

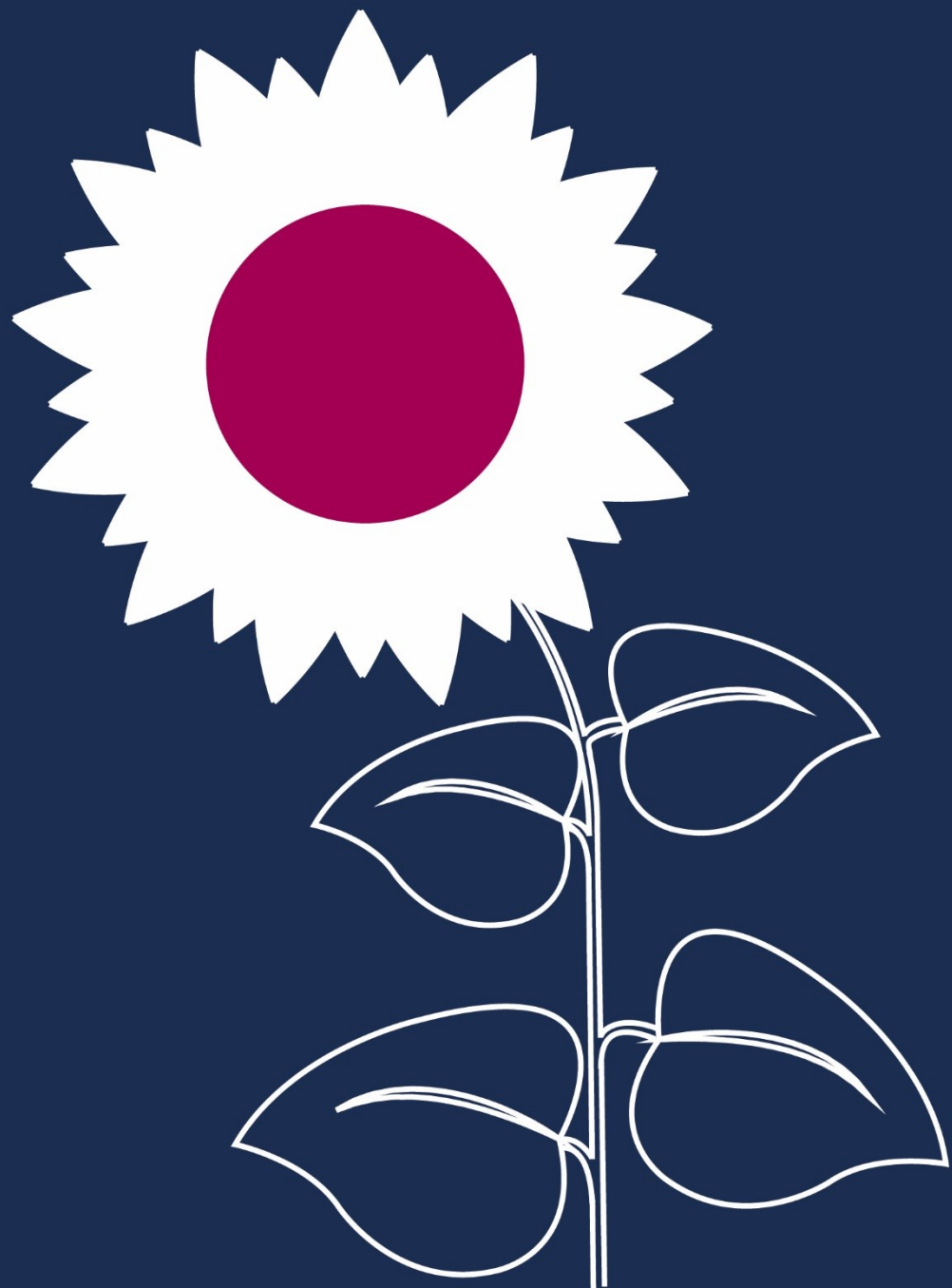


City of  
**Stoke-on-Trent**

# Personal Care of Young People

Tri X 5\_4\_14 September 2023

Review date September 2024



## INFORMATION SHEET

<b>Service area</b>	Children's Social Care
<b>Date effective from</b>	Dec 2013
<b>Responsible officer(s)</b>	Small Group Homes Co-ordinator
<b>Date of review(s)</b>	March 2021 July 2022 July 2023 September 2023
<b>Status:</b> <ul style="list-style-type: none"> <li>• <b>Mandatory (all named staff must adhere to guidance)</b></li> <li>• <b>Optional (procedures and practice can vary between teams)</b></li> </ul>	Mandatory
<b>Target audience</b>	Residential Staff
<b>Date of committee/SMT decision</b>	
<b>Related document(s)</b>	
<b>Superseded document(s)</b>	July 2023
<b>File reference</b>	5_4_14

