

Intimate and Personal Care Policy and Guidance (Including EYFS)

Approved by SMT Sept 2025

Policy agreed by: Siobhan McCurdy (Head of Safeguarding) and Amanda Mills/Kate Munden (Medical Centre Managers)

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1. Implementation

'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body as defined culturally by the individual.

Examples of intimate care might include:

- Washing body areas
- Dressing body areas
- Toileting support, including changing continence pads/nappies, changing menstruation pads, managing catheters, assisting with a pupil onto the toilet or cleaning themselves following a soiling or wetting episode.

'Personal care' is defined as those care tasks which do not involve contact or exposure of sexual parts of the body as defined culturally by the individual and which are often associated with personal presentation.

Examples of personal care might include:

- Washing non-intimate areas
- Feeding
- Prompting to use the toilet
- Oral care
- Shaving
- Nail care
- Dressing and undressing (clothing)
- Hair care
- Supervision of a pupil in intimate self-care.

Intimate care also includes intimate care clinical procedures, and some medication administration – please refer to the First Aid Policy for guidance.

All children/young people have the right to be safe and treated with dignity and respect. As a member of staff at Hurstpierpoint College you have a duty of care to safeguard the pupil,

therefore all personal and intimate care that you provide must promote the health, well-being and safety of the pupil at all times.

It is important to note that a pupil with additional needs and disabilities can be very vulnerable. Some adults may use intimate care procedures as an opportunity to abuse a pupil. All staff therefore must be sensitive to the care of the pupil's needs and be aware that the possibility of allegations of abuse may be disclosed. Please refer to the Hurstpierpoint College Safeguarding Policy for guidance.

The purpose of this policy and guidance is to help safeguard both the pupil and staff involved with personal and intimate care at Hurstpierpoint College and provide guidance for the implementation of intimate and personal care. If a staff member is unable to work within these guidelines they must discuss their difficulties with their line manager before implementing any care. To ensure good practice, staff assisting a pupil with their health care needs must consider both their actions and attitude within their approach.

The following quality statements aim to set out the best practice principles and guidance for staff.

2. Dignity and respect

Intimate and personal care should be provided with dignity and respect ensuring privacy, this includes care being given gently and sensitively.

Information about a pupil's intimate and personal care needs is both private and confidential. Information sharing relating to intimate care should be for a legitimate purpose and with the consent of the pupil or where a pupil lacks capacity the parent or carer.

Privacy should be appropriate to the pupil age, gender and situation. Privacy is an important issue. A pupil have a right to privacy and staff need to recognise that right and take steps to ensure it is upheld. It is important to ensure that changing clothes is done in a safe and respectful manner. Identified places for changing are therefore helpful.

3. Student participation and consent

Every pupil should be involved in their own care if at all possible. Staff must encourage and give the pupil a chance to undertake their own care if they are able to do so. The pupil must be supported in doing this. Talk them through their care and allow them to make their own choice wherever possible.

Staff should gain the pupil's consent or assent to carry out any procedure or intervention. Any touch which is intended as help (e.g. helping a pupil with toileting needs) is to be as enabling and empowering as possible. Involve the pupil as far as possible in their own intimate care and if the pupil is able to help, give them every opportunity to do so. It is important to avoid doing things that the pupil can do alone or without support. If a pupil is fully dependent on you, talk with them about what you are doing and give them choices wherever possible.

Children and young people should always be consulted about their views regarding touch and physical contact.

4. All staff must be responsive to the reactions, expressed views and preferences of the pupil

Staff will check out their practice with the pupil being assisted, by asking relevant questions e.g. “Is it OK to do it this way?” “Can you wash there by yourself?” If a pupil expresses dislike of a certain person carrying out their personal care, staff will try and find out why.

Use your intuitive knowledge and experience of the pupil you are caring for and verbally report and document any changes in the pupil’s behaviour or their reactions to intimate care.

Adults should take into account the pupil’s views and feelings throughout any procedure or intervention and give careful consideration to what the pupil is used to and what is appropriate, given their needs and their family’s culture and beliefs.

5. Body image

Encourage the pupil to have a positive image of their own body. Providing intimate care with the right attitude, with clear good practice actions provides ongoing opportunities to teach children about the value of their own bodies, develop self-confidence and a positive self-esteem.

The approach adults take in providing intimate care to a pupil should convey messages that it’s their body and they are respected; a sense of value. Confident, assertive children/young people who feel their body belongs to them are less vulnerable to sexual abuse. Whilst keeping in mind the pupil’s age and understanding, routine care should be enjoyable, relaxed and fun.

6. Consistency of practice

Make sure practice in intimate care is as consistent as possible. Whilst this doesn’t mean that every member of staff will do things in an identical fashion, it is important that basic good practice guidelines (Appendix 1) are adhered to by all members of staff. The pupil’s individual intimate care plan (Appendix 2) will clearly state the individual needs of the pupil, and how these needs will be met. In agreeing these needs, consideration will need to be given to any previous areas of abuse, physical or emotional deprivation, and how the pupil generally relates to different genders.

The management of all pupils who require support with their intimate care needs to be carefully planned. A person centred approach to providing intimate and personal care promotes both individual and consistent patterns of care.

