

POLICY - Intimate and Invasive Care

Children Universal

Policy Author	Laura Dickie, Head of Policy
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Policy Approver	Jo Dunn, Compliance, Regulation and Quality Director
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Policy Level	Homes and Education
Staff groups affected	All Homes and Education Staff

Monitoring and Review

This policy will be monitored on an ongoing basis through the service's established governance and quality assurance systems. Responsibility for ensuring that the policy remains compliant with legislation and regulatory frameworks sits with the Responsible Individual or Senior Leader. A formal review of this policy will be undertaken no later than three years from the date of approval, or sooner if changes in legislation, regulatory guidance, or operational requirements necessitate it.

The Head of Policy will support this process by identifying relevant changes in legislation, regulation, national standards and emerging best practice. The Head of Policy will also incorporate learning from inspections, audits and practice developments into future revisions whilst overseeing all proposed amendments to this policy to ensure accuracy, consistency and compliance.

Local or service-level alterations may not be made without approval through the organisation's policy governance process.


Melissa McCarthy
Responsible Individual

Tracey Wilson
Principal

Terminology

Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

'Establishment' or 'Location'	This is a generic term which means the home/school/college owned by CareTech.
Individual	Means any child or young person under the age of 18 or young adult between the ages of 18 and 25.
Service Head	This is the senior person with overall responsibility for the school/college/home.* <i>dual registered locations need to include Service Head and Registered Manager if they are not the same person.</i>
Key Worker	Members of staff that have special responsibility for Individuals residing at or attending the Establishment.
Parent	means parent or person with Parental Responsibility
Regulatory Authority	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. E.g Ofsted, DfE, CIW, CIS, ESTYN, HMIE etc)
Social Worker	This means the worker allocated to the individual. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
Placing Authority	Placing Authority means the local authority/agency responsible for placing the child or commissioning the service
Local Authority	This means the local authority for the location.
Staff	All staff working at the Location including employed staff, students on placement, contractors, agency staff, volunteers and proprietors.
Company	Any service owned by CareTech

1. Definitions

Personal Care

Personal care refers to support with everyday tasks linked to hygiene, health and personal presentation. While this may involve touch, it is generally less intrusive and supports an individual's independence and social functioning.

Examples include:

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

Intimate Care

Intimate care is any care which involves washing, touching or supporting an individual with tasks relating to intimate areas of the body which they would usually manage themselves.

This may be required due to age, disability, health needs or developmental stage.

Examples include:

- Dressing and undressing (underwear)
- Toileting support
- Changing continence pads
- Bathing or showering
- Washing intimate areas
- Menstrual care
- Supervision of intimate self-care

Invasive Health Care

Invasive care involves procedures where equipment or medication enters the body. These are clinical in nature and must only be undertaken by trained and authorised staff.

Examples include:

- Injections (e.g. insulin, adrenaline auto-injector)
- Buccal midazolam / rectal diazepam
- Blood tests and swabs
- Other prescribed treatments



All invasive procedures must follow a clear medical protocol and be appropriately authorised.

2. Introduction

This policy sets out how staff provide intimate and invasive care safely and respectfully across all services, including residential homes and education settings.

It applies to all staff.

Staff are expected to:

- Understand this policy
- Follow individual care plans and risk assessments
- Work within safeguarding, consent and health procedures

This policy should be read alongside the relevant national legal and regulatory frameworks set out in the appendices for England, Wales and Scotland.

3. Principles

Across all services, intimate care must be provided in a way that:

- Keeps individuals safe
- Protects dignity and privacy
- Respects individual choice and voice
- Promotes independence
- Uses the least intrusive approach

Every individual has the right to:

- Be safe
- Be treated with dignity and respect
- Have privacy
- Be involved in decisions about their care
- Express their views and have them listened to
- Receive consistent and planned care

4. Purpose

This policy aims to:

- Ensure safe and respectful delivery of intimate and invasive care
- Protect individuals from harm or abuse
- Support independence and skill development
- Provide clear guidance to staff



- Meet regulatory expectations across England, Wales and Scotland

5. Policy

Intimate and invasive care will only be provided where it is:

- Identified within the individual's care plan, health plan, EHCP, IDP, Child's Plan or equivalent
- Necessary to meet assessed needs
- Supported by a risk assessment

5.1 Safeguarding

Intimate care can increase vulnerability. Staff must always:

- Follow safeguarding procedures
- Work within safer working practices
- Be alert to signs of concern or changes in presentation
- Report concerns immediately

This includes:

- Unexplained injuries
- Changes in behaviour
- Reluctance to receive care

Practice must align with safeguarding expectations outlined in the relevant national appendix.