## Contents

1	Introduction .....	3
2	Aims and Principles of the Policy .....	3
3	Physical Contact .....	3
4	Touching .....	4
5	Placement Planning and Personal Care .....	5
6	Hair and Skin Care .....	6
7	Menstruation .....	7
8	Enuresis and Encopresis .....	7

**All staff to follow the government guidance at the time, with reference to Coronavirus safety measures, re wearing PPE while giving personal intimate care.**

## **1 Introduction**

- 1.1 It is important for carers and children/young people to know if general boundaries exist within the home in relation to physical contact and touching. For example, if carers are not expected to allow children/young people to sit on their laps, or to carry children/young people, this should be publicly stated, preferably in writing.
- 1.2 Suitable arrangements must exist in all residential homes for matters relating to physical contact, intimate care, menstruation, enuresis, encopresis and other aspects of children/young peoples personal care. These arrangements should be set out in the Placement Plans and risk assessments for individual children/young people.
- 1.3 This policy provides information and guidance on how to work safely with children and young people when enabling children to manage their own personal care needs.

## **2 Aims and Principles of the Policy**

- 2.1 Each young person has the right to be treated as an individual and should be given, respect, privacy and dignity at all times.

## **3 Physical Contact**

- 3.1 Carers must provide a level of care, including physical contact, which is designed to demonstrate warmth, friendliness and positive regard for any children/young people.
- 3.2 Physical contact must be given in a way that is safe, protective and avoids the arousal of sexual expectations, feelings or the reinforcing of sexual stereotypes.
- 3.3 Whilst carers are actively encouraged to play with children/young people, it is not appropriate to play fight or participate in overtly physical games or tests of strength with the child/young person.
- 3.4 Carers and children/young people should always be appropriately dressed when having physical contact. Carers should ensure that all children/young people have appropriate nightclothes.
- 3.5 Except during the use of a restraint technique all physical contact should be with the child/young persons consent.
- 3.6 All physical contact must take place in open locations where the contact can be observed or monitored intermittently by people located nearby and who are aware of the interaction. Doors to rooms should be kept open if one to one contact is occurring that could involve physical touch (as long as this maintains individual dignity).

- 3.7 To minimise opportunity for misinterpretation and false allegations, physical contact such as massage should be avoided. Whilst in some contexts, the use of massage and similar forms of touch are considered positive and therapeutic, when caring for children/young people who have experienced inappropriate or abusive touch, such behaviours can be misinterpreted and at worst provide a 'cover' for inappropriate or abusive touch.

## 4 Touching

- 4.1 Close contact and touch are important parts of establishing human relationships. In a general sense, touch can convey warmth, can divert aggression, and can provide reassurance, care and comfort. However, it can also be used in an oppressive, coercive and punitive manner.
- 4.2 The life experiences of children/young people in care can result in the meaning of touch becoming distorted or changed. A significant proportion of children in care may have been physically and/or sexually harmed in some way any may have experienced inappropriate use of touch and physical contact. This is not to say that children/young people who have experienced abuse should not be touched, as it may be beneficial for the child/young person to know different, safer and more reliable adults who will not use touch as a form of abuse. This should be discussed with therapeutic support services.
- 4.3 Responses to children need to balance the need for their and carers' protection with the need to establish a positive caring environment. Carers should be able to show affection towards a child based on what is acceptable within family home as it can help comfort a child in distress and promote 'normality' within the child's life.
- 4.4 The context in which touch takes place is usually a decisive factor in determining the emotional and physical safety for both parties. If the intention is to positively and safely communicate affection, warmth, acceptance and reassurance it is likely to be acceptable.

### **PRACTICE GUIDANCE**

In residential care, hugs should be offered only in a sideways manner and kissing is always inappropriate. Sitting alongside a child/young person to offer emotional support is more appropriate than allowing a child/young person to sit on the lap of a carer.

- 4.5 In order to care safely and minimise risk, full information should be obtained prior to the child/young person's placement so that issues can be identified and strategies planned to manage possible events or difficulties around contact and touch.
- 4.6 Carers also need to consider the following issues:
- When thinking about who is an appropriate person to have close physical contact involving touching with a child/young person, it is vital to consider what the adult represents to the particular child/young person. Personal likes and dislikes will play a part in any relationship.

