



## Dignity & Respect & Intimate Care Policy

Reviewed	Date of Next Review	Responsibility
October 2024	October 2025	Registered Manager

### Our Mission:

**'To enable young people to live and work without barriers'**

### Our Values:

- **Teamwork** – we hold ourselves and each other to account and are better when we work together
- **Compassion** – we act with trust, honesty and kindness in everything we do
- **Inclusion** – we treat each other fairly and with respect
- **Innovation** – we encourage thoughtful, creative and aspirational ideas
- **Pride** – we encourage each other to be proud of who we are and what we do

## **Policy Statement**

Fairfield Trust (FT) is committed to the delivery of a quality service that maintains the privacy, dignity and respect of the supported individuals at all times. Some tasks that are undertaken by a staff member are of a very personal and of a sensitive nature, it is imperative that every staff member gains consent, works with care, compassion, competence and understands what is both important to and for each supported individual.

## **The Policy**

This document outlines the policy of this organisation in relation to providing services that respect the privacy and dignity of the supported individuals who access our service. FT recognises each person as an individual, without discrimination and adheres to personal lifestyle wishes and choices. We should never make assumptions about how people wish to be treated and should ensure the privacy, dignity, autonomy, independence, and involvement of the supported individual in every aspect of their care and support.

## **Assessing Care Needs**

FT ensures supported individuals who receive care and support are able to make choices about the care they receive, it is important to understand what is both important to and for each supported individual including decisions about their everyday care needs, such as personal hygiene, meal and drink choices, communication, social interaction, medical intervention, moving and assistance.

We recognise that making an assessment of the needs of a supported individual can be very intrusive. We are obliged to ask sensitive questions and will ensure to limit the discomfort a supported individual can experience, and will offer reassurance throughout, maintaining confidentiality where possible.

Some supported individuals may wish a family member or local authority representative to be present during their care plan discussion, but we do not assume that they will necessarily be privy to all the information the supported individual has to provide about themselves. We can arrange for some parts of the care plan to take place with the supported individual alone, to ensure the supported individual's voice is captured.

When we are providing services, we occasionally need to review to ensure that we remain appropriate, and where possible adjust or respond to changing care needs. Every supported individual within FT services has either a tutor, consistent team of support workers or a keyworker and together they can ensure care needs are met. Staff may pick up information about a supported individual's changing care needs during the process of supporting them. The staff member must check with the supported individual as to whether they have any objection to their details being recorded, though they may have to explain that information may need to be shared with colleagues in Fairfield and external agencies. Staff can create communication aids to help supported individuals with understanding, for example easy read or pictorial cards.

This ensures that staff training arrangements are made in good time, and that all necessary support and equipment is implemented as necessary.

Staff have a responsibility to work in partnership with the supported individual, parents and if necessary, health professionals to ensure all needs are safely met and in line with what is both important to and for the supported individual.

### **Intimate Care Needs**

Intimate care may be defined as any activity required to meet the personal care needs of a supported individual. New or existing young persons or if unable, Parents /Carers, and local authority representatives have a responsibility to advise Fairfield of any new or changing intimate care requirements.

Intimate care can include feeding, oral care, washing, dressing/undressing, toileting, menstrual care, bathing, catheter and stoma care, PEG feeding, medication, and supervision of a supported individual involved in intimate self-care. When delivering personal or intimate care, we recognise that there is a need to treat all supported individuals, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity.

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

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

### **Our responsibilities:**

All staff working with supported individuals must be vetted and employed in line with the Safer Recruitment Policy. This includes students on work placement and volunteers. Vetting includes, Access NI checks, Pre-employment checks, and independent references. Only employed staff deliver care support to those within our care. All staff must be trained in the specific types of intimate care that they carry out and fully understand the Dignity and Respect and Intimate Care Policy within the context of their work. Policies are made available to all staff via the HR MIS system. Where a policy directly impacts the working practices of the staff team, we ask for an individual signature to confirm their understanding.

Intimate care arrangements must be agreed in the best interests of the supported individual and reflect both what is important to and for them. Intimate care arrangements must be recorded in the supported individual's care plan and consent obtained each time intimate care is required. Staff should not undertake any aspect of intimate care that has not been agreed between the supported individual, Fairfield, Parents/Carers and health professionals.

## **Guidelines for good practice**

All supported individuals have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard the supported individual and staff. They apply to every member of staff involved with the intimate care of supported individuals. Staff involved with intimate care need to be sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse vulnerable people.

The views of all relevant parties, including the supported individuals, should be sought and considered to inform future arrangements. If a staff member has concerns about a colleague's intimate care practice, they must report this to the safeguarding team, immediately.

It is important to bear in mind that some care tasks/treatments can be open to misinterpretation. Adhering to these guidelines of good practice are designed to safeguard both supported individuals and staff:

- Staff must always seek consent from the supported individual prior to support and during.
- Staff must encourage a supported individual's independence as far as possible in their own intimate care.
- Staff must communicate continually with the supported individual, ensuring processes and choices are clear. Staff must not use jargon and ensure communication is person centred, clear and concise.
- Check your practice by asking the supported individual/parent/carer what is important to them and any likes/dislikes while carrying out intimate care and obtain consent throughout.
- Make sure practice in intimate care is consistent, as a supported individual can have multiple carers. All supported individuals that require support with personal care, will have an intimate care plan in place, and these can be located within individual files on Sharepoint. Intimate care plans are created with the supported individual, and/or next of kin as a consistent approach to care is essential.
- Be aware of own limitations. Only carry out care activities you understand and feel competent and confident to carry out. If in doubt, STOP and ASK. Some procedures must only be carried out by staff who have been formally trained and assessed. e.g. Gastrostomy feeding.

