Hemingbrough CP School

Supporting the Personal Development / Care of Young Children (Intimate Care) Policy

Introduction

At Hemingbrough Primary School we believe that all children have the right to receive personal care appropriate to their individual needs which ensures they are not precluded under The Equality Act 2010 from accessing normal school or school activities.

Definition of a disability in the Equality Act

1. You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Definition of the terms:

- 'physical impairment' includes sensory impairments;
- 'mental impairment' includes learning difficulties and an impairment resulting from or consisting of a mental illness;
- 'substantial' means 'more than minor or trivial'; and
- 'long term' is defined as 12 months or more

2. The definition includes a wide range of impairments, including hidden impairments such as dyslexia, autism, speech and language impairments, attention deficit hyperactivity disorder (ADHD). These are all likely to amount to a disability, but only if the effect on the person's ability to carry out normal day-to-day activities is substantial and long term, as defined above.
   The effect on normal day-to-day activities is on one or more of the following:

   - mobility;
   - manual dexterity;
   - physical co-ordination;
   - continence;
   - ability to lift, carry or otherwise move everyday objects;
   - speech, hearing or eyesight;
   - memory or ability to concentrate, learn or understand; and
   - perception of risk of physical danger

Children with continence difficulties are included within this act

Children with continence problems are a very diverse group. It is not possible to make broad generalisations about their needs, nor is it possible to distinguish clearly between the needs of children in early years' settings and those of other children in school. Each child needs to be seen as an individual. However, broadly speaking, children with continence problems can be divided into the following groups:

Late developers: The child may be developing normally, but at a slower pace

Children with some developmental delay

Children with physical disabilities: e.g. cerebral palsy, spina bifida, obvious physical impairment. Long-term continence development / management plans are likely to be needed.

Children with behavioural difficulties: Delayed toilet training me be part of more general emotional/behavioural difficulties.

Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required.

This policy has been developed to safeguard children and staff. The principles and procedures apply to everyone involved in the intimate care of children. Intimate care is defined as any activity that is required to meet the personal needs of a child on a regular basis or during a one- off incident. Activities may include:

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

Parents have a responsibility to advise school of any known intimate care needs relating to their child.

Principles of Intimate Care

Each child has a right to:

- be safe
- personal privacy
- be valued as an individual
- be treated with dignity and respect
- be involved and consulted in their own intimate care (as appropriate)
- express (as appropriate) their view
- have levels of intimate care that are appropriate

Our School:

- will ensure it provides information for parents and carers about facilities, staffing arrangements and access for children with disabilities including personal care needs;
- has admission procedures which are supportive of children with personal care needs;
- will discuss arrangements for changing children's clothing with parents and carers;
- will work in partnership with parents and carers to achieve independence in their child's personal care needs and try to ensure that the child feels their needs are met in a positive way;
- will use changing sessions as a positive learning experience to encourage the child where possible to achieve independence;
- will where possible, contact parents / carers by telephone if their child has had to be changed and / or cleaned because they have soiled themselves. Children with care plans will have contacting arrangements in place;
- acknowledges that all children must be treated as individuals and takes note that other school policies and advice to parents and carers are consistent with this policy;
- will ensure that staff have access to the school's policy and guidance for supporting the personal development of young children;
- will make sure that all staff working with children are aware of and understand that they have a duty of care to safeguard and promote their welfare both legally and morally;
- notes that asking parents or carers to come and change a child is likely to be a direct contravention of the Equality Act, and leaving a child in a soiled nappy / clothing for any length of time pending the arrival of parents or carers is a form of abuse;
- will ensure that all staff have appropriate information and are adequately trained to support and undertake pupils' personal care routines (including risk assessment, health and safety training and reviews of procedure and practice)
- will allow staff who feel vulnerable when changing a child's clothing or cleaning them to ask for another adult to be present;
- will aim to ensure that staff are able to handle the children's care needs safely and with dignity, using the designated rooms / areas for changing children
- ensure a personal care plan is implemented when necessary, but not in all cases

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. Young children and children with special educational needs 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.

• 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.

• 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 taken to intimate care can convey lots of messages to a child about their body worth. The 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 Safeguarding Lead or Deputy DSL. 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, ie 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 Safeguarding Lead or Deputy DSL 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;

• treat the child as an individual with dignity and respect.

Procedures for Changing a Child Wearing a Nappy:

• One member of staff (Key Worker when possible) will change the child.

• The child will be changed in the designated hygiene room.

• Staff will use aprons, gloves, nappy sacks and wipes.

• Nappies will be disposed of appropriately.

• The nappy change will be recorded as appropriate.

Procedures for Changing a Child who has Wet/ Soiled themselves:

• One member of staff will change the child (Key Worker when possible).

• The child will be changed in the toilet area or other appropriate area.

• Staff will wear an apron and gloves.

• Soiled/ wet clothes will be placed inside a bag with the bag handles tied.

• The change will be recorded and parents notified.

Date of Policy Adoption / Reviewed	Responsibility / Reviewed by	Revisions Made (Y/N)	Method of Communication	Date of Next Review
Adoption 2017	Dr Ruth Waters, FGB		Website	
Reviewed Apr 2019	Laura Ward			Apr 2021
Reviewed Feb 2021	Laura Ward			Feb 2023
Reviewed Feb 23	Laura Ward	Y	Website	Feb 2025
Reviewed March 25	FGB	N	Website	July 26
Reviewed Sept 26	FGB	Y	Website	Sept 27