



# Ashfield Girls' High School



**“Each different. Each talented. All valued.”**

## Intimate Care Policy

Author(s)	Mrs C Hoey Vice-Principal (Pastoral)
Adopted Date:	March 2025
Review Date:	March 2027



## Intimate Care Policy



## **Intimate Care Policy**

March 2025

Mrs C Hoey (Vice Principal – Pastoral)



## Contents Page

Page	Contents
3	Executive Summary
4	Section A – Aims of the Policy
5	Section B – Legislative Context and Linked Policies
6	Section C – Policy Procedures
14	Section D – Roles and Responsibilities
15	Section E – Consultation, Communication, Monitoring and Evaluation
Appendices	Appendix 1: Parental Permission for Intimate Care Appendix 2: Record of Intimate Care



## Executive Summary

This policy outlines the procedures and principles guiding the provision of intimate care to pupils. While promoting independence, we recognise that certain situations require staff intervention, which must always be carried out with professionalism, sensitivity, and respect. The policy adheres to the Regional Core Child Protection Policies and Procedures (2017) and applies to all staff involved in the intimate care of children.

Intimate care includes, but is not limited to:

- Assisting a pupil with changing clothes
- Helping with toileting or personal hygiene
- Providing first aid assistance
- Comforting a distressed pupil
- Administering specific medical procedures (by trained personnel)

The policy is based on key principles:

- Every pupil has the right to be safe, respected, and treated with dignity.
- Pupils should be involved in decisions regarding their care.
- Intimate care must be appropriate, necessary, and consistent.

Staff aim to encourage independence, ensure that parents/carers are involved in their child's care, that consideration is given to when additional support may be required and uphold safeguarding measures.

Ashfield Girls' High School is dedicated to upholding the dignity and well-being of all pupils. This policy ensures that intimate care is provided in a professional, respectful, and safe manner while fostering independence and confidence among students.



## Section A (Aims of the Policy)

The wellbeing of our pupils is central to the aims, ethos and teaching programmes in Ashfield Girls' High School. We are committed to developing positive and caring attitudes in our pupils.

Our Intimate Care Policy is part of our collective pastoral care policies. This policy is in line with multi-agency guidance as found in the Regional Core Child Protection Policies and Procedures (2017). It is our intention to continue developing independence in our pupils, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

*'Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child.'* (9.26, ACPC Regional Policy and Procedures). In school this may occur on a regular basis or during a one-off incident.

Ashfield Girls' High School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all our pupils with respect when intimate care is given. No pupil should be attended to in a way that causes distress or pain and staff must be sensitive to each pupil's individual needs.



## Section B (Legislative Context and Linked Policies)

[Children's Services Co-operation Act \(2015\)](#)  
[Special Educational Needs and Disability Order \(2005\)](#)  
[The Addressing Bullying in Schools Act \(Northern Ireland\) 2016](#)  
[The Children \(Northern Ireland\) Order 1995](#)  
[The Education \(School Development Plans\) Regulations \(Northern Ireland\) 2010](#)  
[The Education and Libraries Order \(Northern Ireland\) 2003](#)  
[The Equality Act 1995](#)  
[The Health and Safety at Work Order \(Northern Ireland\) 1978](#)  
[The Human Rights Act 1998](#)  
[The Relationships and Sexuality Education \(Northern Ireland\) \(Amendment\) Regulations 2023](#)  
[The United Nations Convention on the Rights of a Child \(1998\)](#)

CCEA: Wellbeing Hub (2024)  
 CCEA: Relationships and Sexuality Education Guidance (2019)  
 DENI: Children and Young People's Strategy 2020-2030  
 DENI: Children and Young Peoples' Emotional Health and Wellbeing Framework (2021)  
 DENI: Every Child (2023)  
 DENI: Every School a Good School (2009)  
 DENI: Pastoral Care in Schools: Promoting Positive Behaviour (2011)  
 DOH: Mental Health Strategy 2021-31  
 ETI: Inspection and Self-Evaluation Framework (2017)  
 NSPCC: Intimate Care of Children (2024)  
 PHA: Five Steps to Wellbeing  
 Guidance on Identifying and Supporting Learners with Social, Emotional and Behavioural Difficulties (2014)  
 Safeguarding and Child Protection in Schools (Updated September 2023).