5.2 Consent and Involvement

Consent must be sought wherever possible before providing care.

Staff should:

- Explain what they are doing in a way the individual understands
- Use preferred communication methods
- Seek agreement before proceeding

Where someone refuses care:

- This must be recorded
- The reason should be explored
- Risks should be reviewed

For younger individuals:

- Consent may include those with parental responsibility alongside the child's understanding (including competence where relevant)

For those aged 18 and over:

- Capacity must be assumed unless there is evidence otherwise
- Any concerns must be assessed in line with legal frameworks

All practice must align with the relevant national legal framework (see Appendices A–C).

5.3 Planning and Risk

All intimate care must be planned and reflect:

- Individual preferences
- Cultural and religious needs
- Gender identity and dignity
- Communication needs
- Any known trauma or safeguarding risks

Care planning must be developed in line with statutory planning frameworks relevant to each nation (as set out in the appendices).

5.4 Staffing and Safe Practice

Intimate care must be carried out by staff who are:

- Trained
- Competent
- Familiar with the individual

Where possible:

- A consistent group of staff should provide care
- The individual's preferences should be respected

Staff must also consider:

- Whether support requires one or two staff
- How to maintain safety while protecting dignity

5.5 Equality and Individual Needs

Care must reflect the needs and identity of each individual, including:

- Cultural and religious beliefs
- Gender and personal identity
- LGBTQ+ inclusion
- Communication needs
- Sensory or additional needs

5.6 Environment

Care must be provided in an environment that is:

- Private
- Safe
- Clean and suitable

Staff must follow infection control guidance, including use of PPE where required.

5.7 Recording

All intimate and invasive care must be:

- Recorded clearly, proportionately, and at the time

Records must include:

- What care was provided
- The individual's response or consent
- Any refusal
- Any concerns
- Staff involved

Recording must align with safeguarding and care planning requirements outlined in the appendices.

6. Responsibilities

- **Head of Service**

The Head of Service must ensure:

- Staff are trained, competent and supported
- Care is delivered safely and consistently
- There are clear systems for consent, safeguarding and recording

- Concerns or refusals are reviewed and acted upon
- External professionals are involved where required

Staff

Staff must:

- Follow care plans and risk assessments
- Maintain dignity and respect
- Communicate clearly with individuals
- Record care appropriately
- Seek guidance where needed
- Only carry out invasive procedures if trained and authorised

7. Practice Guidance – Intimate Care

Staff should:

- Encourage independence wherever possible
- Use the least intrusive level of support
- Maintain privacy (e.g. doors, positioning, supervision levels)
- Ensure another member of staff is aware when care is taking place

Support should be delivered:

- With the individual, not to them
- In line with their abilities and preferences

8. Invasive Care

Invasive care must:

- Be clinically authorised
- Follow written protocols
- Be carried out by trained staff only
- Be clearly recorded

9. Safeguarding and Body Monitoring

Body checks and body maps must:

- Only be carried out where necessary
- Be proportionate and respectful
- Be completed sensitively

Any concerns must be:

- Reported immediately
- Managed in line with safeguarding procedures

10. Additional Situations

This includes:

- Self-harm involving intimate areas
- Nail care
- Refusal of care
- Distress linked to personal care

Staff must:

- Remain calm
- Protect dignity
- Follow care plans and risk assessments
- Seek support where required

11. Recording and Reporting

- All care must be recorded in the appropriate system
- Incidents must be reported in line with safeguarding procedures
- Patterns (e.g. repeated refusal or distress) must be reviewed

12. Related Policies and Appendices

Related Policies

This policy must be read alongside:

- Safeguarding / Child Protection Policy
- Adult Safeguarding Policy (where applicable)
- Mental Capacity and Consent Policy
- Behaviour Support / Positive Behaviour Support Policy
- Medication Administration Policy
- Health and Safety Policy
- Infection Prevention and Control Policy
- Equality, Diversity and Inclusion Policy
- Restrictive Practice / Physical Intervention Policy
- Complaints and Whistleblowing Policy

Appendices (Legal and Regulatory Frameworks)

- **Appendix A – England**
- **Appendix B – Wales**
- **Appendix C – Scotland**

These appendices set out the nation-specific legal and regulatory requirements that underpin this policy, including:

- Safeguarding frameworks
- Consent and capacity legislation
- Care and education duties
- Transition to adulthood requirements

All staff must ensure their practice reflects both this policy and the relevant national framework.

