



1.0 **Introduction**

Boston Endeavour Academy committed to the safeguarding of all children and staff in accordance with national guidelines, the school's Code of Conduct and individual risk assessments for each child. Staff with safeguarding concerns about a child/young person or adult behaviour towards a child should adhere to the safeguarding policy and the 'dealing with allegations of abuse towards adults and volunteers'

The Designated Safeguarding Lead is Amanda Brooks, Deputy Designated Safeguarding Leads Aaron Bloodworth-Flatt and Annie Laverty

1.1 Staff who work with young children or children/young people* 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.

1.2 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.

1.3 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 behaviour is open to scrutiny and staff at BEA work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

1.4 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.

1.5 BEA 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. BEA 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.

2.0 **Our approach to best practice**

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

2.2 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.

* where 'children' are mentioned in this document, the term will also include young people

2.3 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.

2.4 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, 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.

2.5 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. 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.

2.6 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.

2.7 Wherever possible the same child will not be cared for by the same adult on a continual basis; 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 there are always familiar adults to carry out care routines and that exclusive, over-familiar or dependent relationships are discouraged from developing.

2.8 Parents/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; e.g. staffing and equal opportunities legislation.

3.0 **The protection of children**

3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

3.3 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 a member of the Designated Safeguarding team. The school Safeguarding policy will then be adhered to.

3.4 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. See also 'dealing with allegations of abuse towards adults or volunteers'.

3.5 If a child makes an allegation against a member of staff, the school Safeguarding policy will be followed.