



Intimate care policy

Support for all children and young people with intimate care needs will be carefully planned and the setting will ensure that:

- All staff adhere to the safeguarding policy and any related procedures
- Professional boundaries are always maintained. Any behaviour, which may be misinterpreted by others, is recorded and reported.
- The setting will consider the appropriateness of the area where intimate care may be required to take place.
- Staff carrying out intimate care are supported and, where possible, the same gender to the child.
- Staff will only carry out care they are confident they are able to fully deal with.
 - Suitable facilities and equipment will be made available.
- The number of adults engaged in the care should only reflect the minimum required to carry out the care safely and effectively.
 - Care is agreed with the children's family prior to it taking place
 - The needs and wishes of the child are taken into consideration
 - The child's privacy and modesty will be protected at all times
- Staff should have knowledge of any religious or cultural sensitivities related to aspects of personal care.
- Staff should agree with the child's family the appropriate terminology for private parts of the body and their functions.
- Intimate care is logged and recorded. Date, time and who helped complete the care should be included
 - Any responses from the child to the intimate care should be recorded

Safeguarding surrounding intimate care

If a member of staff has any concerns regarding any physical or behavioural changes in the child, this will be logged immediately and passed to the DSL. An appropriate level of supervision will be required to ensure the child has respect and privacy while changing or undergoing any personal care.

One to one situations have the potential to leave children more vulnerable to harm. Adults are also more vulnerable to accusations or allegations when in this position. It is therefore, vital that sensible precautions are taken to ensure the safety of everyone involved.



Targeting is the process offenders use to identify a victim. Children most likely to be targeted are those in the groups identified as 'vulnerable'. They may fall into one or more of the categories: children with troubled or unsettled lives; with behavioural or emotional problems; who are separated from parents; who are known to have been previously abused; who have low self-esteem; who are isolated socially or geographically; with disabilities or SEND.

Grooming is the process by which an offender manipulates the environment to increase the likelihood of offending without being caught. Some areas to consider in relation to grooming are:

- It involves adults and children
- The more protective adults a child has in their network, the less likely they will be successfully targeted.
 - It is subtle and is carried out in a way to have an 'innocent' explanation
 - It is manipulative and deliberate
- It may be seen as warmth and helpfulness making the person extremely plausible
 - It can be a slow process
 - Children become entrapped and feel responsible or guilty
 - Children are coerced to keep secrets

Staff need to know if they have concerns about the behaviour of a member of staff or volunteer within the setting, they must report it immediately to the DP. If the concerns are about the DP they should speak to another DP.

Whistle blowing is the mechanism by which adults can voice their concerns, made in good faith, without fear of repercussion. Staff and volunteers who use the settings whistleblowing policy should be made aware that their employment right is protected. Staff and volunteers should acknowledge their individual responsibilities to bring matter of concern to the attention senior management and / or external agencies. This is extremely important where the welfare of children is at risk.