Intimate Care Policy

Review of Policy	Spring 2026
Members of staff responsible	Deputy Head Teacher
Policy History	Ratified
People involved	Head Teacher Assistant Head Teacher LGB
Signed by Chair of LGB	Kevin Floyd
Date	5/3/26
Date for Review	Spring 2027

1) Principles

1.1 The Local Governing Board will act in accordance with Section 175/157 of the Education Act 2002 and the Government guidance 'Keeping Children Safe in Education' 2025 to safeguard and promote the welfare of pupils[1] at this school.

1.2 This 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.

1.3 The Local Governing Board recognises its 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.

1.4 This intimate care policy should be read in conjunction with the school's:

- Child Protection policy
- Staff Code of Conduct and guidance on safer working practice
- Whistleblowing policy and allegations management policies
- Health and Safety policy and procedures
- Special Educational Needs policy

Plus

- Moving and Handling policy
- policy for the Administration of Medicines
- Pan Dorset Safeguarding Children Partnership multi-agency guidance for the management of long-term health conditions for children and young people

1.5 The Local Governing Board is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times and that safeguarding and safer working practice considerations are reflected throughout our practice. It is acknowledged that these adults are in a position of great trust.

1.6 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. The pupil's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

1.7 Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care. Agreed practice should be documented in an intimate care plan within the school database (appendix 1).

1.8 Where pupils with complex and/or long-term health conditions have a health care plan in place[2], the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

---

[1] References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

[2] See Pan Dorset Safeguarding Children Partnership Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People, 2011

2) Definition

2.1 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.

2.2 It also includes supervision of pupils involved in intimate self-care.

3) Best Practice

3.1 Pupils who require regular assistance with intimate care should have an Intimate Care Plan (ICP) 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. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually.

3.2 Personal care assistance can be provided by any staff (or volunteers or students that have been checked against the barred list and had enhanced DBS checks completed) regardless of gender. In the event that staff are not confident or comfortable providing personal care to a particular gender they should discuss this with the class teacher.

3.3 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.

3.4 Where an ICP is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

3.5 In relation to record keeping, a written record should be kept in an agreed format every time a child has an invasive medical procedure, e.g. support with catheter usage (see afore-mentioned Pan Dorset Safeguarding Children Partnership multi-agency guidance for the management of long term health conditions for children and young people).

3.6 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

3.7 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 should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate and ensuring that intimate care is provided in a suitable location i.e. a bathroom or recognised changing area where the material resources provided are exclusively for the purpose of changing and the cleaning regimen is appropriate to the recognised demands on the environment.

3.8 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.

3.9 There is 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.

3.10 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 age.

3.11 Every pupil's right to privacy and modesty will be respected. Intimate care will always be provided in recognised toileting/changing facilities both within the school building and when on off site visits. (When planning trips appropriate changing facilities should be identified). Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the pupil's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

3.12 An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

3.13 The religious views, beliefs and cultural values of pupils, their families and staff should be taken into account.

3.14 Adults who assist pupils with intimate care should be employees of the school, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks. Students or volunteers will not assist pupils with intimate care unless they have had both enhanced DBS checks and checks against the barred list.
As a general rule staff should assume that students and volunteers **have not had these checks** unless they have been explicitly informed by the personnel team.

3.15 All staff should be aware of the school's stance on confidentiality. Sensitive information will be shared only with those who need to know.

3.16 If necessary, advice should be taken from the DC Procurement Department regarding disposal of large amounts of waste products.

4) Child Protection

4.1 The Local Governing Board and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

4.2 The school's child protection procedures will be adhered to.

4.3 From a child protection perspective 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. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Pupils with additional moving and handling needs or significant behaviour difficulties may need 2 adults to support their personal care; however, many pupils will receive their personal care on a 1:1 basis. It is also possible that 1:1 personal care will be provided in a closed cubicle which creates a potential safeguarding risk; however, providing personal care without sufficient privacy also presents a safeguarding risk.

Pupils have a right to privacy in their personal care and requiring open door personal care denies them this right. While it may be culturally acceptable for very young children in nurseries settings to be changed with less regard for privacy we need to recognise that many of our students require personal care or support throughout their time at school and so we may be providing personal care to teenagers and young adults. It is also is not sustainable or practical to maintain an open door or 2:1 approach to personal care when using community based facilities.

Our practice needs to be in line with the messages taught within our curriculum. Public and private are key concepts, particularly in helping pupils develop safe behaviours in the future and to be able to recognise when something that is not safe or appropriate has happened and communicate that to someone. It is inconsistent to teach pupils the private areas of their body and their right to privacy and then to require that their personal care is done with the door open.

