

Chapel End Infant School & Early Years Centre Intimate Care Policy



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Reviewed by	Janice Chaplin
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Signed	Headteacher (Ms Janice Chaplin)
Signed	Chair of Governors (Mr Grant Jacobson)

Chapel End Infant School and Early Years Centre

Vision

To provide the children of Chapel End with a high quality educational experience within a nurturing environment, giving them the best possible start to their lifelong learning journey.

Mission

We will nurture confident and resilient children by:

- Creating a culture of achievement in a safe and caring environment
- Offering an engaging and inclusive curriculum that makes the most of our outdoor green space
- Giving all of our children the confidence and skills they need to realise their potential
- Providing challenge, praising effort and encouraging everyone to be the best that they can be.

Values

Caring, sharing and trying our best.

We take care of each other.

We share our time, enthusiasm and skills.

We try our best in all we do.

We celebrate, value and respect diversity within our school community.

This statement has been developed in consultation with the whole school community.

Equal opportunities

At Chapel End Infant School & Early Years Centre school we believe that every child is entitled to equal access to the curriculum, regardless of race, gender, class or disability.

Inclusion

We are committed to promoting learning and teaching environments for all, which embraces the values of inclusive educational practices.

Through a child-centred approach, we aim to ensure that education is accessible and relevant to all our learners. At Chapel End Infant School & Early Years Centre we respect each other and celebrate diversity and difference.

Intimate Care Policy

Rationale

It is our intention to develop independence in each child, however there will be occasions when help is required. Our intimate care policy has been developed to safeguard children and staff. The principles and procedures apply to everyone involved in the intimate care of children.

Children are generally more vulnerable than adults and staff involved with any aspect of personal care need to be sensitive to their individual needs.

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. Such activities can include:

- Feeding
- Oral care
- Washing
- Changing clothes
- Toileting
- First aid and medical assistance
- Supervision of a child involved in intimate self-care

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

Principles of Intimate Care

The following are the principles of intimate care upon which our policy guidelines are based:

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- All children have the right to be involved and consulted in their own intimate care to be the best if their abilities
- All children have the right to express their views on their own intimate care and to have such views taken into account
- Every child has the right to have levels of intimate care that are appropriate and consistent

School Responsibilities

All staff working with children are DBS checked. This includes students on work placement. Volunteers are not DBS checked as they should not be in regulated activity. Therefore volunteers should not be involved in the intimate care of children.

Only those members of staff who are familiar with the intimate care policy of the school are involved in the intimate care of children.

When anticipated, intimate care arrangements are agreed between the school and the parents and, if appropriate, by the child. Consent forms are signed by the parent and stored on the child's file. All parents are requested to sign an intimate care agreement when their child starts at the school. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and in this circumstance parents would be contacted immediately. An intimate care record form will be maintained (see appendix 1).

Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties should be sought and considered to inform future arrangements.

If a staff member has concerns about a colleague's practice he or she must report this to the designated teacher for child protection as per the Whistleblowing policy.

Equipment Provision

Parents/carers should provide nappies and wipes. School will provide gloves, plastic aprons, a bin and liners to dispose of any waste.

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 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 needs.

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. Adhering to the following guidelines of good practice should safeguard children and staff.

- 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 give choices where possible. 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. **Intimate care should not be carried out by a member of staff working alone with a child.** Routine nappy changes in the 2 year old provision will be carried out within sight of another adult wherever possible (see guidance for children not yet toilet trained – appendix 2). Records of nappy changes maintained.
- Make sure practice in intimate care is consistent.

- Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. 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 body belongs to them are less vulnerable to sexual abuse. The approach you take to intimate care can convey lots of messages to a child about their body-worth. Your 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 teacher for child protection.

If a child is accidentally hurt during the 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 the parents and kept in the child's personal file.

Working with Children of the Opposite Sex

There is a 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 teacher for child protection 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.

Appendix 2

Guidance for Children Not Yet Toilet Trained

The purpose of this guidance is to support schools and early years settings, including childminders, in promoting inclusion and ensuring the wellbeing of children. It offers practical advice as well as clarification of the support and information available. It stands alongside the school's own Intimate Care Policy.

Context

- All three and four year olds are entitled to 15 hours education, either in a non-maintained setting, maintained setting or in a nursery attached to a mainstream school.
- Whilst the majority of children will probably be toilet trained by the age of three some children may take longer to develop control. Some will continue to have 'accidents' up to, and even after, the age of five.
- Schools admit children who are still four into the Reception Class. This means that some children are likely not to be fully toilet trained by the time they start school. This may be particularly true for some children with additional physical and/or learning difficulties, social, emotional and behavioural difficulties, or developmental delay.
- All settings are required to have an Inclusion/SEN Policy which emphasises equality of access and opportunity and which reflects the legal requirements of the Special Educational Needs Code of Practice/SEN Regulations and the Equality Act.

