

The Whitby Secondary Partnership

Intimate Care Policy

Document Status	
Date of Policy Adoption by Governing Body: 22 September 2020	
Reviewed	July 2021
Next Review	July 2022
Signed (Chair of Governors)	<i>Pen Cruz</i>

Intimate care for children and young people in disabled children's resource centres, children's homes and fieldwork staff

1. Summary

This procedure covers the arrangements for the provision of intimate care to children and young people in children's homes and children's resource centres. Intimate care includes feeding, oral care, hair care, washing, dressing/undressing, toileting, menstrual care, supervision of a child involved in intimate care, and permitted tasks listed in the procedure, 'Medication and Invasive Care for Disabled Children' Section 2.28. There are facilities for young people to manage their own personal care in children's homes. Hence, it is rare for children and young people to require support with their intimate care in children's homes. It is most likely to be as a result of illness, and therefore temporary, or a medical condition such as Type 1 diabetes. Where staff are required to assist with intimate care in children's homes they must also follow this procedure.

This procedure should also be used in conjunction with the procedure 'Medication Administration in Children's Homes and Children's Resource Centres', Section 5x20; and 'Medication for Children (Non Residential)', Section 2.25.

2. Linked procedures and documents

- Care needs of disabled children assessment and carer's assessment (Children's Social Care Procedures Section 2.20).
- Moving and transfer of disabled children and young people (Children's Social Care Procedures Section 2.29).
- Challenging behaviour: making a risk assessment (Children's Social Care Procedures Section 2.28).

3. Legislation and standards Children Act 1989.

- Care Standards Act 2000.
- Handling of Medicines in Social Care (RPSGB 2007).
- The Dignity of Risk (NCB, Council for Disabled Children, Shared Care Network 2004).

4. Responsibility

- County residential manager.
- Registered managers (CRC's).
- Resource centre leaders and workers (CRC's).
- Registered managers (CH).
- Group leaders and children's centre workers (CH).
- Social workers.

5. Action/responsibility
Social worker/care worker; manager; carer; or other

Action	Responsibility	Timescale
5.1. Principles of intimate care		
<p>5.2 It is essential that care is given gently and sensitively and that every child or young person is treated as an individual and with respect. As far as possible, the child should be allowed to exercise choice and should be encouraged to have a positive image of her/his own body. These principles of intimate care can be put into practice by:</p> <ul style="list-style-type: none"> • allowing the child, wherever possible, to choose who provides their intimate care or their parent where the child is unable to make this choice • encouraging the child to say if they find a member of staff not acceptable • allowing the child a choice in the sequence of care • ensuring privacy appropriate to the child's age and the situation • allowing the child to care for her/himself as far as possible • being aware of and responsive to the child's reactions. 	Care worker	
5.3. Intimate care can provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self esteem. Wherever children can learn to assist in carrying out aspects of intimate care they should be encouraged to do so.	Care worker	
<p>5.4. What is intimate care?</p> <p>5.5. Intimate care encompasses areas of personal care which most people usually carry out for themselves but some people are unable to do because of an impairment or disability. Children and young people may require help with eating and drinking or other aspects of personal care for eg:</p> <ul style="list-style-type: none"> Feeding Oral care Hair care Washing Dressing/undressing Toileting Menstrual care Supervision of a child involved in intimate care Permitted tasks listed in the procedure, 'Medication and Invasive Care for Disabled Children' Section 2.28 	All staff	

<p>5.6. Who should provide intimate care?</p> <p>5.7. Wherever possible, intimate care provided to children and young people will be undertaken by a staff member of the same gender. However, this is dependent on the availability of male and female staff, the number of children that each member of staff is caring for at any one time, as well as the experience and skills of individual staff in relation to who is matched with a child or young person. Staff will take into account the wishes and feelings of children and young people and their carer and through consultation endeavour to find the most suitable arrangement for personal care given the resources available. See Principles of Intimate Care at 5.2 above.</p> <p>5.8. Male and female staff can be involved with children of either sex in:</p> <p>' Keyworking and liaising with families.</p> <ul style="list-style-type: none"> • Co-ordinating of and contributing to a child's review. • Meeting the developmental, emotional and recreational needs of the children. • Escorting children on outings etc. <p>5.9. The arrangements for the provision of intimate care must be included as part of the Placement Information Record and Care Plan, which is agreed by the child and/or the parent/s in writing on the child's behalf. These arrangements should be reviewed each time the Care Plan is reviewed. The permission form at Appendix 1 is to be used in Disabled Children's Resource Centres only as it is not required in Children's Home's.</p>	<p>Care worker</p> <p>Care worker</p> <p>Care worker Child Parent Care worker Social worker</p>	
<p>5.10. Staff should get to know the child well beforehand in other contexts and be familiar with her/his moods and methods of communication.</p> <p>5.11 . Staff should speak to the child personally by name so that he/she is aware of being the focus of the activity.</p> <p>5.12. Staff should have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care in respect of an individual child and take these fully into account.</p>	<p>Care worker</p> <p>Care worker</p> <p>Care worker</p>	