Line managers have a responsibility for ensuring their staff have a consistent approach.

Elements of consistency for each individual pupil include:

- Language - Using recognised words or other cues and agreed terminology.
- Physical touch - Always washing intimate parts with a wash tool and not bare hands.
- Documentation - Following the pupil's individual intimate care plan.
- Same staff – as much as possible, there should be the same, limited, staff administering intimate/personal care for that pupil. These will be identified on the pupil's care plan.

Consistency of approach can be helped by checking with the pupil, their carers/staff who know the pupil well and reading the pupil's individual health care plans. If something needs changing in a procedure, it is important to let all those who are involved in their care know about the changes.

7. Safeguarding and documentation

Staff will need to notice patterns in a pupil's behaviour which may indicate abuse or neglect. This can include, frequent wetting or soiling, children not meeting typical developmental milestones with toileting, UTIs, signs of STIs or pregnancy, or injury. If, whilst being assisted with personal care, a pupil is accidentally hurt or any injuries to their body are noted, or the pupil seems unusually sore or tender in the genital or rectal area, or appears to be sexually aroused by the staff member's actions, or has a very emotional reaction without apparent cause, this will be recorded and explored. If a pupil is showing signs of distress or unwilling to receive the intimate/personal care, staff will not enforce or hold the pupil. It cannot become a negative experience which links to behaviour sanctions, however if rewards through a star chart may be helpful to implement. If a pupil refuses intimate or personal care, this needs to be stopped, try again at a later point or parent/carer needs to be called to administer the care or collect the pupil.

Full details of your concerns should be recorded and reported (if appropriate) and written on the pupil recording sheet. If necessary, the Safeguarding Policy should be followed (concern added to CPOMS). If there are any concerns raised about an adult's practice of intimate/personal care e.g. not following this policy; this needs to be reported to the safeguarding team and a written report to staffconcerns@hppc.co.uk.

All technology with the capability of recording visually or audio will need to be removed from the adult and outside of the room while the intimate/personal care is administered.

Ideally two members of staff will be present for administering intimate care. This is to ensure safety for the pupil and reduce risk of allegations against staff. If this is not possible, another staff member must always be informed of the care being administered, the reason for this and the whereabouts of the care being administered. For Reception, Year 1 and Year 2, there should be 2 members of staff present for administering intimate care unless this is not possible and the need of the pupil being changed has to be prioritized.

It is important to keep records, but only as necessary and appropriate to help review practice and to share information with other relevant staff. Decisions taken by, or in the interest of an individual, should always be clearly recorded. (Appendix 2)

Children/young people who require routine intimate care should have an Individual Intimate Care Plan (Appendix 2) which sets out the pupil's views and how they would like their care given, together with specific information to enable care givers to carry out their intimate care. These plans also include a full risk assessment to address issues such as moving and handling, personal safety of the pupil and the carer. Any individual issues including religious and cultural views will be recorded in these plans. Any historical concerns (such as past abuse) should be noted and taken into account.

The intimate care documentation should be agreed by the pupil, parents/carers, designated staff and professionals. The intimate care plan should be reviewed annually or as the pupil's needs change.

There will be circumstances where intimate or personal care will be administered 'ad hoc' for when a pupil needs this. If this is not routine, the pupil may not need a written plan but the care administered will need to be recorded and parents/carers informed.

All intimate/personal care administered will be written up on CPOMS – ticking Intimate Care under Medical and parents/carers informed (this should also be noted on CPOMS).

8. Where possible, staff and the same gender as the pupil will assist

The gender of the adult care giver should take into account the pupil age, developmental history, cultural beliefs and values and the expressed views of the pupil and/or parents and should be documented within the individual intimate care plan.

As a general guide, children up to the age of 8 can be provided intimate and personal care by either gender. From about 8 years of age as the pupil is developing their sexuality psychologically, physically and physiologically, the gender of the adult intimate care giver becomes more of an issue to the individual young person in terms of their respect for privacy and their views and feelings are critical to deciding who should provide intimate care.

Where a pupil lacks capacity to make a decision, make the parent or guardian's views should be included within the individual intimate care plan. It is good practice for adults providing intimate care to young people (from the age of 8) to be of the same gender. In certain circumstances, and it would usually be unexpected circumstances, this good practice principle may need to be waived where failure to provide appropriate care would result in an omission of care.

This is best practice, however, it is recognised that within some services the gender of staff is often made up of predominantly female staff and therefore the same gender principle is often difficult to implement in practice. This needs to be explained to the pupil and family as part of negotiating the agreed intimate care plan and whatever is put in place should be reviewed and monitored regularly.

In the event that the staff member of the same gender as the pupil is not known to him/her, the pupil will be given the choice of being assisted by a member of staff of the opposite gender who he/she is more familiar with.

It is important for a pupil to feel safe around adults of all genders, however, to safeguard both children/young people and staff, assistance with personal care will be undertaken by a member of staff of the same gender as the pupil whenever possible unless clearly stated in the care plan to the contrary.

