# Intimate Care Policy

| Version History | |
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| To be next reviewed on: | September 2027 |

# Contents

# Intimate Care Policy

## 1 Rationale

Our school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding. There are also duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

In meeting a child's intimate care needs it must be recognised that staff will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust. Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care. The following are the fundamental principles upon which the school practice is 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.**
- **Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.**
- **Every child has the right to express their views on their own intimate care and to have such views taken into account.**
- **Every child has the right to have levels of intimate care that are as consistent as possible.**

## 2 Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of pupils involved in intimate self-care.

## 3 Aims

- To ensure that all intimate care needs for pupils is carried out in lines with the agreed plans.
- To ensure that staff are aware of agreed practice and the planning process involved and are able to implement them.
- To ensure that where possible all intimate care plans are written involving the pupil, family and agencies involved.

## 4 Agreed Practice

All Pupils who require regular assistance with intimate care have written intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate.

**Two members of staff will be present during intimate care wherever possible. If this is not feasible due to staffing constraints, a single staff member may provide intimate care only if another appropriate adult is informed beforehand and is within reasonable proximity to provide support if needed.**

Staff will receive training in communication strategies tailored to pupils' individual needs, including those who use non-verbal communication, to ensure pupils can express preferences and consent effectively during intimate care.

Wherever possible, boys and girls should be offered the choice of gender of the staff member if intimate care is required. This becomes increasingly important as the child reaches puberty. Intimate care of boys and girls can be carried out by a staff member of the opposite sex with the following provisions:

- When intimate care is being carried out all pupils/ young people have the right to dignity and privacy i.e. they should be appropriately covered, the doors/ curtains closed or screens put in place.
- If the child or young person becomes distressed or uncomfortable when personal care is being carried out, the care should STOP immediately. The staff member should try and ascertain why the pupil is distressed and provide re-assurance.
- Any safeguarding concerns must be reported immediately to the DSL (Mr D. Doman) or deputy DSL's.

Any arrangements for intimate care procedures are shared and agreed with parents. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips. Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan. All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation. There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure. Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

Where appropriate, pupils will have access to a simplified, pupil-friendly version of the intimate care policy to understand their rights and the care they receive.

The implementation of intimate care plans will be aligned with the school's communication support systems to ensure consistent use of speech and language strategies during all intimate care interactions.

## 5 Religion / Culture

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer. Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff.

## 6 Staff Responsible

There might also be occasions when the member of staff has National Children's Bureau (2004) The Dignity of Risk good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom. Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

The school will provide emotional support and supervision for staff involved in intimate care to address any challenges or concerns, promoting staff well-being and retention.

## 7 Monitoring and Review

Intimate care plans will be reviewed termly or sooner if there are changes in pupil needs, staff, or circumstances. The SENCO will oversee monitoring compliance with intimate care plans and liaise with families and professionals to ensure plans remain current and effective.

## 8 Additional Care Needs

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in their care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique. Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the school SENCO (Miss C Taylor) who will liaise with the appropriate professionals – DSL, Headteacher, Physiotherapist. 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, documented in their health care plan and will only be carried out by staff who have been trained to do so. It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil. Staff are fully aware of best practice regarding infection control, including the requirement to wear disposable gloves, aprons and visors (where appropriate.)

Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity. and/or demonstrate an appropriate level of competence. Care plans should include specific information for those supporting children with bespoke medical needs.

## 9 Recording Keeping

When staff have carried out any form of intimate care for a pupil, this must be recorded using our agreed record keeping protocol – CPOMS. Staff must ensure that the time and date of the care given, is recorded along with which staff members are present.

## 10 Policies Which Directly Relate to the Intimate Care Procedures

- Safeguarding Policy including Child Protection
- Staff Behaviour Policy
- 'Guidance for safer working practice for those working with children and young people in education settings' (2022).
- Whistleblowing and Allegations Management policies
- Health and Safety Policy and Procedures
- Keeping Children Safe in Education (2026)
- Sutton School Medical Policy (Updated September 2026)
- Sutton School SEND Information report (Updated September 2026)
- Sutton School SEND Policy (Updated September 2026)

## 11 Intimate Care Easy Read

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|---|---|
|  | Sometimes students need help with their personal care and hygiene |
|  | Staff at our school can help students if they need it |
|  | All staff are checked and trained so they are the right people helping with personal care in the right ways |
|  | We have policies and procedures on our website so that staff know how they should help students |
|  | Students and parents or carers can say what they want staff to do and not to do |
|  | They can also say who they want to help them |
|  | Staff always respect dignity, privacy and welfare of the young person |

| | |
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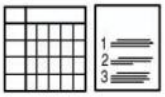
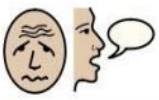
|  | The school has specialist rooms and equipment to use |
|  | The school will make sure there are the right equipment and supplies available |
|  | Staff will ensure that any care is provided quietly and respectfully to avoid any embarrassment |
|  | Plans for Intimate Care can be drawn up and records of all Intimate Care are kept |
|  | Parents or carers should read the Intimate Care Policy and complete and sign the form to give their views |
|  | If anyone is concerned or unhappy about the care provided there are staff they can tell |

Sutton School

# INTIMATE CARE MANAGEMENT PLAN

## Name of Child

D.O.B: _____

Class : _____

Please help me by:

I can be more independent by:

**I may need help with:**

| Where do I need support? Who will help me? | When do I need support? | Essential Equipment: |
|---|---|---|
| Support staff: | Timings: | |

Parent/Carer _____ Child (if appropriate) _____ Teacher _____

Support Staff (Please initial) _____ Miss C. Taylor (SENCo) _____

Issued: _____ Next Review: _____

*(Please note: Intimate Care can be supported by both male and female trained staff members – in line with School Policy.)*