

 **Intimate Care Policy**

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| **Policy Title**  | **Intimate Care Policy**  |
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**Introduction**

Intimate personal care is taken to mean hands on physical care in areas of personal hygiene and physical presence or observation during such activities.

Examples include:

* Washing areas other than the arms, face and legs below the knee
* Toileting, wiping and care in the genital areas
* Incontinence care
* Menstrual hygiene
* Dressing and undressing
* Application of medical treatment other then to arms, face and legs below the knee

In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.) with the express permission of parents/carers and the young person.

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 shall be a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

# Our approach to best practice

The management of all children and young people with intimate care needs will be carefully planned.

The child/ young person who requires intimate care is treated with respect at all times; their welfare, privacy and dignity is of paramount importance.

There will be careful communication with each child/ young person who needs help with intimate care in line with their preferred means of communication (verbal, symbolic etc.) to discuss the their needs and preferences. This will ensure they are aware of each procedure that is carried out and the reasons for it.

The child/ young person will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child/ young person 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/ young people as appropriate to suit the circumstances of the child.

Staff who provide intimate care are trained to do so (including Child Protection, Health and Safety and Manual 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.

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 who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is supported to use the toilet.

Where 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 the same child will not be cared for by the same adult on a regular basis; ideally 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 over-familiar relationships are discouraged from developing, whilst 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’s intimate care arrangements on a regular basis and will be 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.

# The Protection of Children

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

All children 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's presentation, e.g. marks, bruises, soreness etc. they will immediately report concerns to the appropriate designated person for child protection. A clear record of the concern will be completed and referred to Social Care. Parents/carers will be asked for their consent or informed that a referral is necessary prior to being made unless doing so is likely to place the child at greater risk of harm.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Safeguarding Policy for details).

# Special Educational Needs & Disabilities (SEND)

Children & young people with SEND 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 teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child, those with parental responsibility and the organisation should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements. Risk assessments are completed when appropriate and shared with staff as required.