Holme Grange endeavours to ensure that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all pupils with respect when intimate care is given. No pupil should be attended to in a way that causes distress or pain.

Staff who work with young children and young people realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Intimate care can be defined as “care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene”. In some cases such as in the early years it can mean indirect contact with or exposure of the child’s genitals when helping to wipe ‘bottoms’. Other examples include “care associated with grooming, illness, continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.”

Pupil’s dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to pupils have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Holme Grange work in partnership with parents to provide continuity of care to pupils wherever possible.

Pupils at Holme Grange will participate in personal safety discussions, as part of Personal, Social and Health Education, which is delivered in a manner appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Holme Grange 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.
Holme Grange School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

**Basic Components of good practice**

All pupils who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance. Staff who provide intimate or invasive care are fully aware of best practice.
Staff adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of pupils will not usually be involved with the delivery of sex education to their pupils as an additional safeguard.

There is careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the pupil’s needs and preferences. The pupil is aware of each procedure that is carried out and the reasons for it. All parents of children in EYFS and parents of other children (when necessary) are also aware of the procedures that may be carried out and by whom.

As a basic principle pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each pupil to do as much for themselves as they can. This may mean, for example, giving the pupil responsibility for washing themselves after being unwell.

Each pupil’s privacy will be respected. Careful consideration will be given to each pupil to determine how many carers might need to be present when a student needs help with intimate care. Where possible, one pupil will be cared for by one adult unless there is a sound reason for having two adults present. A second adult will usually be within calling distance for the personal safety of the pupil and the carer.

Parents will be involved with their child’s intimate care arrangements on a regular basis. The needs and wishes of pupil and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

Each pupil will have an assigned tutor, form teacher or key worker to act as an advocate (this will not be the member of staff involved in the child’s intimate care) to whom they will be able to communicate any issues or concerns that they may have.

**The protection of children**

Holme Grange has Child Protection Procedures which are accessible to staff and are adhered to. A full set of guidance is available on the school’s web site. If a member of staff has any concerns about physical changes in a student’s presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection. A clear record of the concern will be completed and referred to social services and/or the Police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.

If a pupil becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into, outcomes recorded, and the results of any investigation shared with the child and the parent / carers.
Parents will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the pupil's needs remain paramount.

**PRACTICE GUIDELINES**

Children have a right to be safe and to be treated with dignity and respect. Because our children are young and vulnerable, everyone involved with their intimate care must be sensitive to their needs and to be aware that some intimate care tasks could be open to misinterpretation.

- Intimate care includes bathing, washing, and toileting, teaching children to use pads and sanitary wear.
- Personal care tasks are teeth cleaning and hair brushing.
- Intimate care also includes dealing with ill children and offering care.

**CHANGING**

- Pupils are entitled to privacy when in the changing rooms. An appropriate level of supervision is taken in order to safeguard pupils, satisfy health and safety considerations and ensure that bullying or teasing does not occur.
- Staff will avoid any visually intrusive behaviour and avoid any physical contact when pupils are in a state of undress. Staff will only remain in a changing room for as long as is necessary.

**INTIMATE CARE OF CHILDREN AND YOUNG PEOPLE WITH DISABILITIES**

- Children with disabilities can be very vulnerable. They often need adult help with their personal care, including intimate care, long after non-disabled children of similar age have developed the skills to do such tasks for themselves.
- Having to depend on someone else to do these things for you may feel embarrassing or humiliating. Anyone involved with a person’s intimate care needs to be sensitive to the child’s needs and also aware that some care tasks could be open to possible misinterpretation.

Extra caution will be taken in consideration if a pupil has suffered previous abuse or neglect.

Any physical contact which concerns a member of staff or which may be misconstrued is immediately reported to Senior Leadership Team.

The pupils we work with have a right to be safe and to be treated with dignity and respect. We hope that some basic guidelines on intimate care will help to safeguard both pupils and...
carers. The aim of the guidelines therefore are to ensure that everyone is clear about the issues that need to be considered before approaching intimate care tasks.

1. **Treat every child with dignity and respect and ensure privacy, appropriate to the child’s age and situation**

   Privacy is an important issue. Most intimate care tasks, for example bathing/changing or toileting, are carried out by a carer alone with the child or young person. This is entirely appropriate and is encouraged. Male workers will not undertake intimate care tasks with girls/young women. Female workers may undertake such tasks with boys.

