

Personal and Intimate Care Procedure

This procedure provides guidance on the approach to personal care including intimate personal care at Young Epilepsy.

BACKGROUND

This guidance is based on information in 'The Dignity of Risk' produced by the Council for Disabled Children, National Children's Bureau, Shared Care Network, and the guidance of other Local Authorities. These are also based on best practice and have been written to comply with the following legislation:

- Human Rights Act 1998
- Care Standards Act 2000
- Mental Capacity Act 2005
- Equality Act 2010
- The Care Act 2014
- The Children's Homes Regulations 2015
- Surrey County Council –Intimate Care & Toileting policy - Early Years & Child Care Service 2014

Young Epilepsy is committed to providing personal care including intimate care that has been recognised as an assessed need and indicated in the individual's My Support Plan.

Adults who assist pupils with intimate care should be employees of Young Epilepsy, not students or volunteers, and therefore will have the usual range of safer recruitment checks, including enhanced DBS checks.

Well defined procedures and practices will ensure that children, young people and adults at risk receive a high standard of care in any setting of the organisation and remain safe.

Aims

The aim of this document is to:

- Safeguard the dignity, rights and well-being of disabled children, young people and adults at risk.
- Provide guidance and reassurance to staff
- To assure parents and carers that staff are knowledgeable about intimate care and that their child's individual needs and concerns are considered
- To protect children, young people and adults at risk from discrimination, and ensure an equality of opportunity for all.

- Plans for the provision of intimate/personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities.

Principles of intimate care

The following are the fundamental principles upon which the guidance is based. Children, young people and adults at risk:

- should be treated as individuals and receive person centred care
- should be encouraged to express choice and to have a positive image of their body
- have the right to feel safe and secure
- have the right to remain healthy
- should be respected and valued as individuals
- have a right to privacy, dignity and a professional approach from staff when meeting their needs
- have the right to information and support to enable them to make appropriate choices
- have the right to express their views on their own intimate care and to have such views taken into account
- have the right to complain about their intimate care and have their complaint dealt with
- support plans with regard to intimate and personal care should be designed to lead to as much independence and control as possible
- have the right to levels of intimate care that are as consistent as possible

Staff must also apply the principles of the Mental Capacity Act (2005) when providing support with personal and intimate care. Where the young person they are working with has capacity to make decisions about their personal and intimate care, then the individual must be involved and consulted in their care.

Definition of Intimate and Personal Care

- **Intimate care:** Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body (breasts, genitals and buttocks).

Examples of intimate care include:

- Support with dressing and undressing (underwear)
- Putting on and changing incontinence pads
- Wiping and care in genital and anal areas
- Menstrual care
- Washing intimate parts of the body
- Application of medical treatment by a trained member of staff, for example, the administration of emergency treatment such as rectal diazepam and treatments such as enemas, suppositories or enteral feeds

Personal Care: Although it may involve touching another person, this is less intimate and usually has the function of helping with personal presentation.

Personal care tasks may include:

- Washing non-intimate areas
- Eating
- Prompting to use the toilet
- Oral care
- Shaving
- Nail care
- Dressing and undressing (clothing)
- Hair care
- Supervision of a child or young person in intimate self-care.

Vulnerability to abuse

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination.

It is essential that all staff are familiar with Young Epilepsy's Safeguarding and Child and Adult Protection and Safeguarding Policy and procedures, in line with agreed procedures within this policy and with the child/young person's own Care Plan. Staff must never have any mobile device (personal or work) on their possession whilst completing or near individuals' having personal or intimate care.

The following are factors that increase the child or young person's vulnerability:

- Children/young people with disabilities often have less control over their lives than is normal.
- They do not always fully understand sex and relationship education, and so are less able to recognise abuse.
- They may have multiple carers.

- Differences in appearance, disposition and behaviour may be attributed to the child's disability rather than to abuse.
- They are not always able to communicate what is happening to them.

