

Northern Counties School Intimate and Personal Care POLICY

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Policy Control/Monitoring

Approved by: (Position in Organisation)	Deputy Headteacher, Northern Counties School
Date: 26/09/24	
Accountability: (Position in Organisation)	Assistant Headteacher, Northern Counties School
Revision Cycle:	Annual
Brief details of amendments made	New Template

Equality Impact Assessment

This document forms part of Percy Hedley's commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment, pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

As part of its development this document and its impact on equality has been analysed and no detriment identified.

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Version Control Tracker

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V1	September 2025

1. Introduction

The Percy Hedley Foundation is committed to ensuring that all staff responsible for providing personal and intimate care support for pupils undertake their duties in a professional manner at all times. The Foundation recognises the need to treat all students and service users with respect when personal and intimate care is provided. No pupil should be attended to in a way that causes distress or pain. The students' welfare and dignity are of paramount importance. Every student's right to privacy will be respected.

The purpose of this policy is to set out guidelines that safeguard pupils and staff by providing a consistent approach. Staff providing personal care must be aware of the need to adhere to good child protection and safeguarding practice in order to minimise the risks for both pupils and staff.

1.1 Background

Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones, there is wide variation in the time at which children master the skills involved in being fully toilet trained.

Children and young people in the school may:

- Be fully toilet trained across all settings
- Have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning school

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- Be fully toilet trained at home but prone to accidents in new settings
- Be on the point of being toilet trained but require reminders and encouragement
- Not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- Be fully toilet trained but have serious disabilities or learning difficulties
- Have delayed onset of full toilet training in line with other development delays but will probably master these skills during school
- Have special educational needs that make it unlikely that they will be toilet trained during school

Because of the above our students may require:

Personal care

This involves helping a person with aspects of personal care which they may not be able to undertake for themselves, either because of their age and maturity, and because of developmental delay and/or disability. Students may require this care due to a disability or medical condition. Personal care is defined as those tasks which involve touch which is more socially acceptable and usually has the function of helping with personal presentation and enhancing social functioning. This includes shaving, skin care, applying external medication, feeding, administering oral medication, hair care, brushing teeth, applying deodorant, washing non-personal body parts, and prompting to go to the toilet.

Intimate care

This can be defined as tasks of an intimate nature associated with bodily functions and personal hygiene, or concerns that may arise of a personal nature. Intimate care is any care which involves washing, touching or carrying out an intrusive procedure to intimate personal areas. In most cases such care will involve cleaning/changing for hygiene purposes as part of a staff member's duty of care.

Intimate care tasks include:

- Dressing and undressing (including underwear)
- Assisting to change his/her own clothes
- Assisting to use the toilet
- Supervising when they are administering their own intimate care
- Supporting with changing after for example swimming
- Supporting with emptying urinary catheter bag
- Changing pads/nappies/pull-ups when necessary
- Supporting with managing menstruation
- Supporting with orthotics need e.g. lycra orthoses such as a DMO suit
- Supporting with clinical postural assessments to form a clinical judgement
- It also includes supervision involved in intimate self-care

Staff need to be aware of the need to respect and maintain the dignity and privacy of these pupils and of those assisting them with their intimate care needs.

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Intimate care plans will ensure school can overcome any challenges and can be confident they are meeting the requirements of the Disability Equality Duty (in the Disability Discrimination Act) and the Equality Act 2010 as they apply to children and young people with toileting and continence needs.

1.2- Legislation

This policy has been developed in conjunction with the following government guidance:

- Equality Act (2010)
- Working together to Safeguard Children (2023)
- Keeping children safe in Education (KCSIE) This policy has also been developed in conjunction with the following foundation policies:
- Child Protection & Safeguarding Policy;
- Equality and Diversity Policy;
- SEND Policy;
- Whistleblowing Policy

1.3 Staff Responsibility

All staff have a responsibility to promote the welfare of all of our pupils, respect their individual needs and protect their right to privacy and dignity in the delivery of intimate care. All staff have a duty of care to ensure the safety and wellbeing of children and ensure that they are familiar with government guidance regarding safeguarding. Percy Hedley Foundation is committed to ensuring that any staff responsible for intimate care have been recruited in line with Safer Recruitment procedures and are suitable trained to carry out intimate care. Annual staff training covers safeguarding and reporting processes. No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

2. Purpose

Children, young people, and adults with complex needs require considerable help and support in the learning environment. Careful thought must be given as to how they learn best and the optimum situation in which they learn to use their senses to respond. Bodily experience happens to everyone e.g. satisfying hunger, readjusting balance, feeling pain, relieving sexual tension. Children, young people and adults with complex needs may have their internal feelings but may not be able to make sense of them.

