



Intimate Care Policy

Date	October 2025
Written By	Lulu Stanier-Martin
Approved By	Joe Creswick
Date Approved	October 2025
Review Date	October 2028

This policy applies to all stakeholders within Ridgeway School

Introduction

Intimate care, also known as personal care, can be defined as any care which involves washing, touching or carrying out a procedure on or around intimate personal areas which most people usually carry out themselves, but some pupils are unable to do because of their additional needs. Examples include care associated with continence and menstrual management, as well as tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in self-care. It might be a regular support required for a pupil, or a one-off need. Supporting pupils with intimate care is part of the job description for teaching assistants, health & care assistants, and midday supervisory assistants.

The purpose of this policy

At Ridgeway School, we take seriously our responsibility to safeguard and promote the welfare of the children and young people in our care. Meeting a pupil's intimate care needs is one aspect of safeguarding. This policy is designed to safeguard both staff and pupils, and to help the whole Ivel Valley community understand the expectations and processes connected to intimate care. The purpose of this policy is to clarify the processes and procedures that staff need to follow, and the attitudes and approaches that they need to embody.

The key principles of intimate care

Good, thoughtful intimate care should:

- be carried out gently, sensitively and respectfully
- make the pupil feel safe
- respect the pupil's privacy and dignity
- allow the pupil to be as involved as possible
- encourage the pupil to develop independence
- allow time and support for the pupil to work on any relevant PLO or MOVE targets.

Staff must aim to:

- undertake their duties in a professional and empathetic manner at all times;
- recognise that they are in a position of great trust;
- treat all pupils, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given;
- ensure that the pupil's welfare and dignity is of paramount importance;
- ensure that no pupil is attended to in a way that causes distress or pain;
- work in close partnership with parents/carers to share information and provide continuity of care.

Guidance for support in specific areas

Body confidence: Confident, self-assured children who feel that their body belongs to them are less vulnerable to abuse. The approach taken to intimate care can convey lots of messages to a pupil about their body worth, so staff attitudes to a pupil's intimate care is very important. Staff

should aim for care processes to be relaxed, celebrating achievement and keeping comments and interactions as positive as possible, promoting body positivity.

Communication:

- Staff must consider their own language during intimate care, ensuring that they are using language appropriate to the individual pupil.
- It is important that staff don't 'announce' to the room that they are undertaking intimate care – tact and dignity should be considered.
- Whilst undertaking intimate care, staff should narrate to the pupil what they are doing (and *why* if appropriate) in appropriate language, to help them to understand what is happening and to feel part of the routine.
- Wherever possible, staff should ask permission from pupils before carrying out procedures.
- Pupil voice is always important: pupils should be given opportunities to use their expressive language skills as appropriate e.g. making simple choices of clothes; staff members who help them; communicating the need to be changed and having their voice heard.
- It is important to consider how a pupil is supported to understand where they are going for intimate care. For example, when going to the toilet, some pupils can be told verbally, some might need to see a symbol, and others might need an object of reference.
- Staff should be aware of and respond to how individual pupils communicate their responses to events or stimuli, such as noticing a cold wet wipe being used, being cared for by unfamiliar staff, or dislike of clothing being removed.

Consent: Wherever possible, staff should ask permission from pupils before carrying out procedures

Confidentiality: Intimate care is a sensitive practice, so staff must follow the school's confidentiality policy.

Doors: Doors should not be locked but may be closed if needed to provide privacy. This is an important safeguarding practice. 'Busy' signs can be used, and screens and curtains can be used when appropriate. Pupils can lock doors if they are using the toilet or changing independently.

Dysregulation: Some pupils might find intimate care challenging and might become dysregulated whilst it is being carried out. In these instances, a Positive Behaviour Support (PBS) plan and/or risk assessment might need to be completed to ensure the right level of support to safeguard both the staff and pupil, for example, some pupils might need access to motivators or reward systems. Staff can speak to the PBS Lead Practitioner for advice if needed.