## Linked Policies

Pupil Wellbeing Policy  
 Medical Needs Policy  
 Safeguarding and Child Protection Policy  
 Behaviour for Learning and Positive Behaviour Policy  
 Pupil Voice Policy  
 Special Educational Needs Policy  
 Relationships and Sexuality Education Policy  
 Health and Safety Policy  
 Healthy Eating Policy  
 Educational Visits Policy  
 Mobile Devices Policy  
 Addressing Bullying Type Behaviour Policy  
 Bereavement Policy  
 Equality and Inclusion Policy



## Section C (Policy and Procedures)

Intimate care is any care which involves one of the following:

Assisting a pupil to change her clothes	Changing or assisting in washing a change who has soiled herself	Assisting with toileting issues
Supervising a pupil involved in intimate self-care	Providing first aid assistance	Providing comfort to an upset or distressed pupil
Feeding a pupil	Providing oral care to a pupil	Assisting a pupil who requires a specific medical procedure and who is not able to carry this out unaided. *

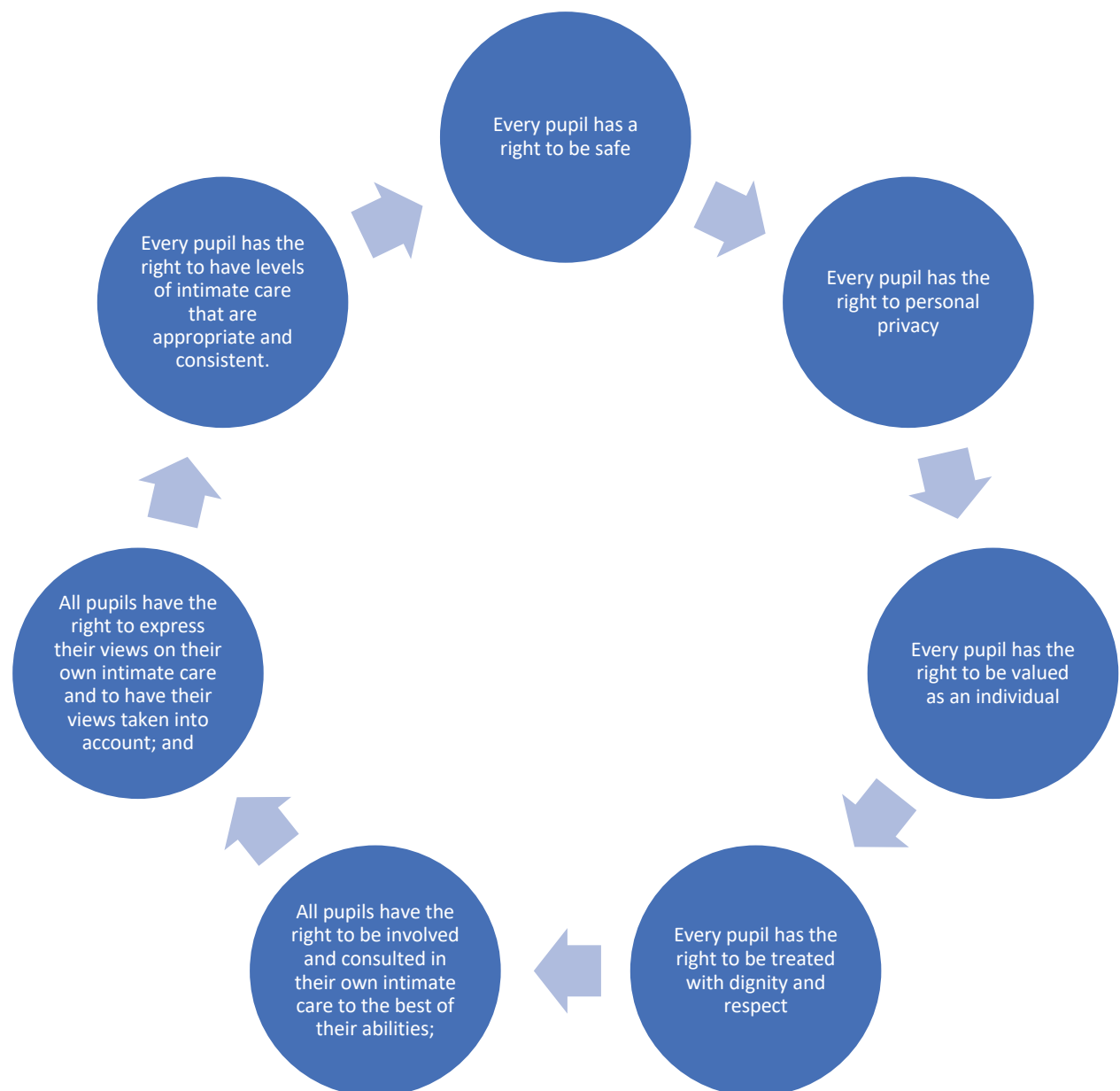
\* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.) Parents have the responsibility to advise the school of any known intimate care needs relating to their child