Intimate care may involve touching the private parts of the child or young person's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk, but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

GUIDELINES

General guidance for all intimate and personal care

These guidelines are designed to safeguard the children and young people, and staff and offer best practice in this very important area. Children/young people with learning disabilities living away from home are extremely vulnerable, particularly when they require support and practical assistance in the area of their personal/intimate care. Some care tasks and treatments could be open to misinterpretation and so these basic guidelines are designed to safeguard both staff and young people if adhered to consistently. The guidelines do not presume to cover every situation and staff are asked to consult with line managers when there is doubt as to good practice.

It is important that the individual, subject to their understanding, is allowed to express a preference regarding his/her intimate care, and where possible take the lead with such tasks. Terminology for private parts of the body and functions to be used by staff should be agreed and discussed with the families of the child/young person, but staff should remain professional with all communication and behaviour. It is the responsibility of all staff caring for the student to be aware of the method and level of communication that they require. This could include signs, symbols, eye pointing or vocalisations.

All care should be individual to the child or young person, taking into consideration their views, feelings and wishes. The individual should be the centre of all of their care.

Staff must at all times explain to the child/young person what they are doing and obtain their consent, where possible, before any physical contact occurs. If the young person refuses to give consent to staff, this must be documented in the day journals. The matter should be discussed with the individual as to the reasons why and the possible consequences of failure to meet the identified need. If the matter is related to a specific staff member then the matter needs to be brought to the attention of the line manager.

Staff should be aware of their own limitations and only carry out care activities they 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. rectal diazepam, gastro feeds etc.

Confident, self-assured children, young people and adults at risk who feel their body belongs to them are less vulnerable to sexual abuse. Young Epilepsy will support children and young people to have body awareness, an understanding of private areas of the body and also an understanding of what is 'good touch'.

The approach staff take to intimate care can convey lots of messages to young people about their body worth. Staff's attitude to intimate care is important. Keeping in mind the individual's age and level of understanding – routine care should be relaxed, enjoyable and fun.

Staff need to be aware that some adults may use intimate care, as an opportunity to abuse children, young people and adults at risk. Disabled children and adults are more vulnerable to abuse than others. 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 young people and staff. If staff have any concerns about the actions of another staff member which contravene these guidelines or which have caused or have the potential to cause harm to a child/young person, they must intervene and report as per the Young Epilepsy Safeguarding Procedures.

Good practice in all intimate and personal care

When providing intimate and/or personal care staff should always:

- Get to know the individual before working with them. Know their preferences and levels of ability
- Be aware of any cultural or religious sensitivities related to aspects of intimate care
- Be aware of how the young person's individual identity. Some young people may identify as trans, nonbinary and gender diverse. Refer to the young person's support plan for information about how they identify and preferences around personal and intimate care. Seek and gain the consent of the child/young person, where possible, every time you provide and support with personal or intimate care
- Speak to the child/young person by their preferred name and ensuring that they are aware of what intimate care is about to take place
- Address the child/young person in an age-appropriate manner
- Agree appropriate terminology for parts of the body and bodily functions that will be used by all

- Speak to the child/young person and not speak over them and ensure all communication and interaction during any personal or intimate care is focused around their needs
- Give the child/young person as much choice and control in their care as is possible, even if this takes more time
- Respect a child/young person's preference for a particular sequence of care. Be aware that as adults we all have our own preferences for personal/intimate care tasks so please respect an individual's wishes.
- Give clear prompts in an appropriate way (sensory and verbal cues as well as objects of reference) to allow the individual to anticipate and prepare for events e.g., show a clean pad to indicate the intention to change, a sponge for washing, or gently place a flannel on the individual's leg so they can anticipate the temperature and texture of what is about to happen.
- Provide facilities that allow dignity and privacy
- Respect the child/young person's rights to privacy, dignity and modesty
- Encourage all children/young people to do as much for themselves as possible to promote independence. Initiated personal care must not be undertaken by staff simply because it is quicker or more convenient but only when the individual is unable to do it for themselves
- Ensure they carry out the level(s) and details of personal/intimate care as detailed in the individual support plan or therapy programme
- Offer the child/young person as much consistency as possible via the routine and with other staff supporting with this care
- Communicate with the child/young person via their preferred method of communication, always, clearly explaining what they are going to be doing prior to completing the task and at every stage of the task
- Have regard to the child/young person's age, capacity and gender
- Ensure personal/intimate care is provided by the least number of people possible but also ensuring both the child/young person and staff are as safe as possible
- Ensure the rooms are environmentally fit for purpose, the right temperature, that there is a good level of hygiene, it is well equipped and private
- When lone working and providing personal/intimate care, inform a colleague of your whereabouts
- Always observe Health and Safety guidelines

