



Intimate Care Policy

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1		Existing
2	March 2023	No updates, part of annual review
3	March 2024	No updates, part of annual review

Intimate Care Policy

This policy is intended to protect both staff and students. Staff need to be aware that some adults may use intimate care as an opportunity to abuse students. It is important to bear in mind that some forms of assistance can be open to misinterpretation. Where consistent with the student's dignity, a second adult might ideally be present when a member of staff is involved in giving intimate care.

Intimate care may be defined as any activity required to meet the personal needs of an individual including:

- changing clothes
- toileting
- first aid and medical assistance
- supervision of a child involved in intimate self-care

Parents are asked to inform the school of any known intimate care needs relating to their child.

Principles of Intimate Care

Every student has the right to:

- be safe;
- personal privacy;
- be valued as an individual and be treated with dignity and respect;
- be involved and consulted in their own intimate care to the best of their abilities;
- express their views, choices and preferences on their own intimate care and have them taken into account;
- have levels of intimate care that are appropriate and consistent.

School Responsibilities

All staff working with children must be DBS checked, subject to references that are thoroughly verified and familiar with pastoral and intimate care policies.

In the exception of First Aid, all other arrangements must be in writing prior to any member of staff administering intimate care.

Whenever possible, intimate care arrangements are agreed in advance by the school, parents and student. Where appropriate, parents/carers will be advised by the school to ensure that there is always a spare pair of underwear in a student's bag. The school will provide certain individuals with wet wipes to always keep in their bags. All staff working with these individuals will also be advised to keep some anti-bacterial wipes/gel on their person at all times.

Relevant consent forms are signed by the parent and stored in the student's file. Only in an emergency will staff undertake intimate care not previously agreed with parents; parents must be informed at the earliest opportunity.

Intimate care arrangements will be reviewed at least six monthly; the views of all relevant parties will inform ongoing 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

1. Be aware of your own limitations

Only carry out activities you understand and feel competent with. If in doubt, ASK. Some procedures may only be carried out by members of staff who have been formally trained and assessed.

2. Promote positive self-esteem and body image.

Confident, self-assured students who feel their body belongs 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 student's intimate care is important. Keeping in mind the student's age, routine care can be both efficient and relaxed.

3. 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 student is accidentally hurt during the intimate care or misunderstands or misinterprets something, reassure the student, ensure their safety and report the incident immediately to the designated teacher.

If the student appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the student is distressed and provide reassurance.

Report and record any unusual emotional or behavioural response by the student. A written record of concerns must be made available to parents and kept in the student's personal file.

Communication with Students

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

- make eye contact at the student's level
- use simple language and repeat if necessary
- wait and give time for responses
- continue to explain to the student what is happening even if there is no response

Helping a student get changed for PE or swimming

Wherever possible, talk the student step by step through the process of getting changed without physically intervening. Praise her for every single thing she does independently, no matter how small. Be patient. Give her time and space to get changed. Allow her privacy as much as is possible.

When a student has a period

Spare sanitary towels are kept in reception. If the student has leaked blood, a phone call will be made home for the student to go home and get changed. If the student is in distress it may be appropriate to take her to the head of year who may decide to send her home.

Review

This policy will be reviewed at least annually by the designated SENDCO.