



Richmond House

Social Care Services CIC

**Personal Care Policy
2026-2027**

Richmond House Social Care Services

Personal Care Policy

2026 – 2027

Policy Number: PC-POL-008 | **Version:** 4.0 | **Date of Issue:** 01 September 2026

Next Review Date: September 2027

Scope: Applies to all staff, volunteers, and service users across all provisions — Short Breaks, Alternative Provision (Budleigh House), Residential, Overnight Respite, Group Activities, Outreach, and Community-Based Support.

Legislative & Guidance Alignment:

- Children Act 1989 & 2004
 - Children's Wellbeing and Schools Bill 2025
 - Working Together to Safeguard Children (2023)
 - Keeping Children Safe in Education (KCSIE 2026)
 - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - Equality Act 2010
 - Health and Safety at Work etc. Act 1974
 - Disability Discrimination Act 1995
 - UN Convention on the Rights of the Child (1989)
 - Mental Capacity Act 2005
 - Data Protection Act 2018 / UK GDPR
 - CQC Safe Management of Medicines Guidance (2026)
 - NHS England: Managing Medicines in Care Settings (2026)
 - Royal Pharmaceutical Society: Pharmaceutical Services to Social Care Settings
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Signed:

Hala Okasheh

Registered Manager / Responsible Person

Date: 01 September 2026

Jay Al Karaki

Head of Services

Date: 01 September 2026

1.0 Purpose and Scope

1.1 The purpose of this document is to set out a clear framework within which all children and young people receive intimate and personal care they require in order to participate fully in services and activities across the organisation.

1.2 As well as providing a clear policy statement to services that support children and young people, the document provides guidance for people who provide intimate and personal care.

1.3 This policy particularly applies to children and young people who want to participate in universal services and require personal and intimate assistance due to their specific requirements.

2.0 Introduction

2.1 An increasing number of children and young people with disabilities and medical needs are being included in mainstream, private, voluntary and independent sector settings. A significant number of these require assistance with intimate care tasks, especially toileting. Other children may also experience difficulties with toileting for a variety of reasons.

2.2 All of the children/young people we work with have the right to be safe, to be treated with courtesy, dignity, and respect.

2.3 This document is a response to requests for clear principles and guidance on the issue of supporting intimate and personal care needs with specific reference to toileting.

2.4 The word 'setting' refers to all early years and childcare providers from the maintained, private, voluntary and independent sector including leisure centres. Settings need to follow their own registration and inspection requirements in addition to this guidance.

2.5 In the rest of this document where the term child/children is used, it refers to children and young adults. The term parent/carer is used to refer to parents and legal guardians or carers. Staff includes all adults working in a setting, although those required to undertake

intimate care will have that task specified in their job description, and are referred to in the rest of the document as “designated” for that task.

3.0 Definition of Intimate Care

3.1 There is a clear difference between personal and intimate assistance. 'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body.

3.2 Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances.

3.3 The intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces/urine)
- Bathing/showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries

3.4 In some cases, it may be necessary to administer rectal medication on an emergency basis for example where a child's life is in danger. Effective forward planning and communication with the child and their parents or carers will go some way to mitigating the risks in this eventuality. Please refer to the Medication Policy (Part B of the Safeguarding & Medication Policy) for further information.

4.0 Definition of Personal Care

4.1 Personal Care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning.

4.2 These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

4.3 Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet

4.4 Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need. Children and young people may require help with eating, drinking, washing, dressing and toileting.

5.0 Principles of Intimate Care and Personal Care

5.1 The following are the fundamental principles of intimate and personal care upon which our policy guidelines are based:

- Every child has the right to be safe
 - Every child has the right to personal privacy
 - Every child has the right to be valued as an individual
 - Every child has the right to be treated with dignity and respect
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6.0 Policy Statements

6.1 All children who require intimate and/or personal care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

6.2 Staff who provide intimate care are trained to do so (including Safeguarding and Health and Safety training in moving and handling) and are fully aware of best practice. For staff that have difficulty fulfilling this main duty on the Job Description, support should be available to access appropriate training.

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

6.4 There is careful communication with each child who needs support in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

6.5 As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

6.6 Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address the personal safety and health of the child and the carer e.g. moving and handling, infection control etc.

