



PERSONAL AND INTIMATE CARE POLICY

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Contents

1. Introduction to the Policy
2. How this Policy Benefits the Home
3. Definitions & Legislation
 - 3.1 Definitions
 - 3.2 Key Legislation and Statutory Guidance (table)
4. The Policy
 - 4.1 General Principles – Respect, Privacy and Dignity
 - 4.2 Placement Planning – Identifying Intimate Care Needs
 - 4.3 Physical Contact and Safe Touch
 - 4.4 Intimate and Personal Care – Guidelines and Recording
 - 4.5 Toileting, Bathing and Showering
 - 4.6 Enuresis and Encopresis (Bedwetting and Soiling)
 - 4.7 Menstruation
 - 4.8 Guidance on Touch – Affection, Reassurance and Boundaries
 - 4.9 Protective Measures and Reporting Concerns
5. How the Home Trains its Staff About this Policy
6. Related Policies and Guidance
7. Policy Approval and Review Details

1. Introduction to the Policy

This policy sets out the framework, principles, and procedures that **Byram House** follows to provide personal and intimate care to children and young people in a way that respects their privacy, dignity, and individual needs. The policy applies to all staff, agency workers, volunteers, and contractors working at Byram House, whether at 62 Deighton Road, 66 Deighton Road, or elsewhere.

The Home is Byram House, which comprises the two residences at 62 Deighton Road and 66 Deighton Road. This policy applies equally across both residences.

Children and young people are always entitled to respect and privacy, especially when undressing, bathing, or undertaking any form of personal care. There are occasions where an appropriate level of supervision or support is needed to safeguard children and/or satisfy health and safety considerations. This supervision will be proportionate to the needs and age of the child and sensitive to the potential for embarrassment or anxiety.

This policy is designed to safeguard both children and staff. It applies to every member of staff involved in the intimate care of children and young people and aims to support good practice, prevent misinterpretation, and reduce the risk of allegations.

All staff must be vigilant about their own behaviour, follow agreed guidelines set out in the child's **Care Plan, Individual Safety Plan (ISP)** , and **Intimate Care Risk Assessment**, and be mindful of the needs of the children with whom they work.

If any staff member has any concern about working within these guidelines, they must consult their line manager immediately.

2. How this Policy Benefits the Home

This Personal and Intimate Care Policy benefits Byram House in the following ways:

- **Legal Compliance** – It ensures the home meets its duties under the **Children’s Homes (England) Regulations 2015** (Quality Standards – promoting dignity and respect), the **Equality Act 2010** (protecting children with disabilities from discrimination), the **Human Rights Act 1998** (Article 8 – respect for private and family life), and **Working Together to Safeguard Children 2026**.
- **Child Protection** – It provides clear boundaries and safeguards to prevent misinterpretation of intimate care tasks, reducing the risk of allegations of sexual abuse. It also requires staff to report any unusual findings (e.g., soreness, sexual arousal) as potential safeguarding concerns.
- **Dignity and Privacy** – It emphasises that children should be encouraged to do as much as possible for themselves, and that staff must knock, ask permission, and ensure privacy whenever possible.
- **Risk Management** – It requires pre-placement identification of intimate care needs, individual risk assessment, and a written intimate care plan agreed with the social worker. It also addresses sensitive issues such as enuresis, encopresis, and menstruation.
- **Gender and Cultural Sensitivity** – It establishes that, unless otherwise agreed, children will receive intimate care from staff of the same gender. It also requires consideration of the child’s history, trauma, ethnicity, and preferences when deciding who provides care.
- **Touch and Boundaries** – It distinguishes between safe, affectionate touch (e.g., hand on shoulder, hug, reassurance) and prohibited touch (e.g., play fighting, touching intimate areas without need). It provides clear guidance on what is acceptable and what must be recorded.
- **Training Framework** – It sets out annual training for staff on intimate care, enuresis/encopresis management, and safeguarding in personal care.
- **Inspection Readiness** – The **Social Care Common Inspection Framework (SCCIF) 2026** expects homes to promote dignity and respect. This policy provides clear evidence.

3. Definitions & Legislation

3.1 Definitions

Term	Definition
Home	Byram House, the children’s home registered with Ofsted, comprising two residences at 62 Deighton Road and 66 Deighton Road.
Company	IMS Care LTD, the registered provider and legal entity responsible for operating Byram House.
Byram House	The name used throughout this policy to refer to the home and its staff.
Intimate Care	Help with physical tasks that a child cannot undertake for themselves, such as washing, bathing, toileting, dressing, or applying creams to intimate areas.
Personal Care	Broader assistance with daily living tasks, including dental care, hair care, and general hygiene, which may not be as sensitive but still requires respect for privacy.
Enuresis	Bedwetting – involuntary urination, usually at night.
Encopresis	Soiling – involuntary passage of faeces, often related to constipation or behavioural issues.
Smearing	The act of spreading faeces on surfaces, sometimes associated with sensory seeking or distress.
Continence Nurse	A specialist nurse who advises on bladder and bowel management.
Intimate Care Plan	A written document (part of the ISP) specifying the level of support needed, who may provide it, and any special arrangements (e.g., gender preference, two-person care).