## Principles of Intimate Care

The following are the fundamental principles of intimate care upon which our policy guidelines are based:





### **Assisting a pupil to change her clothes**

We understand that there may be limited occasions in a post primary setting where this policy is necessary. On occasions an individual pupil may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage pupils to attempt undressing and dressing unaided. However, if assistance is required this will be given.

Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the pupil the opportunity to change in private, unless the pupil is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their pupil and informed if the pupil becomes distressed.

### **Changing a pupil who has soiled herself**

If a pupil soils herself in school a professional judgement has to be made whether it is appropriate to change the pupil in school, or request the parent/carer to collect the pupil for changing. In either circumstance the pupil's needs are paramount and she should be comforted and reassured throughout. The following guidelines outline our procedures but we will also seek to make age-appropriate responses.

- The pupil will be given the opportunity to change her underwear in private and carry out this process themselves.
- School will have a supply of wipes, clean underwear and spare uniform for this purpose. (A supply of clean underwear and spare uniforms are available from the Medical Room).
- If a pupil is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact is able to come to school within an appropriate time frame, the pupil will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact cannot attend, school will seek verbal permission for staff to change the pupil. If none of the contacts can be reached the Principal is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the pupil.
- The member of staff who has assisted a pupil with intimate care will record this intervention.



## **Child Protection/Safeguarding Guidelines**

Ensure that the action you are taking is necessary.

Get verbal agreement to proceed – CARE – CONCERN – COMMUNICATE.

- Ensure the child is happy with who is changing her.
- Be responsive to any distress shown.
- Use basic hygiene routines.
- Always wear protective disposable gloves.
- Seal any soiled clothing in a plastic bag for return to parents.

In some cases, in order to avoid any unnecessary distress, a member of staff may assist the pupil (with a colleague in attendance) unless a parent has requested otherwise or if the pupil is reluctant. Parents will be contacted as soon as it is practical to do so.

## **Providing comfort or support to a pupil:**

There are situations and circumstances where pupils seek physical comfort from staff. Where this happens, staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

If a child touches a member of staff in a way that makes her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with the Designated Teacher for Child Protection.

Assistance may be provided for a child who requires a specific medical procedure and who is not able to carry this out unaided.

Our Medical Needs Policy outlines arrangements for the management of the majority of medications in school.

Parental permission must be given before any medication is dispensed in school. Details of this are included in our Medical Needs Policy.

A small number of children will have significant medical needs and in addition to the arrangements included in our Medical Needs Policy will have an Individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.



### ***Residential Trips***

Residential educational visits are an important part of our school experience. Particular care is required when supervising pupils in this less formal setting.

As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, Pastoral Care and Positive Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context.

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter.

At bedtime, children are given a set amount of time to change and prepare for bed and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

There are occasions when incidents take place during the night and the need arises to:

1. Assist a child to change her clothes
2. Change a child who has soiled herself
3. Provide comfort to an upset or distressed child
4. Assist a child who requires a specific medical procedure and who is not able to carry this out unaided. Guidance as above will be followed with the support of an additional member of staff in attendance.

### ***Showering***

Children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations, and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore Staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.

It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.



## **School Responsibilities**

All members of staff working with children are vetted by the Education Authority (formerly BELB). This includes students on work placement and volunteers who may be left alone with children. Access NI procedures includes criminal record checks and two references.

Only those members of staff who are familiar with the Intimate Care Policy and other Pastoral Care Policies of the school are involved in the intimate care of children.

Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately.

The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's intimate care practice he or she must report this to the Designated Teacher for Child Protection.



## Guidelines For Good Practice

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children.

Children with Special Educational Needs or medical conditions can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

Members of staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

Adhering to the following guidelines of good practice should safeguard both children and staff.