Families: Staff must be aware of any relevant information that has been shared by families around supporting their child - as per the 'what do we expect our families to do' section below – and must implement this consistently. If there is a problem with this, it should be discussed directly with the class teacher, or SLT.

Independence: staff must aim to actively teach and build up as much independence as possible for individual pupils during intimate care routines; this will look different for every pupil. Therefore,

staff will need to be patient and, where possible, build in time for pupils to develop and practice independence. Pupils' achievements can be assessed against the 'health and self-care' strand within 'life and living skills', which is a prime area of learning in our curriculum

Individuality: Staff must remember that every pupil is an individual! For example: some pupils will recognise when they need to go to toilet, whereas others won't; some pupils will be indifferent about changing clothes, whereas others might have a strong opinion and want to get dressed in a particular order! It is important to respect individuality and not to expect all pupils to engage in intimate care in the same way.

Infection control:

- Staff will have access to disposable gloves for intimate care procedures.
- Staff will have access to disposable aprons if required.
- Staff will have access to cleaning products, including cleaning foam and wipes.
- Any clinical waste must be put into a yellow bin – **wipes must not be flushed away.**
- Staff must follow rigorous hand hygiene routines (<https://www.nhs.uk/live-well/best-way-to-wash-your-hands/>).

Medical procedures:

Some pupils might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers and the nursing team, documented and will only be carried out by staff who have been trained to do so.

Physical and/or sensory development: Intimate care will be an ideal time for some pupils to develop their physical and/or sensory needs, such as being able to stand while being changed, making an active transfer from wheelchair to toilet, or learning to participate in dressing or washing tasks. Staff should be aware if there are any relevant targets e.g. MOVE, PLP, or physio targets that pupils could be working on during intimate care. The MOVE Coordinator can be contacted for further guidance if required; a range of specialist equipment is available to support pupils' sitting and standing balance while using the toilet.

Recording: Different classes and pupils will have different systems for recording intimate care procedures, especially toileting. It is particularly important that this is recorded for pupils who cannot advocate for their own intimate care needs, to avoid their needs being overlooked. It is important that staff are aware of the processes in their class. Records must either be stored securely or shredded after use.

Relationships, sex and health education (RSHE): Intimate care might be an ideal time for some pupils to develop their RSHE knowledge, for example simply being aware of own body parts, or understanding how and why their body is changing as they reach puberty, and the importance of cleanliness and hygiene. Staff, led by teachers, should consider how this applies to individual pupils that they work with.

Safeguarding: All intimate care must be provided in line with our safeguarding & child protection policy. Staff must pay consideration to the 'safeguarding implications' section below.

Staffing:

- Careful consideration will be given to each pupil's needs to determine how many staff might need to be present when a pupil needs support with intimate care
- Pupils need to feel safe and supported when engaging with intimate care, so staff supporting them should be familiar to them and familiar with their needs
- Ideally, two members of staff will assist with an intimate procedure, however we recognise at Ivel Valley that this is not always practicable
- If a member of staff is going to assist a pupil with intimate care by themselves, they should advise another staff member
- Volunteers must never be involved in intimate care; it will only be employees of the school with all robust safer recruiting checks in place, including DBS
- Agency staff have safer recruiting checks in place, so can support with intimate care, however this is only advisable when an agency staff member is working regularly with a class, to ensure that they are familiar to the pupil
- Male and female staff can be involved with intimate care for pupils of either gender. The paramount issue is the safety, dignity and privacy of pupils, and all staff are expected to adhere to this, regardless of gender. Wherever possible, pupils should be involved in a discussion around who supports them for intimate care. Some families or pupils might have reasons for a specific request, and this should be taken into respectful consideration.

Touch: Staff must adhere to the touch policy. Staff must only touch pupils in intimate areas where absolutely necessary for hygiene / care purposes.