Learning environments should offer the opportunity for pupils to experience the internal drives and be able to deal with them. The purpose of this policy is for pupils to be supported with these issues with dignity, and for staff members to be supported to complete these tasks safely and feel supported through appropriate training for these tasks. We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given.

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The intimate nature of the care required has the potential to put learners and staff at risk. Staff need to be aware of the need to respect and maintain the dignity and privacy of these pupils and of those assisting them with their intimate care needs.

The aim of this policy is to:

- Provide clear guidance and support to all staff.
- Ensure that all staff provide a consistent approach to personal and intimate care.
- To inform parents/ carers of specific guidelines and procedures regarding their child's care needs.
- To reassure parents that their child/ young person/ service user is well cared for.
- To support our service users to have input into their own personal/ intimate care procedures.

3. Scope

This policy applies to all members of the education community (Teachers/Tutors, Therapists, Support Staff, Parents, Pupils/Students and members of the schools/college Governors).

4. Principles

Intimate Personal Assistance Guidelines Where a pupil has the need for intimate care, designated staff are involved in providing the intimate/personal care arising from learning difficulties, sensory impairments, medical needs and physical impairments. This places those staff in a position of great trust and responsibility. They are required to attend to the safety and comfort of the pupil/service user, ensuring that they are treated with dignity and respect. All staff understand that the needs of the service user must be respected and carry out intimate care duties with professionalism.

4.1 Intimate Care Plans

All pupils who require intimate care, must have an Intimate Care Plan (ICP), which is written with families and relevant professionals involved in their care. This plan explains where, when, who and how intimate care will be provided and where appropriate, needs to be agreed with the pupil (where appropriate) and signed by parents/ carers/ guardians to give consent. Where appropriate, it should also outline a pupil's requests for and responses to intimate care, so all staff involved in providing care are clear about their level of comfort.

The care plan will cover all aspects of intimate care including:

- Showering
- Incontinence pad changes and cleaning
- Toileting support
- Cleaning required due to menstruation
- Masturbation

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 changes to staff team. They should also consider procedures for educational visits/day trips. Where an ICP is not in place, parents / carers will be

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informed the same day if their child has received help with meeting intimate care needs (e.g. has had an ‘accident’ and has soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated sensitively with regard to privacy.

4.2 Guidance

- Where appropriate, encourage pupils to assist in personal care routines as much as possible.
- Staff may support a pupil 1:1 during intimate care if the young person does not require the support of two staff and it has been agreed in their ICP. The level of supervision should be appropriate to the needs of the young person.
- Where intimate care is needed, you must refer to the IPC and observe the procedures and ratio for that individual.
- Where intimate care is carried out and an intimate care plan is not in place this must be communicated with parents/ carers/ guardian as appropriate and recorded using the appropriate recording method for your service.
- Ensure that toilet doors are closed, curtains pulled and that privacy is maintained at all times. Some toilets are on busy corridors, in this instance, the toilet door can be locked to maintain student dignity, so long as two staff are in the toilet area. Lone working staff should not lock the door but should close curtains.
- Use discreet observation to see if a nappy/pad needs changing.
- Use standardised signs/phrases, symbols and/or objects of reference for materials used in intimate care to avoid confusion. Use a quality of touch in intimate care. Be gentle but firm, to confirm the nature of the intervention and be methodical.
- Use gloves as a ‘barrier’ to misinterpretation of touch. Wear aprons to protect clothing and ensure all dirty laundry/waste is handled appropriately.
- Different bins are provided for waste – orange bags for potential C diff or MRSA waste, yellow for all other waste.
- Show sensitivity but remain impersonal in dealing with normally private bodily parts and functions or potentially undignified situations.
- Report any unusual observations to DSL/DDSL
- Cultural and religious guidelines for particular people must be courteously followed.
- Give the pupils choice and control in so far as possible e.g. choice of underwear, remaining on toilet for longer, etc.
- Be responsive to the pupil reactions.
- Be aware of invasion of personal space. There should be time for privacy and time to gain understanding of the difference of physical contact and proximity in different environments with different staff members.
- Students may have different care products depending on their needs, always ensure you are aware of skin sensitivities/ allergies etc, this should be detailed within their intimate care plan.
- Some students may have catheters or stoma bags require specialist care, only undertake this with sufficient training from a professional, this should be detailed in their intimate care plan.
- Some pupils/ service users may demonstrate smearing behaviours, staff should respond to these as per the student’s positive behaviour support plan.
- Agency staff may only support personal as a second person, where moving and handling is involved.