In the knowledge that personal care may be provided on a 1:1 basis in private cubicles, it is all the more important that we ensure we have a strong focus on safeguarding procedures and safer working practice approaches.

In addition to the safeguarding steps outlined in subsequent points, the following safer working practice elements support our commitment to safeguarding and safer working practice:

- All recruitment is done following safer recruitment principles and we ensure that staff working in the school have completed appropriate checks.
- Most of our toilet areas are communal – it is to be expected that other staff and pupils will arrive in the toilets while you are there.
- Primary cubicles have lower partition walls and doors enabling an adult to glance over the top if they had any reason to be concerned or to offer assistance.
- Staff are expected to communicate when they are taking someone to the toilet and class staff will check on them if they don't return within a reasonable time frame.
- There is a general expectation that personal care will be a relatively brief procedure.
- Teachers and senior teaching assistants are expected to be mindful of the emotional presentation of pupils before and after going to the toilet.
- Where possible, classes timetable going to the toilet so that there tends to be multiple people in the toilet area at the same time.

4.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

4.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Safeguarding Lead (DSL) for Child Protection or a Deputy DSL. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection

procedures. Parents/carers 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 at increased risk of suffering significant harm.

4.6 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 class teacher or Head Teacher. The matter will be investigated at an appropriate level (usually the Head Teacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the pupil's needs remain paramount. Further advice will be taken from outside agencies if necessary.

4.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Head Teacher (or to the Chair of the Local Governing Board if the concern is about the Head Teacher) who will consult the Local Authority Designated Officer (LADO) in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers.

4.8 Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head Teacher or to the Chair of the Local Governing Board, in accordance with the child protection procedures and Whistleblowing policy.

5) Physiotherapy

5.1 Pupils who require physiotherapy whilst at school will have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting pupils with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist will observe the member of staff applying the technique.

5.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

The Move trainer will undertake a detailed mobility assessment and set appropriate goals. This will be shared with the therapist prior to implementation.

5.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

6) Medical Procedures

6.1 Pupils who are disabled 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 the health care plan or IEP and will only be carried out by staff who have been trained to do so.

6.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

6.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a pupil is required in an emergency aid situation it is advisable to have another adult present, with due regard to the pupil's privacy and dignity.

7) Massage

7.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Staff must ensure that any massage oils used are safe for any health condition the pupil or member of staff may have. Some oils may have adverse effects.

7.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

7.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

7.4 Care plans should include specific information for those supporting pupils with bespoke medical needs.

8) Private time

8.1 Pupils at Wyvern Academy are taught about public and private behaviours as a part of the PSHCE sex and relationships curriculum. Pupils are taught about masturbation and that it is something that should happen in a private space.

Some pupils' barriers in social communication or cognition, may result in them not being able to understand concepts such as private and public, and therefore they may not appreciate why it is not appropriate to engage in such behaviours in a public.

In the event that pupils are seeking to engage in this behaviour staff will seek to redirect them and will attempt to reinforce messages in relation to where private behaviours can happen. In rare circumstances there may be pupils that are not able to accept these interventions and our efforts to prevent the behaviour are unsuccessful. This creates a risk that this behaviour is being exhibited in a public space, or that our efforts to redirect result in the presentation of crisis behaviour

In these circumstances, private time is a means of structuring the behaviour to ensure that it is at least happening in a private and appropriate place within the school.

8.2 The concept of "private time" exclusively refers to masturbation behaviours exhibited by children/young adults that have reached/passed puberty.

"Private time" does not relate to young (prepubescent) children who may be interested in exploring their private parts in line with normal development. It should be noted that pupils with barriers in social understanding are more likely to engage in these behaviours in a public context, however, this does not necessarily mean that they are exhibiting a sexualised behaviour. Where these behaviours are observed staff should consult the Brook sexualised behaviours traffic light document in order to establish which behaviour are/are not developmentally appropriate.

8.3 A decision to make private time available to the pupil can only be agreed with the Head Teacher's agreement and the recorded consent of the parents.

8.4 Records must be kept in order to monitor the amount of time spent in private time and the impact on other behaviours.

8.5 Given the intimate nature of this specific behaviour, class teams must establish a clear protocol for how private time will be managed, including procedures for communicating with the pupil and starting and finishing the activity. Measures must be put in place to ensure that two staff are available when staff need to enter the private time space in order to ensure safer working practice. A plan should be drawn up to document decisions in relation to private time. Following whole school RSE training (The Sex Factor course) we have adopted the use of a private time plan proforma (See appendix 2).

8.6 Where private time is agreed for an individual pupil there should be a whole school dialogue in order to ensure that staff are aware of the reasons for providing private time and the procedures that have been agreed.

