



# Intimate Care Policy 2021

**Policy Originator:** Headteacher

**Status:** Statutory

**Review Period:** Annually

**Date:** May 2021

**Next review date:** May 2022

## 1. Aims:

The Intimate Care Policy and Guidelines applies to everyone involved in the intimate care of children. The term parent is used to refer to parents, carers and legal guardians.

All children we work with have the right to be safe, to be treated with courtesy, dignity and respect, and to be able to access all aspects of the education curriculum.

This policy sets out the schools' principles and guidance on the issue of supporting intimate care needs with specific reference to toileting. It should be considered in conjunction with other school policies including:

- The Child Protection & Safeguarding Policy
- The Health and Safety Policy

The aims of this policy and associated guidance are:

- To safeguard the rights and promote the welfare of children.
- To provide guidance and reassurance to staff whose contracts include intimate care.
- To assure parents that the staff are knowledgeable about personal care and that their individual concerns are being taken into account.
- To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children.

## 2. The Equality Act 2010

The Equality Act 2010 brings together disability discrimination law with other equalities legislation. It sets out the different ways in which it is unlawful to treat someone.

Anyone with a named medical condition that affects aspects of personal development must not be discriminated against. Delayed continence is not necessarily linked with learning difficulties, but children with global development delay which may not have been identified by the time they enter nursery or school are likely to be late coming out of nappies.

**It follows that it is unacceptable to refuse admission to a child who are delayed in achieving continence.**

The school understands its obligation to meet the needs of children with delayed personal development in the same way it would meet the individual needs of those with delayed language, or any other kind of delayed development. Children should not be excluded from normal nursery or school activities solely because of incontinence, neither should they be sent home to change, or be required to wait for their parents or carers to attend them at school.

The school's admissions policy will not specify a blanket standard of continence and all such issues shall be dealt with on an individual basis. The school will make reasonable adjustments to meet the needs of each child.

**3. Definition of intimate care:**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development. Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure

**4. Definition of personal care:**

Personal care may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care.

Those personal care tasks specifically identified as relevant include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet

**5. Basic Principles:**

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should be part of the general approach towards facilitating participation in daily life.

Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child. It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible, the child should be encouraged to express choice and to have a positive image of his/her body.

Staff will bear in mind the following principles:

- Children have the right to feel safe and secure.

- Children have the right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
- Children should be respected and valued as individuals.
- Children have the right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children have the right to information and support to help them make appropriate choices. Children have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- Children have the right to express their views and have them heard.
- A child's Intimate/Personal Care Plan and/or EHCP should be designed to lead to independence.

## **6. Working with Parents:**

Partnership with parents is a vital principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious or cultural sensitivities.

Prior permission must be obtained from parents before intimate care procedures are carried out.

Parents should be empowered and encouraged to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with individual Health Care Plans and any other plans that identify the need to support intimate care.

Exchanging information with parents is essential through personal contact, telephone or correspondence. However, information regarding intimate care should not be recorded in home/school books or in any other form where it could be accessed by anyone other than parent and staff member. **Recording equipment, including mobile phones and cameras, must not be taken into areas where intimate care is carried out.**

## **7. Safeguarding and Vulnerability to Abuse:**

Staff should be aware that some adults may use intimate care as an opportunity to abuse children. We recognise that historical abuse has and can still happen in school settings.

Children with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the school's safeguarding procedures and policy.

The following are factors that increase a child's vulnerability:

- Children with disabilities often have less control over their lives than is normal.
- They do not always receive sex and relationship education, or if they do, may not fully understand it, and so are less able to recognise abuse.
- Through residential, foster or hospital placements, they may have multiple carers.
- Differences in appearance, disposition and behaviour may be attributed to a child's disability rather than to abuse.
- They may not always be able to communicate what is happening to them.

**Intimate care may involve touching the private parts of the child's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.**

## **8. Toilet Training:**

Starting at an early years setting is always an important and potentially challenging time for both children and their parents. It is also a time of rapid growth and developmental change for all children. As with all developmental matters in the Early Years Foundation Stage, there is a wide variation in the time in which children master the skills involved with being fully toilet trained. For a variety of reasons children may be:

- Fully toilet trained.
- Have been fully toilet trained but have regressed slightly due to the excitement and stress of starting in a new setting.
- May be fully toilet trained at home but have accidents in the setting (or the other way around).
- May be 'nearly there' but in need of encouragement and reminders.
- Not toilet trained, but responds well to a structured toilet training process.
- May be fully toilet trained but with a disability or learning difficulty.
- Have SEND and might require some help with some or all aspects of personal care.
- May have developmental delays but with additional support will master these skills.

## **9. Writing an Intimate Care Plan:**

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis. In developing the plan, the following should be considered:

- Staff ratios and procedures.
- Toilet arrangements and equipment (e.g. spare clothes and disposable gloves).
- Awareness of a child's discomfort which may affect their learning.
- The importance of working towards independence.
- Who will substitute in the absence of the appointed person.
- Strategies for dealing with pressure from peers, e.g. teasing, bullying – particularly if the child has an odour.

All plans must be recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care will be dealt with.

## **10. Links with Other Agencies:**

Positive links with other agencies will enable school-based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well-being and development remains paramount.