Equality Impact Statement

This policy has been developed to promote equality, safeguard individual's rights, and ensure fair and inclusive practice across all services. The potential impact of the policy on children, young people, young adults, families, and staff with protected characteristics has been considered in line with the Equality Act 2010.

No negative impacts have been identified. Staff must apply this policy with sensitivity to individual need and make reasonable adjustments to ensure equitable access, safety, wellbeing, and participation for every individual. Any emerging risks of differential impact should be reported and addressed through ongoing review and quality assurance.

APPENDIX A – ENGLAND

Legal and Regulatory Context for Intimate Care in education and homes in England.

A1. Children's Homes (Under 18)

Legal and Regulatory Framework

- Children Act 1989 & 2004
- Children's Homes (England) Regulations 2015 (including Regulations 12 and 13)
- The Guide to the Quality Standards (Ofsted)
- Human Rights Act 1998
- Equality Act 2010
- Working Together to Safeguard Children (2023)

Key Regulatory Expectations

Intimate care in children's homes must:

- Promote privacy, dignity and respect at all times
- Be individualised and clearly reflected within the child's placement plan
- Be subject to clear and recorded risk assessment, including consideration of:
 - safeguarding risks, including vulnerability to abuse or allegations
 - trauma history and relational sensitivities
 - gender, cultural and communication needs
- Be delivered by staff who are trained, supervised and assessed as competent, including safeguarding and trauma-informed practice
- Be delivered in line with safe staffing arrangements, with consideration given to when two staff are required or when lone working is appropriate
- Be recorded in a clear, proportionate way, including:
 - the support provided
 - the child's consent or response
 - any concerns, distress, or refusal

It must also:

- Align with company and local safeguarding procedures, safer working practice and allegations/low-level concerns processes
- Recognise that intimate care presents heightened safeguarding vulnerability and requires professional curiosity and vigilance
- Avoid unnecessary restriction and be the least intrusive option, with any restrictive elements clearly justified and reviewed
- Be delivered in line with appropriate hygiene and infection control standards, including use of PPE where required

A2. Children's Homes – Transition to 18+

Additional Legal Framework

- Care Act 2014
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (DoLS) / Liberty Protection Safeguards (when implemented)

Required Practice Shift

Policies must explicitly state:

- The presumption of capacity at age 18
- The requirement to assess capacity where there is reasonable doubt
- Where capacity is lacking, decisions must follow best interests principles, with clear recording and rationale
- The role of advocacy and IMCA involvement where required
- Clear separation between:
 - Children's and Adult safeguarding

Practice must also ensure:

- A managed transition in how consent, privacy and autonomy are respected
- Reduction in parental involvement where the young person has capacity
- Ongoing review of care arrangements to ensure they remain proportionate, lawful and least restrictive

A3. Education Settings (Schools & Further Education)

Legal Framework

- Education Act 2002 (s175/s157 safeguarding duties)
- Keeping Children Safe in Education 2025
- Children Act 1989 & 2004
- Equality Act 2010
- SEND Code of Practice (0–25)

Key Expectations

Intimate care must:

- Sit within wider safeguarding systems, health care planning, and multi-agency working



- Be supported by:
 - Individual health/care plans
 - EHCPs where applicable
- Be delivered in partnership with health professionals where required (e.g. nursing or therapy input)
- Respect:
 - child voice and participation
 - dignity, privacy and communication needs

Consent (Under 18)

Based on:

- parental responsibility where appropriate
- the child's level of understanding and Gillick competence

Practice must also:

- Respond appropriately to refusal or distress, balancing dignity with safeguarding responsibilities
- Ensure clear recording of care, consent and any concerns
- Provide reasonable adjustments to support access, including communication and sensory needs

A4. Education – Students 18+ (Further Education)

Legal Framework

- Mental Capacity Act 2005
- Care Act 2014 (where care needs are present)

Key Requirements

- Consent must be explicit, informed and recorded
- Capacity must be assumed unless assessed otherwise
- Any intimate care must:
 - respect autonomy, dignity and independence
 - minimise reliance on parental involvement
 - be proportionate and least restrictive

Practice must also ensure:

- Clear documentation of capacity, consent, and any best interests decisions
- Alignment with safeguarding, particularly where vulnerability or dependency exists

APPENDIX B – WALES

Legal and Regulatory Context for Intimate Care in education and homes in Wales.

