



Personal Assistance/ Intimate Care Policy

Aim

To ensure that children who require personal or intimate care are supported in a manner that promotes their self-respect, dignity and independence. To ensure that all staff responsible for children's intimate care undertake their duties in a professional manner and have clear guidelines to follow. To safeguard children and staff who require or provide personal or intimate care.

Definition

Intimate care is a term used to describe activities involved in meeting the personal care needs of a child. It includes providing care which requires direct or indirect contact with, or exposure of, private parts of the body, such as:

- changing nappies, underwear, continence pads or sanitary wear
- helping a child use the toilet
- bathing, showering or washing
- providing some forms of specialist medical care (such as inserting suppositories or pessaries).

It can also involve other forms of physical care, sometimes referred to as 'personal care', including:

- feeding
- changing outer layers of clothing
- applying or administering external or oral medication
- hair care
- washing non-intimate body parts
- prompting children to go to the toilet.

Why is safeguarding an important part of intimate care?

Providing intimate care involves working with children when they are particularly vulnerable. This can provide heightened opportunities for abuse. It's important that settings put in place measures to prevent abuse, maintain children's dignity and create an environment in which all children feel safe and comfortable. As part of this, our setting has a procedure in place for reporting concerns about the conduct of another member of staff. Intimate care also provides opportunities for focused, positive, one-to-one interaction with a child. Whilst providing intimate care a child might:



tell a staff member about something which has happened to them, or a staff member may identify potential safeguarding concerns. If a child tells a staff member something concerning, changes are noticed in a child's behaviour, or there are unexplained bruises or marks, then staff will report their concerns to the DSL immediately.

Principles of Intimate Care

We have based our policy on the following fundamental principles of intimate care:

Every child has the right to:-

Be safe

Personal privacy

Be valued as an individual

Be treated with dignity and respect

Be involved and consulted on their, own intimate care to the best of their abilities.

Express their views on their own intimate care and to have such views taken into account

Have levels of intimate care that are appropriate and consistent

Policy

To meet the principles of intimate care, our policy is to:

1. Involve the child in the intimate care. We will encourage each child to do as much for themselves as they can. There will be careful communication with each child who needs help with intimate care in line with their preferred means of communication. We will ensure the child is aware of the intimate care that we might provide and the reasons why; staff will also communicate with the child about what they will do and give the child as much choice and control as possible. Staff will check their own practice by asking the child about their preferences while carrying out the intimate care. We will talk children through what we are going to do and - where possible - seek consent, encourage independence and offer choice. We will also talk to children about who they can go to if they are ever worried or uncomfortable about anything.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Careful consideration will be given to each child's situation to determine how many staff might need to be present when a child needs help with intimate care.

3. Make sure practice in intimate care is consistent There will be named staff members known to the child who will support the child with intimate care and they will provide that care consistently and in line with the information in the child's care plan. Parent/carers/staff will be involved with their child's intimate care arrangements on a regular basis

4. Be aware of our own limitations. We will only carry out activities we understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.



5. Promote positive self-esteem and body image Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach we take to intimate care can convey lots of messages to a child about their body worth. Our attitude to a child's intimate care is important; we will promote the child's self-esteem and body image and we will also aim for the care to be provided in a relaxed and simple manner.

6. Report any concerns. If any unusual markings, discolouration or swelling are observed then staff will report it immediately to the Designated Safeguarding Lead. If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, we will reassure the child, ensure their safety and report the incident immediately to the DSL. We will report and record any unusual emotional or behavioural responses. A written record of concerns must be made available to parents and kept in the child's personal file.

Other areas:

Recording: Children who regularly require intimate care will have a written care plan drawn up with and agreed by the parents, and the child as appropriate. This will include a risk assessment to address issues such as moving and handling, personal safety of the child and the staff and health as necessary. These will be reviewed a minimum of annually. Children who require intimate care occasionally may not have a written plan but parents will be informed of the support the staff have given. There will be general risk assessments around intimate care tasks as appropriate.

Training and equipment

Staff who provide intimate care will be trained in child protection and in any other relevant areas eg manual handling. We will aim to provide any equipment necessary to support children's access to intimate care.

Keyworking: Any child who regularly receives intimate care will be assigned a keyworker. The keyworker will advocate for their needs as well as being a first point of contact for the child and family.

Respect and boundaries: We will consider each intimate care routine and plan from the child's point of view. We understand that good experiences of intimate care can help children understand how adults should behave towards them and help children know that their body belongs to them and their needs and wishes will be respected; we will role model this positive practice.

Resources and further information:

<https://learning.nspcc.org.uk/child-health-development/intimate-care#skip-to-content>

<https://learning.nspcc.org.uk/research-resources/schools/pants-teaching>