



INTIMATE CARE POLICY and GUIDELINES

Agreed by SMT – 10.01.16

***To be reviewed triennially
Next review at Governors' Student Development Committee
Spring term 2019***

1. Core principles

All students have the right to be safe and treated with dignity and respect. Their welfare and dignity are of paramount importance.

This policy and the guidelines is designed to safeguard both students and staff, and apply to every member of staff involved with intimate care of students.

Intimate Care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing.

2. Every student is supported in developing a positive self-image and is treated with dignity and respect with privacy guaranteed.

Careful consideration is given to each student's situation to determine how many staff might need to be present when a student needs help with intimate care. Wherever possible one student will be cared for by one member of staff unless there is a sound reason for having other staff present and/or assisting. Reasons may include intimate care involving immobile students which usually requires two staff. Other reasons should be clearly documented.

Wherever possible students' intimate care is not provided by the same staff on a regular basis; there will be a rota of staff known to the students who will take turns. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Staff should be sensitive to students' needs for privacy, dignity and gentle handling. Staff should never talk across a student nor talk about them, especially in a derogatory fashion. Staff should never walk through an occupied toilet or changing area without checking first that an interruption may be acceptable.

3. As far as possible students are engaged in their intimate care.

Physical contact/handling should be kept to the minimum necessary to complete the task. Staff will avoid undertaking tasks for a student that he or she can do alone, and if a student is able to help, should ensure that they are given the chance to do so. Students should be supported in doing all they can for themselves.

4. Students' reactions are always registered and responded to.

Staff should check their practice by asking the student, (particularly a student who the member of staff has not previously cared for), e.g.'are you ready?', 'I am going to wash you now etc. etc.'. Forewarn and prepare the student and behave consistently – this is not necessarily a time for choices but do respect the students' choice of staff for carrying out intimate tasks if this request is made.

5. Intimate care is as consistent as possible.

Teachers are responsible for ensuring that support staff have a consistent approach. This does not mean that all support staff have to adopt identical approaches, but it is important that approaches are not markedly different between different staff eg is caring for menstruation consistent across different staff?

6. Staff will always ask/check if they are unsure of their approach

Certain intimate care or treatment procedures such as giving rectal Valium or suppositories must only be given by the school nurse or staff who have been formally trained and assessed as competent.

Staff are aware that students should be supervised at all times in the toilet or changing areas and students should never be alone whilst on a plinth. If a student is on a programme e.g. toilet-training or working towards independence, the supervision should be appropriate to the programme agreed. Under these circumstances it may be valid to leave a student for the amount of time stated in the programme.

7. Any safeguarding/child protection concerns are always reported.

If, during an intimate care scenario, a student is accidentally hurt, or the student seems unusually sore in the genital area, or appears to be sexually aroused by your actions, or has an emotional reaction without apparent cause, or displays any other cause for concern, this should be reported immediately to one of the school's DSLs (Designated Safeguarding Leads). Reporting of concerns must follow the advice, guidance and instructions laid out in the school's *Safeguarding and Child Protection Policy*.

The manner in which students are physically cared-for will give them an understanding of appropriate physical contact which may alert them to inappropriate contacts and help them to respond appropriately as far as they are able.

Student teachers, student teaching assistants and volunteers, regardless of their DBS status, must never be involved in intimate care for Riverside's students.

However, student nurses on placement are allowed to be involved in intimate care. Their placements are supervised by the School Nurse.

8. Working with students of the opposite sex

Potentially there is positive value in both male and female staff being engaged in all students' intimate care, and there is no legislation that suggests otherwise – hospital environments manage the same challenge.

However, we recognise that there are sensitivities involved; some students and/or their parents may prefer a same-sex staff/student arrangement in intimate care situations. Staff may feel the same.

At Riverside, as in all special schools, female support staff are in a significant majority. In the case of a male student who may have a level of perception that he may feel embarrassed the school will try to provide a male member of staff if at all possible. The challenge of ensuring that a female member of staff is always on hand to provide intimate care for female students is simpler to organise.