Encourage the supported individual to have a positive image of their own body. Confident, assertive people who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach you take to a supported individual's intimate care can convey lots of messages about what a person's body is "worth". Your attitude to the supported individual's intimate care is important. As far as appropriate and keeping in mind the supported individual's age, and routine. The care of a supported individual should be relaxed.

Intimate care is individually defined, and varies according to personal experience, cultural expectations and gender. It is recognised that supported individuals who experience intimate care may be more vulnerable to abuse: -

- Supported individuals with additional needs, even when they are small children, are sometimes taught to do as they are told to a greater degree than others. This can continue into later years.

- Supported individuals who are dependent or over-protected may have fewer opportunities to take decisions for themselves and may have limited choices. The supported individual may come to believe they are passive and powerless. It is important to empower the supported individual person throughout and embed consistent learning.
- Physical dependency in basic core needs, for example toileting, bathing, dressing, may increase the accessibility and opportunity for some carers to exploit being alone with and justify touching the supported individual inappropriately.
- Repeated “invasion” of body space for physical or medical care may result in the supported individual feeling ownership of their bodies has been taken from them. Obtaining consent before and during support is important and allows consistent learning for the supported individual around intimate care.
- People with additional needs can be isolated from knowledge and information about alternative sources of care and residence. This means, for example, that a supported individual who is physically dependent on daily care may be more reluctant to disclose abuse, since they fear the loss of these needs being met. Their fear may also include who might replace their abusive carer.
- If you have any concerns, you must report them. If you observe any unusual markings, discolouration's or swelling including the genital area, report immediately to the safeguarding team. If during the intimate care of a supported individual you accidentally hurt them, or the supported individual appears to be sexually aroused by your actions, or misunderstands or misinterprets something, reassure the supported individual, ensure their safety and report the incident immediately to the safeguarding team. Report and record any unusual emotional or behavioural response. A written record of factual concerns must be made.
- Staff must be advised that if they are not comfortable with any aspect of the agreed guidelines, they should seek advice from their line manager. For example, if they do not wish to conduct intimate care on a 1 to 1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the supported individual's sense of privacy.

### **Handling Information about Supported Individuals within this organisation**

When information about supported individuals has to be passed from a staff member to a manager, between staff, or to external agencies - it will always be treated confidentially and respectfully and with consent. Arrangements for processing, handling and storing data are based on a need-to-know basis and retain as much privacy for our supported individuals as and where possible.

### **Staff code of conduct**

Staff must ensure a person-centred approach, and to be careful that familiarity does not impact the respect they should continue to deliver.

Staff must be mindful of every person's basic human rights to include respecting privacy – both physically and emotionally, respecting rights to make choices, and by treating the person with dignity.

We know that some supported individuals have forms of address for themselves to which they are particularly attached, or, conversely, forms they find particularly offensive. Our staff will make note of this and observe such individual preferences; staff will always address a supported individual by their chosen name and know that the acceptable usage may vary between people or over time.

We know that many people receiving care find it important that they are helped at a time of day which is convenient for them, and we will try to respect preferences in these areas. Staff who carry out tasks which relate to personal appearance will provide tactful help to ensure that individuals look as they wish. We recognise that the carrying out of some tasks, particularly those relating to intimate bodily functions, places privacy and dignity at severe risk. We will ensure that our staff demonstrate great tact in such situations. Some situations may carry additional sensitivity if the staff member is of a different sex from the supported individual; if asked, we will attempt to provide supported individuals with same-sex staff.

Staff have been instructed to be alert to the potential invasion of privacy involved in handling supported individual's personal possessions or documents and will always respect boundaries that a supported individual chooses to set. If a supported individual is particularly sensitive about their privacy or dignity in any other area of their lifestyle, staff will treat with particular care.

### **Service users from Minority Groups**

We are aware that issues of privacy and dignity may be especially relevant when the supported individuals are from a minority group. We seek to make our staff alert to points of cultural difference they may encounter in their work, and we encourage our supported individuals to draw to our attention any particular matter of which we should be aware. During the care plan interview process, care must be taken to ensure that these cultural differences are communicated.

### **This policy should be read in conjunction with:**

- Prevent Policy
- Complaints Policy
- Data Protection (GDPR) Policy
- Deprivation of Liberty Policy
- Employee Handbook
- Equality and Diversity & Accessibility & Single Equality Scheme Policy
- E-Safety & On-Line Protection Policy
- Health and Safety Policy
- Dignity & Respect & Intimate Care Policy
- Medication Policy
- Mental Capacity Policy
- Safeguarding & Child Protection Policy
- Safer Recruitment Policy
- Staff Training and Development Policy
- Student Support Policy
- Whistle Blowing Policy
- Staff Acceptable Use of Internet and Digital Tech Agreement

This policy is supported by the following legislation and is not exhaustive:

- Young Children Act 1989
- Data Protection Act 2018
- Equality Act 2010
- Equality Act 2010: Chapter 1 (protected characteristics) Chapter 2 (prohibited conduct) and Chapter 3 (services and public functions)
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- The Local Authority Social Services and National Health Service complaints (England) regulations 2009
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006

**Approved by the Board of Trustees**

**Registered Manager**

October 2024