



## Intimate Care Policy

<b>Status:</b>	<b>Non-statutory</b>
<b>Policy reviewed by:</b>	<b>LMT</b>
<b>Policy ratified by:</b>	<b>Headteacher</b>
<b>Date of policy:</b>	<b>July 2023</b>
<b>Date of next review:</b>	<b>July 2025</b>
<b>Links to other policies:</b>	<b>Lone Working Policy; Administering Medication Policy</b>
<b>Signed:</b>	



## Intimate Care Policy

All the pupils we work with have the right to be safe and to be treated with dignity and respect, as set out in the charter for children's rights. Our practice will actively reflect the Statutory Code of Practice on the Duty to Promote Equality.

These guidelines are designed to safeguard pupils and staff and apply to every member of staff involved with the intimate care of pupils.

Everyone aims to support good practice in intimate care.

Children with disabilities can be very vulnerable. All staff involved with their intimate care need to be sensitive to the pupils' needs and also be aware that some care, tasks or treatments could be open to possible misinterpretation.

False allegations of sexual abuse are extremely rare, but certain basic guidelines will safeguard both pupils and staff. Everyone is safer if expectations are clear and approaches are as consistent as far as possible.

### **1. Treat every pupil with dignity and respect and ensure privacy appropriate to the pupil's age and situation.**

Privacy is an important issue. Much intimate care is carried out by one member of staff alone with one pupil (refer to Lone Working Policy found in Health and Safety Policy). This practice is actively supported unless the task requires two people. Having people working alone does increase the opportunity for possible abuse, however this is balanced by the loss of privacy and lack of trust implied if two people have to be present – quite apart from practical difficulties. So staff are supported in carrying out the intimate care of pupils alone unless the task requires the presence of two people.

### **2. Involve the pupil as far as possible in their own intimate care.**

Try to avoid doing things for the pupil that they can do alone and if a pupil is able to help, ensure they are given the chance to do so. Support the pupil in doing all that they can for themselves. If a pupil is fully dependent on you, talk with them about what you are doing and give them choices where possible.

### **3. Be responsive to a pupil's reactions.**

Actively reflect on your practice by talking to and asking the pupil where appropriate, particularly a pupil you have not previously cared for, e.g. 'Is it OK to do it this way?' 'Can you wash there?' If a pupil expresses dislike of a certain person carrying out their intimate care, try and find out why. If a pupil appears to mistrust you for some reason, ensure your manager is aware of this.

### **4. Make sure practice in intimate care is as consistent as possible.**

The leadership team all have responsibility for ensuring staff have a consistent approach facilitated by induction, training and guidelines displayed in appropriate places for all staff to see. This does not mean that everyone has to do things in an identical fashion, but it is important that approaches are not markedly different between staff e.g., Avoid skin contact to wash a pupil's private parts, use disposable wipes and gloves.

### **5. Never do something unless you know how to do it.**

If you are not sure how to do something, ask a colleague or your line manager. If you need to be shown more than once, ask again.

Certain intimate care or treatment procedures, such as rectal examinations, suppositories or intimate catheterization must only be carried out by nursing or medical staff (refer to Administering Medication Policy).

### **6. If you are concerned, report it.**

If, during the intimate care of a pupil:

- you accidentally hurt them
- the pupil seems unusually sore or tender in the genital area
- appears to be sexually aroused by your actions
- misunderstands or misinterprets something
- has a very emotional reaction without apparent cause

Record any such incident on CPOMS and report as soon as possible to the class teacher. If the pupil sustains an injury, an injury slip must be filled in on Behaviour Watch.

### **7. Encourage the pupil to have a positive image of their own body.**

Confident, assertive children who feel their body belongs to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach you take to a pupil's intimate care can convey lots of messages to them about what their body is 'worth'. Your attitude to the pupil's intimate care is important. Keeping in mind the pupil's age, routine care must be appropriately carried out, enjoyable, relaxed and fun.

### **8. Age appropriate language**

Vocabulary appropriate and acceptable to parents/carers and agreed upon by staff will be used when discussing intimate areas with pupils. This will be done through consultation with the parents/carers of the child concerned through home visits and parent meetings. Where appropriate, anatomical language will be used with pupils. Age appropriate language will also be used to support pupils during intimate care routines such as the terms nappies (for younger pupils) pads (for older pupils) and sanitary towels (for girls who have menstrual cycles).