**INTIMATE CARE POLICY**

The Learn to Live 19-25 is committed to safeguarding and promoting the welfare of young people and expects all staff and volunteers to share this commitment.

# Purpose and Aims

1.1 The 19-25 takes seriously its responsibility to safeguard and promote the welfare of the people in its care. Meeting a client’s intimate care needs is one aspect of safeguarding.

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

# Definition

2.1 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 clients 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. It also includes supervision of clients involved in intimate self-care.

2.2 Intimate care can include:

* Feeding
* Oral care
* Washing
* Dressing/undressing
* Toileting
* Menstrual care
* Gastrostomy feeding
* First aid
* Supervision of a client involved in intimate self-care

2.3 This intimate care policy should be read in conjunction with the 19-25s’ policies as below;

* Safeguarding policy
* Employee Handbook
* Whistle blowing policy
* Health & Safety policy
* Policy for the administration of medicines
* Moving & handling policy

* 1. The Board Directors is committed to ensuring that all staff responsible for the intimate care of clients will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

* 1. We recognise that there is a need to treat all clients, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The client’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 client is treated as an individual and that care is given gently and sensitively: no client should be attended to in a way that causes distress or pain.

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

* 1. Where clients 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.

* 1. It is an expectation that all L2L staff will actively participate in providing personal care to its clients, unless there is a clearly identified reason for not being able to do so. In these instances a temporary adjustment to expected duties would be considered and implemented.

* 1. All staff undertaking intimate care must be given appropriate training. This is provided as part of the staff induction programme.

* 1. The Intimate Care Policy has been developed to safeguard young people and staff. It applies to everyone involved in the intimate care of our clients.

# Principles of intimate care

3.1 The following are the fundamental principles upon which the Policy and Guidelines are based:

* Every young person has the right to be safe
* Every young person has the right to personal privacy
* Every young person has the right to be valued as an individual
* Every young person has the right to be treated with dignity and respect
* Every young person has the right to be involved and consulted in their own intimate care to the best of their abilities
* Every young person has the right to express their views on their own intimate care and to have such views taken into account
* Every young person has the right to have levels of intimate care that are as consistent as possible.

# Best Practice - Clients

4.1 Clients who require regular assistance with intimate care have written intimate care plans agreed by staff, parents/carers and any other professionals actively involved. The aim would be for the plan to be agreed at a meeting at which all key staff and the client should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be 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 should also take into account procedures for visits/day trips.

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

4.3 Where a care plan is not in place, parents/carers will be informed the same day if their young person has needed help with meeting intimate care needs (e.g. has had an ‘accident’ and wet or soiled him/herself).

4.4 All clients will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual client to do as much for his/herself as possible.

4.5 Every young person’s right to privacy and modesty will be respected. Careful consideration will be given to each client’s situation to determine who and how many carers might need to be present when s/he needs help with intimate care. Wherever possible, the client’s wishes and feelings should be sought and taken into account.

4.6 The religious views, beliefs and cultural values of young people and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

# Best Practice - Staff

5.1 Staff who provide intimate care are trained in personal care (e.g. moving and handling) according to the needs of the client. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

5.2 Staff will be supported to adapt their practice in relation to the needs of individual clients taking into account developmental changes such as the onset of puberty and menstruation.

5.3 Staff who provide intimate care should speak to the client and explain what they are doing and communicate with all young people in a way that reflects their ages.

It is the responsibility of all staff to ensure that they are aware of the client’s method and level of communication.

5.4 An individual member of staff should inform another appropriate adult when they are going alone to assist a client with intimate care.

5.5 Whilst safer working practice is important, such as in relation to staff caring for a client of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every client 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 client. 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.

5.6 Adults who assist clients with intimate care should be Learn to Live 19-25 employees or agency staff and located at 19-25, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced CRB checks.

5.7 All staff should be aware of the 19-25’s confidentiality policy. Sensitive information will be shared only with those who need to know.

5.8 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

5.9 Health & Safety guidelines should be adhered to regarding waste products.

5.10 The door to the room where intimate care is being provided may be locked or unlocked depending on the plan in place for that individual client.

# Safeguarding

6.1 The Board of Directors and 19-25 staff recognise that clients with special needs are particularly vulnerable to all types of abuse.

6.2 The 19-25’s Safeguarding procedures will be adhered to.

6.3 From a safeguarding perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a client’s body. In this 19-25 best practice will be promoted and all adults will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

6.4 If a member of staff has any concerns about physical changes in a client’s presentation e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead (DSL) or The Board of Directors. A clear written record of the concern will be completed and a referral made to Care Direct, in accordance with the 19-25’s safeguarding procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the young person at increased risk of suffering significant harm.

6.5 If a client becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the 19-25 manager or The Board of Directors. The matter will be investigated at an appropriate level (usually the Directors) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the client’s need remain paramount. Further advice will be taken from outside agencies if necessary.

6.6 If a client, or any other person, makes an allegation against an adult working at the 19-25 this should be reported to The Board of Directors or Members (if the concern pertains to one of the Directors).

who will consult the Local Authority Designated Officer (LADO) in accordance with the 19-25’s policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

6.7 Similarly, any adult who has concerns about the conduct of a colleague at the 19-25 or about any improper practice will report this to the 19-25 manager or The Board of Directors, in accordance with the L2L safeguarding procedures and ‘whistle-blowing’ policy.

# Working with clients of the opposite sex

* There is a positive value in both male and female staff being involved with our clients.
* Ideally, every client should have the choice of care worker for all their intimate care.
* The individual client’s safety, dignity and privacy are of paramount importance.
* Where possible, same sex staff should provide intimate care, particularly for post puberty young people.

# Medical Procedures

8.1 Clients who require assistance with invasive or non-invasive medical procedures e.g. administration of rectal medication, gastrostomy feeding etc. These procedures will be discussed with the parents/carers, documented in the intimate care plan and will only be carried out by staff who have been trained to do so.

8.2 It is particularly important that these staff should 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 should be appropriately trained. If an examination of a client is required in an emergency aid situation it is advisable to have another adult present, with due regard to the young person’s privacy and dignity.

# Massage

9.1 Massage is now commonly used with clients 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 19-25 staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and clients.

9.3 Care plans should include specific information for those supporting clients with bespoke medical needs.