Expectations

- Settings are normally expected to use existing funds to support children who wet and/or soil.
- For children with significant additional needs there is likely to be extra support provided by external agencies. However, where wetting and soiling is the primary concern, outside agencies will expect to see evidence of the interventions the setting has itself used, including a record of liaison with parents/carers.
- It is expected that all settings will make 'reasonable adjustments' to include children experiencing difficulties with wetting and soiling, in line with disability legislation. It is understood that some settings have less than ideal changing facilities and/or staff ratios. Advice is that whatever arrangements settings make for a child who has an occasional 'accident' should be sufficient for a child who wets and soils more frequently. It is also recommended good practice to plan an individual toileting programme as soon as possible.

Model Individual toileting programme

Talk first to parents/carers. Focusing particularly on:

- What is happening in their child's life? Have there been any recent changes in health, diet, home environment, routines or do they have a disability?
- Are there any routines or aspects of the toilet area which are different from their child's experiences at home?
- Where might there be sources of anxiety about access to, or use of, the toilet?
- Might there be anything else stopping the child from feeling relaxed about going to the toilet?

Explain your policy and practice to parents/carers

Ask parent/carers to sign a simple agreement form which outlines who will normally change their child and where this is likely to happen.

Ensure that where visual prompt/communication cards are used that parent/carers have the same symbols for use at home.

Find out if there is any pattern to when accidents happen (recorded observations will be necessary).

Feedback to parents/carers about the outcomes of your observations.

Advise parents/carers to contact their Health Visitor, GP or other relevant professional to discuss toilet training at home.

Agree with parents/carers that:

- their child will be sent to school in pull-ups or ordinary pants, not nappies except in very exceptional circumstances associated with a disability.
- a programme will be set up for their child which:
- is compatible with their child's habits and patterns and all children's needs for privacy and appropriate care;
- includes frequent visits to the toilet;
- fits well into the daily routine of your setting, so visits can be predictable and consistent;
- allows you to begin to anticipate accidents and therefore work towards preventing them;
- includes a reward system;
- has an element of record keeping so it can be regularly monitored with staff;
- monitors progress and adjusts targets and rewards as appropriate;
- states when you will feedback to parents/carers on their child's progress.
- Talk to the SENCO/Inclusion Manager or Educational Psychologist, if one is allocated.

Consult external agencies,

For example the Health Visitor or School Nurse, if you have concerns after you have considered the following:

- is the wetting/soiling unusual for the child's age or their stage of development?
- has the toileting programme been unsuccessful?
- have you made all the reasonable adjustments and minor alterations you can, to make the child feel more relaxed and confident about using the toilet?

Advice on handling and changing

- Ensure you have a signed parent/carer consent form, specifically for nappy changing.
- Change a child wherever possible in sight of another adult.
- Make the dignity and privacy of a child your primary concern.
- Ensure that only staff with DBS clearance change nappies.
- A changing mat on the floor of the private area is suitable.
- Parent/carers should provide clean changes of clothes for their child.
- Appropriate equipment, i.e. latex gloves, plastic liners, wet wipes, waste disposal bags and bins should all be available for staff use, labelled and in a designated place.

- Soiled clothing should, wherever possible, be rinsed, double bagged and left out of reach for parent/carers to collect at the end of the session/day.

For further advice please contact:

Non-maintained settings: individual children

- the Family Support worker, Early Years Consultants or Educational Psychologist (if one is allocated);
- the family's Health Visitor, via parent/carers.

Non-maintained settings: general advice

- the setting's Early Years Inclusion Lead.

Schools, including nursery units

- the School Nurse attached to the school;
- the Educational Psychologist attached to the school.

Advice on the disposal of nappies, and nappy related waste, i.e. urine and faeces:

Health and Safety at Work Act 1974

- The Health and Safety at Work Act 1974 places a duty on all employers to ensure the health, safety and welfare of their employees.
- All settings will have a nominated person responsible for health and safety.
- Adequate steps should be taken in line with general duties under the Health and Safety at Work Act for the safe disposal of nappies, nappy waste, etc.
- At present nappy waste can be included in the setting/school's normal rubbish collection, provided it does not make up more than 50% of the ordinary rubbish being disposed of.
- Nappies and nappy-related waste should be double bagged, before separate disposal into an identified bin which is out of reach of the children.
- Waste should be transferred to an outside dustbin, on a daily basis.
- Adequate arrangements should be made for the safe, effective cleaning of changing area(s).