



KITE RIDGE SCHOOL
CHANGING MINDS

KITE RIDGE SCHOOL
INTIMATE CARE POLICY

Approved:

October 2025

Next review:

October 2028

PRINCIPLES

Kite Ridge 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.

This Intimate Care Policy should be read in conjunction with the following:-

Child Protection Policy

Health and Safety Policy and Procedures

Policy for the Administration of Medicines

BC Moving and Handling Policy

Behaviour Policy

Use of Reasonable Force Policy

Staff Code of Conduct

Confidentiality Policy

We are committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional and empathetic manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all students, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The student's welfare and dignity is of paramount importance. No student should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers to share information and provide continuity of care.

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 students are unable to do because of their 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 students involved in intimate self-care.

BEST PRACTICE

Staff who provide intimate care receive training from experienced team members to ensure that Kite Ridge's high standards are upheld and maintained.

Staff are made fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons and to follow high standards of personal hygiene safety.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.

As an additional safeguard, staff involved in meeting intimate care needs will not usually be involved with the delivery of sex education to the same student, wherever possible.

There is careful communication with each student 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 student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

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

Staff will be provided with the equipment to ensure that intimate care can be carried out sensitively and with dignity.

Any historical concerns (such as past abuse) should be noted and taken into account. Sensitivity to individual needs will be paramount

All Students at Kite Ridge School will have a Behaviour Support Plan, however, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself) if this is unusual or an infrequent occurrence.

Every student's right to privacy will be respected. Careful consideration will be given to each student's situation to determine how many staff might need to be present when a student needs help with intimate care. Staff who assist students one-to-one should be employees of the school and be DBS checked at the appropriate level.

It is not always practical for two members of staff to assist with an intimate procedure and this does not take account of the student's wishes for privacy. It is advisable, however, for a member of staff to inform another adult when they are going to assist a student with intimate care.

The religious views and cultural values of families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

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

If necessary, advice should be taken from the local council regarding disposal of large amounts of waste products. At Kite Ridge, all clinical waste is placed in 'yellow bags' and disposed of in a clinical waste bin which is located on school grounds and collected for incineration.

CHILD PROTECTION

Kite Ridge School recognises that children with special needs and disabilities are particularly vulnerable to all types of abuse.

The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to.

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 child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

Where appropriate, all children 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 child's presentation, e.g. unexplained marks, bruises, soreness etc s/he will immediately report concerns to the Head/Deputy.

A clear written record of the concern will be completed and a referral made to Children's Services Social Care if necessary, in accordance with inter-agency procedures. Parents will

be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

If a student becomes distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Deputy or Head. The matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

PHYSIOTHERAPY

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist or physiotherapy assistant acting for the Health Authority. If it is agreed in the handling 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.

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

Adults (other than the physiotherapist or the assistant) carrying out physiotherapy exercises with pupils should be employees of the school.

MEDICAL PROCEDURES

Students with disabilities 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 and will only be carried out by staff who have been trained to do so.

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.

DEEP PRESSURE THERAPY

Deep Pressure Therapy is now commonly used with children who have complex needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation. Staff

are involved in delivering aspects of programmes devised by therapists or as part of accepted communication programmes like Intensive Interaction.

It is recommended that Deep Pressure Therapy undertaken by school staff should be confined to parts of the body such as the hands, feet, shoulders, back and head in order to safeguard the interest of both adults and children.

Keeping Children Safe in Education

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