



# INTIMATE CARE POLICY

Policy Title	Intimate Care Policy
Issue Date	March 2018
Review Date	March 2019
Author	Karen Double
Reviewed By	Christine Mann

# Intimate Care Policy

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning a child 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 to meet complex health needs only a person suitably trained and assessed as competent will undertake the procedure, (e.g. 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 should always be a high awareness of possible safeguarding and child protection issues. As such, staff behaviour must be open to scrutiny and staff must work in partnership with parents, guardians and where appropriate, health professionals, to provide continuity of care to pupils wherever possible. The following document is based on best practice in club settings.

Leaps 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 there is a need to treat all children with respect especially when intimate care is given. No child should be attended to in a way that causes distress or pain.

The management of all children with intimate care needs will be carefully planned. The child's welfare and dignity are of paramount importance.

Staff who provide intimate care will be trained to do so (including Safeguarding, Child Protection) and be fully aware of best practise.

Each 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 his/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Where appropriate, Individual Intimate Care Plans will be drawn up for each child to suit their individual circumstances.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation e.g. determining 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 rationale for having more adults present, if this is the case, the reasons will be clearly documented. The member of staff must inform another member of their whereabouts during the personal care routine.

## **The Protection of Children**

LEAPS Suffolk safeguarding procedures will be adhered to at all times. 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 designated named persons for child protection. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated and outcomes recorded. If a child makes an allegation against a member of staff, all necessary safeguarding and child protection procedures and protocols will be followed. Parents/guardians will be contacted and informed as part of this process in order to reach a resolution. Where deemed appropriate, staffing schedules will be altered until the issue(s) are resolved. The club will seek further specialist advice from outside agencies where necessary to maximize best outcomes for the pupil.

## **Health and Safety**

When attending to the intimate care of children, staff should be aware of the clubs Health and Safety policy. Staff should always wear an apron and gloves when dealing with a child who has soiled. Any soiled waste (urinary or faecal) should be placed in a nappy waste disposal bag, which will be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied regularly and it will be collected as part of the usual refuse collection service.

## **Special/complex health needs**

Children with special/complex health needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual care plans for each child. As with all arrangements for intimate care needs, agreements between the pupil, those with parental responsibility and the club should be easily understood and clearly recorded.

Regardless of age and ability, the views and emotional responses of children with special/complex health needs should be actively sought (with advocacy arrangements in place for those who require assistance) in regular reviews of these intimate care arrangements.

## **Physical Contact**

All staff engaged in the care of children need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the child's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always make considered judgements when executing their duties, be prepared to justify actions and accept that all physical contact will be open to scrutiny.

Any physical contact with an individual child is likely to be open to question unless the justification for this is formally agreed by the child, the club and those with parental responsibility.

Children with complex health and/or special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Consultation with colleagues and, where possible, parents/guardians will take place where any deviation from the agreed arrangements is anticipated. Any deviation and the justification for it will be fully documented and reported.

Extra caution is required by staff where it is known a child has previously suffered abuse or neglect. In this case the child may view physical contact to be associated with such previous experiences and may result in staff being more vulnerable to allegations of abuse. Such children may present as extremely needy and actively seek out inappropriate physical contact. In such circumstances staff should deter the child, minimising any negative experience. In such cases staff should ensure appropriate supervision ratios are maintained to safeguard against possible allegations.

## **Restraint**

Please refer to the Behaviour Policy.

## **Pupil in distress**

There may be occasions when a distressed child needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and is not subject to misinterpretation.

Judgement will need to take account of the circumstances of a child's distress, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative. To minimise the risk of misinterpretation/allegation, particular care must be taken in instances that involve the same child over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance they should seek further advice, from Karen Double.

## **First Aid and intimate care**

Staff who administer first aid should ensure wherever possible that another adult or other child are present. The child's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and must be made aware of the task being undertaken. Regular requirements of an intimate nature should be planned for. For conditions known to the club administered first aid procedures should be in line with agreed care plans.

## **Changing clothes**

Young people are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard children with regard to health and safety considerations and to ensure that bullying or teasing does not occur. This means that adults should announce their intention of entering changing rooms, avoid remaining in changing rooms unless the child's needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore, staff need to be vigilant about their own conduct.