**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Personal and Intimate Care**

**Definitions**

* There is often confusion between what is regarded as ‘personal care’ and what can be defined as ‘intimate care’. As a basic rule, personal care involves tasks that are less intimate or that support someone with their personal presentation. For example:
* eating and drinking
* administering oral medication
* dental care
* hair care
* dressing and undressing (clothing)
* washing non-intimate body parts
* prompting to go to the toilet
* Whereas ‘intimate care’ involves care tasks associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body. For example:
* dressing and undressing (underwear)
* helping someone use a toilet
* changing incontinence pads
* cleaning / wiping / washing intimate parts of the body
* catheter and stoma care
* menstrual care
* applying/renewing dressings
* treatments such as enemas, suppositories, enteral feeds
* supervision of a child or young person involved in intimate self-care.
* It is important to distinguish between the different types of care because there are different training and supervision needs for each type.

**Principles of effective personal and intimate care**

* Staff must remember that providing successful personal or intimate care to a child receiving support in a WSCC children’s home is built on trust and respect for the child, and that all interventions must uphold the child’s dignity and privacy at all times.
* Too often, children and young people have been treated as passive recipients of help from others, needing “toileting” or “feeding” at set times where intimate tasks are approached with a clinical focus to be completed as quickly as possible with as little investment as possible.
* However, in WSCC children’s homes, staff are trained and encouraged to approach the personal and intimate care needs of the children they support with fun and dignity to help children relax and promote positive self-image and self-esteem.
* Promoting independence with personal care is the priority for every child and staff employ a minimum intervention approach where children are able to lead and direct their personal care as much as possible.
* We believe children should be actively involved in deciding who supports them with their intimate and personal care needs, and should have a choice where, when and how this happens, within health and safety guidelines and best practice.
* Children‘s intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

**Assessment of needs**

* All children will have their personal and intimate care needs assessed at the point they are referred to the residential service in order to inform the level of support they will require.
* This assessment will inform the Personal Care Support Plan for the child, and detail the ways in which the child or young person requires support. The assessment should involve the child themselves where possible, their parent/carer as needed and also try to replicate their existing ways of receiving personal care as much as possible.
* If necessary, staff must request a Continence Assessment from the local health trust where children are in need of continence aids or equipment.
* The care plan should be reviewed in response to changes, particularly in a child’s preferences and as their care needs change through complexity or age/maturity.

**Best Practice guidelines**

* Prepare the child or young person before completing any intimate care, explaining what is going to happen, allowing them to respond and express choices and preferences.
* Be vigilant and responsive to a child’s reactions; understand how the child may communicate dislike, upset or distress, as well as any effective soothing responses.
* Consider the environment in which intimate care is being provided, the number of staff required to complete it and the privacy of the area. The child should be appropriately covered in accordance with the task with the door closed. There should be no unnecessary interruptions that could compromise the child’s privacy and dignity.
* Staff should only provide aspects of intimate care once they have demonstrated the competence and confidence to do so. Some aspects of care require specific training which must be completed and competence demonstrated before the care is carried out.

**Health and Safety**

* staff to wear fresh disposable aprons and gloves while changing a child
* soiled pads must be securely wrapped and disposed of appropriately
* changing area/ toilet to be left clean
* hot water and soap available to wash hands as soon as changing is done
* paper towels to be available to dry hands.
* temperature of the room must be comfortable for the child

**Issues Related To Sexuality**

* Staff should be aware that males may have penile erections during washing and changing and they should accept this as natural and normal. In such cases the person’s privacy and dignity should be maintained.
* Menstruation is a normal physical function but girls and young women who have complex needs may require extra reassurance when they reach puberty. Intimate care relating to menstruation should be captured within a person’s Personal Care Support Plan.
* Interest in one’s own body and other people’s bodies is part of normal development. Children and young people with disabilities develop the same feelings and needs as others though expressing them may be more difficult. Masturbation is normal sexual behaviour but it may take place in an inappropriate context. If masturbation occurs inappropriately, children and young people can be directed to a place which they have experienced as being ‘private’.

**Allocating staff for personal and intimate care support**

* There are no hard and fast rules about whether staff can support children in their personal care needs where they are of a different gender. Old ways of working where staff had to support children of the same gender are outdated and discriminatory.
* The guiding principle should be that the child or young person is able to choose who they feel most comfortable with to undertake any personal or intimate care tasks. If children are unable to communicate this clearly, the decision can be deferred to the child’s parent/carers or someone who has Parental Responsibility for the child if this is more appropriate (this may be their allocated social worker).
* All decisions relating to who will be permitted to support children with their personal care needs must be carefully recorded on the Child’s plan and reviewed regularly.
* Alongside this, the person being allocated the task must be comfortable to undertake it and have received the appropriate training. There must also be adherence to necessary levels of support to ensure all health and safety requirements are met. Supervision of colleagues is not a sufficient reason to increase staffing levels for personal care purposes.

**Reporting concerns**

* If a child or young person appears distressed or uncomfortable when personal care tasks are being carried out, the care should stop immediately if possible and reassurance given. This must be fully documented as soon as possible and discussed with the manager and the parent(s)/carer(s) where appropriate.
* All unusual markings, discolouration or swelling must be recorded accurately and reported immediately to the designated manager.
* Where there are concerns of a potential safeguarding issue, the Registered Manager must be contacted as a priority for advice and guidance and safeguarding procedures initiated.
* All incidents of accidental or non- accidental injuries must be recorded and reported to the designated manager immediately.
* A written record of all concerns must be made in the person’s individual file. Parents must be informed about concerns as soon as possible and appropriate, where care is being provided to a child or young person.

**Links to related documents:**

Sexuality and Relationships