Safe Touch	Physical contact used to communicate affection, reassurance, or practical help, without causing sexual arousal or discomfort.
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3.2 Key Legislation and Statutory Guidance

Legislation / Guidance	Key Provisions	Relevance to this Policy
Children’s Homes (England) Regulations 2015	Quality Standards – promoting dignity, respect, and positive relationships. Regulation 23 – health and wellbeing.	The home must ensure that intimate care is delivered in a way that respects children’s privacy and dignity.
Human Rights Act 1998	Article 8 – right to respect for private and family life, home, and correspondence.	Intimate care interferes with a child’s private life; any interference must be lawful, necessary, and proportionate.
Equality Act 2010	Protects disabled children from discrimination. Requires reasonable adjustments.	Children with disabilities may require intimate care; the home must make reasonable adjustments to provide it respectfully.
Working Together to Safeguard Children 2026	Published March 2026. Safeguarding includes ensuring children are not subjected to unnecessary or abusive intimate care.	Staff must report any unusual findings (e.g., soreness, bruising in genital area) as a potential safeguarding concern.

<p>Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026</p>	<p>Effective 1 April 2026. Inspects children's lived experience and whether they are treated with dignity.</p>	<p>Inspectors will observe how intimate care is provided and whether children feel safe and respected.</p>
<p>Mental Capacity Act 2005 (for children over 16, or Gillick competence for under-16s)</p>	<p>Requires decisions for those lacking capacity to be made in their best interests.</p>	<p>For a child who lacks capacity to consent to intimate care (e.g., severe learning disability), staff must act in their best interests and record the decision.</p>

4. The Policy

4.1 General Principles – Respect, Privacy and Dignity

- Every child is entitled to **respect, privacy, and dignity** at all times, especially during personal and intimate care.
- Staff will **knock** and **ask permission** before entering a child's bedroom or bathroom.
- Children will be **encouraged to do as much as possible for themselves** – staff will provide only the necessary level of support.
- Staff will **explain what they are doing** and seek the child's agreement where possible.
- Staff will **avoid visually intrusive behaviour** (e.g., staring at a child's body) and will keep the child covered as much as practicable.
- **Privacy** will be maintained (e.g., door closed but not locked, curtain drawn).

4.2 Placement Planning – Identifying Intimate Care Needs

For any child referred who has a known or perceived need for intimate or personal care, this must be discussed as part of the **pre-placement planning process** and recorded in:

- The **Compatibility Risk Assessment** (for the home and other children).
- The **Child's Care Plan and Placement Plan** (agreed and signed by the social worker).

Information gathering: The Registered Manager will seek information from the placing social worker, current or previous placements, parents or previous carers, and any health professionals (e.g., GP, continence nurse, occupational therapist).

Assessment before admission: The Registered Manager will assess the level of intimate care required and produce an **Intimate Care Plan** (as part of the ISP) detailing:

- Specific tasks (e.g., bathing, toileting, applying cream).
- Who may perform them (gender of staff, named individuals).
- Any two-person care requirements.
- Protective strategies for staff and child.
- Any training needed before admission.

Consent: The placing social worker (and, where possible, the parent and child) must **sign the agreed intimate care plan**. Consent must be recorded.

If the home cannot meet the child's intimate care needs (e.g., due to lack of training, facilities, or staffing), this will be discussed with the Responsible Individual, and the placement may be declined.

Statement of Purpose: If the home routinely provides intimate care, this will be referred to in the **Statement of Purpose**.

4.3 Physical Contact and Safe Touch

Staff must provide a level of care, including physical contact, that demonstrates **warmth, friendliness, and positive regard**, but which is **safe, protective, and avoids the arousal of sexual expectations or reinforcement of sexual stereotypes**.

Acceptable touch:

- Hand on shoulder or arm.
- Brief hug (side-on or with child's consent).
- Holding hands to cross a road.
- Comforting a distressed child (e.g., sitting beside them, arm around shoulder).

Prohibited touch:

- **Play fighting** or anything that could be interpreted as exploitative or intimidating.

- **Touching intimate areas** unless directly necessary for care (and then only with gloves, agreement, and recording).
- **Patronising or intrusive touch** (e.g., excessive stroking, tickling).
- **Sexualised touch** – any touch that might generate sexual feelings in the adult or child (absolutely prohibited).

