

Sunbeams

A haven for children and
young adults with Autism

Health And Safety

23a. Intimate Care Policy

Definition of Intimate Care

There is a clear difference between personal and intimate assistance. 'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. The Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear);
- Helping someone use the toilet;
- Changing continence pads (faeces/Urine);
- Bathing / showering;
- Washing intimate parts of the body;
- Changing sanitary wear;
- Inserting suppositories;
- Giving enemas;
- Inserting and monitoring pessaries.

Definition of Personal Care

Care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication;
- Feeding;
- Administering oral medication;

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- Hair care;
- Dressing and undressing (clothing);
- Washing non-intimate body parts;
- Prompting to go to the toilet.

Personal Care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

Principles of Intimate Care and Personal Care

The following are the fundamental principles of intimate and personal care upon which our policy guidelines are based:

- Every child and young person has the right to be safe;
- Every child and young person has the right to personal privacy;
- Every child and young person has the right to be valued as an individual;
- Every child and young person has the right to be treated with dignity and respect.

Our Policy

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

For staff that have difficulty fulfilling this main duty on the Job Description, support should be available to access appropriate training. The Deputy Manager is trained in 'Dignity in Care' who will ensure staff deliver 'best practice'.

Staff will be supported to adapt their practice in relation to the needs of individual children/young people taking into account developmental changes such as the onset of puberty and menstruation.

There is careful communication with each child/young person who needs support in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child/young person's needs and preferences. The child/young person is aware of each procedure that is carried out and the reasons for it.

As a basic principle children/young people 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/young person 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/young person. These plans include a full risk assessment to address the personal safety and health of the child/young person and the carer e.g. moving and handling, infection control etc.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each child/young person's situation to determine how many carers might need to be present when a child/young person needs help with intimate care. Where possible one child/young person will be cared for by one adult 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/young person will not be cared for by the same adult on a regular basis; there will be a minimal rota of carers known to the child/young person 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/young person's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child/young person's care plan. The needs and wishes of children/young people and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each child/young person will have an assigned senior member of staff 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 and Young People

All staff involved in the provision of intimate and/or personal care will have all relevant checks completed before allowing them to be left alone with children/young people (e.g. DBS) and will be subject to robust internal procedures such as reference checking and monitoring and regular updating of enhanced DBS checks.

Where appropriate, all children and young people 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/young person's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager / designated person for child protection. Safeguarding procedures will then be followed and guidance provided to the member of staff.

If a child/young person 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.

If a child/young person makes an allegation against a member of staff, all necessary procedures will be followed.

Guidelines for Good Practice

This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children/young people. All children/young people have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children/young people and staff. They apply to every member of staff involved with the intimate care of children/young people.

Treating children and young people with dignity and respect.

Children and young people with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Staff also need to be aware that in exceptional circumstances some adults may use intimate care as an opportunity to abuse children/young people. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children/young people and staff.

1. Involve the child in the intimate care

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

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

Staff can administer Intimate Care alone however settings need to be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

3. Be aware of your own limitations

Only carry out activities you 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.

4. Promote positive self-esteem and body image.

Confident, self-assured children/young people 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 both efficient and relaxed.

5. If you have any concerns you must report them.

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated Practitioner. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

6. Helping through communication

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.

7. Support to achieve the highest level of autonomy and independence

As a basic principle children/young people 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/young people 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.

Infection Prevention Control

Infection prevention and control is concerned with the prevention of avoidable risks of infection and the control and management of all unavoidable risks of infection to those administering and receiving intimate and personal care. We will manage infection risks related to the setting, equipment, staff working practices and clinical practices arising from the intimate and personal care of children/young people.

Space for Privacy

Ensuring that privacy and dignity are maintained during the time taken to change a child or when they are sitting on the toilet or potty is crucial. If necessary, a small screen can be used to support this basic human right. The time spent changing a child should be a positive experience for the child.

Suitable hygiene resources

- Staff should wear disposable gloves and aprons while changing a nappy, pad or soiled clothing;
- Soiled nappies or pads should be double wrapped disposed of in the domestic waste. This process is recommended for up to three children/young people, nappies or pads should be placed in a hygienic disposal unit;
- Agreed regular emptying of bins;
- Changing area to be cleaned after use;
- Hot water and liquid soap to wash hands as soon as the task is completed;
- Hot hand dryer or paper towels available for drying hand

Legislation

- Equality Act 2010

This policy was adopted on

20th April 2015

Policy updated

24th April 2024

Date to be reviewed

April 2025

Signed on behalf of the management committee

Name of Signatory Susan Carr

Role of Signatory Manager

| Reviewed By | Date |
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| Sue Carr | 24/04/2024 |
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