Toilet Training: Some pupils will have toileting programmes or guidance in place from either the continence team or the specialist nursery nurse team – this should be followed. If there are any issues, teachers must discuss this with the relevant professional.

Training:

- A discussion of this policy will be available as part of induction training.
- The best training for staff new to Ivel Valley is to learn from experienced staff. Class staff must offer practical support for new staff to develop their understanding of how to implement this policy in practice, for example shadowing an experienced member of staff supporting with intimate care
- Some pupils with more complex physical needs will need manual handling procedures in place to provide them with safe intimate care; where this is needed, staff must have accessed relevant manual handling training and must follow individual physical management plans.

Roles and Responsibilities

All staff are expected to adhere to the guidance given above

Expectations of **families**

- Whilst Ivel Valley will provide cleaning items and PPE (personal protective equipment, e.g. gloves) for staff, we expect our families to provide the products that their child or young person uses, and to ensure that class have a sufficient stock to meet their needs
- We expect our families to share information with staff that enable them to carry out intimate care appropriately and effectively, as per the child's individual needs
- We expect families to liaise with staff if there are any changes that might impact intimate care for their child
- Some families want to know daily updates regarding toileting or other areas of intimate care as this might affect other aspects of care, for example the administration of some types of medication. It is important that families make teachers aware if they need this information
- We recognise that some families will have specific requirements connected to their child's intimate care, for example: some families have religious or cultural practices that impact on intimate care; some families will have had personal experiences that impact on intimate care. If this is the case, we ask that families liaise directly with teachers to share this information.

Legal Framework & Statutory Guidance

Linked national guidance

- Children and Families Act (2014)
- Education Act (2011)
- Equality Act (2010)
- Health Act (2006)
- Keeping Children Safe in Education (DfE, current version)

Linked Policies

- Allegations against staff policy
- Behaviour policy
- Confidentiality policy
- Health & safety policy
- Manual handling policy
- MOVE policy
- Relationships & Sex Education policy
- Safeguarding & child protection policy
- Staff code of conduct
- Touch policy

Equalities and Inclusion

It is vital that the above guidance is followed in order for all pupils to have their needs met in an appropriate way, affording them the care, dignity and comfortable access to education that they deserve. If there is any concern that staff need extra advice or training in order to meet a pupil's

intimate care needs, this should be discussed with the relevant Assistant Headteacher, who can help to signpost to the most appropriate support.

Safeguarding Implications

Children and young people with disabilities are particularly vulnerable to all types of abuse. It is acknowledged that intimate care involves risks for pupils and adults as it may involve staff touching private parts of a child's body. We cannot eliminate all risks completely, but best practice will always be promoted at Ivel Valley, and staff will be encouraged to always be vigilant. Some key safeguarding implications to consider are:

- Staff need to be transparent about anything unusual that happens during intimate care, to enable this to be explored and resolved as appropriate by the safeguarding team.
- By encouraging as much independence as possible and by following the guidance above, staff are encouraging personal safety. This can also be done by naming body parts correctly during intimate care.
- If a pupil becomes aroused during intimate care, staff should not comment on it but instead complete the procedure professionally and efficiently. This might need to be discussed further with families and SLT and should be recorded on CPOMS
- If staff have any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, soreness or any signs of Female Genital Mutilation (FGM), they will immediately report concerns to a member of the safeguarding team, then follow processes as per the safeguarding policy.
- Staff might have concerns about intimate care that is being carried out by another settings, for example noticing dried faeces. If so, this must be reported as per the safeguarding policy.
- If a pupil becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to a member of SLT, who will consider the appropriate level of investigation.
- Any historical experiences for individual pupils, such as past abuse, should be noted and taken into account by staff supporting them with intimate care.

Sustainability implications

Wherever possible, we will use environmentally responsible products during the provision of intimate care. We are committed to reducing single-use plastics and will use reusable materials when it is safe and hygienic to do so. Waste will be managed in line with our recycling and disposal procedures