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- Volunteers and student teachers /student therapists cannot support with intimate care.

4.3 Menstruation

- An open dialogue with home/care settings is essential to manage pain menstruation. Families will also give guidance on sanitary products used, PHF staff are not able to support the use of tampons. Preferences will be detailed within the intimate care plan and within medical notes.
- Staff requiring information or help concerning the subject of menstruation should approach the School/College Nursing Team or an Occupational therapist.

4.4 Masturbation and sexual feelings

People with cognitive disability experience the same range of sexual thoughts, attitudes, feelings, desires, fantasies and activities as anyone else. We have the same anatomy and it is natural for our learners to wish to explore their bodies, particular for those wearing pads where body parts are inaccessible for most of the day. Where behaviour becomes inappropriate by age and stage (Brook Traffic Light Tool) our learners should have a sexualised behaviour protocol and the intimate care plan can link to this.

Staff should consistently use the correct terms for body parts and occurrences.

Where young men exhibit signs of arousal during a pad change, staff should take a step back (where safe to do so) until the erection subsides. Girls may rock and rub for stimulation- again refer to sexualised behaviour protocol as needed.

Staff should always use gloves and gentle but firm purposeful touch to reduce the chance of actions resulting in arousal.

4.5 Medical procedures

Depending on a pupils' needs, some staff might receive training to administer invasive or non-invasive procedures such as managing catheters or colostomy bags, or to work alongside medical professionals such as physiotherapists to assist a in carrying out physical exercises, postural assessments, and application of orthoses such as lycra Dynamic Movement Orthoses suits. In these circumstances, training appropriate to the task will be given by the appropriate health professional and competencies will be carried out appropriate to the task. This will be in line with the Health Care Plan and the Intimate Care Plan. Any members of staff who administer first aid should be appropriately trained by the Foundation. If an examination is required in an emergency situation, there must be two members of staff present, with due regard to privacy and dignity.

4.6 Swimming/ Hydrotherapy

Girls and boys should be changed separately where they are able to support their own changing and personal care. When accessing public facilities family changing areas should be used to support staff to support as needed with personal care. Where personal care is needed to change the student/

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service user the Intimate Care Plan should be followed until the time where it becomes personal care. Staff should change in a separate cubicle/ toilet.

4.7 Safeguarding

When performing any kind of personal or intimate care staff must follow the safeguarding policy for their service. All staff performing personal and intimate care must have completed their safeguarding training.

- It is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil’s body. All staff (including those who are involved in intimate care and others in the vicinity) will be encouraged to be always vigilant, to seek advice where relevant and take account of safer working practice.
- Where appropriate, pupils/ service users will be taught personal safety skills carefully matched to their level of development and understanding.
- If a member of staff has any concerns about physical changes in a pupil’s presentation, e.g. unexplained marks, bruises etc. They will immediately report concerns to the Designated Safeguarding Lead/ Deputy Designated Safeguarding Lead.
- A clear written record of the concern will be completed, and a referral made if appropriate, in accordance with the safeguarding procedures. Parents / carers/ guardians will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the pupil/ service user at increased risk of suffering significant harm.
- If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the DSL/ DDSL. The matter will be investigated, and outcomes recorded. Parents / carers/ guardians will be contacted as soon as possible to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the pupil/ service users’ needs remain paramount. Further advice will be taken from outside agencies if necessary, e.g. LADO, Adult Social Care.
- If an allegation is made against an adult working at the foundation this should be reported to the DSL/ DDSL who will liaise with the Head of Service (or to the Chair of Governors if the concern is about the Headteacher). The correct procedures for reporting for each service will be carried out from here, supported by HR
- Similarly, any adult who has concerns about the conduct of a colleague or about any improper practice will report this to the DSL, Headteacher or to the Chair of Governors, in accordance with the child protection procedures and ‘whistleblowing’ policy. The whistle blowing helpline can also be used for confidentiality.

5. Monitoring and review

Overall responsibility for the operation of the procedure lies with the Chief Executive, supported by Heads of Services. This policy will be reviewed on an annual basis and updated accordingly. It is the responsibility of the Heads of Service to implement and ensure compliance with this policy and the responsibility of all members of the foundation community adheres to this policy.

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6. Associated Policies & References

Health and Safety Policy. Child Protection & Safeguarding Policy. Equality and Diversity Policy. SEND Policy. Whistleblowing Policy. PBS Policy Keeping Children Safe in Education (KCSIE) Working Together to Safeguard Children (2023) Equality Act (2010).

Longhorn. f (1997) Sex Education and Sexuality for very special people – A Sensory Approach Catalyst Education Resources Ltd., Bedfordshire.

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