

# Working with Children Cork CIL Intimate Care Policy for Children.

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Intimate Care Policy & Guidelines Regarding Children

Cork CIL  
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Reviewed		Lead
Jan 2018		PB

## **Intimate Care Policy and Guidelines Regarding Children**

### **1.0 Introduction**

The Intimate Care Policy and Guidelines Regarding Children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

Children with a disability can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. This Policy and guidelines must be read in conjunction with the Child Protection Guidelines and Trust in Care

### **2.0 Definition**

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents.

Intimate care can include:

Feeding

- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

### **3.0 Principles of Intimate Care**

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

#### **4.0 Management Responsibilities**

All staff working with children must be vetted by Cork CIL. This includes students on work placement and volunteers. Vetting includes:

- Pre-employment checks including Garda vetting
- Three independent references
- Only named staff identified by Cork CIL should undertake the intimate care of children.
- Cork CIL Co-ordinators must ensure that all staff undertaking the intimate care of children are familiar with, and understand the Intimate Care Policy and Guidelines together with associated Policy and Procedures
- All staff must be trained in the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work.
- Intimate care arrangements must be agreed by Cork CIL, parents / carers and where possible and appropriate each child.
- Intimate care arrangements must be recorded in the child's individual file and consent forms signed by the parents / carers and child (if appropriate).
- Staff should not undertake any aspect of intimate care that has not been agreed between Cork CIL, parents, carers and child (if appropriate).
- Cork CIL needs to make provisions for emergencies i.e. a staff member on sick leave. Additional trained staff should be available to undertake specific intimate care tasks.
- Do not assume someone else can do the task.
- Intimate care arrangements should be reviewed at least 12 monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.
- If a staff member has any concerns about a child or about a colleague's intimate care practice they must report this to their designated Co-ordinator or CIL Manager.

#### **5.0 Guidelines for Good Practice**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to these guidelines of good practice should safeguard children and staff.

### **Involving Children in their intimate care**

- Try to encourage a child's independence as far as possible in his / her intimate care. Where the child is fully dependent talk with them about what is going to be done and give them choice where possible.
- Check your practice by asking the child / parent any likes / dislikes while carrying out intimate care and obtain consent.
- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

### **Working One : One**

- A lot of care is carried out by one staff member / carer working alone with one child. The practice of providing one-one intimate care of a child alone is supported, unless the activity requires two persons for the greater comfort / safety of the child / safety of staff.

### **Consistent Care**

- As a child can have multiple carers a consistent approach to care is essential. Effective communication between parents / carers / agencies ensures practice is consistent.

### **Staff Accountability and Responsibility**

- Staff must be aware of their own limitations
- Only carry out care activities you understand and feel competent and confident to carry out. If in doubt ASK.
- Some procedures **must** only be carried out by staff who have been formally trained and assessed e.g. administration of enemata, enteral feeding, rectal diazepam.

### **Promote positive self-esteem and body image.**

- Confident, self-assured children 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 relaxed, enjoyable and fun.
- If you have any concerns you must report them.

### **Reporting Concerns**

- If you observe any unusual markings, dis-colourations or swelling including the genital area, report immediately to your designated CIL Co-ordinator or CIL Manager.
- If during the intimate care of a child you accidentally hurt them, or the child appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to your designated CIL Co-ordinator or CIL Manager.

## **Record Keeping**

- Report and record any unusual emotional or behavioural response by the child.
- A written record of concerns must be made and kept in the child's personal file.
- It is important to follow Cork CIL's reporting and recording procedures.
- Parents / carers must be informed about concerns. Please refer to designated CIL Co-ordinator or CIL Manager who will manage this and may require you to accompany them.

## **6.0 Working with Children of the Opposite Sex.**

Principles:

There is a positive value in both male and female staff being involved with children. Ideally, every child should have the choice of carer for all their intimate care but this not always possible. Whoever provides care, the individual child's safety, dignity and privacy are of paramount importance.

*The practical guidelines set out below, are written in the knowledge that the current ratio of female to male staff means we are far less likely to be able to offer the choice of same sex carer to male children.*

### **General Care**

*Male and female staff can be involved with children of either sex in:*

- (a) Key-working and liaising with families.
- (b) Co-ordinating of and contribution to a child's review.
- (c) Meeting the developmental, emotional and recreational needs of the children.
- (d) Escorting the children on outings unless intimate care is needed.

### **Intimate Care.**

Wherever possible, children should be offered the choice of carer and second carer. Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates. Do not assume that a child cannot make a choice.

The intimate care of boys / girls can be carried out by a member of staff of the opposite sex with the following provisions:

- (a) The delivery of intimate care by professionally qualified staff will be governed by their professional code of conduct in conjunction with Cork CIL policy and procedures.
- (b) Staff who are not governed by a professional code of conduct must follow policy and procedures in operation within Cork CIL and direction and agreement must be provided by the CIL Co-ordinators or CIL Manager.

(c) When intimate care is being carried out, all children have the right to dignity and privacy i.e. they should be appropriately covered, the door closed or screens / curtains put in place.

(d) If the child appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.

(e) Report concerns to your designated CIL Co-ordinator or CIL Manager. Pre-school Teacher and make a written record as requested by CIL Co-ordinator.

(f) Parents / carers must be informed about concerns.

## **7.0 Communication with Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Children communicate using different methods e.g. words, signs, symbols, body movements, eye pointing. To ensure effective communication:

- Ascertain how the child communicates e.g. consult with child, parent / carer and ALS Co-ordinator. Where appropriate, communication needs must be recorded. If further information is required please ask to your designated CIL Co-ordinator.
- Make eye contact at the child's level.
- Use simple language and repeat if necessary.
- Wait for response.
- Continue to explain to the child what is happening even if there is no response.
- Treat the child as an individual with dignity and respect.

Communication Pro-forma for Intimate Care

**How I Communicate**

Name:: \_\_\_\_\_: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I communicate using words  signs  communication   
book  communication aid  body movements.

I indicate my likes / preferences by: \_\_\_\_\_

I indicate my dislikes by: \_\_\_\_\_

I show I am happy by: \_\_\_\_\_  
and  
unhappy by: \_\_\_\_\_

If appropriate please complete the following

When I need to go to the toilet I: \_\_\_\_\_

When I need to be changed I: \_\_\_\_\_

Additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact:

Mum: \_\_\_\_\_

Dad: \_\_\_\_\_

Other: \_\_\_\_\_