



EYFS Intimate and Personal Care Policy

Kensington Wade 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 Kensington Wade work in partnership with parents to provide continuity of care to pupils wherever possible.

Pupils at Kensington Wade 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.

Basic Components of good practise

All pupils who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance. Staff who provide intimate or invasive care are fully aware of best practise.

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 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 class teacher or key worker to act as an advocate (this will not necessarily 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

Kensington Wade has safeguarding procedures which are accessible to staff and are adhered to. 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 safeguarding lead*), 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 investigated, 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.

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.
- Staff will avoid any visually intrusive behaviour and avoid any physical contact when pupils are in a state of undress.

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 any physical contact which may be misconstrued is immediately reported to the Headteacher or Deputy Headteachers.

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. A carer alone carries out most intimate care tasks, for example bathing/changing or toileting, with the child or young person. This is entirely appropriate and is encouraged.

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 and designated Safeguarding lead. 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.
- 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 Kensington Wade 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 opinion of the EYFS coordinator.
- 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.
- When changing a child's soiled clothing, the member of staff must always wear protective gloves.
- 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.
- 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.

Safeguarding Children and Adults

Anyone caring for children has a common law duty of care to act like any prudent parent. Staff ensure that children are healthy and safe at all times.

- Adults dealing with the toileting needs of children are employees of the school and have undergone enhanced DBS disclosure.
- All staff are aware of the school's protocol and procedures following an induction and are kept informed of updates via the schools designated safeguarding lead.
- All staff have received appropriate safeguarding training and will receive support where necessary.
- All toileting incidents must be reported straight away to the Head of EYFS. The minimum information to be kept is the date and time, the name of the child, the adult(s) in attendance, the nature of the incident, the action taken and any concerns or issues. The parents are informed as soon as possible and staff should have the opportunity to raise any concerns or issues.
- Leaving a child in soiled or wet clothing for any length of time, even if waiting for the arrival of a parent or carer, could be interpreted as a form of abuse.
- The normal process of cleaning a child should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the process to ensure that abuse does not take place. DBS checks are carried out to ensure the safety of the children with staff employed by the school. If there is known risk of false allegation by a child or parent then a single member of staff should not clean a child unsupervised.
- Members of staff must ensure that they do not change or clean a child in a room with the door closed.
- It is necessary to have a second member of staff to assist.

Health and Safety

In the case of a child accidentally wetting, soiling or being sick whilst on the premises:

Staff should wear disposable gloves to deal with the incident

- We provide flushable wipes and encourage the child to use them and to wash the private parts of their body.
- Staff should put soiled clothing in a plastic bag which should be tied. Double bag if possible.
- Hot water and soap are available to wash hands as soon as the task is completed.

Roles and Responsibilities

Parents and carers are made aware of policies and procedures related to intimate care and all specific instances related to their child. If it becomes evident that a child has an ongoing problem that requires regular intimate care intervention, the school will make arrangements with the parent/carer for the long-term resolution of the problem. This is likely to include a care plan that involves the parent/carer directly as well as external reference to a Health Care professional.

Advice and Support

There are other professionals who can help with advice and support. Family Health Visitors and Community Nurses have expertise in this area and can support adults to implement toilet training programmes in the home. Health Care Professionals can also carry out a full health assessment in order to rule out any medical cause of continence problem. Parents are more likely to be open about their concerns for their child's learning and development and seek help if they are confident that they and their child are not going to be judged for their delayed development.

The named person for behaviour management in the Early Years is the Head of the Early Years Foundation Stage, Miss Valene Phillip.

Date: HM September 2024

Next Review: August 2025