B1. Children's Homes (Under 18)

Legal and Regulatory Framework

- Social Services and Well-being (Wales) Act 2014
- Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
- Care Inspectorate Wales (CIW) guidance
- Rights of Children and Young Persons (Wales) Measure 2011 (UNCRC embedded)
- Equality Act 2010
- Working Together to Safeguard People (Wales)

Key Expectations

Intimate care must:

- Be rights-based, reflecting UNCRC principles
- Be driven by “what matters” to the child
- Promote dignity, privacy, participation and emotional wellbeing
- Be co-produced with children, families and professionals

It must also:

- Be delivered by appropriately trained and registered staff (Social Care Wales expectations)
- Reflect safe staffing approaches, including consideration of when additional staff are required
- Recognise and respond to heightened safeguarding vulnerability
- Be recorded clearly, including:
 - the child's voice
 - consent or participation
 - any concerns or changes in needs

Access to independent advocacy must be facilitated where appropriate.

B2. Children's Homes – Transition (18+)

Legal Framework

- Social Services and Well-being (Wales) Act 2014
- Mental Capacity Act 2005

Key Requirements

- Continuity of care through the “what matters” approach
- Clear articulation of:
 - capacity and consent in adulthood
 - transition to adult safeguarding duties
- Ongoing involvement of the young person in all decisions

Practice must also:

- Ensure lawful decision-making where capacity is in question
- Support independence while maintaining proportionate safeguards

B3. Education Settings (Schools & Further Education)

Legal Framework

- Education Act 2002
- Keeping Learners Safe (Welsh Government)
- Additional Learning Needs (ALN) Code for Wales
- Social Services and Well-being (Wales) Act 2014
- Equality Act 2010

Key Expectations

Intimate care must:

- Be embedded within:
 - Individual Development Plans (IDPs)
 - safeguarding systems
- Reflect:
 - the child's voice
 - partnership with families
- Uphold UNCRC rights as a legal duty in Wales

Practice must also:

- Include reasonable adjustments to meet communication, sensory and accessibility needs

- Ensure recording reflects participation, dignity and safeguarding

B4. Further Education / Over 18

- **Legal Framework**
 - Social Services and Well-being (Wales) Act 2014
 - Mental Capacity Act 2005
- **Key Requirements**
 - Adults retain full decision-making rights unless capacity is assessed otherwise
 - Care must align with:
 - independence
 - dignity
 - least intervention

Practice must ensure:

- Clear documentation of consent and capacity
- Respect for autonomy alongside safeguarding responsibilities

APPENDIX C – SCOTLAND

Legal and Regulatory Context for Intimate Care in homes and schools in Scotland.

C1. Residential Care (Children and Young People Under 18)

Legal Framework

- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Public Services Reform (Scotland) Act 2010
- Health and Social Care Standards (2017)
- UNCRC (Incorporation) (Scotland) Act 2024
- Equality Act 2010

National Practice Model

- GIRFEC (Getting It Right for Every Child)

Key Expectations

Intimate care must:

- Be consistent with SHANARRI wellbeing indicators
- Promote dignity, respect and compassion
- Be trauma-informed, relational and rights-based

It must also:

- Be delivered within the Child's Plan, coordinated by the Named Person / Lead Professional where appropriate
- Reflect strong multi-agency working and shared responsibility
- Be delivered by trained staff within safe staffing arrangements
- Recognise heightened vulnerability to harm and require clear safeguarding vigilance

Practice must ensure:

- Clear and proportionate recording of care, response and any concerns
- Consideration of distress or resistance and appropriate response
- Alignment with safeguarding and, where relevant, restrictive practice frameworks

C2. Transition to Adulthood (18+)

Legal Framework

- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000

Key Requirements

- Clear distinction between capacity and incapacity (Scottish legal test)
- Where incapacity applies:
 - appropriate legal authority (e.g. guardianship or intervention orders) must be in place

Practice must also:

- Ensure interventions are lawful, proportionate and clearly recorded
- Support the young person's transition to adult rights and protections

C3. Education Settings

Framework

- GIRFEC
- Additional Support for Learning (ASL) legislation
- UNCRC incorporation

Key Expectations

Intimate care must:

- Be aligned with:
 - SHANARRI wellbeing indicators
 - the Child's Plan
- Reflect:
 - rights-based, inclusive practice
 - participation and voice
- Be responsive to additional support needs (ASN)

Practice must also:

- Ensure clear recording of care, consent and wellbeing impact
- Provide appropriate adjustments for communication and accessibility

C4. Education – 18+

- **Legal Framework**
 - Adults with Incapacity (Scotland) Act 2000
 - Adult Support and Protection (Scotland) Act 2007
- **Key Requirements**
 - Consent must be explicit unless incapacity is established
 - Interventions must be:
 - proportionate
 - legally authorised where required

Practice must ensure:

- Clear evidence of lawful decision-making
- Respect for autonomy alongside necessary protection