



Nappy Changing, Personal and Intimate Care Policy

2023-24

While most children at Woodlands Primary School can manage their own personal and intimate care needs, there are some children who will require help either routinely or occasionally.

Definition of Personal and Intimate Care

Personal and Intimate care is any care which most children /young people carry out for themselves. Some children are unable to do this independently due to physical disability, special educational need associated with learning difficulty, medical needs or needs arising from the child's/ young person stage of development.

Our children may also, at times, need help with drinking, eating and dressing,

Aims of Policy

To provide every child with dignity, privacy, respect and a professional approach from all staff in meeting their needs.

To safeguard the rights, protection and well-being of children.

To encourage children to become as independent as possible.

To reassure parents/carers that appropriate provision will be made for the individual needs of their child.

To make intimate care as positive an experience as possible for both children and staff.

To provide guidance to staff when supervising or assisting children with toileting, personal hygiene or intimate care procedures.

To provide staff with protection against accusations of misconduct, through a common understanding and agreed procedure.

Setting the climate for Personal and Intimate Care

At Woodlands Primary we recognise the rights of children and will:

- Take young people's wishes into account as far as possible in meeting their needs.
- Acknowledge the vulnerability of children with physical, learning, sensory, emotional and behavioural difficulties.
- Respect the rights of children together with their need for support and assistance.
- Respect and ensure privacy, appropriate to the child's age and situation.
- Allow the children to assist/care for themselves as far as possible.
- Encourage the children to have a positive image of their own bodies.
- Develop children's skills in recognising and understanding appropriate and inappropriate intimate behaviour, and the importance of keeping themselves safe.
- Take into account age, ability, and gender, religious and cultural issues.
- Provide care at the point of need and avoid undue delay.
- Use appropriate language for parts of the body and bodily functions.

Provision of equipment

School will provide gloves, aprons, hand cleanser, wipes and a changing table. The nappy cream and nappies will need to be provided by parents. If this is applied the person changing the child will note that it was applied in the additional comments box on the 'Intimate Care Form' (see Appendix 1).

See details for Nappy Changing in appendix 2

Guidance to staff

If children are still in nappies when they start to attend the nursery/school parents will be asked to sign a 'Nappy Changing Agreement Form' to show that they agree to their child being changed in school (see Appendix 1).

A copy of this form will be kept in the 'Intimate Care Folder', which the SENCo will keep. This informs the parents that if their child does not co-operate with staff, parents may be contacted to enable the child's needs to be met.

When providing, assisting or supervising individual children with intimate care, wherever possible, staff should ensure that they are within sight /hearing of others. Other members of staff may support if required, as long as the ratio of adults to children within the provision is at the appropriate number.

No child will be made to feel at fault because of their toileting needs. Staff should reassure children that they are there to help.

Staff must conduct themselves in a professional manner at all times and respect the privacy of personal and intimate care situations. They should refrain from discussing these situations unnecessarily with other staff, although some communication about individual child's needs and abilities will need to be discussed to ensure that staff can provide appropriate support relevant to individuals.

Personal and intimate care will be provided for children including: consideration of staffing requirements, gender, timing, children and parent's wishes, safe manual handling requirements, advice from therapists and medical staff, and training requirements.

Staff must take every precaution to protect themselves from the risk of infections. Protective gloves and aprons must be worn whenever direct intervention is required. Soiled clothing should be placed in a bag and sent home. Sanitary waste must be disposed of properly in the hygiene bins. Changing mats must be cleaned after each use and staff must dispose of their gloves and aprons and wash and dry their hands thoroughly after each and every procedure.

Staff should use personal and intimate care situations to teach children about the importance of hygiene and privacy.

Staff should talk to children throughout intimate procedures using appropriate levels of language in order to explain what they are doing and the reasons.

All non-routine toileting incidents, changing, supervision and assistance with intimate care should be reported to parents/carers. All routine nappy changes and assistance with intimate care must be recorded daily on a care sheet (see Appendix 1). Each child must be logged on the form which shows when they were changed / attended to, state of the nappy

and initialled by the person giving care. This sheet should be photocopied and a copy kept in the Intimate Care Folder, a copy is available for parents if requested.

When on educational visits out of school, staff must ensure that the personal and intimate care needs of children are considered within the risk assessment. Every effort must be made to ensure that a child's care needs do not exclude them from trips and visits. This may require aspects of the trip to be modified, extra adults arranged, changing equipment to be carried and a preliminary visit to be undertaken. It is the responsibility of the teacher to make sure that these needs have been met in line with this policy.

Precocious Puberty

Introduction

It is important that children learn about the physical and emotional changes that happen during puberty, in line with Department of Education 2019 guidance.

