

Policy and Practice Guidance to foster safer working practices for Intimate Care and Dignity for the child or young person requiring adult support.

It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

(Taken from A Summary of the rights under the Convention on the Rights of the Child)

Purpose of the guidance

This guidance refers to all children, of any age, who may require support for intimate care from an adult on a daily basis and those who may require it occasionally or exceptionally.

As with all developmental milestones, there is a wide variation in the time at which children and young people develop and intimate care may need to be provided at any stage.

Staff who work with children and young people or those with special needs will 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 any activity required to meet the personal care needs of each individual child.

This may include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual Care
- Catheter and stoma care
- Supervision of a child involved in intimate self-care

Children and young people's dignity would need to be preserved and a high level of privacy, choice and control would need to be provided to them.

Schools are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times at the appropriate developmental level and degree of understanding. No child should be attended to in a way that causes distress or pain. This guidance is to help ensure good practice in this area.

Legislation

This policy and practice will support staff to overcome any challenges and be confident they are meeting the requirements of the Early Years Foundation Stage, Special Educational Needs and Disability Act (2001), Equality Act (2010) Supporting pupils at school with medical conditions (2014), SEN Code of Practice (2014) and related legislation.

The Equality Act (2010) states that the responsible body of a school must not discriminate against a person:

- (a) In the arrangements it makes for deciding who is offered admission as a pupil.
- (b) As to the terms on which it offers to admit the person as a pupil.
- (c) By not admitting the person as a pupil.

It is not acceptable to ask parents to come to change their child if a child has a recognised disability as this is a direct contravention of the Act. Also leaving any child soiled for any

length of time is considered a safeguarding issue since it places the child at risk of significant harm.

Facilities

Current Department of Education recommendations for purpose built foundation stage units include an area for changing and showering children to meet and support the development needs of young children.

If a school does not fall within this category, a suitable place for changing children, including providing the necessary resources should be provided. The Department of Health recommends an extended cubicle with a wash basin be provided within the class toileting area. It recommended that:

1. Where possible children or young people are changed standing up
2. Less mobile children or young people, or children in the foundation stage, may prefer to be changed on a suitable changing mat on the floor whilst still ensuring the dignity of the child.

Safeguarding and Welfare Requirements

There is no legal requirement that a second member of staff must be available to supervise the intimate care process. Criminal Record Bureau /disclosure and barring service (**CRB/DBS**) are rigorous and are carried out to ensure the safety of children with staff employed in schools. Schools have a duty to ensure staff are not employed without a **CRB/DBS**

Section 24 (Intimate Care) in the Government guidance for “Safer Working Practice for staff working directly with Children and Vulnerable Adults” (March 2009) states that when assistance is required with toileting:

Best Practice guidance would be – ‘staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken’.

Management of Intimate Care Support in your School/Setting

Staffing

Teaching Assistants have been given working conditions at level 2 which means that there is some exposure to disagreeable, unpleasant environmental working conditions i.e. toileting as an inherent part of the job role.

Under normal circumstances, it would be expected that this job be carried out by TAs and not by teachers – although in extreme urgent cases no adult looking after a child should refuse to change them.

Agreeing a Procedure for Support in your School/Setting

Any agreed procedure for children with medical needs should take account of the statutory guidance in ‘Supporting pupils at school with medical conditions (2014)’ Specific issues around toileting should be discussed at a private meeting with the parent/carer prior to admission into school. The meeting will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor, School Nurse or Children’s Centre Staff.

A home/school intimate personal care support policy should be in place which makes clear the partnership with parents when children are coming to your school. Such an agreement

helps to avoid misunderstandings and also helps parents/carers feel confident that the school will meet their children's needs. See Practice guidance for example.

Where appropriate, parents and school staff will also need to agree a personal intimate care plan and training programme. Should a child with complex intimate care needs be admitted, the child's medical practitioners will need to be closely involved and a separate more specialised individual intimate care plan may be required.

Students, work experience students, parents and volunteers **should never** be involved in intimate care issues. (Please ensure this is cross referenced with Safeguarding Policy or schools' own Student and Volunteer guidance/ working practices.)

Partnership Working

Best practice guidance includes school making reasonable adjustments to meet the child or young person's personal needs.

Schools are expected to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children or young people with any other delayed development e.g language. Children and young people should not be excluded from normal school activities because there may be intimate care issues.

Good practice should be for schools to engage with all families, and staff should take care both verbally and in terms of their body language to ensure that the child or parents are never made to feel as if their individual needs cannot be met.

Wherever possible, assuming the child has capacity, the child/ young person should be consulted with about how they would prefer their care needs to be met.

If there are a significant number of young children arriving at school who have not yet developed their intimate care skills, staff are advised to contact the Health Visiting Team or Children's Centre in their area to discuss their concerns. Staff at Children's Centres may be able to organise a course for parents relating to the intimate care concerns.

If children are entering primary or secondary school with intimate care needs which have not been addressed staff are advised to contact School Health 01642 606591

The best interest of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. (Taken from Article 3 Best Interests of the Child) from the Convention on the Rights of the Child.