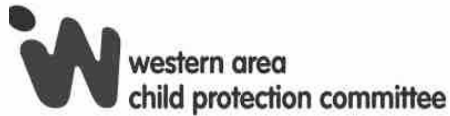

Intimate Care Policy and Guidelines Regarding Children

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1.0 INTRODUCTION

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

The Intimate Care Policy and Guidelines should be read in conjunction with the Area Child Protection Committee's Regional Policy and Procedures April 2005.

2.0 DEFINITION

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Photographs
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

3.0 PRINCIPLES OF INTIMATE CARE

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

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

4.0 AGENCY RESPONSIBILITIES

- All staff working with children must be vetted by the Agency. This includes students on work placement and volunteers. Vetting includes:

  - Access NI checks
  - Pre-employment checks
  - Two independent references

- **Only** named staff identified by your Agency should undertake the intimate care of children.

- Managers must ensure that all staff undertaking the intimate care of children are familiar with, and understand the Intimate Care Policy and Guidelines together with associated Policy and Procedures e.g. ACPC Regional Policy and Procedures 2005, Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 .

- All staff must be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work.

- Intimate care arrangements must be agreed by the Agency, parents / carers and child (if appropriate).

- Intimate care arrangements must be recorded in the child's personal file and consent forms signed by the parents / carers and child (if appropriate).

- Staff should not undertake any aspect of intimate care that has not been agreed between the Agency, parents / carers and child (if appropriate).

- Agencies need to make provisions for emergencies i.e. a staff member on sick leave. Additional trained staff should be available to undertake specific intimate care tasks. Do not assume someone else can do the task.

- Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

- If a staff member has concerns about a colleague's intimate care practice they must report this to their designated manager / teacher.

5.0 GUIDELINES FOR GOOD PRACTICE

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff.

They apply to every member of staff involved with the intimate care of children.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs.

Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

5.1 Involve the child in their intimate care

Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible.

Check your practice by asking the child / parent any likes / dislikes while carrying out intimate care and obtain consent.

5.2 Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

A lot of care is carried out by one staff member / carer alone with one child. The practice of providing one-one intimate care of a child alone is supported, unless the activity requires two persons for the greater comfort / safety of the child or the child prefers two persons.

5.3 Make sure practice in intimate care is consistent

As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents / carers / agencies ensures practice is consistent.

5.4 Be aware of own limitations

Only carry out care activities you understand and feel competent and confident to carry out. If in doubt **ASK**. Some procedures must only be carried out by staff who have been formally trained and assessed e.g. enteral feeding, rectal diazepam.

5.5 Promote positive self-esteem and body image.

Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be relaxed, enjoyable and fun.

5.6 If you have any concerns you must report them.

If you observe any unusual markings, discolourations or swelling including the genital area, report immediately to your designated manager / teacher.

If during the intimate care of a child you accidentally hurt them, or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to your designated manager / teacher.

Report and record any unusual emotional or behavioural response by the child.

A written record of concerns must be made and kept in the child's nursing / medical notes / personal file.

It is important to follow your Agency's reporting and recording procedures.

Parents / carers must be informed about concerns.

Please refer to:

- Regional Area Child Protection Committee Child Protection Procedures – April 2005
- *DENI Child Protection & Pastoral Care Guidance* 1999
- *Safeguarding Vulnerable Groups (Northern Ireland) Order 2007*

6.0 WORKING WITH CHILDREN OF THE OPPOSITE SEX

6.1 Principles:

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

- Ideally, every child should have the choice of carer for all their intimate care.

- The individual child's safety, dignity and privacy are of paramount importance.

The practical guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.

6.2 General Care

Male and female staff can be involved with children of either sex in:

(a) Keyworking and liaising with families.

(b) Co-ordinating of and contribution to a child's review.

(c) Meeting the developmental, emotional and recreational needs of the children.

(d) Escorting the children between sites, on outings and to clinics unless intimate care is needed.

6.3 Intimate Care

Wherever possible, boys and girls should be offered the choice of carer and second carer. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

It may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive. Do not assume that a child cannot make a choice.

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

(a) The delivery of intimate care by professionally qualified staff will be governed by their professional code of conduct in conjunction with agency policy and procedures.

(b) Staff who are not governed by a professional code of conduct must follow policy and procedures in operation within their agency and direction and agreement must be provided by the Designated Manager / Principal.

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

(d) If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.

(e) Report concerns to your Designated Manager / Teacher and make a written record.

(f) Parents / carers must be informed about concerns.

7.0 COMMUNICATION WITH CHILDREN

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

Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing.

To ensure effective communication:

- Ascertain how the child communicates e.g. consult with child, parent / carer and, if appropriate, communication needs must be recorded (please refer to Appendix 1, Communication Proforma for Intimate Care: How I Communicate). If further information is required please consult with the child's Speech and Language Therapist.

- Make eye contact at the child's level.

- Use simple language and repeat if necessary.

- Wait for response.

- Continue to explain to the child what is happening even if there is no response.

- Treat the child as an individual with dignity and respect.

Appendix 1

Communication Proforma for Intimate Care
How I Communicate

Name: ____

Date: ____

I communicate using words / signs / communication book / communication aid / body movements.

I indicate my likes / preferences by ________________

I indicate my dislikes by ___________________________

I show I am happy by __________________________ and unhappy by _____________________________________

If appropriate please complete the following

When I need to go to the toilet I ____________________

When I need changed I ____________________________

Additional information ____________________________

____

____

Speech and Language Therapist

Occupational Therapist

Key worker/s ___________________________________

Contact-Number/s ________________________________

Parent / carer signature ____________________________