4.4 Intimate and Personal Care – Guidelines and Recording

Definition of intimate care: Physical tasks a child cannot undertake for themselves because of age, trauma, developmental delay, or disability – e.g., assistance with:

- Washing and bathing.
- Toileting (including cleaning after bowel movement).
- Dressing and undressing.
- Applying creams to intimate areas.
- Changing sanitary pads.
- Managing catheters or stomas (under health professional guidance).

Key guidelines:

- **Same-gender care** – Unless otherwise agreed and recorded in the ISP, children will receive intimate care from staff of the same gender.
- **One staff member alone** – This is actively supported as it respects privacy, unless the task requires two people (e.g., moving a disabled child). Two-person care must be recorded in the ISP.
- **Consistency** – Avoid too many staff changes. The same staff member (or small team) should provide intimate care throughout a shift.
- **Familiarity** – Children must be familiar with the staff who provide intimate care; avoid using agency workers for intimate care unless they have been fully inducted.
- **Respect preferences** – If a child expresses dislike of a particular staff member providing intimate care, the Registered Manager will investigate and, if appropriate, change the rota.

- **Gloves and aprons** – Always wear disposable gloves and aprons when providing intimate care (including applying creams). This prevents skin-to-skin contact and protects against absorption of steroid-based creams.

Recording: Staff must record details of intimate care provided in the child's **Daily Record** (on Clear Care). This should include:

- Date and time.
- Nature of care (e.g., supported bath, changed continence pad).
- Any observations (e.g., soreness, bruising, change in behaviour).
- That the child consented (or that the task was necessary in their best interests if they lacked capacity).

4.5 Toileting, Bathing and Showering

Children will be encouraged to **bathe, shower, and use the toilet independently** wherever possible.

When staff must enter the bathroom:

- Child needs assistance (e.g., help getting in/out of bath, washing back).
- To teach personal hygiene.
- To supervise a child at risk (e.g., epilepsy, learning disability) for safety – children with epilepsy must not be left alone in a bath.
- To check water temperature for a younger child.

Rules for bathroom access:

- **Knock** and ask "May I come in?" – wait for a response.
- **Only one child** in the bathroom at a time.
- **Only one staff member** (unless the ISP requires two).
- **Do not linger** – complete the necessary task and leave.
- **Encourage independence** – use verbal prompts and let the child do as much as they can.

- **Ensure sanitary equipment** is ready before you start – do not leave a vulnerable child alone to fetch items.

If a child expresses dislike of a staff member providing intimate care, try to understand why. The registered manager must be informed.

4.6 Enuresis and Encopresis (Bedwetting and Soiling)

Enuresis (bedwetting) and encopresis (soiling) can be common in children who have experienced trauma, neglect, or developmental disorders.

Underlying reasons may include:

- Anxiety about using toilets (e.g., due to previous abuse).
- Rigid routines (autism spectrum) – child may refuse to use a different toilet.
- Constipation leading to overflow soiling.
- Sensory issues (enjoying the feel of faeces – smearing).
- Fear of flushing or loud noises.

Pre-placement planning: If it is known or suspected that a child may have enuresis, encopresis, or smearing behaviour, this will be discussed openly with the child (where possible) and with the social worker. Strategies will be outlined in the **ISP and Placement Plan**.

Management approach:

- **Do not punish or blame** the child.
- **Do not** require the child to clear up soiled bedding or clothes – staff will do this using gloves and aprons, and provide the child with a clean change.
- **Consult a Continence Nurse** or specialist for advice on toileting programmes.
- Keep a **record** of incidents (daily log, incident report if behaviour is harmful to self or others).

- Consider **practical measures**: supper in good time before bed, toilet before retiring, waking the child to use the toilet during the night, using waterproof mattress covers or continence pads.

Smearing: If a child smears faeces on walls or furniture, this will be managed as a behavioural issue. The ISP will include de-escalation strategies and a cleaning procedure (staff wear PPE). Smearing may be a sign of distress or sensory seeking; refer to clinical team if persistent.

4.7 Menstruation

- Young girls will be **supported and encouraged to keep their own supply of sanitary protection** without having to request it from staff.
- The home will ensure **adequate provision for private disposal** of used sanitary products (e.g., a covered bin in each bathroom).
- Staff will provide information and reassurance about menstruation as part of sexual health education (see Sexual Health and Relationships Policy).
- For children with disabilities who need assistance with changing pads, staff will follow the intimate care guidelines (same-gender, gloves, privacy).

4.8 Guidance on Touch – Affection, Reassurance and Boundaries

Touch is a powerful way to communicate affection, acceptance, and reassurance. However, children may have had traumatic experiences that make them fearful of touch, or conversely may crave touch in ways that are not safe.

