

The background of the entire page is a photograph of a woman with long brown hair, wearing a red tank top and black climbing pants, climbing a blue rock wall. The wall is decorated with various colorful climbing holds, including a prominent yellow one. The lighting is dramatic, with strong highlights and shadows.

POLICIES

INTIMATE CARE POLICY

V.1.2020

SAFEGUARDING STATEMENT

At the Adur Centre we respect and value all children, young people and adults and are committed to providing a caring, friendly and safe environment. We believe every person should be able to participate in all our activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by or invited to deliver services at the Adur Centre. We recognise our responsibility to safeguard all who access our activities and promote the welfare of all by protecting them from physical, sexual and emotional abuse, neglect and bullying.

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1. Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as care for a child after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure to meet complex health needs, only a person suitably trained and assessed as competent will undertake the procedure, (e.g. the administration of rectal diazepam).

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There should always be a high awareness of possible safeguarding and child protection issues. As such, staff behaviour must be open to scrutiny and staff must work in partnership with parents, guardians and where appropriate, health professionals, to provide continuity of care to children wherever possible. The following document is based on best practice.

The Adur Centre 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. We recognise there is a need to treat **all** children with respect especially when intimate care is given. No child should be attended to in a way that causes distress or pain.

The management of all children with intimate care needs will be carefully planned. The child's welfare and dignity is of paramount importance.

Staff who provide intimate care will be trained to do so (including Safeguarding, Child Protection and Health and Safety training in moving and handling) and be fully aware of best practise. Where an assessment made by a physiotherapist/occupational therapist determines special apparatus should be used to assist such care, this will be accommodated. Staff will be supported to adapt their practise in relation to the needs of individual children taking into account developmental changes.

Each child 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 his/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Where appropriate Individual Intimate Care Plans (IICP) will be drawn up for each child to suit their individual circumstances.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation e.g. determining how many carers might need to be present when a child is toileted.

Wherever possible, one child will be catered for by one adult unless there is a sound rationale for having more adults present. If this is the case, the reasons will be clearly documented.

2. The Protection of Children

The Adur Centre safeguarding procedures will be adhered to at all times. 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 designated named persons for child protection. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated, and outcomes recorded. If an allegation is made against a member of staff, all necessary safeguarding and child protection procedures and protocols will be followed. Parents/guardians will be contacted and informed as part of this process in order to reach a resolution. Where deemed appropriate, staffing schedules will be altered until the issue(s) are resolved. During this time the child's needs remain of paramount importance. The Adur Centre will seek further specialist advice from outside agencies where necessary to maximize best outcomes for the child.

3. Additional Guidance

3.1 Health and Safety

When attending to the intimate care of children, staff should be aware of the Centre's Health and Safety policy. Staff should always wear an apron and gloves when dealing with a child who has soiled. Any soiled waste (urinary or faecal) should be placed in a yellow clinical waste disposal bag, which will be sealed. This bag should then be placed in a bin (complete with a liner) which is specifically designated for the disposal of such waste. The bin should be emptied regularly, and it will be collected as part of the usual refuse collection service.

1.1 3.2 Special/complex health needs

Children with special/complex health needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual care plans for each child. As with all arrangements for intimate care needs, agreements between those with parental responsibility and the Centre should be easily understood and clearly recorded.

Regardless of age and ability, the views and emotional responses of children with special/ complex health needs should be actively sought (with advocacy arrangements in place for those who require assistance) in regular reviews of these intimate care arrangements.

1.1.1 3.3 Physical contact

All our staff engaged in the care and support of our children need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited appropriate touch' cultures. When physical contact is made with children this will be in response to the child's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always make considered judgements when executing their duties, be prepared to justify actions and accept that all physical contact will be open to scrutiny. Any physical contact with an individual child is likely to be open to question unless the justification for this is formally agreed by the child, the Centre and those with parental responsibility.

Children with complex health and/or special needs may require more physical contact to assist their everyday learning. The general culture of 'limited appropriate touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Consultation with colleagues and, where possible, parents/guardians will take place where any deviation from the agreed arrangements is anticipated. Any deviation and the justification for it will be fully documented and reported.

Extra caution is required by staff where it is known a child has previously suffered abuse or neglect. In this case the child may view physical contact to be associated with such previous experiences and may result in staff being more vulnerable to allegations of abuse. Additionally, many such children may present as extremely needy and actively seek out inappropriate physical contact. In such circumstances staff should deter the child, minimising any negative experience. In such cases staff should ensure appropriate supervision ratios are maintained to safeguard against possible allegations.

3.4 Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In such cases trained staff should use the minimum force necessary for the minimum length of time required for the child to regain self-control, using accredited training techniques. In all cases of restraint each incident must be documented and reported. Staff must be fully aware of and adhere to all Centre policies on the use of force to control or restrain and positive handling.

Under no circumstances is it permissible to use physical force as a form of punishment, to modify behaviour, or to make a child comply with an instruction. Physical force of this nature is deemed unacceptable by the Adur Board and is likely to, constitute a criminal offence.

1.2 3.5 Child in distress

There may be occasions when a distressed child needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and is not subject to misinterpretation.

Judgement will need to take account of the circumstances of a child's distress, the extent and cause of the distress. Unless the child needs an immediate response, staff should consider whether they are the most appropriate person to respond. It may be more suitable to involve the child's relative or the support from alternative colleagues. To minimise the risk of misinterpretation/allegation, particular care must be taken in instances that involve the same child over a period of time. Where a member of staff has a particular concern about the need to provide this type of care and reassurance, they should seek further advice, from Alistair Cole (Director) and/or the Centre's designated named persons. The named persons are:

- Ian Forbes
- Tristan Brown

1.3 3.6 First Aid and intimate care

Staff who administer first aid should ensure wherever possible that another adult is present. The child's dignity must always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and must be made aware of the task being undertaken. Regular requirements of an intimate nature should be planned for. For conditions known to the Centre, administered First Aid procedures should be in line with agreed care plans.

1.3.1 3.7 Changing clothes

Children are entitled to respect and privacy when changing their clothes. However, there must be the required level of supervision to safeguard children with regard to Health and Safety considerations and to ensure that bullying or teasing does not occur. Adults should announce their intention of entering rooms where children are changing their clothes, avoid touch when children are in a state of undress and avoid any visually intrusive behaviour. Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore, staff need to be vigilant about their own conduct.

3.8 Off-site trips

Employees should take particular care when supervising and providing intimate care for children in the less formal atmosphere of off-site settings. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within the Centre. Staff and volunteers involved in such activities should be familiar with all relevant Centre policies and protocols regarding off-site visits. To ensure children's safety, increased vigilance may be

required when monitoring their behaviour on off site visits. It is important to exercise caution to ensure a child is not compromised or that the member of staff does not attract allegations of overly intrusive or abusive behaviour.



Brighton Road, Shoreham-By-
Sea, BN43 5LT

0333 340 7100

info@adurcentre.org.uk