What is precocious puberty?

Precocious puberty - also known as early puberty - is where puberty begins at a young age for a child. The term refers to the time when a child's body begins to change and develop as they transition into adulthood. In general, the onset of puberty begins between the ages of eight and 13 for girls and nine and 14 for boys, however some children as young as 6 and younger can experience precocious puberty.

Precocious puberty is when a child develops the signs of puberty much earlier - before eight and nine years of age for girls and boys respectively.

What are the signs of precocious puberty?

Signs of precocious puberty in your child may include:

- breast development
- starting periods
- a rapid growth in height
- voice changes
- developing a larger penis and testicles
- acne

It may be that a child develops some of these signs of early puberty but not others. It is advisable to see your GP if this happens.

What causes precocious puberty?

The onset of puberty is normally triggered by an area of the brain called the hypothalamus. This sends a signal to the pituitary gland (a small gland near the base of the brain) telling it to start releasing puberty hormones - follicle stimulating hormone (FSH) and luteinizing hormone (LH) - into the body's bloodstream. These hormones switch the puberty process on. Most commonly, precocious puberty occurs when the brain sends these signals earlier than it should. It's not always clear what causes this. Often there is no underlying medical issue and it's something that runs in families.

Occasionally, however, precocious puberty can be caused by a more serious health issue such as:

- an issue with the brain, such as a tumour or damage as a result of an infection
- thyroid or ovarian issues
- a genetic disorder, such as McCune-Albright syndrome, which affects the bones, skin and endocrine tissues that produce hormones

What should families do if their child shows signs of precocious puberty?

Schools can support families to Consult their GP if they have any concerns about your child's development. They may refer then to a specialist to carry out further tests such as blood tests or a scan to check for any underlying issues such as tumours.

In some cases, precocious puberty can be treated with medication to reduce hormone levels and delay sexual development, although this is usually only recommended if the onset of early puberty might cause social and emotional problems for the child.

Precocious puberty can sometimes cause height issues for children. This is because the onset of puberty sees them grow quickly at first but they then stop growing earlier than usual. This is because their bones mature more rapidly than normal and means they may not grow as tall as they perhaps would have done otherwise. Adults who went through precocious puberty can be noticeably shorter than their peers. In this case, treatment is recommended.

Puberty happens to everyone, so schools need to get the conversation started.

Children appreciate a trusted adult talking to them about how their bodies change as they grow up.

Together, it is important for children to:

- Identify ways of managing these changes
- Stay safe
- Keep healthy.

Caring for a child with Precocious Puberty

Our school recognises that going through puberty early also can be hard for children emotionally and socially. Girls with precocious puberty, for example, may be confused or embarrassed about getting their periods or having enlarged breasts well before any of their peers. They may be treated differently because they look older.

Even emotions and behaviour may change in children with precocious puberty. Girls can become moody and irritable. Boys can become more aggressive and also develop a sex drive inappropriate for their age.

For girls, there is also an association, especially with depression, anxiety, self-injury, self-harm, that is particularly pronounced for girls in co-ed secondary education, who have precocious puberty.

Girls with special needs

Puberty is a challenge for everybody, but for girls with special needs it can be confusing, worrying and scary.

A personal matter. There is no 'one-size-fits-all' approach, but preparing for this big change and putting aside time to talk in advance could make all the difference. Think how the child learns best or relates to things; create a social story, use books with pictures, or cartoons online (see resources below).

Most importantly personalise it to them, otherwise they may not think it's relevant and won't listen.

Start early and be patient; it may take some time to sink in. Listen to their concerns, and don't minimise them. You will need to talk about it again and again. Some schools have found it useful to share a book on puberty

Make it an event to look forward to; starting periods is a sign of growing up, moving towards independence, and making more of your own choices.

Knowing what to expect

As well as bleeding, staff need to support and teach girls to expect pains and the odd mood swing. Keep a diary so she can see a pattern developing and know when to expect her next period. This will also help explain how hormonal changes can make you feel more upset or angry sometimes. It's good to highlight the 14 day cycle too, as around then there may be some discharge which can be alarming.

Keep the school informed. Talk with your daughter about what she should do if a period starts at school, for example, go to the school nurse. Unfortunately periods aren't always regular at the beginning but learning to look out for warning signs like mood swings or pains can help.

Some parents opt for a mini pill to regulate periods, control hormones and keep bleeding days to a minimum.

What's happening to my body?

For many girls with autism, many girls on the autistic spectrum worry about what others will think about their body changes. It is important to emphasise that breast development, body hair, spots, bleeding and weight gain is all normal.