2. **Treat every child as an individual**

   Don’t make assumptions about how things are done with a child. Families all have their own way of doing things, their own names for body parts etc. Cultural, ethnic and religious differences may affect what is or is not appropriate. Ask the child and/or parents and respect their wishes.

3. **Involve the children as far as possible in their own intimate care**

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

4. **Be responsive to a child’s reactions and make sure that intimate care is as consistent as possible**

   You will have had opportunities to talk with parents and learn from them how they undertake intimate care tasks. However, you should also whenever possible, check things out by asking the child, e.g.: “Is it OK to do it this way?”, “Can you wash/wipe there?”, “How does Mummy do this?”, “Do you usually use a flannel to wash there?”, “Does that feel more comfortable?”

5. **Don’t allow yourself to be rushed into taking on intimate care tasks**

   If you feel unsure about how to do something ask the parents to tell you how they do it.

6. **If you are concerned tell the Headteacher**

   If, during the intimate care of a child you accidentally hurt them, or if the child seems unusually sore or tender, or appears to be sexually aroused by your actions, or misunderstands or misinterprets something, or has a very emotional reaction without apparent cause – let the Headteacher know about any such incident as soon as possible and make a brief written note of it. Some of these could be cause for concern about the child, or alternatively the child or the parent might possibly misconstrue something you have done.
7. **Encourage the child to have a positive image of his / her own body**

Confident, assertive children who feel their bodies belong to them are less vulnerable to abuse. As well as basics like privacy, the approach you take to the child’s intimate care can convey lots of messages to them about what their body is “worth”. Your attitude to the child’s intimate care is therefore very important. Keeping in mind the child’s age, routine care should be relaxed.

**CARE PRACTICES**

- When working with children there is a difficult balance to be struck between showing the children normal physical affection and comfort at times of distress; and putting oneself in a situation of being open to allegations of abuse.
- For the safety of both staff and child it is considered totally inadvisable for a male member of staff to be involved in the intimate physical care of a girl of any age. The same limitations may not apply to female staff and boys. Account should be taken of the child’s wishes and preference in deciding who should help the child with a particular physical need.
- One of the difficulties of providing intimate care is that children can respond unpredictably to physical contact. There is often a great deal we do not know about individual children. Members of staff must therefore be wary and sensitive that “normal” teasing or touching may give a very different message to a child.

The following points may be helpful to remember when dealing with children:
- If there are concerns about a child’s vulnerability, staff should, except where it is totally impractical, avoid being left alone with a child.
  - Children who have been abused can display very sexualised behaviour.
  - Children may misinterpret attempts by staff to show affection and concern.
  - At Holme Grange we will offer comfort and a hug to a distressed child, staff are advised that they should monitor how they hug – (not face to face) but from the side. A young child may well be picked up if they are distressed but will be placed on a hip.

**The following are some basic guidelines to help safeguard both staff and children.**

- Be familiar with any special names the child uses for body parts.
- Supply staff are not permitted to carry out any personal care for the child, unless the supply staff member has worked sufficient hours in the school to have built up a relationship with the child.
- Staff must close the door before allowing the child to undress. If the child is using the bathroom/toilet by themselves, the member of staff should ensure the door is closed and explain about privacy.
- Knock on the door before entering the bathroom (or bedroom when on school residential trips.)
- When changing a child’s soiled clothing, the member of staff must always wear protective gloves and plastic apron.
• The child must use his/her own towels, flannels, toothbrush and deodorant. If they have their own shampoo etc. in their toilet bag use these. Use a different flannel/continence wipe for body and private parts.
• If washing a child, whenever possible do not let them be fully unclothed e.g. wash their upper body and dress before stripping their lower body.
• Allow/encourage the child to help him/herself as much as possible, use hand over hand if necessary. Give praise.
• Never allow the child to leave the bathroom naked if unable to clothe, cover with a towel.
• Members of staff do not insert tampons.
• Lone working – tell another staff member where you are, who you are with and when you are doing something? This is for your own protection.
• If you feel vulnerable, have another member of staff with you.