- Document all personal care in the individuals daily journal, and this should include any specific responses from the child/young person or changes
- Where staff have any open wounds or skin conditions, they must wear gloves when providing intimate care for infection control purposes.
- Staff must always wear gloves when providing hands on intimate care, but other than this, staff and the individual's preference will determine if gloves are worn by staff.
- Be aware they should never carry mobile devices when performing personal/intimate care and photos are strictly prohibited.
- Report and discuss matters of concern. Examples would be feelings of vulnerability (staff) or if the child/young person is hurt or becomes sexually aroused by a staff member's actions. In the former case, this should be discussed with your line manager and recorded in supervision or by a file note. In the latter case, this should be reported to the Safeguarding Officer.

If staff have any concerns about the safety or wellbeing of a child/young person, they must report this immediately. If you observe any unusual markings, discolouration's or swelling including of the genital area they need to be reported to the DSL for their area promptly.

If staff have any concerns about how to support an individual with personal and intimate care, the Wellbeing Team may be able to assist with assessments and guidelines.

Using the Toilet

Many children/young people at Young Epilepsy use the toilet independently whereas others require assistance from staff. The assistance from staff may take the form of verbal prompting, physical support or equipment to promote independence and safety.

It is important to consider the setting in which the young person is using the toilet. The toilets in college and school should be regarded in the same way that individuals would use public toilets in the community and staff should support them to lock the door as appropriate to maintain their privacy and dignity.

Some children/young people wear incontinence pads (not necessarily all the time), although they might or might not also use the toilet. Incontinence pads come in different sizes, absorbency levels and types and so it is important that staff use the right pad suitable for the individual. Some pads are pull-ups, whereas others have tabs on them.

Staff must ensure that children/young people have their pads changed regularly as required to prevent infections and to maintain dignity. When a pad is dirty, staff

should aim to change this as quickly as possible. Individuals may be changed standing up or lying down (standing up is preferable to promote independence), this should be noted in the individual's support plan or individual toileting guidance. Where moving and handling is required, staff must be appropriately trained and should follow the moving and handling risk assessments and guidance including any guidance on transfers.

When wiping a child/young person's bottom or genitals it is important to maintain a high level of cleanliness and hygiene. Staff must wear gloves (and aprons if needed). Staff should ensure all areas of the body that are dirty, are cleaned thoroughly using a wipe or toilet roll (dependent on individual's preference or need). When supporting a young person to clean their vagina, this should be wiped in the direction of vagina to anus, but staff should never clean inside the vagina.

When supporting a young person with a penis to put a pad on, staff should ensure their penis is facing down to ensure that urine is kept contained within the pad.

When facilitating with toileting, staff should ensure the relevant and necessary equipment is in place. Sometimes Occupational Therapy will provide guidelines and equipment to support children/young people with toileting. Where equipment is suggested, please ensure you know how to use it. Please ask your manager for support if you require this or refer to the individual's support plan.

A child/young person's dignity must be promoted at all times whilst staff support with toileting. Children/young people should be given as much space as is safe and reasonable to give. If staff are not able to leave the room whilst an individual uses the toilet, they should be within a safe distance but be discreet in providing support.