- The background of the child/young person will influence any decision about who represents a ‘safe’ adult in the eyes of the child/young person.
  - Cultural factors and age and gender issues. Children/young people from ethnic minority backgrounds may be used to different types of touch as part of their culture. Children are likely to prefer personal care from someone of the same gender.
  - For each child/young person, what constitutes an intimate part of the body will vary but generally speaking it is acceptable, where the context is appropriate, to touch children/young people’s hands, arms, shoulders, back, knees and hair if the child/young person indicates such touch is acceptable. To go beyond this would be unacceptable, even if the child/young person appeared to accept it.
  - No part of the body should be touched if it is likely to generate sexualised feelings on the part of the adult or child/young person.
  - No part of the body should be touched in a way that appears to be patronising or intrusive.
  - A fleeting or clumsy touch may confuse a child/young person or may feel uncomfortable or even cause distress. Carers should touch with confidence, and should verbalise their affection, reassurance and acceptance by touching and making positive comments, for example, by touching a child/young person’s arm and saying “Well Done”.
  - Where children/young people indicate that touch is unwelcome carers should back off and apologise if necessary.
- 4.7 Touch of a positive and safe nature is acceptable between carers as it demonstrates positive role models for children/young people and shows that adults can get along and use touch in non-abusive or threatening ways.
- 4.8 If there is any doubt about how touch should be managed residential childcare workers must seek advice from the child’s social worker and/or the registered children’s home manager to ensure the residential childcare worker is not placing themselves at risk of an allegation being made. This can also be discussed with the therapeutic support team.

## 5 Placement Planning and Personal Care

- 5.1 Children/young people must be supported and encouraged, depending on their age, to undertake bathing, showers and other intimate care of themselves wherever possible without relying on carers. The Placement Plan should reflect any preference the young person has for methods of washing, showering and bathing along with choice of toiletries, change of clothes etc. This must also include any cultural or religious requirements.
- 5.2 Young people’s personal care routines will be supported and encouraged by all residential childcare workers. Where necessary, carers will be provided with specialist training and support.

- 5.3 Residential childcare workers **will not** carry out any intimate care unless it is specifically recorded in the child's care plan, placement plan and has been agreed by all parties. Unless otherwise agreed, where a child/young person requires intimate care, it will be provided by carers of the same gender as the child/young person where possible.
- 5.4 Advice and guidance will be offered to the young person to assist them in developing independent living skills as appropriate for their age and level of understanding.
- 5.5 Residential childcare workers understand that young people will have their own standards and routine for personal care and will ensure that these standards and routines serve to enhance the young person's self esteem and promote their sense of well-being.
- 5.6 The young people should be encouraged to maintain the cleanliness and security of their own clothing and personal items according to their age and ability.
- 5.7 There may be times when carers provide assistance in personal care for young people, e.g. following an injury. On these occasions residential childcare workers must ensure the following have been addressed:
- Young people will be given a choice as far as possible of which carers assist them with their personal care.
  - Carers response will be dependent on the child's current risk assessment, recent behaviour and placement plan
- 5.8 Any personal care given must be recorded on the child's file. This must include what aspect of personal care was undertaken and what persons present.

## 6 Hair and Skin Care

- 6.1 Where the child/young person has special needs or there are health care concerns regarding their hair or skin, specialist or professional advice must be sought and recommended treatment provided.
- 6.2 All essential items requires will be provided, appropriate to their individual needs.
- 6.3 Daily routine must include opportunities, with support if necessary, to cleanse themselves and brush and/or comb their hair.
- 6.4 Children/young people who need or choose to shave or remove facial or other body hair should be supported to do so and given allowances for the purchase of suitable oils, creams or shaving materials.
- 6.5 Where a child/young person requests, or it seems appropriate for a child/young person to have a hairstyle or skin care product that may significantly change his or her appearance, the social worker should consult anyone with parental responsibility about the change.

## 7 Menstruation

- 7.1 Young women should be supported and encouraged to keep their own supply of sanitary protection without having to request it from carers. There should also be adequate provision for the private disposal of used sanitary protection.

## 8 Enuresis and Encopresis

- 8.1 If it is known or suspected that a child/young person is likely to experience enuresis, encopresis or may be prone to smearing it should be discussed openly with the child/young person, if possible, and strategies adopted for managing this behaviour. These strategies must be outlined in the child/young persons Placement Plan.
- 8.2 It may be appropriate to consult an Enuresis Clinic or other specialist, who will advise on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted:
- Talk to the child/young person in private, openly but empathetically, depending on the age and understanding of the child/young person
  - Do not treat it as the fault of the child/young person, or apply any form of sanction
  - Do not sanction the child/young person to clear up; ensure that the child/young person is clean and then that any soiled bedding and clothes are removed and washed
  - Keep a record, either on a dedicated form or in the child/young person's Daily Record to observe themes/triggers
  - Consider making arrangements for the child/young person to have any food/drinks in good time before bedtime, and arrange for the child/young person to use the toilet before going to bed. Also consider arranging for the child/young person to be woken to use the toilet during the night if appropriate
  - Consider using mattresses or bedding that can withstand being soiled or wet.