



Intimate Care Guidance and Procedures

Disabled Children and Young People Intimate Care and Good Practice Guidance for all staff and volunteers working with disabled children and young people.

1. Introduction

This Intimate Care Good Practice guidance have been developed to safeguard disabled children, young people and all staff and volunteers.

Disabled children and young people can be especially vulnerable. Staff and volunteers involved in their intimate care need to be sensitive to the child or young person's individual needs. This Intimate Care Policy and Guidelines should be read in conjunction with the LSCB additional guidance for Disabled Children.

2. Definition

Intimate care may be defined as any activity required to meet the personal care needs of each individual child or young person.

Intimate care can include:

- Feeding
- Oral Care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care and Sexual Health
- First aid and treatment such as suppositories, enemas and enteral feeds
- Catheter and stoma care
- Supervision of a child or young person involved in intimate self-care

Parents and carers have a responsibility to advise staff and volunteers of the intimate care needs of the child or young person and keep staff and volunteers up to date in changes in a child or young person's needs.

3. Principles of Intimate Care

The following are the fundamental principles of intimate care upon which the Policy and Guidelines are based:

- Every child and young person has the right to be involved and consulted in their own intimate care to the best of their abilities
- Every child and young person has the right to be safe
- Every child and young person has the right to personal privacy

- Every child and young person has the right to be valued as an individual
- Every child and young person has the right to be treated with dignity and respect
- Every child and young person has the right to express their views on their own intimate care and to have such views taken into account
- Every child and young person has the right to have consistent levels of intimate care
- Staff and volunteers should only be undertaking intimate care activities they understand and feel competent and confident to carry out and where necessary received the relevant training (appendix 1)

4. Agency Responsibilities

- William Morris Primary School will ensure all staff and volunteers are employed following Swindon LSCB Safer Recruiting Process. Approval includes:
 - DBS checks and reference checks
 - Approval of the agency decision maker
- Only named staff approved by William Morris Primary School or an appropriately trained person agreed by a senior member of staff should undertake intimate care of children and young people while they are placed with William Morris Primary School.
- William Morris Primary School must ensure that all Staff and Volunteers undertaking the intimate care of children and young people are familiar with and understand the Intimate Care Policy and Guidelines together with associated Policies and Procedures e.g. Child Protection Procedures, Additional Child Protection Procedures for Disabled Children and the Behaviour Policy.
- Intimate care arrangements must be agreed by William Morris Primary School, parents, carer and child or young person (if appropriate). (Appendix 2)
- Intimate care arrangements must be recorded in the log book, identifying date, time and person completing the intimate care.
- If changes are required to intimate care these must be recorded in the diary sheets and the care plan updated.
- If someone, in the case of an emergency, has to provide intimate care other than the named staff and volunteers or parent(s), then the senior staff member should be notified of the arrangement as soon as possible.
- Intimate care arrangements should be reviewed annually or as required. The views of all relevant parties, including the child or young person (if appropriate) should be sought and considered to inform future arrangements.

- If anyone involved with the child or young person (including the child or young person) has concerns about the appropriateness of any intimate care, then Child Protection Guidelines should be followed.

5. Guidelines for Good Practice

All agencies staff and volunteers need to be aware that some adults may use intimate care as an opportunity to abuse children and young people. Some tasks/treatments can be open to misinterpretation, so adhering to these guidelines of good practice is aimed at safeguarding children, young people staff and volunteers.

5.1. Involve children and young people in their intimate care

Try and encourage a child or young person's independence as far as possible in his/her intimate care. Where the child or young person is fully dependent talk to them about what is going to be done and give them choice where possible. Check your practice by asking the child or young person about any likes or dislikes while carrying out intimate care and whenever possible gain verbal consent.

5.2. Treat every child or young person with dignity and respect and ensure privacy appropriate to their age and situation

Intimate care is often carried out by one person alone with one child. The practice of providing one to one intimate care of a child alone is supported. If the activity requires two persons for the greater comfort or safety of the child or young person, then this should be explicit in the care plan.

5.3. Make sure practice in intimate care is consistent

As a child or young person can have several carers a consistent approach is essential. Effective communication between children or young people/staff/parents/ ensures practice is consistent.

5.4. Be aware of own limitations

Staff and volunteers should only carry out care activities they understand and feel competent and confident to do so and when necessary have received the appropriate training. If in doubt ask. Some procedures must only be carried out by Staff and volunteers who have been formally trained and assessed e.g. tube feeding, rectal diazepam.