All toilet equipment should be cleaned after every use and stored in a way that promotes good hygiene and also the dignity of the student e.g. keeping urine funnels out of sight.

Incontinence pads and wipes must not be disposed of in the toilet. These must be placed in the appropriate refuse sack.

Where a child/young person has dirty clothes or seat pads from going to the toilet, they must be changed as soon as possible in order to preserve the individual's dignity and ensure they are clean.

Flushing the toilet and handwashing must be routinely carried out after using the toilet. Staff must also make sure that they wash their hands after supporting any child/young person with toileting, this will provide good role modelling to individuals as well as maintain good infection control measures.

Supporting with menstruation

When a young person is menstruating, additional support may be necessary. Staff should be aware of an individual's preferences around sanitary wear and routines.

Where an individual has the capacity to decide to use tampons, staff can support with ensuring the young person knows how to use these appropriately, but staff must not physically support a young person to insert a tampon.

Young people may require support to change sanitary pads or to ensure that they are fully clean after changing their sanitary wear.

Staff should ensure that the appropriate disposal or sanitisation methods are used for sanitary wear. Sanitary wear must not be disposed of down the toilet. If a young person has chosen to use reusable sanitary wear, staff should support them to clean items following the manufacturer's instructions, whilst ensuring that Young Epilepsy's infection control policy is followed- E.G reusable sanitary pads, 'period pants' and menstrual cups.

Individuals may also require additional support with pain relief and may require extra bathing support during their period and so staff should be aware of this.

Bathing and Showering

It is recognised at Young Epilepsy that where an individual has epilepsy, it is essential that a staff member supervises bathing or showering to enhance the individual's safety. Regard will be taken of their age and ability and where it is possible the young person may shower without immediate staff supervision. This must be supported with a documented risk assessment. The risk assessment will have control measures which include individual's consent and medical consultant's comments etc.

The individual's right to develop independence is vital in their planning and risk assessment. If this is a task that staff do not regularly complete (education staff/agency staff/casual staff) and/or the child/young person is not well known to you it is essential that you discuss the requirements of this task with the shift leader on the house and ensure that you read the appropriate supporting guidance in place.

Individuals should be afforded as much privacy as is possible, including closing and locking bathroom doors where appropriate. Other staff must be aware of where you are and what you are doing.

Bathrooms should be warm and comfortable and the water temperature should be no higher than 43 degrees Celsius. It is staff's responsibility to take and record the water temperature before each bath/shower if the individual is unable to do so.

When staff need to physically support a child/young person with bathing and showering they must ensure that all areas of the individual's body are cleaned thoroughly with the individual's preferred product (e.g., soap or body wash). Staff may find it helpful to think about cleaning every area of the body from head to toes. Flannels and sponges can be used during baths and showers.

When supporting an individual with a penis to clean their genitals, staff should ensure they follow the individual's intimate care plan and any associated risk assessments and medical guidance, as applicable. Where possible individuals should be encouraged to do this for themselves. If this is not possible then consent must be gained from the individual or a best interest decision made in conjunction with key people and documented. A pictorial guide is available on each house for children/young people and staff and if any further copies are required, please contact the Head of Safeguarding & Quality Practice. If there are any concerns about supporting individuals to clean under their foreskin, please speak to a manager or someone from the nursing team.

Staff should never clean inside the vagina. The inside of the vagina has its own self-cleaning mechanism. It doesn't need to be washed, scrubbed, or cleaned and staff should avoid the use of perfumed soaps and vaginal hygiene products. Young people should be encouraged to wipe from front to back; this is important because cleaning in the opposite direction can spread bacteria from the anus to the vagina and urethral opening, leading to potential infection. The vaginal area should be patted dry after washing and not rubbed as it may cause irritation.