<p>5.13. Where possible ascertain from the child their preferences about how they wish their intimate care to be undertaken with them in their preferred means of communication and record this in their file. Also record in their file as well as the specific words or signs that the child uses to indicate if there is a problem or discomfort during the provision of intimate care including the administration of medication. Where this is difficult to ascertain it may be possible to determine a child's wishes by observation of their reactions to the intimate care they receive and record this in their file.</p> <p>5.14. Staff must close the door before allowing a child/ supporting a child to undress. If the child is using the bathroom/toilet by themselves, the member of staff should ensure the door is closed.</p> <p>5.15. Staff must knock on the door before entering the bathroom or bedroom.</p> <p>5.16. Staff should ensure that that the child's privacy and modesty is respected and protected at all times.</p> <p>5.17. Staff must not allow a child to leave the bathroom/ bedroom naked. If staff are unable to clothe the child, they should cover the child with a towel.</p> <p>5.18. Staff must always wear protective gloves and a plastic apron when they are changing a child's sanitary wear or incontinence pad or undertaking stoma care.</p>	<p>Care worker</p> <p>Care worker</p> <p>Care worker</p> <p>Care worker</p> <p>Care worker</p> <p>Care worker</p>	
<p>5.19. If the child appears distressed or uncomfortable when intimate care is being undertaken with them, the care should stop immediately. Staff should try and ascertain why the child is distressed and provide reassurance. Staff should report this to their manager and record it in child's file and inform parents as appropriate.</p>	<p>Care worker</p>	
<p>5.20. Staff should agree with the child where possible and their parent/s appropriate terminology for private parts of the body.</p>	<p>Care worker</p>	
<p>5.21 . Staff must always speak to older children in a way that reflects their age and cognitive ability.</p>	<p>Care worker</p>	

<p>5.22. Staff must keep a record in the child's file which note a child's responses to intimate care and any changes in behaviour.</p> <p>5.23. All staff will be trained as part of their in-house induction in the specific types of intimate care that they carry out, and they are required to fully understand this procedure within the context of their work. Training will be sought from the NHS for any specialist intimate care routines prior to any care being provided.</p> <p>5.24. Where staff are unsure about any aspect of providing intimate care they should discuss this with their manager. Additional training and support can be provided to ensure staff are able to take on this responsibility and feel confident about doing so.</p>	<p>Care worker</p> <p>Care worker</p> <p>Care worker</p>	
<p>5.25. Intimate care for fieldwork staff There may be situations where social workers and family support workers are required to transport children without a parent/carer being present or where they are temporarily alone with the child; the child may need to go to the toilet and may require assistance either because they are very young or disabled. In these situations, social workers and family support workers are required to follow this procedure and:</p> <ul style="list-style-type: none"> • Where possible ascertain from the parent/carer in advance about how best to meet the child's intimate care needs should staff be required to take them to the toilet or where the child has an accident and requires their clothes changing. • Where possible two members of staff should assist the child. • Where staff feel vulnerable, contact a colleague or manager to advise then they are carrying out the task. If this is not possible, record the details of the care as soon as possible and inform the parent/carer as soon as possible. • Ensure that the child is content after carrying out the task. 	<p>Social worker/ family support worker</p>	

6. Appendices

Appendix 1 Permission for children's resource centres to provide intimate care.

7. Document author: SENCo

8. Reviewing process

To be reviewed by: SENCo

9. Compliance to equalities

North Yorkshire County Council is committed to equality and to making fair and equitable treatment an integral part of all we do.

We will take action to identify and eliminate any directly or indirectly discriminatory practices, which act as barriers to achieving this objective. We oppose all forms of unlawful or unfair discrimination whether on the grounds of race, colour, ethnic or national origin, sex or gender reassignment,

marital status, sexual orientation, religion or belief, disability, or any condition or requirement which places a person at a disadvantage and cannot be objectively justified.

The full text of the Equalities Policy statement can be found on the Intranet or be obtained from the human resources services at County Hall, Northallerton.

10. Distribution

All Children's Care Procedures Holders can be found on, North Yorkshire County Council's intranet, website and <http://northyorks.gov.uk>.

Permission for children's resource centres to provide intimate care

Child's last name	
Child's first name	
Male/Female	
Date of Birth	
Parent/s name	
Address	

I understand that:
 I give permission to the Children's Home/Children's Resource Centre to provide appropriate intimate care to my child, for example dressing, toileting, feeding, washing, assisting with the administration of medication or other.
 I wish to advise you that I would like the following arrangements to be the approach to this:

Special arrangements for my child should be as follows:

I will advise the manager of the Children's Home/Children's Resource Centre of any issues including the administration of medication which impact on the intimate care of my child. These issues are:

Name:
Signature
Relationship to child:
Date:

Child's Name:
Child's signature:
Date: