

## **Intimate Care Policy**

### **Introduction**

We intend to provide a safe, secure, caring environment where everyone is valued and respected equally. We aim to provide an inclusive setting where children and young people develop independence skills and are provided for according to need whatever their age, gender, background, beliefs or abilities.

This together when their limited understanding and / or poor communication skills may make them a very vulnerable group of children. It is important that we recognise the need to be sensitive to the feelings of the child / young person and to also be aware how vulnerable they must feel. Children and young people need to develop their understanding of social boundaries and staff members may also need to support them and their parents to learn what is socially acceptable and what is not.

### **Regulations and Standards**

The Protection of Children Standard

The Children's Views, Wishes and Feelings Standard

The Health and Well-being Standard

The Positive Relationships Standard

### **Principles**

The service will act in accordance with safeguarding legislation and takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting intimate care needs is one aspect of safeguarding. The service recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his / her ability to carry out day-to-day activities must not be discriminated against. This intimate care policy should be read in conjunction with the following:

Safeguarding policy

Recruitment of staff procedures

Health and Safety policy and procedures

Administration of Medicines policy

## Moving and Handling policy

### **Staff Code of Conduct**

The service is committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner. It is acknowledged that these adults are in a position of great trust. The service recognises that there is a need to treat all children / young persons, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The children's / young person's welfare and dignity is of paramount importance. No child / young person should be attended to in a way that causes distress or pain. Staff will work in close partnership with parent/carers to share information and provide continuity of care. Definition of intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some young people are unable to do because of their physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of children involved in intimate self-care. Levels of support can vary from verbal prompts to full personal care dependent on assessed needs of young people.

### **Planning for intimate personal care**

Staff who provide intimate care are trained to do so, including in safeguarding, health and safety and moving and handling. They are fully aware of best practice regarding infection control, including the need to wear PPE where appropriate. Staff will be supported to adapt their practice in relation to the needs of individual young people taking into account developmental changes such as the onset of puberty and menstruation. There is careful communication with each young person who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. Where the young person is of an appropriate age and capacity of understanding, consent should be sought before starting an intimate procedure. All young people will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each young person to do as much for his/herself as possible. All staff should be aware of the service's confidentiality procedures. Sensitive information will be shared only with those who need to know.

Children / young people who require regular assistance with intimate care have written placement plans agreed by staff, parents / carers and any other professionals actively involved, such as social workers. These plans include a full risk assessment

to address issues such as moving and handling, personal safety of the young person and the carer. Any historical concerns (such as past abuse) should be noted and taken into account. Every child / young person's right to privacy will be respected. Careful consideration will be given to each young person's situation to determine how many carers might need to be present when a young person needs help with intimate care. Adults who assist children / young people one-to-one are employees of the service and are DBS checked at the appropriate level. It is not always practical for two members of staff to assist with an intimate procedure and this does not take account of the young person's privacy. However, a member of staff will inform another adult when they are going to assist a young person with intimate care. The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices. Placement plans will be clear and detailed about intimate care requirements and how these will be met.

Personal care support should take place in appropriate settings in terms of time and place and in the context of the young person's needs. In planning for personal care needs time and place in which support is given should be in the context of the child / young person's routines and lifestyle. Plans should be consistent whilst reflecting changing needs of daily life.

All staff have a responsibility to share skills and knowledge with each other and to highlight gaps in their own, and others knowledge via staff meetings, supervision and informal support.

Staff should ensure a high quality of bathing and toileting facilities. This involves the provision of clean facilities, soap, towels, mats etc.

The omission of or provision of care not meeting the standards agreed by the service is negligence and could have associated legal / disciplinary ramifications.

## **Safeguarding**

The service recognises that children / young people with special needs and disabilities are particularly vulnerable to all types of abuse. The service's safeguarding policy and inter-agency safeguarding procedures will be accessible to staff and adhered to. From a safeguarding perspective it is acknowledged that intimate care involves risks for young persons and adults as it may involve staff touching private parts of a young person's body. Having people working alone does increase the opportunity for possible abuse but the presence of two people does not guarantee the safety of young people and organised abuse by several perpetrators can, and does, take place. Increased numbers of adult carers may increase the vulnerability of young people, either but increases possibility of harm or by impeding their ability to make attachments. It may be unrealistic to expect to eliminate these

risks completely but best practice will be promoted and all adults will be encouraged to be always vigilant.

Where appropriate, all young people 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 young person's presentation, e.g., unexplained marks, bruises, soreness etc s/he will immediately record concerns on a case note and will make the management team aware. A clear written record of the concern will be completed and a referral made in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the young person at risk of harm.

If a young person becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the line management of the service. Further advice will be taken from other agencies if necessary. If a young person makes an allegation against an adult working at the home, staff will refer this to the line management of the home or EDT and follow the relevant LADO Guidance. Any adult who has concerns about the conduct of a colleague or about any improper practice will report this to the line management of the service.

Children and young people with additional needs who are dependent on others for their care needs to be met, may have fewer opportunities to make decisions and make choices. This can lead to them feeling powerless or vying for control. It is therefore important to recognise that we are supporting young people who are very vulnerable to abuse and that as a staff member attending to their personal care needs that you could be vulnerable to allegations of abuse. Line management need to be informed immediately if any of the following incidents occur and record it on the child's / young person's file. This is both to register any potential concerns and to avoid and misunderstanding:

You accidentally hurt the young person.

The young person is sore and unusually tender in a particular (genital) area.

The young person appears sexually aroused by your actions.

The young person misunderstands or misinterprets something.

The young person has a very emotional reaction without apparent cause (sudden crying or shouting).

### **Getting to Know People**

Prior to providing personal care staff need to be introduced properly and get to know the child / young person. They need to be aware of any communication difficulties

and how to understand the young person. Risk assessments indicate the support levels required for each young person in relation to personal care. As a service we aim to keep a balance between ensuring vulnerable children are not exposed to risk with respecting their rights to privacy and avoiding being over intrusive. Under no circumstances should a new member of staff undertake personal care unassisted until after induction and appropriate training has been undertaken. During the first few shifts new staff will 'shadow' experienced staff until the young people know them and they are confident and competent in maintaining personal care and supporting young people. Managers will review children's support needs with new staff and record this in supervision.

### **Consent and capacity**

Where a young person gives clear, informed consent, the agreed support should be given. Where personal care is required immediately it should be offered at that time.

When a young person has capacity but decides not to give consent, they have the right to have their decision respected.

Only in the circumstances of serious health and safety risk, when the young person is unable to understand the consequences of his / her refusal, should support be given where a young person has not consented. Where a young person has objections or concerns, at any time, to receiving personal care support from particular staff members, then these objections must be treated with the appropriate seriousness and respect. It is the responsibility of all staff to be aware of such objections or concerns to bring these to the attention of the manager as soon as possible.

Where staff have serious concerns about a young person's wellbeing in relation to personal care, a multi – agency meeting should be convened to plan a response to the concerns.

Staff must seek consent from the child or young person, where practicable, or parent / legal guardian and social worker for the provision of their intimate care.

Where appropriate consent from the child or young person should be recorded on the Children's Records in their Consent document.

Where there is any objections or concerns raised by a child or young person in receiving personal care support from particular staff members, should be recorded on a CR16 and a member of the management team informed.

## **Gender Issues**

It is preferable for support to be provided by the staff of the same gender as the young person using the services. Both female and male members of the team need to be sensitive to the fact that maturing young women / men may not want to be supported by staff of the opposite gender.

Staff shift patterns should try and allow for gender appropriate care however this will not always be practically possible, where this is the case, this needs to be acknowledged and discussed openly in team meetings.

Where a member of staff who is involved in providing intimate personal care to a child or young person and feels unduly embarrassed, distressed or sexually vulnerable or exploited, they should discuss the management of the situation with their supervisor to determine appropriate action.

## **Continence and Using the Toilet**

When supporting young people with continence problems you may need to prompt them to use the toilet or provide them with total assistance if they use incontinence pads. Incontinence aids must only be used where the young person has been assessed by an incontinence nurse as requiring them. You should anticipate that people might need to use the toilet somewhere between 6 and 8 times typically in any 24-hour period. Leaving young people who are unable to directly ask you for this support unattended is not acceptable, given that they may feel distressed and extremely uncomfortable.

Personal hygiene should dictate that where young people are incontinent that you should always wash soiled areas properly, this is essential not only for personal comfort but also to impede sores and limit the potential for urinary infection. Disposable wipes and gloves are available for use and these must always be worn during personal care.

Where appropriate gloves, wipes, aprons etc must be kept safe from the children and young people.

Staff must check Profiles for indications of allergic reactions of wipes, creams or soaps. Staff in summer will need to help young people to apply sun cream, wear clothing and hats and avoid undue exposure to the sun, especially where young person takes medication is being taken that heightens skin sensitivity.

During outings it may be necessary for female staff to support a young man who wishes to use the toilet and this can present problems. Where possible disabled toilets should be used. If this facility is not available assistance should be sought

from venue staff to enable staff to support the young person in as dignified a manner as possible.

Personal Profiles should identify the level of support required with continence. Staff should encourage the young person to do as much as they are capable for themselves and build on skills to enable the young person to attend to their own needs independently, e.g.: wiping themselves, urinating standing up etc.

### **Dental Care**

Promotion of good dental hygiene will involve you in supporting young people to brush their teeth twice daily. Toothbrushes need to be stored properly and are supplied by parents. New brushes are held in stock should the young person require them. Young people and their parents often need support in managing this area of personal care. Where appropriate advice can be sought from a dental hygienist.

Tooth brush must not be shared and must be disposed of when a child or young person goes home or sent home with them.