Where a routine procedure needs to be established, an intimate care plan should be prepared in consultation with all relevant parties. The ethos underpinning this plan is that all individuals will be encouraged to achieve the highest level of autonomy that is possible, and staff will encourage each individual to do as much for his/herself as possible. The intimate care plan should consider the rationale around why this is required, what support the child/young person requires, what the process of care entails, how many staff are required to safely deliver this, the dignity of the young person and what symptoms staff should be aware of which may indicate an infection or concern around abuse. This should be documented in the individual's support plan.

If a child/young person becomes distressed or upset during personal or intimate care, staff should respond by giving the individual time and space, and if needed offer a fresh face or go and ask for support or advice from a senior member of staff. It is essential that if a young person does become upset during personal care, this is recorded in the child/young person's day journal and discussed with your line manager in order that this can be explored further.

When the shower or bath has finished, staff must ensure that the child/young person is fully dry using a towel, remembering to dry areas such as armpits, between buttocks, genitals and between toes. If an individual wants or requires moisturisers or other products to be applied after a bath or shower, then staff should support with the application of these.

Children/young people should be encouraged to wear anti-perspirant or deodorising products when getting dressed in the morning and after showering or bathing.

Oral Care

Individuals are likely to have preferences in relation to their teeth brushing. Some children/young people may have sensitivities which staff should be aware of such as temperatures and textures in their mouths.

Where a child/young person is at risk of choking or displaying challenging behaviour whilst brushing their teeth, there will be specific risk assessments in place which staff must follow to ensure the individual is safe.

Staff must ensure that young people brush their teeth as regularly as possible. Where young people brush their own teeth but not fully, staff should try to support the young people to ensure they complete the task.

Teeth should be brushed for 2 minutes at least twice a day. Sometimes a timer can help a student to achieve this. All areas of the mouth should be brushed, and a suitable amount of toothpaste used (normally the size of a garden pea unless an individual's guidance says otherwise).

Some individuals may have special or medicated toothpaste, and this will be stated in their support plan along with directions of use.

Some children/young people may use electric toothbrushes and so staff should ensure they are fully charged. The condition of the toothbrush should be checked, and most toothbrushes should be replaced every 2-3 months.

After brushing teeth, individuals should not rinse their mouths or have a drink straight away as this can remove the fluoride left in the mouth from the toothpaste.

Where mouthwash is being used, staff must supervise to ensure individuals use this appropriately and spit it out after use.

Individuals will be supported to access the dentist as per the Young Epilepsy Dental Hygiene and Treatment Guidelines.

The Wellbeing Team can support individuals with desensitisation when teeth brushing.

Hair Care

Children/young people may need support with drying, brushing/combing and styling their hair. The individual's preferences and choices should be sought before providing any support with hair care. This may include choices about which hair products to use too.

When brushing medium and longer length hair, staff should hold the hair near the head to minimise any pain. If an individual is very sensitive to this, the support plan should describe the best way to achieve this.

Staff should ensure that the individual's hair is washed regularly and brushed daily. Some young people may find this distressing and so it is important that a consistent approach is used to make such times as stress-free as possible.

Children/young people or their parents, will inform staff of how to support with getting their son or daughter's haircut/styled.

Nail Cutting

Parents/carers will need to provide consent for staff to cut an individual's nails where they lack capacity to consent to this task themselves. If staff are supporting with this task, they must ensure that this is completed in a safe way.

A quiet environment should be chosen so as to not distract the staff member.

Some individuals find having their nails cut difficult and so staff should try to desensitisation techniques in order to help them to cope with this process. Young people should not be held down and where nail cutting is difficult staff should speak to parents or the health/psychology team for further support.

Staff should preferably use nail clippers as these are safer, and they should ensure that these are cleaned before and after each use.

Ear Care

Some children/young people may require their ears to be cleaned of dirt or wax. Staff should never use cotton buds to do so or insert anything else into the ear canal as this can cause damage. Instead, staff can clean an individual's ears during a wash, shower or bath using a flannel to wipe the outer ear.

