

Intimate Care

Introduction

Settings who work with young children or children/young people* who have intimate care needs will require staff to be respectful of children's needs.

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 nappy changing, and toileting accidents.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of Safeguarding issues. Staff behaviour is open to scrutiny and staff at the Nursery work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

The Nursery 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. The Nursery recognises that staff must treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to best practice

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

Staff who provide intimate care and are trained to do so (including Safe Guarding Children and Health and Safety training in moving and handling) must be 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 adopt their practice in relation to the needs of individual children taking into account developmental changes.

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.

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.

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 adult will care for one child unless there is a sound reason for having two 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; 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, while 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; 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.

Each child/young person will rely on the Manager or Registered Person to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

The protection of children

The Local Children's Safeguarding Board - 'Basic Child protection Guidance' and the DFES 'What To Do If You Think A Child Is Being Abused' booklets will be accessible to staff and adhered to.

Where appropriate, 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. s/he will immediately report concerns to the appropriate manager/designated person for safe guarding children and the children's safe guarding policy will be followed.

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. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed, including following 'allegation against a member of staff' which should include contacting LADO ([Local Authority Designated Officer for Managing Allegations Against Those Working With Children](#))

Dealing with bodily fluids/waste

Spillages of substances likely to result in the spread of infections will be dealt with rapidly and carefully. Blood, vomit, urine and faeces will be cleaned up immediately and disposed of safely and hygienically by double bagging and taken out of the setting.

Staff will wear disposable plastic gloves and an apron and wash themselves thoroughly afterwards. Children will be kept well clear while such substances are being dealt with.

All staff are committed to taking all practicable steps to prevent and control the spread of infectious germs, and to uphold high standards of personal hygiene in order to minimise the risk of catching or spreading infection.

Jean Vine

January 2015