This policy/procedure is to be read in conjunction with all others that come under the Wyvern Safeguarding family of policies. These are: Child Protection, Behaviour (including anti-bullying), Staff Code of Conduct, SRE, Intimate Care, Medical, Whistle-Blowing, Health and Safety, E-Safety, Safer Recruitment, Complaints, Allegations Procedures, Attendance (pupils), Data Protection, Looked after Children, Lone Working, Manual Handling, Pool Safety Operating Procedures, Violence at Work.
As such, reference is made to the key guidance documents: Keeping Children Safe in Education 2025 and Guidance for Safer Working Practice 2022.

Appendix 1

Wyvern Academy Intimate Care Plan

Date plan set		Review date	

Name

WearsPad	☐	Help managing menstuation	☐
EntirelyDependent	☐	Medical procedures (catheter/colostomy)	☐
CanCo-operate	☐	Private time agreed	☐
MostlyIndependent	☐		
Independent(occasional accidents)	☐		
Uses specialist toilet chair	☐		

What pupil can do - pad change	Intimate care protocol (pad change)
What pupil can do - bowel movement	**Intimate care protocol (bowel movements)**
What pupil can do - urination	**Intimate care protocol (urination)**
What pupil can do - menstruation	**Intimate care protocol (menstruation)**
What pupil can do - medical	**Intimate care protocol (Medical)**
What pupil can do - Private time	**Intimate care protocol (Private time)**

Behaviours to be considered

Personal care may be provided by either male or female staff.

I have reviewed this intimate care plan and agree to the details of the plan set out within it.

Parents signature | Date

Appendix 2

Personal and Private Time Plan

Pupil name:			
This has been written by:		**Date:**	

It's everybody's right to explore their body and to sexually express themselves, regardless of gender.
At Wyvern academy it is recognised that sexual expression/exploration is a private activity and it should only happen in private spaces.

- Private spaces should be an identified private space in the pupil's home.
- Every effort should be made to establish structures and routines to establish that private behaviours happen in private spaces (i.e. not at school).
- In rare cases pupils that do not understand concepts such as public and private, or have awareness of established social conventions, may seek to engage in private behaviours in public spaces.
- Scripting and visual communication may help to reinforce that it is not the right time or place to be engaging in private behaviours.
- Distraction may help to redirect the pupil.
- Communication and interactions should **not** communicate that the activity is bad/wrong, rather that it is a private activity for a private space and time.
- Where these interventions are unsuccessful, we recognise that more assertive restrictions/redirections risk creating harmful/wrong perceptions around sexual expression/exploration.
- More assertive restrictions/redirections also risk making the pupil more resistant to staff guidance around this activity and risk embedding the activity an established behaviour pattern.
- Where this is a risk, an accommodation may need to be agreed, recognising that allowing "private time" in school may be the option that results in the best personal and behaviour outcomes for the pupil.

Where this accommodation is agreed the following planning template (adapted from materials provided by "The Sex Factor" Relationships and sexual education training for SEND) will be used.

How do I show that I might like some private time? What behaviours do I show?

For some young people, who do not have a concept of time, it is helpful to have private time at the same time every day. This is also likely to stop masturbation in inappropriate public places.

When do I have private time e.g. Morning, 6pm etc, when I need it (how do I show this)?

I have my private time in:

Where do I have my private time, e.g. in the bath, on a mat, on my bed etc?

Some young people may need objects to assist with masturbation or to help them masturbate safely. We (The Sex factor trainers) suggest separate toys/items, in a box, specifically for this purpose and person. These must be safe and be chosen by the young person, if necessary, they can be given some options. The toys/items should be placed next to the young person, not on them, unless the young person can communicate clearly where they want them or can physically move them themselves.

Do I have any special items to help me with private time, e.g. lights in room, special blanket, box of private time toys, vibrating cushion/snake etc? Give the reasons why you have chosen and tried the toys that are in the box?

If the young person has physical difficulties please ensure the young person has a say in how they are positioned, if possible.
What do I need you to do? E.g. Take my trousers off, position me on my side, lay me on my bed, take my pad off etc.?
For safety or medical reasons, some young people may need staff to be close by. To ensure people's privacy and dignity is respected, we suggest staff wait in an adjoining room or behind a wicker screen, so that they are available if required. It is important that staff keep their voices down.
Where do I need staff to be e.g. Outside my room, behind a screen, outside my door, tidying shelves at the other side of my room?
Time & Ending Private Time - There are no fixed rules for this.
How long should I be given e.g. as long as I need, 20 to 30 mins, stop if I am becoming frustrated (how am I showing this)? How do I show you that I am ready to finish?