Where there is a concern about a build-up of ear wax, staff should consult the medical centre for advice.

Nose care

Some individuals may need support to ensure their nose is clean. This may require staff to help an individual to blow their nose or to wipe away nasal mucus. Staff should not insert anything into a child/young person's nostrils other than nasal sprays. A soft tissue can be used to wipe around the nose and nostrils. Staff must be sensitive to the student's needs and ensure that nothing is inserted with force into the nostrils. If a student has dried nasal mucus, this should be wiped away with a moist tissue so as to not cause pain.

Shaving

Some young people shave using an electric or standard razor to shave their face. In order to support with shaving, staff should feel confident in doing so.

Staff should support an individual's choices and preferences related to shaving and other hair removal.

Staff support may be necessary when individuals use shaving creams or depilatory creams in other areas of their body such as under arms and legs.

Staff should never provide hair removal around the genitals or buttocks. If a young person shows a preference for this, they should be supported to attend a beautician.

The Wellbeing Team can support young people with desensitisation when shaving.

Working with young people of the opposite sex

There is positive value in staff of all gender identification working with children/young people of all genders at Young Epilepsy. Good models of appropriate adult behaviour are positive for our children/young people and prepare them well for adult life.

We recognise that *most* children and young people would prefer a carer of the same gender for their intimate care and where possible this option should be offered. The safety and dignity of the individual is of paramount importance, as is their right to exercise choice. Where an individual chooses and prefers carers of a different gender to provide personal and intimate care, then this should be provided where possible.

Ideally every child/young person should have the choice of carer for all their intimate care. The individuals' safety, dignity and privacy are of paramount importance. Due regard must be exercised to their cultural and religious needs.

It may be possible to determine a child/young person's wishes by observation of their reactions to staff, and to the intimate care they receive. Do not assume they cannot make a choice and ensure discussion is had with them as appropriate. However, where an individual does not have capacity to make a decision relating to this, this will be a best interests decision made in collaboration with parents/carers.

Staff development

All staff providing personal and/or intimate care must have read these guidelines before providing any such support.

Face to face training is also provided to staff who deliver direct support to ensure that they understand the principles and procedures outlined in this guidance, and that they also have the confidence to provide such tasks.

When a member of staff starts working at Young Epilepsy, they cannot provide intimate care on a lone working basis. All staff must be supported to work alongside an experienced member of staff on at least 5 separate occasions and be deemed to provide appropriate and dignified intimate care, before they can provide such support alone. This is to ensure that staff are supported to practice such tasks with guidance from their colleagues in order to feel confident that they are providing good quality support.

It is the line managers' responsibility to ensure that this shadowing takes place and is recorded and evidenced in the staff member's pathways document.

Agency staff cannot provide intimate care on a lone working basis until they have read these guidelines and worked alongside an experienced member of staff on at least 5 separate occasions and be deemed to provide appropriate and dignified intimate care. This must also be recorded by the appropriate manager.

Where there are any concerns that a staff member (permanent or otherwise) cannot provide personal or intimate care in line with these guidelines, this must be discussed with their manager to explore additional support that can be offered. The staff member should not provide lone working personal or intimate care until such time as it can be evidenced that they understand and follow these guidelines.

If there is a concern or doubt about an issue relating to personal/intimate care, please consult with your line manager or a senior member of staff for advice. If there is any concern regarding harm or abuse, please contact the safeguarding team immediately.

These guidelines are agreed by the Director of Integrated of Care and will be implemented by all departments.

Signed:

Date: 14 May 2021



Rosemarie Pardington
Director of Integrated Care

Date of review: 14 April 2022
Date of next review: 14 May 2024

Version table

Creation:-		Amy Ray	
Approved by:-		Rosemarie Pardington	
<u>Version No.</u>	<u>Date of changes</u>	<u>Reason for change</u>	<u>Changes made by</u>
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