6.7 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

6.8 Wherever possible, the same child will not be cared for by the same adult on a regular basis; there will be a minimal rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

6.9 Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

7.0 The Protection of Children

7.1 Safeguarding Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to. All staff must refer to the Safeguarding & Child Protection Policy (Part A) for full safeguarding procedures.

7.2 All staff involved in the provision of intimate and/or personal care will have all relevant checks completed before allowing them to be left alone with children (e.g. DBS checks) and will be subject to robust internal procedures such as reference checking and monitoring and regular updating of DBS checks.

7.3 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

7.4 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/designated person for child protection.

7.5 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

7.6 If a child makes an allegation against a member of staff, all necessary procedures will

be followed as outlined in the Safeguarding Policy.

8.0 Guidelines for Good Practice

8.1 This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young people. All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

8.1 Treating Children and Young People with Dignity and Respect

8.1.1 Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs. Staff also need to be aware that in exceptional circumstances some adults may use intimate care as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Adhering to the following guidelines of good practice should safeguard children and staff.

1. Involve the child in the intimate care

Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation

Staff can administer intimate care alone however settings need to be aware of the potential safeguarding issues for the child and member of staff. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

3. Be aware of your own limitations

Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures must only be carried out by members of staff who have been

formally trained and assessed.

4. Promote positive self-esteem and body image

Confident, self-assured children who feel their body belongs to them are less vulnerable to Sexual Abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

5. If you have any concerns you must report them

If you observe any unusual markings, discolouration or swelling, report it immediately to the designated practitioner for child protection.

If a child is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated Practitioner. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.

6. Helping through communication

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

7. Support to achieve the highest level of autonomy

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

8.2 Infection Prevention and Control

8.2.1 Infection prevention and control is concerned with the prevention of avoidable risks of infection and the control and management of all unavoidable risks of infection to those administering and receiving intimate and personal care.

8.2.2 We will manage infection risks related to the setting, equipment, staff working practices and clinical practices arising from the intimate and personal care of children.

8.2.3 Please refer to the Infection Prevention and Control Policy and Procedures for guidance on implementation in your setting.

8.3 Forward Planning with Parents/Carers and Children

8.3.1 Establishing effective working relationships with parents/carers is a key task for all settings and is particularly necessary for children/young people with special care needs or disabilities.

8.3.2 Parents/carers should be encouraged and empowered to work with professionals to ensure their child/young person's needs are properly identified, understood and met. Although they should be made welcome, and given every opportunity to explain their child/young person's particular needs, they should not be made to feel responsible for their child/young person's care in each setting, or for making teaching staff disability aware.

8.3.3 They should be closely involved in the preparation of Individual Education Plans (IEPs) and Health Care Plans. Staff have a duty to remove barriers to learning and participation for pupils and students of all abilities and needs.

8.3.4 Plans for the provision of Intimate/personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and setting, monitoring and review.

8.3.5 It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents/carers and all those involved.

8.4 Working with Other Agencies

8.4.1 Children and young people with special care needs or disabilities will be known to a range of other agencies. It is important that positive links are made with all those involved in the care or welfare of individual children/young people.

8.4.2 This will enable the setting based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child/young person's well-being and development remains the focus of concern.

8.4.3 Arrangements for ongoing liaison and support to setting staff where necessary should also be formally agreed and recorded.

8.4.4 It is good practice for settings to identify a named member of staff to co-ordinate links with other agencies, and this person could be the SENCO or another senior member of staff.

8.4.5 Achieving continence is one of hundreds of developmental milestones for all children usually reached within the context of learning in the home before the child/young person transfers to learning in a setting. In some cases this one developmental area can assume significance beyond all others. Parents and carers are sometimes made to feel guilty that this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising.

8.4.6 Settings have a responsibility to teach toilet training and other personal care skills, as an essential PHSE basis in order to be able to access the rest of the curriculum.

8.5 Resources and Training

8.5.1 Each child's right to privacy must be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible a child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented and explained to the child or young person.

8.5.2 Where possible the child's key-person is responsible for undertaking the care of an individual child. When this is not possible a staff member who is known to the child will take on that responsibility. The staff member who is involved will always ask the child for permission to assist them.

Space for Privacy

8.5.3 If it is not possible to provide a purpose built changing area, then it is appropriate to provide a changing mat. It may be possible to change some children whilst they are standing. When changing a larger child it is desirable to use a pull down changing

table that has been correctly secured to the wall to take heavier weights.