### **Shaving**

Young men you are supporting will need assistance with shaving daily. Personal Profile should indicate if people use electric razors, or wet shave. When young people have sensitive skin, you should help them to apply a moisturising cream to reduce any soreness resulting from shaving.

Personal Profiles should indicate appropriate creams to used. You will need to support young people in maintaining their own shaving equipment in good order. This should involve emptying and brushing out the shaver prior to and after use, putting the shaver on to recharge and generally safe storage.

Bic razors etc. must be disposed of and not shared.

### **Nails**

You may need to help people with the care of their fingernails, by cleansing or filing. If nails require cutting then the school nurse should be informed or a parent carer.

### **Eating and Drinking**

As a service we retain a responsibility for ensuring that young people who use our service are supported to maintain a healthy lifestyle to maintain a healthy lifestyle. This involves sitting down with young people to plan balance menus. Mealtimes are

a major opportunity for social interaction, a time to sit down and talk to young people. Young people may need support with the appropriate table manners. You should also be conscious that some young people might choose to eat by themselves, or at different times of day.

Some young people whom you support have difficulties in eating and drinking. Advice and Programmes are usually set up by the Speech and Language Therapy Services sometimes in conjunction with either the Dietician or Occupational Therapy. The risks some young people face can be severe, including that of choking or, of food continually entering the lung, leading to repeated and or chronic chest infections.

Close monitoring may be essential of fluid and food intakes to prevent the risk of dehydration and or weight loss, this will involve completion of record charts and communication books may need filling in. Staff should offer support on sensible eating, look to regulate portion control and encourage eating fresh fruit and diet products.

Again, preparation is essential to ensure meal times are promoting a relaxed environment. The correct utensils required to support the young person should be to hand so that you can provide them with your undivided attention whilst supporting them.

### **Confident Positive messages**

As a staff member you should encourage the young person to have a positive image of their own body. Confident and assertive young people who feel they have ownership of their own body and less vulnerable to abuse. Repeated invasion of body space for intimate or medical care can lead to young people losing ownership of their bodies. Approaches to personal care send messages about “worth” of a young person’s body. Staff attitude is important. For children or young people who are cognitively younger than their chronological age, personal care time provides development opportunities and should be enjoyable, relaxed and fun.

### **Support to meet wider needs**

Young people who require physiotherapy as determined by a physiotherapist and where it is included in their placement plan may have this provided by staff within the home.

Young people may require assistance to have their medical needs met, for example, administration of emergency medication or first aid. Staff providing this support will



have been trained or will be providing this support on the direction of a trained medical professional.

Massage is now commonly used with young persons who have complex needs to develop sensory awareness, tolerance to touch and as a means of relaxation. The service is involved in delivering aspects of programmes devised by occupational therapists and this will be included within the young person's placement plan.

### **Intimate Care Procedure**

- Privacy and dignity must be always maintained
- The staff must seek consent from the child or young person where possible
- There will be two staff present when there is a need for moving and handling. Staff should use appropriate moving and handling equipment, as identified in Care Plans, Moving and Handling Plans and Risk Assessments.
- Once the moving and handling task is completed one member of staff will leave to ensure as much privacy and dignity to the young person as possible. However, if a Risk Assessment states that the young person requires two carers to ensure that safety is maintained during personal care, then two staff should remain for the duration of the task.
- Staff will provide minimum assistance and young people will be encouraged to complete tasks themselves with reference to their placement plan, as part of their development in daily living skills. Young people will be encouraged to keep bedroom and bathroom doors closed when dressing and bathing.
- When it is apparent that a young person has sexual feelings for a particular staff member, that person will not provide intimate care.
- When providing intimate care, staff will make team members aware of their whereabouts and that of the young person they are attending.
- Bathroom and bedroom doors can be locked when staff are providing intimate care to a young person due to the dual locking system. This should only be to prevent another young person from trying to gain access to the bathroom/bedroom, ensuring the privacy and dignity of the young person receiving personal care. Staff to make colleagues aware if they are locking the door.
- It could be possible that a young person chooses which staff member performs intimate care tasks, however it must be ensured that this is an appropriate choice.
- Where possible a staff member will not wash or dry the sexual parts of a young person's body directly. The staff member will place their hand on a young person's wrist, and the young person will be holding a towel / wash cloth and they will be encouraged to wash / dry themselves. Where a young person requires full personal care, this will be clearly written into placement plans and agreed with the young person's family and social worker. Staff will

talk through with young people what they are doing and offer choices where they can.

- Staff can use the personal alarm when attending to a young person, to summon assistance, if necessary, i.e., seizure, challenging behaviour. Staff are to make colleagues aware of this.
- Personal grooming requirements, including level of support for washing, shaving, haircuts and nail cutting will be clearly written into placement plans through discussion with parents and social worker.
- Where intimate care cannot be delivered as specified in the placement plan for whatever reason, discussion should take place with line management, parent, social worker and/ or EDT prior to this taking place.