pupils is provided by the community nursing team.

Staff are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons as appropriate. Equipment will be provided to assist with children and young people who need special arrangements following assessment from suitably trained staff/physiotherapist/occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children and young people considering developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of children and young people will not usually be involved with the delivery of sex and relationship education to their children and young people as an additional safeguard to both staff and children and young people involved.

There is careful communication with each child/young person who needs help with intimate care in line with their preferred means of communication for example, objects of reference, symbols, signs, visual and verbal cues.

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As a basic principle, children and young people will be supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage each child/young person to do as much for themselves as they can. This may mean, for example, giving the child/young person responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children/young people as appropriate to suit the circumstances of the child/young person. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child/young person and the carer and any health issues.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each child/young person's situation to determine how many carers might need to be present when a child/young person needs help with intimate care.

Wherever possible the same child/young person will not be cared for by the same adult on a regular basis; there will be a rota of carers, known to the child/young person, who will take 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 the care being carried out by a succession of completely different carers.

Parents/carers will be involved with their child/young person's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child/young person's care plan. The needs and wishes of child/young person and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive. This advocate will be responsible for checking a high quality of care is being received and flagging any issues to tutors.

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**The Protection of Children/Young People**

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to. Where appropriate, all children/young people 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/young person's presentation e.g. marks, bruises, soreness etc. then s/he will immediately report their concerns to the **Senior Designated Person** for child protection or in her absence, Safeguarding Officers. A clear record of the concern will be completed immediately and passed onto the Safeguarding Team as noted above, who will then take the appropriate action. Parents/carers will be informed, where appropriate, by a member of the Safeguarding Team, unless doing so is likely to place the child/young person at greater risk of harm.

If a child/young person 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) is resolved so that the child/young person's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child/young person makes an allegation against a member of staff, all necessary procedures will be followed according to the Fellowship's policy.

Pupils who require an intimate care plan will have a "toileting chart" which will be filled in and signed every time by any members of staff involved.