8.5.4 Ensuring that privacy and dignity are maintained during the time taken to change a child or when they are sitting on the toilet or potty is crucial. If necessary, a small screen can be used to support this basic human right. The time spent changing a child should be a positive experience for the child.

Suitable Hygiene Resources

- Staff should wear disposable gloves and aprons while changing a nappy, pad or soiled clothing.
- Soiled nappies or pads should be double wrapped disposed of in the domestic waste. This process is recommended for up to three children, more than three children nappies or pads should be placed in a hygienic disposal unit.
- Agreed regular emptying of bins.
- Changing area to be cleaned after use.
- Hot water and liquid soap to wash hands as soon as the task is completed.
- Hot hand dryer or paper towels available for drying hands.

Guidance and Training

8.5.5 Written guidelines should specify:

- Who will change the nappy/pad/clothes.
- Where nappy/pad/clothing changes will take place.
- What resources will be used (Cleansing agents used or cream to be applied).
- How the nappy/pad will be disposed of.
- What infection control measures are in place.
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries.

8.5.6 Training may be appropriate around positive handling, Safeguarding and Health and Safety issues around intimate care.

8.6 Children and Young People's Records

- **What is recorded and where:** Action Plan should be put in place in discussion with the parents, staff and child and monitored and review regularly. This should be kept on the child's confidential file.

- **Access:** Access to the files should be decided as part of the Action Plan.
- **Confidentiality:** This should be part of the whole setting confidentiality policy.

8.7 Emergency Procedures

- Contact and telephone numbers.
- Procedures for evacuation during intimate and personal care assistance.

8.8 Health and Safety at Work Regulations

- Lifting and handling children and young people.
- Positive handling.
- Safe disposal of waste.
- Safe practices in First Aid.

8.9 Dealing with Complaints

8.9.1 People have the right to express their dissatisfaction if they feel that they are not receiving the levels of support they need and deserve. The service must respond positively to feedback and complaints and treat them as an opportunity to improve the services we provide to children and young people.

9.0 Practical Procedures for Nappy/Pad Changing

9.1 A child should be changed before taking his/her short break at the community or at the community centres by a child's parents/carers and if the child's need to change we do the following:

9.2 Following the child's care plan, an allocated member of staff will be responsible for changing the young person in their care considering the child's gender, age, complexity and needs. Staff can administer intimate care alone. Care should be taken to ensure adequate supervision primarily to safeguard the child but also to protect the staff member from potential risk.

9.3 Support to achieve the highest level of autonomy, as a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and

abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

9.4 Involve the child in the intimate care encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and give choices where possible. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

9.5 Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.

9.6 Young people will provide their own nappies, pull-ups or pads and changing wipes. Richmond House will provide gloves, aprons and anti-bacterial spray and these will be kept in the storage cupboard in the accessible toilet.

9.7 Staff should wear disposable gloves and aprons while changing a nappy, pad or soiled clothing; disposable gloves and aprons to be put on before changing starts and the areas are prepared.

9.8 The changing mat is to be wiped down with anti-bacterial spray before and after each change.

9.9 Changing areas are warm and there are safe areas to lay the young people if they need to have their bottoms cleaned.

9.10 Staff ensures that nappy changing is relaxed and a time to promote independence in each child.

9.11 Staff are gentle when changing; they avoid pulling faces and making negative comments about 'nappy content'.

9.12 Staff do not make inappropriate comments about young people's genitals when changing their nappies, pull-ups or pads.

9.13 Young people should be encouraged to wash hands and have soap and towels to hand.

9.14 They should be allowed some time for play as they explore the water and soap.

9.15 Nappies, pull-ups and pads are to be disposed of hygienically. Any soil (faeces) in nappies or pull-ups is flushed down the toilet and the nappy; pullup or pad is bagged and put in the yellow bin. This process is recommended for up to three children, more than three children nappies or pads should be placed in a hygienic disposal unit.

9.16 Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.

9.17 Staff must wear gloves when handling soiled clothing.

9.18 If it is not possible to provide a purpose built changing area, then it is appropriate to provide a changing mat. It may be possible to change some children whilst they are standing. When changing a larger child it is desirable to use a pull down changing table that has been correctly secured to the wall to take heavier weights.

9.19 Ensuring that privacy and dignity are maintained during the time taken to change a child or when they are sitting on the toilet or potty is crucial. If necessary, a small screen can be used to support this basic human right. The time spent changing a child should be a positive experience for the child.

