



**LADYBIRDS**  
NURSERY

**Guidelines for Developing Good Practice for**  
**Intimate Care**  
**Childcare Practice**

**Gender of Care**

When considering a suitable carer to provide intimate care, a child's wishes should be taken into account as far as possible, bearing in mind their age and understanding.

**Privacy**

Privacy is an important issue. It is very important to treat every child with dignity and respect and ensure privacy appropriate to the child's age and ability.

There is a question of whether one or two people should be involved in a child's intimate care. Two people may provide some safeguards for both the child and the carer against actual abuse or allegations of abuse respectively. However, two people providing intimate care together lessen the privacy and dignity afforded to the child. For this reason, we recommend that one person provides the care.

**Involving the young child in their own care**

Try to avoid doing things for the child that he/she can do themselves. If the child can do parts of the task, then give them the chance to do this and encourage them in it. Support the child in doing all they can for themselves as this will help them to become as independent as they can and feel as positive as

possible about their care. If a child is fully dependent then talk with them about what you are going to do and give them as many choices as possible. (Always let them know what is going to happen next)

### Being responsive to a child's reactions

Check with the child (age depending) "Is it OK to do it this way", "Can you wash there", "How does mummy do this"

It is the responsibility of all the staff to ensure the children feel comfortable in and confident in what is happening. If a child expresses a dislike of you carrying out their intimate care, try to find out why.

### Being fully informed and trained

#### **NEVER DO SOMETHING UNLESS YOU KNOW HOW TO DO IT.**

If you are not sure how to do something, always ask. If you need to be shown more than once, then ask again. You can ask your team leader, deputy or Manager.

Certain intimate care procedures such as rectal examinations must only be carried out by nursing or medical staff. All invasive procedures such as giving rectal valium, suppositories, or feeding using a naso-gastric tube or gastrostomy require staff to be trained and assessed as competent, for example by a trained member of the paediatric team.

### Reporting concerns

Do not be afraid to report and discuss any concerns you have arising out of intimate care with you safeguarding officers. (Gill and Zoe)

Examples of concern would be:

-  You accidentally hurt a child during the process of giving them intimate care
-  The child seems unusually sore or tender in the genital or rectal area
-  The child appears to be sexually aroused by your actions



The child misinterprets or misunderstood something you do



The child has an emotional reaction during intimate care



The child asks you to do something with which you feel uncomfortable

## Helping the child to have a positive image of their own body

The way we provide care sends powerful messages to a child and can affect the way they feel about themselves and their own body.

Helping them to know that parts of their body are private even though they require intimate care is an important message to convey. Keeping in mind the child or young person's age, intimate care should be in an atmosphere which private, and relaxed. It is essential the child's right to say no is always respected. If a child has no verbal communication we need to be sensitive to signs that signal this or to anticipate this.

## Conclusion

Intimate care should always be delivered in such a way as to safeguard the child's right to dignity and respect and to ensure they are kept safe.

The way we provide intimate care can make a huge difference to how a child feels about themselves and life in general.

Intimate care can so easily reinforce the negative image children have of themselves. If people describe them as 'dirty' or 'smelly' or react in a negative disapproving way to such things as their incontinence, they learn to feel bad about themselves.

We need to ensure that appropriate methods of communication about a child's needs are adopted in 'public environments' so that his/her right to confidentiality is maintained. For example, staff exchanging information about a child's intimate care needs.

Times for intimate tasks can be quiet and relaxed times, an opportunity to build trust and communication.

As carers, we have the potential in all intimate care to convey positive messages both in what we say and the way we act and respond. For example, we can brush a child's hair in the way that conveys, 'You are special, I value you as a person', or in a way which is simply 'getting the job done'

In providing intimate care we need to strive to always be sensitive to these details in the lives of those we care for.

Policy Issued January 2016

Date to be Reviewed January 2017

Date Reviewed May 2017

Date to be Reviewed May 2018

Date Reviewed May 2018

Date to be Reviewed May 2019

Date Reviewed April 2019

Date to be Reviewed April 2020

Date to be Reviewed

The policy will be reviewed sooner than the review date should any new information become available.