



# **INTIMATE CARE GUIDELINES POLICY**

**Chair of Governors:**

**Date: February 2026**

**Review date: February 2029**

# Intimate Care Guidelines

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## Introduction

Pupils with disabilities can be extremely vulnerable. All staff involved with their intimate care need to be sensitive to the pupil's needs and also aware that some care tasks or treatments could be open to possible misinterpretation. False allegations of sexual abuse are extremely rare but certain basic guidelines will safeguard both pupils and staff. Everyone is safer if expectations are clear and approaches are consistent as far as possible. If you cannot work within these guidelines for any reason, please talk to a member of the senior management team.

## Dignity, respect and privacy

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

Privacy is an important issue. At times intimate care is carried out by one staff member alone with one pupil. This practice is accepted unless the task requires two people. Having people working alone does increase the risk of abuse, however, this is balanced by the loss of privacy and lack of trust implied if two people have to be present, as well as the practical difficulties of releasing two members of staff.

Male and female pupils must not use changing areas simultaneously. There may be an element of discretion in 'early years' classes. Pupils must never share a toilet cubicle.

Cubicle doors must be closed, as should the door to the toileting area, unless there is a specific agreement between the parent and the school.

Staff must be aware that they are being monitored when carrying out intimate care of pupils. The physical conditions within the toilet area will make monitoring more discrete, for example, cubicle doors may be shoulder height so that adults can, if necessary, peer over the top whilst maintaining privacy for pupils. Staff should feel less vulnerable knowing that adults could enter the toilet area to observe at any time. Another alternative will be for staff to keep a record of intimate care that has been undertaken. Staff should inform a colleague before and after undertaking intimate care.

Designated female toilets are a female only domain, except in exceptional circumstances. In a unisex toilet area, it is acceptable for a male member of staff to assist with a female pupil's personal care with another female member of staff. In a multiple cubicle toilet area it is acceptable for a male member of

staff to assist with a female pupil's personal care needs. Staff should be allocated to support individual pupils with regard to pupils' dignity and respect, subsequently age, gender, religion, training profile and knowledge of pupil of the member of staff will always be considered. Where appropriate an individual risk assessment will be undertaken on the toileting needs of a pupil and the appropriate approaches and profile of staff undertaking support.

## **Involve the pupil as far as possible in their own intimate care**

Try to avoid doing things for the pupil that he/she can do alone and if a pupil is able to help, ensure that they are able to do so. Use backward chaining of physical prompting to teach children how to play an active role in their toileting routine. If a pupil is fully dependent on you, talk with them about what you are doing and give them choices where possible.

## **Be responsive to pupils' reactions**

Where possible check your practice by asking the pupil, particularly if you have not previously cared for them, for example, "Is it OK to do it this way?", "Can you wash there?" If a pupil expresses dislike of a certain person carrying out their intimate care, try and find out why and as far as possible respect their personal preferences.

## **Make sure practice in intimate care is as consistent as possible**

Teachers have responsibility for ensuring that staff have a consistent approach and this is achieved through regular monitoring and evaluation of the intimate care plan. It is important that approaches aren't markedly different between different staff.

## **Never do something unless you know how to do it**

If you are not certain how to do something, ASK. If you need to be shown more than once, ask again. Intimate care such as administering rectal diazepam must only be carried out by staff who have been formally trained and must be witnessed. If handling or lifting is required, staff should receive the appropriate training and a risk assessment will be carried out.

## **If you are concerned, report it**

If during the intimate care of a pupil you accidentally hurt him/her, or the pupil seems unusually sore or tender in the genital area, or appears to be sexually aroused by your actions, or misunderstands or misinterprets something, or has a very emotional reaction without apparent cause; report any such incident as soon as possible to another person working with you and to the Headteacher/Designated Safeguarding Person. Some of these could be cause for concern about the pupil, or alternatively the pupil or another adult might possibly misconstrue something you have done. Parents are also encouraged to report any injuries or soreness.

## **Encourage the pupil to have a positive view of their own body**

Confident, assertive pupils who feel their body belongs to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to a child's intimate care can convey lots of messages to them about what their body is worth. Your attitude to the pupil's intimate care is important. Their experience of intimate care should be relaxed and stress free.

## **Policy Review**

This policy will be reviewed within 3 years of approval, or sooner if legislation changes

## Individual Intimate Care Plans – If Required

**YSGOL BRYN DERW**

**INTIMATE CARE PLAN**

**Name:**

**Date of review:**

**Basic Requirements:**

Indicates need for the toilet/Requires changing at:

Manual Handling Aspects (including aids required)

**Privacy and Dignity**

**Monitoring**

**Date**

**Comments (please sign)**