For many girls with special needs the main challenge is anxiety and the lack of control over their body changes. Worryingly this can lead to eating disorders as a way of taking back control, and in some cases stopping periods.

Identity and autism

The other challenge is that many girls with autism are around identity and self-image and they can teach the girls to accept people for who they are, and therefore learn to accept themselves. Girls need to 'make peace with their bodies' and be comfortable. If that means dressing like a boy then so be it. Confusion about sexuality is common amongst girls on the autistic spectrum as gender is not always important to them.

How can parents help?

- Buy some pads and tampons and look at them together at home. Demonstrate putting a pad in knickers and putting them on. Suggest wearing one and getting used to the feeling. With girls who have sensory issues, you may need to experiment with several different brands to find one which they find most comfortable.

- Changing pads can be problematic if girls do not position them properly. Some parents send girls to school with spare pairs of knickers with the pads already placed in them. Another tip is to draw around the pad onto the knickers with marker pen, to give a guideline.
- Getting girls to change the pads frequently enough can be difficult. Some parents simplify it by telling their daughter to change the pad every time they go to the toilet. The night-time pads can be useful for school days, as they will last longer.
- Discuss how and where to throw used pads away. Use visuals, sometimes actual photographs of soiled pads in knickers work best. It's good to avoid things getting too messy, but also try not to be too obsessive. Some families can be encouraged to buy black knickers or families might consider buying specially made underwear that incorporates sanitary protections that can also be used in school.
- Talk about other self-care activities like having a shower and using a deodorant, add wearing a pad to the list so it's just another normal activity.

Some schools go a step further and help girls by arranging bra fittings and teaching them how to shave. This not only teaches the girls to accept their bodies, but they also learn how to care for it and avoid any unwanted attention by looking different.

Sex and safety

Use the correct terminology for all body parts and functions, never nicknames or euphemisms, this avoids confusion and is also important from a safety perspective. Talk about appropriate and inappropriate behaviour, and who to talk to if you are not sure. Talk about sex at a level appropriate to your child's ability to understand. Explain if a period is missed, you must talk to a teacher or parent as you may be pregnant.

APPENDIX 1

Intimate Care Form

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APPENDIX 2

Nappy Changing Procedures:

Woodland Primary School aims to support children's care and welfare on a daily basis in line with their individual needs. All children need contact with familiar, consistent carers to ensure they can grow confidently and feel self-assured. Babies and toddlers will have their nappies changed according to their individual needs and requirements. We ask for children to come to nursery in a fresh clean nappy.

Information will be shared between parents and practitioners about nappy changing and toilet training in a way that suits the parents and meets the child's needs.

We wish to ensure the safety and welfare of the children whilst being changed and safeguard against any potential harm as well as ensuring the staff member involved is fully supported and able to perform their duties safely and confidently.

Through the following actions we will endeavour to support all parties:

- Use this one-to-one time as a key opportunity to talk to children and help them learn, e.g. through singing and saying rhymes during the change
- Ensure that the nappy changing area is clean, inviting and stimulating
- Ensure all staff undertaking nappy changing have suitable enhanced DBS checks
- Train all staff in the appropriate methods for nappy changing
- Ensure that no child is ever left unattended during the nappy changing time
- Students will not change nappies but with the support and close supervision of a qualified member of staff this can be carried out for training
- Conduct thorough inductions for all new staff to ensure they are fully aware of all nursery procedures relating to nappy changing
- Ensure hygiene procedures are followed appropriately, e.g. hands washed before and after nappies are changed, changing mats area cleaned before and after each use and staff use gloves and aprons when changing nappies.
- Nappy changes should be recorded on the nappy changing sheet.
- All parents of nursery children must be asked to sign a consent letter, agreeing to their child being changed as necessary.
- Ensure all staff have an up-to-date understanding of child protection and how to protect children from harm. This will include identifying signs and symptoms of abuse and how to raise these concerns as per the child protection policy.
- The setting operates a whistleblowing policy as a means for staff to raise concerns relating to their peers. The management will support this by ensuring staff feel confident in raising concerns as they arise in order to safeguard the children in the nursery.
- The management team regularly conducts working practice observations of all aspects of nursery operations to ensure that procedures are working in practice

and all children are supported fully by the staff. This includes all intimate care routines

- The nursery conducts regular risk assessments of all aspects of nursery operations and this area is no exception. The nursery has assessed all the risks relating to intimate care routines and has placed appropriate safeguards in place to ensure the safety of all involved.
- Should any Y1 – Y6 children need changing this should be done in the area used for changing in Chestnuts nursery. This should be done by a member of staff who would normally work with the child.

If any parent or member of staff has concerns or questions about nappy changing procedures or individual routines please speak to a member of the safeguarding team.