



## Personal Care Policy

Created by: Dean Frances-Hawksley Date: 23-09-2024

Last reviewed on: [Date]

Next review due by: 23-09-2027

## **1. Principles**

1.1 The Quay takes seriously its responsibility to safeguard and promote the welfare of the learners in its care. Meeting a learner's intimate care needs is one aspect of safeguarding.

1.2 The Quay recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any learner with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.3 This intimate care policy should be read in conjunction with each of The Quay's policies as below (or similarly named):

- Safeguarding policy and child protection procedures
- 'Whistle-blowing' policy
- Confidentiality policy
- Health and safety policy and procedures
- Equality policy

1.4. This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## **2. Practice**

2.1 We are committed to ensuring that all staff responsible for the intimate care of learners undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

2.3 We recognise that there is a need to treat all learners, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every learner is treated as an individual and that care is given gently and sensitively: no learner should be attended to in a way that causes distress or pain.

2.4 Staff work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

2.5 Where learners with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

2.6 All staff undertaking intimate care are given appropriate training.

### **3. Child focused 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. Definition**

4.1 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 learners are unable to do because of their young age, 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.

4.2 It also includes supervision of learners involved in intimate self-care.

### **5. Best Practice**

5.1 Learners who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as nurses or physiotherapists. Ideally the plan is agreed at a meeting at which all key staff and the learner should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account.

The plan is reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They also take into account procedures for educational visits/day trips.

5.2 Where relevant, it is good practice to agree with the learner and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

5.3. Where a care plan or IEP is not in place, parents/carers are informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care is treated as confidential and communicated in person by telephone.

5.4. In relation to record keeping, a written record is kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see aforementioned multi-agency guidance for the management of long term health conditions for children and young people).

5.5. Accurate records are also kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

5.6 These records are kept in the child's file and available to parents/carers on request.

5.7 All learners are supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff encourage each individual learner to do as much for his/herself as possible.

5.8 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the learner. Staff are fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate. Staff are aware of the need to wash thoroughly any injuries made by a needle used to inject medicines to a learner or any contact with bodily fluids. If appropriate the member of staff, or learner, will seek immediate medical advice.

5.9 Staff are supported to adapt their practice in relation to the needs of individual learners taking into account developmental changes such as the onset of puberty and menstruation.

5.10 There is careful communication with each learner 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 learner is of an appropriate age and level of understanding permission is sought before starting an intimate procedure.

5.11 Staff who provide intimate care speak to the learner personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

5.12 Every child's right to privacy and modesty is respected. Careful consideration is given to each learner's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the learner's wishes and feelings are sought and taken into account.

5.13 An individual member of staff informs another appropriate adult when they are going alone to assist a learner with intimate care.

5.14 The religious views, beliefs and cultural values of children and their families is taken into account, particularly as they might affect certain practices or determine the gender of the carer.

5.15 Whilst safer working practice is important, such as in relation to staff caring for a learner of the same gender, ideally, every learner should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a learner. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

5.16 Adults who assist learners with intimate care are employees of the Quay and therefore have the usual range of safer recruitment checks, including Disclosure and Barring Service (DBS) check.

5.17 All staff are aware of The Quay's confidentiality policy. Sensitive information is shared only with those who need to know.

5.18 Health & Safety guidelines are adhered to regarding waste products.

5.19 No member of staff carries a mobile phone, camera or similar device whilst providing intimate care.

## **6. Child Protection**

6.1 The staff at The Quay recognise that learners with special needs are particularly vulnerable to all types of abuse.

6.2 The Quay's child protection procedures are adhered to.

6.3 From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a learner's body. Best practice is promoted and all adults (including those who are involved in intimate care and others in the vicinity) are encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

6.4 Where appropriate, learners are taught personal safety skills carefully matched to their level of development and understanding.

6.5 If a member of staff has any concerns about physical changes in a learner's presentation, e.g. unexplained marks, bruises, etc s/he immediately reports concerns to the DSL. A clear written record of the concern is completed and a referral made to Children's and Young People's Services Social Care if appropriate, in accordance with The Quay's child protection procedures. Parents/carers are asked for their consent or informed that a referral is necessary prior to it being made but this is only done where such discussion and agreement seeking does not place the child at increased risk of suffering significant harm.

6.6 If a learner becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this is reported to the DSL. The matter is investigated at an appropriate level and outcomes recorded. Parents/carers are contacted as soon as possible in order to reach a resolution. Staffing schedules are altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice is taken from outside agencies if necessary.

6.7 If a learner, or any other person, makes an allegation against an adult working at The Quay this is reported to the DSL (or Joint Director Steve Lane if the allegation relates to the DSL) who consults the Local Authority Designated Officer in accordance with The Quay's child protection policy. It is not discussed with any other members of staff or the member of staff the allegation relates to.

6.8 Similarly, any adult who has concerns about the conduct of a colleague at The Quay or about any improper practice reports this to the DSL or Joint Directors in accordance with the child protection procedures and 'whistle-blowing' policy.

## **7. Physiotherapy**

7.1 Learners who require physiotherapy whilst at The Quay have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the Quay staff undertakes part of the physiotherapy regime (such as assisting children with exercises), then the required techniques are demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist observes the member of staff applying the technique.

7.2 Under no circumstances should Quay staff devise and carry out their own exercises or physiotherapy programmes.

7.3 Any concerns about the regime or any failure in equipment are reported to the physiotherapist.

## **8. Medical Procedures**

8.1 Learners who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures are discussed with parents/carers, documented in the health care plan or IEP and are only carried out by staff who have been trained to do so.

8.2 It is particularly important that these staff follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

8.3 Any members of staff who administer first aid is appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's dignity

## **9. Massage**

9.1 Massage is commonly used with learners who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

9.2 It is recommended that massage undertaken by Quay staff is confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and learners.

9.3 Any adult undertaking massage for learners is suitably qualified and/or demonstrates an appropriate level of competence.

9.4 Care plans include specific information for those supporting children with bespoke medical needs.

## **10. Review of Policy**

This policy is reviewed on a three-year cycle by the Joint Directors or as required by legislation.