9.20 Hot water and liquid soap to wash hands as soon as the task is completed.

9.21 Hot hand dryer or paper towels are available for drying hands.

9.22 Infection prevention and control — we will manage infection risks related to the setting, equipment, staff working practices and clinical practices arising from the intimate and

personal care of children. Please refer to the Infection Prevention and Control Policy and Procedures for guidance on implementation in your setting.

10.0 Roles and Responsibilities

Role	Key Responsibilities
Registered Manager	Overall accountability; policy approval; resource allocation; regulatory compliance; ensuring staff training and competency
Designated Safeguarding Lead	Oversee safeguarding aspects of personal care; investigate concerns; liaise with external agencies
Senior Staff/Team Leaders	Daily oversight; ensure care plans are in place and followed; monitor practice; support staff
Trained & Competent Staff	Deliver personal and intimate care in line with policy; follow care plans; maintain dignity and respect; record accurately
All Staff	Report concerns, safeguarding issues, or incidents immediately; never undertake care outside scope of training

11.0 Training Requirements

11.1 All staff involved in personal and intimate care must complete:

- Safeguarding training (Level 2 minimum, updated annually)
- Health and Safety training (including moving and handling)
- Infection prevention and control training
- Dignity in care training
- Positive handling training (where relevant)

11.2 Training records are maintained and reviewed annually.

11.3 Specialist training is provided for specific procedures as required (e.g. catheter care, stoma care).

12.0 Record Keeping

12.1 All personal and intimate care records must:

- Be completed in line with the care plan.

- Be dated, signed, and securely stored.
 - Include clear actions and outcomes.
 - Be retained as per the Data Protection and Record Retention Policy.
 - Be stored securely and separately from general files where appropriate.
 - Be accessed only by authorised staff.
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13.0 Monitoring and Review

13.1 This policy will be reviewed annually or after major incidents/legislative changes.

13.2 Audits of personal care practice will be conducted regularly.

13.3 Feedback from children, families, staff, and partners will be incorporated into review.

13.4 Findings will inform continuous improvement.

14.0 Related Policies and Documents

- Safeguarding & Child Protection Policy (Part A)
 - Medication Policy (Part B)
 - First Aid Policy (Part C)
 - Infection Prevention and Control Policy
 - Health & Safety Policy
 - Data Protection & Record Retention Policy
 - Equality, Diversity & Inclusion Policy
 - Staff Code of Conduct
 - Whistleblowing Policy
 - Confidentiality Policy
 - Moving and Handling Policy
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15.0 References

- Children Act 1989 & 2004
- Children's Wellbeing and Schools Bill 2025
- Working Together to Safeguard Children (2023)
- Keeping Children Safe in Education (KCSIE 2026)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Disability Discrimination Act 1995

- UN Convention on the Rights of the Child (1989)
- Mental Capacity Act 2005
- Data Protection Act 2018 / UK GDPR
- CQC Safe Management of Medicines Guidance (2026)
- NHS England: Managing Medicines in Care Settings (2026)
- Royal Pharmaceutical Society: Pharmaceutical Services to Social Care Settings
- DfE: Supporting pupils at school with medical conditions (2014)

16.0 Commitment Statement

16.1 Richmond House Social Care Services reaffirms its unwavering commitment to ensuring that all children, young people, and vulnerable adults receive personal and intimate care that is safe, dignified, respectful, and person-centred.

16.2 We maintain a culture of vigilance, accountability, and continuous improvement, ensuring every individual is treated with respect and supported to achieve the highest level of autonomy possible.

16.3 We recognise the particular vulnerability of those requiring intimate care and are committed to safeguarding all individuals from harm, abuse, or exploitation.

17.0 Document Update Log

Version	Date	Author	Changes Made
4.0	01/09/2026	Hala Okasheh	Full policy review and update; enhanced legislative alignment; cross-referencing with Safeguarding & Medication Policies; updated training requirements; clarified roles and responsibilities
3.0	01/09/2025	Hala Okasheh	Annual review; minor amendments
2.0	01/09/2024	Hala Okasheh	Policy update
1.0	01/09/2023	Hala Okasheh	Initial policy issue

Approved by Senior Management Team — 01 September 2026

Signed:

Hala Okasheh

Registered Manager / Responsible Person

Date: 01 September 2026

Jay Al Karaki

Head of Services

Date: 01 September 2026