5.5. Promote positive self-esteem and body image

Confident, self-assured children and young people who feel their body belongs to them are less vulnerable to sexual abuse. The approach Staff and volunteers take to intimate care can

convey lots of messages to a child or young person about their body worth. A staff and volunteer's attitude to a child or young person's intimate care is important.

5.6. If you have any concerns

If you observe any unusual markings, discolorations or swelling including in the genital area, record and then report immediately and **only** to William Morris Primary School's designated child protection coordinator.

If during intimate care a child or young person is accidentally hurt or a child or young person appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure them, ensure their safety and record and then report the incident immediately to William Morris Primary School's designated child protection coordinator.

Record and report any unusual emotional or behavioural response by the child or young person to intimate care.

6. Giving Intimate Care to Children and Young People of the Opposite Sex

6.1 Principles:

There is a positive value in both male and female staff being involved with children and young people.

Ideally, every child or young person should have a choice of the member staff for all their intimate care.

The individual child or young person's safety, dignity and privacy are of paramount importance.

The practice guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are unlikely to be able to offer the same sex staff member to male children and young people.

6.2 Intimate Care

Wherever possible, boys and girls should be offered the choice of gender of the staff member if intimate care is required, this becomes of increasing importance as the child reaches puberty.

Intimate care of boys/girls can be carried out by a staff member of the opposite sex with the following provisions:

- When intimate care is being carried out all children or young people have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens/curtains in place.

- If the child or young person appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. The staff member should try and ascertain why the child is distressed and provide reassurance.
- Concerns must be reported to the setting designated child protection coordinator and written in the diary sheets.

7. Communication with Children and Young People

It is the responsibility of all staff caring for a child or young person to ensure that they are aware of the child or young person’s method and level of communication.

Children and young people communicate using different methods e.g. words, signs, symbols, body movements, eye movements.

To ensure effective communication:

- Ascertain how the child or young person communicates prior to undertaking any personal care this is done during a home visit and the home visit sheets.
- Make eye contact at the child or young person’s level
- Use simple language and repeat if necessary
- Wait for responses
- Continue to explain to the child or young person what is happening even if there is no response
- Treat the child or young person with dignity and respect at all times

References

Working Together to Safeguard Children 2018

Date – January 2023

Review date – January

Headteacher signed..... Date.....

Governor signed..... Date.....

Staff Training Declaration

Staff undertaking intimate care activities must understand and feel competent and confident to carry out and where necessary have received the relevant training.

I confirm that (name of staff)..... has received training in
(type of training).....
in respect of the intimate care of (name of child).....

Signed.....
Name..... Position.....

I confirm that I (staff name).have received training in
(type of training).....

In relation to intimate care. I further confirm that I feel competent and confident in carrying out intimate care in respect of (name of child).....

Signed..... Date.....
Name..... Position.....

I confirm that I (staff name).have received training in
(type of training).....

In relation to intimate care. I further confirm that I feel competent and confident in carrying out intimate care in respect of (name of child).....

Signed..... Date.....
Name..... Position.....

Appendix 2

Consent form for the delivery of intimate care

Name..... DOB.....

Address.....

Telephone.....

<u>Emergency Contact</u>	1. Tel 2. Tel
<u>Group Keyworker</u> <u>Paediatric Community Nurse</u> <u>Community Nurse LD</u> <u>Health Visitor</u>	
<u>Completed by</u> <u>Date completed</u> <u>Date to be reviewed</u>	
<u>Storage and accessibility of equipment</u>	<ul style="list-style-type: none"> • It is the parent/carers responsibility to ensure the correct equipment is provided • The equipment will be brought in daily by the parents carers • The equipment will be stored.....
<u>Type of intimate care</u> Please give details of care to be given	
<u>Words used by the child for intimate body parts</u>	
<u>Words used by practitioners for intimate body parts</u>	
<u>Name of practitioners to deliver care. All staff should be experienced with CRB checks</u>	
<u>Emergency</u>	In case of any concerns, notes should be made on the record sheet and the supervisor and parent informed
<u>Record keeping</u>	When staff within the setting/group/school carry out intimate care they will record and file in child's file

I/we the undersigned have read the policy for intimate care and give permission for staff at William Morris Primary School to carry out the intimate care of my/our child.