In 'ad hoc' circumstances, a decision will be made based on pupil's preference, availability of staff, relationship with the pupil and staff who have completed intimate/personal care training.

9. Staff training

All staff who provide intimate care should receive training to promote good practice. No one should ever undertake a task unless they know how to do it. Just because staff have done something with their own pupil, it must not be assumed that they can do it with the pupil they are providing care for.

Certain intimate care procedures must only be carried out by appropriately trained staff. It is the line manager's responsibility to ensure their staff members are appropriately trained and receive regular updates.

Newly appointed staff will be made aware of this practice guidance during their induction to the school and appropriate intimate care training will be provided annually.

These guidelines have been adapted from the Guidelines for Good Practice in Intimate Care written by Chailey Heritage Child Protection Working Group (Feb,1991) and are informed by the following legislations-

- United Nations Convention on the Rights of the Child 2004
- Children's Act 1989 and 2004
- Disability Discrimination Act 1995, replaced by the Equality Act 2010
- Health and Safety at work Act 1974
- Health and Social Care Act 2008

Appendix 1

PRACTICE GUIDELINES FOR STAFF

The level of assistance that a pupil needs with their personal care, their abilities, and expressed preferences must be clearly noted on their intimate care plan. All staff must familiarise themselves with this plan.

Although it is accepted that closing a door when assisting a pupil with personal care promotes privacy some children may experience this in a negative way, or their needs may be such that this would not be deemed safe practice (i.e. the pupil suffers with epilepsy or presents aggressive behaviour and staff assisting them may need to call for assistance).

Accordingly, when assisting a pupil with their personal care needs, this issue must be formally considered and agreed with the parents and pupil and recorded in their intimate care plan. The pupil's keyworker is responsible for ensuring that these details are fully recorded and regularly updated.

Wherever possible, use verbal, visual, or gestural prompts to enable the pupil to undertake their own care. If this is not possible, staff must adhere to the following guidance at all times:

1. Familiarise yourself with the intimate care plan for every pupil with whom you work and adhere to the agreed practice for each individual pupil.
2. Knock on doors before entering a pupil's bedroom/room/toilet.
3. Inform a colleague that you are assisting a pupil with their personal care, where you are and what assistance you may need.
4. Cover the pupil with clothing, bedding or towels to maintain the privacy and dignity of the pupil or when a person enters or leaves the bedroom/bathroom
5. Use a flannel or sponge and not bare hands when washing a pupil.
6. Wherever practical ask the pupil whom they wish to assist them with their personal care.
7. Never do something unless you know how to do so. If you are not sure about how to do something, ask.
8. If the pupil is capable, always give them the opportunity to clean/change themselves, with the aim to empower them.
9. Do not give suppositories unless you have been assessed by the school nurse as competent to do so.
10. Report any concerns expressed by a pupil (verbally or by changes in behaviour or expression) about yourself or a particular member of staff carrying out their personal care to the Designated Safeguarding Lead and Line Manager.
11. Remember that your attitude to assisting a pupil with personal care can contribute to the feelings they have about their body; you must therefore treat every pupil with dignity and respect.

12. Record the care, time, date, other staff member present or aware and the informing the parents/carers on CPOMS under the Medical, Intimate Care category or update the intimate care record for that pupil.

Appendix 2

Individual intimate care plan

Individual intimate care plan

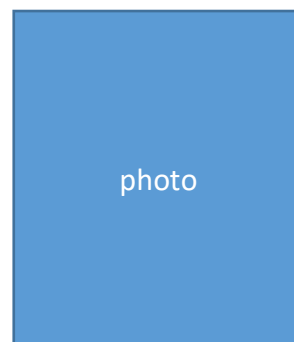
Name of pupil _____

Date of Birth _____

Date of plan _____ Review date _____

Was this care plan discussed with pupil? YES / NO

If no, please indicate reason below.



Does any of the intimate care require additional training for staff? YES/NO (If yes please specify in the box below)		
<u>Name</u>	<u>Position/Job</u>	<u>Date of training</u>

Please give details here of the type of intimate care that requires assistance. E.g.- Child soils and requires assistance/supervision with cleaning themselves, disposing of soiled pad / underwear and clothing.

Intimate care	Action

Where will this care be provided? - Please be specific about identified area.

Communication- How does the pupil indicate when they need assistance with their care. When do they need assistance and if they have any dislikes relating to their care. (Please state below)

Detail here what equipment the pupil may need (i.e.- continence pad- size, toilet seating etc.) and who is responsible for providing it.

What is the pupil able to do for themselves? This will need to be considered in termly targets as is an area for encouraging learning and promoting independence, no matter how small the participation. Please date each entry.

Any other comments:

The information within this Care plan is private and confidential and should only be shared with the relevant staff caring for my child.

Agreed by Parent/Carer

Signed _____

Print _____

Designation _____

Date _____

Agreed by school

Signed _____

Print _____

Designation _____

Date _____

Appendix 3

Personal and Intimate care record

Personal and intimate care record

Pupil's name: _____

Date	Time	Procedure (Record time taken to complete intervention)	Staff signature	Second adult in attendance/ informed	Comment

Signed _____

Print _____

Designation _____

Date _____