Involve the child in the intimate care. Try to encourage a child's independence as far as possible in his or her intimate care. Where a situation renders a child fully dependent, talk about what is going to be done and, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Care should not be carried out by a member of staff working alone with a child.

Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.

Be aware of your own limitations. Only carry out activities you understand and feel competent with. If in doubt, ask. Some procedures must only be carried out by members of staff who have been formally trained and assessed.

Promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body worth. Your attitude to a child's intimate care is important. Keeping in mind the child's age, routine care can be both efficient and relaxed.

If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to the Designated Teacher for Child Protection.

If a child is accidentally hurt during intimate care or misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately to the designated teacher. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made available to parents and kept in the child's personal file.



### **Working with Children of the Opposite Sex**

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;
- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance;
- Report any concerns to the Designated Teacher for Child Protection and make a written record;
- Parents must be informed about any concerns.

### **Communication With Children**

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of stress children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- Make eye contact at the child's level;
- Use simple language and repeat if necessary;
- Wait for response;
- Continue to explain to the child what is happening even if there is no response; and
- Treat the child as an individual with dignity and respect.



## Section D (Roles and Responsibilities)

### Board of Governors:

- Have a written Intimate Care Policy in place.
- Ratify the policy and ensure that it is reviewed every two years, or when guidance changes.
- Monitor the effectiveness of the policy.

### Principal:

- Has operational responsibility for the policy and its implementation.
- Ensure that the policy follows the appropriate DENI guidance.
- Ensure that staff are aware of the policy and its procedures.
- Provide professional learning opportunities.
- Ensure that the application of the policy is consistent.
- Ensure the review of this policy, updating it when there is new guidance.

### Vice-Principals:

- Ensure that the procedures outlined in this policy are followed.
- Provide professional learning about intimate care and the processes to follow when required.
- Support staff when dealing with intimate care.
- Monitor, evaluate and review the policy's implementation and effectiveness.

### Staff:

- Are aware of this policy, linked policies, and apply them consistently.
- To demonstrate professional conduct
- To promote and safe and caring environment
- Should support pupils who require intimate care, as outlined in their policy\* *note that the staff member must consent to providing the intimate care.*
- Should participate in the monitoring, evaluation and review of this policy and its procedures.

### Parents:

- Should be aware of the contents of this policy (and linked policies).
- Should make the school aware of any intimate care needs that their child may require.
- Should report any concerns they may have regarding their child's wellbeing.
- Should report any concerns they may have regarding another child's wellbeing.

### Pupils:

- Should make staff aware of any need they have in relation to intimate care (particularly in 'immediate' situations).





## **Section E (Consultation, Communication, Monitoring and Evaluation of the Policy)**

This policy has been developed in consultation with governors, staff, pupils and parents.

The policy will be monitored via a range of methods. It is based on addressing presenting issues, established by a range of methods including following Department of Education Northern Ireland guidance, pupil surveys, pupil discussions, those raised at Student Council meetings and parent discussions.

The Wellbeing Policy will be reviewed by all stakeholders and, if required, updated:

- following any incident which highlights the need for such a review.
- when directed to by the Department of Education Northern Ireland and in light of new guidance.
- Every two-years (as identified on the front cover of this policy).

To appropriately monitor the effectiveness of the policy, the Board of Governors shall:


- be updated regularly on any regulation changes, respective of intimate care in school
- identify current issues, trends and priorities for action.
- assess the effectiveness of strategies aimed at ensuring that pupils' needs are met in relation to intimate care.



Should it be necessary, I give permission for \_\_\_\_\_ to receive intimate care (e.g. help with changing or toileting).

Signed: \_\_\_\_\_

Please outline the nature of intimate care that your child may require:



**Appendix 2: Record of Intimate Care**

Name of Pupil		Class		
Date	Time	Comments	Staff Involved	Signature

# ***Challenging girls today; creating women of value in the future***



**Principal: Mrs Louise Hanvey BSc (Hons) PGCE, PQHNI, PGDH**

Hollywood Road, Belfast  
BT4 2LY

Tel: 028 9047 1744

[www.ashfieldgirls.org](http://www.ashfieldgirls.org)  
[info@ashgirls.belfast.ni.sch.uk](mailto:info@ashgirls.belfast.ni.sch.uk)