Key principles:

- **Involve the child** – ask permission, explain what you are doing.

- **Consider the child's background** – a child who has experienced sexual abuse may be triggered by certain types of touch (e.g., a hug from behind). Obtain information during placement planning.
- **Culture and ethnicity** – different cultures have different norms for touch. Be sensitive.
- **Power dynamics** – staff have power over children. Touch must never exploit this power.

Where to touch:

- **Safe areas** – hands, arms, shoulders, back (over clothing). A brief hug or arm around the shoulder is acceptable.
- **Intimate areas** – breasts, buttocks, genitals – **never** touched except for necessary intimate care (and then only with gloves, consent, and recording). Any accidental touching of intimate areas must be recorded.
- **Unsure?** – If you are unsure whether touch is appropriate, **do not do it**. Discuss with your manager.

Context matters:

- A hug to congratulate a child or comfort them after a difficult session is acceptable.
- A hug that lingers, is accompanied by stroking, or is done in a private setting without reason may be inappropriate.
- **Play fighting** is prohibited – it can be interpreted as exploitative or intimidating.

Talking about touch: Staff should have age-appropriate conversations with children about touch, boundaries, and consent. This helps children learn what is acceptable and to speak up if they feel uncomfortable.

4.9 Protective Measures and Reporting Concerns

If during intimate care any of the following occur, report the incident as soon as possible to another staff member and make a brief written note:

- You accidentally hurt the child.
- The child seems unusually sore or tender in the genital area.
- The child appears to be sexually aroused by your actions.

- The child misunderstands or misinterprets something or has a very emotional reaction without apparent cause.
- The child asks you to carry out a task not associated with the plan.

These incidents may be cause for concern about the child (e.g., signs of abuse) or could lead to a misunderstanding. The Registered Manager will decide whether a safeguarding referral is needed.

Allegations against staff: Any allegation that a staff member has touched a child inappropriately will be immediately reported to the Registered Manager and the LADO, and the staff member may be suspended pending investigation.

Recording: All intimate care tasks must be recorded as described in section 4.4. If a child refuses intimate care (e.g., refuses to bathe), this must also be recorded, along with attempts to encourage them and consultation with the social worker.

5. How the Home Trains its Staff About this Policy

Byram House provides structured training to ensure all staff understand and can implement this Personal and Intimate Care Policy effectively.

Training Element	Frequency	Method / Content
Induction	Upon appointment	Face-to-face training covering: definitions (intimate/personal care), key principles (privacy, dignity, consent), pre-placement planning, intimate care plan, same-gender care, use of gloves/aprons, toileting/bathing procedures, enuresis/encopresis management, safe touch boundaries (what is acceptable, what is prohibited), recording requirements, and the dual-site operation (62 & 66 Deighton Road).
Annual refresher	Every 12 months	Classroom or virtual session covering updates to legislation (SCCIF 2026, Working Together 2026), case studies, and refresher on safe touch and enuresis/encopresis management.
Intimate care practical	At induction and as needed	Practical demonstration of providing intimate care (using manikins or role-play) – includes donning gloves, maintaining dignity, and verbal communication.
Enuresis/encopresis awareness	At induction and biennially	Training on causes, management strategies, working with continence nurses, and smearing behaviour.
Safeguarding and intimate care	Annually	Training on recognising signs of sexual abuse (e.g., unusual soreness, sexualised behaviour), reporting concerns, and avoiding allegations.

Recording and data protection	At induction and refresh	Training on recording intimate care tasks in Clear Care, maintaining confidentiality (GDPR).
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Staff are required to:

- Read and sign this policy annually.
- Complete all mandatory training.
- Never provide intimate care unless they have read the child's ISP and intimate care plan.
- Always knock and ask permission before entering a bathroom or bedroom.
- Use gloves and aprons for intimate care.
- Immediately report any concerns (e.g., unusual soreness, sexual arousal) to the Registered Manager.

6. Related Policies and Guidance

This policy must be read in conjunction with:

- Safeguarding Policy
- Code of Conduct and Ethics Policy
- Behaviour Support Policy
- Restrictive Physical Intervention Policy
- Health and Safety Policy (including PPE)
- Infection Control Policy
- Sexual Health and Relationships Policy
- Incident Reporting Policy
- Data Protection Policy
- Children's Homes (England) Regulations 2015
- Working Together to Safeguard Children 2026
- Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026
- NICE guideline on continence (if applicable)

7. Policy Approval and Review Details



Byram House

Policy Name	PERSONAL AND INTIMATE CARE POLICY	
Home	Byram House	
Reviewed by	Danyaal Iqbal / Mustafa Amin	Deputy Manager / Registered Manager
Approved by	Stacey Wagstaffe	Responsible Individual
Date	May 2026	