## **11. Pupil Voice:**

Allow the child, subject to their age and stage of development, to express a preference regarding the choice of his/her carer and the sequence of care.

Agree appropriate terminology for private parts of the body and functions to be used by staff.

It may be possible to determine a child's wishes by observations of reactions to the intimate care.

Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

It is the responsibility of all staff caring for a child to ensure they are aware of child's method and level of communication. Communication methods may include words, signs, symbols and body movements.

To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the intimate care plan.

## **12. Recruitment:**

Parents must feel confident that relevant staff have been carefully vetted and trained to avoid potentially stressful areas of anxiety and conflict.

Recruitment and selection of all candidates for posts follows the DBS procedure, equal opportunities and employment rights legislation, and with regard to guidance and legislation detailed in Safeguarding Children and Safer Recruitment in Education.

At least one person on the interview panel must be accredited in safer recruitment.

Candidates should be made fully aware of what will be required through detailed job descriptions before accepting the post.

Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable the school to identify and provide necessary support and adjustments that are practical.

No employee can be required to offer intimate care.

# Shalford Infant and Nursery School

## Intimate Care Procedure

Shalford Infant and Nursery School is committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner at all times. All children in our care will be treated with respect when intimate care is given. No child should be attended to in any way that causes distress, embarrassment or pain.

Children should be given the highest level of autonomy possible given their age and stage of development. Staff will encourage each child to do as much for themselves as possible.

Individual Intimate Care Plans will be drawn up for individual children if appropriate to meet the needs of the child. Intimate care arrangements will be discussed with parents on a regular basis and recorded on the child's plan. The needs and wishes of the child and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff members might need to be present when intimate care is required. Where possible one child will be assisted by one adult, unless there is a sound reason for having more adults present. If this is the case the reasons should be clearly documented.

Child protection and safeguarding procedures must be adhered to at all times. If a member of staff has any concerns about changes in a child's presentation they must record this and report it to the Headteacher (DSL).

## **Shalford Infant and Nursery School - Nappy Changing Procedure**

### **Prepare the area:**

Check that the changing area is clean.

Wash hands with warm water and soap. Dry with a paper towel.

Gather changing items, including nappies, wipes, cotton wool and warm water, nappy sacks, barrier cream and spare clothes (if necessary).

Put on plastic apron and gloves.

### **Change the child:**

Lift the child onto the changing mat or support the child to walk/climb up to the area if appropriate.

Remove the child's nappy or soiled underwear.

Wash and dry the child with wipes/warm water and cotton wool. Always wipe the genital area from front to back.

Apply any barrier cream if necessary. (Prior consent is required from parents/carers).

Never leave a child unaccompanied on a changing mat.

If the child is toilet training offer them the choice of a potty or toilet. If they would like to use this lift or support the child off the changing mat/unit and support and encourage them in their use of the potty/toilet.

Put a clean nappy/underwear on the child and refasten their clothing. If clothes are soiled change and double bag in nappy sacks.

Lift or support the child off the changing mat/unit if they have not used the toilet/potty.

### **Promote good hygiene:**

Dispose of the used nappy in the provided bin or for re-usable nappies and soiled clothing double bag in nappy sacks. Return all clothing, nappies and resources to appropriate locations.

Clean the changing area with provided cleaning materials and potty if used.

Wash hands with warm water and soap. Dry with a paper towel.

The nappy bins must be emptied on a daily basis; nappies must not left in the bin overnight.

Wash the child's hands or support the child to do so independently.

Staff must ensure the nappy changing area is clean and tidy throughout the day.

### **Monitoring, documenting, and communicating:**

If any marks, rashes or unusual bowel movements have been witnessed report these accordingly.

Document the time of the nappy change and whether the child's nappy was wet, soiled or dry on the nappy change records and on the child's individual daily sheet. For children in pants or pull-ups record toileting times. At the end of the session feed these back to the parent/carer.

There should be interaction throughout the changing process e.g. through gestures, conversation and songs.

The implementation of this procedure will be monitored by all team members and in particular supervisory staff. All team members have a duty of care to report any witnessed or suspected breaches of policy and procedure.

## **Shalford Infant and Nursery School**

### **Toilet Training Procedure**

Toilet training is a very important milestone for every child. Each child requires reassurance and guidance at every step to make sure that they are fully supported and encouraged during this stage of their development. It is equally important that we ensure effective partnership and communication with parents in order to give the child continuity between their home and nursery.

The following procedure will be followed:

- Senior staff must ensure that ALL staff in the team are fully aware of the child's stage of toilet training.
- Parents' wishes must be taken into account at every stage and this must be communicated to the team.
- We encourage children to take an interest in using the toilet.
- ALL children at the toilet training stage must be accompanied to the bathroom and supervised and supported whilst in there.
- Reassurance and praise should be given at every step.
- Potties require immediate emptying and cleaning with an anti-bacterial spray ready for the next child to access.
- Children should then be advised and supported to wash their hands with soap and water and to dry them thoroughly.
- All visits to the toilet will be recorded and during handover parents will be informed of their child's progress on that day by their Key Person.
- If any child is struggling with standard toilet training techniques, then this will be discussed with the senior team and between staff and the child's parents.
- Older children access the toilet when they have the need to and are encouraged to be independent.