Ladygrove Primary School and Nursery

Intimate Care Policy.

Written E Barrow

Due for review September 2022

Our Vision - 'Every day counts, every minute matters!'

At Ladygrove, we believe in developing learners who can embrace opportunities and face challenges both in and outside of the classroom.
We believe in educating the individual, fostering talents that are not just academic but developing sporting and musical interests, which are nurtured and encouraged.

The pastoral care of our children is central to the aims, ethos and teaching programmes in Ladygrove Primary School and we are committed to developing positive and caring attitudes in our children. It is our intention to develop independence in each child, however there will be occasions when help is required. The principles and procedures apply to everyone involved in the intimate care of children.

Intimate care may be defined as an activity required to meet the personal care needs of each individual child in partnership with the parent, carer and the child. In school this may occur on a regular basis or during a one-off incident.

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However, we recognise that children will join Ladygrove Primary and Nursery School, having reached differing levels of independence and development in toileting and self-care. Therefore, it is inevitable that from time to time some children will have accidents and need to be attended to. In addition to this, an increasing number of children and young people with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

Ladygrove Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

Intimate care is any care which involves one of the following:

1. Assisting a child to change his/her clothes

2. Changing or washing a child who has soiled him / herself

3. Assisting with toileting issues

4. Supervising a child involved in intimate self-care

5. Providing first aid assistance

6. Providing comfort to an upset or distressed child

7. Feeding a child

8. Providing oral care to a child

9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided. *

* In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.) Parents have the responsibility to advise the school of any known intimate care needs relating to their child

Principles of Intimate Care

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

- Every child has a 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 the best of their abilities;
- All children have the right to express their views on their own intimate care and to have their views taken into account;
- Every child has the right to have levels of intimate care that are appropriate and consistent.

ASSISTING A CHILD TO CHANGE HIS / HER CLOTHES

This is more common in our Foundation Stage. On occasions an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc. Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given. Staff will always ensure that they have a colleague in attendance when supporting dressing/undressing and will always give the child the opportunity to change in private, unless the child is in such distress that it is not possible to do so. If staff are concerned in any way parents will be sent for and asked to assist their child and informed if the child becomes distressed.

CHANGING A CHILD WHO HAS SOILED HIM/HERSELF

If a child soils him/herself in school a professional judgement must be made whether it is appropriate to change the child in school or request the parent/carer to collect the child for changing. In either circumstance the child's needs are paramount, and he/she should be comforted and reassured throughout. The following guidelines outline our procedures, but we will also seek to make age-appropriate responses.

- The child will be given the opportunity to change his / her underwear in private and carry out this process themselves.

- School will have a supply of wipes, clean underwear and spare uniform for this purpose.
- If a child is not able to complete this task unaided, school staff will attempt to contact the emergency contact to inform them of the situation.
- If the emergency contact is able to come to school within an appropriate time frame, the child will be accompanied and supported by a staff member until they arrive. This avoids any further distress and preserves dignity.
- If the emergency contact cannot attend, school will seek verbal permission for staff to change the child. If none of the contacts can be reached the Head teacher is to be consulted and the decision taken on the basis of loco-parentis and our duty of care to meet the needs of the child.
- The member of Staff who has assisted a pupil with intimate care will complete the 'accident' book.

CHILD PROTECTION/SAFEGUARDING GUIDELINES

Ensure that the action you are taking is necessary. Get verbal agreement to proceed.

PASTORAL CARE PROCEDURES

- Ensure the child is happy with who is changing him / her.
- Be responsive to any distress shown.

BASIC HYGIENE ROUTINES

- Always wear protective disposable gloves.
- Seal any soiled clothing in a plastic bag for return to parents.
- In the case of Early Years Foundation Stage children, in order to avoid any unnecessary distress, a member of staff may assist the child, with a colleague in attendance, unless a parent has requested otherwise or if the child is reluctant. Parents will be contacted as soon as it is practical to do so.

NAPPY CHANGING

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

Procedures

- Key persons have a list of personalised changing times for the young children in their care who are in nappies or ‘pull-ups’.
- Young children from two years should wear ‘pull ups’ or other types of trainer pants as soon as they are comfortable with this and their parents agree.
- Changing areas are warm and there are safe areas to lay young children if they need to have their bottoms cleaned.
- Each young child has their own basket to hand with their nappies or ’pull ups’ and changing wipes.
- Gloves and aprons are put on before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They should be encouraged to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used for young children.
- Key persons are gentle when changing; they avoid pulling faces and making negative comment about ‘nappy contents’.

- Key persons do not make inappropriate comments about young children's genitals when changing their nappies
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and 'pull ups' are disposed of hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.
- NB If young children are left in wet or soiled nappies/'pull ups' in the setting this may constitute neglect and will be a disciplinary matter. Settings have a 'duty of care' towards children's personal needs.

PROVIDING COMFORT OR SUPPORT TO A CHILD

There are situations and circumstances where children seek physical comfort from staff (particularly children in Early Years). Where this happens, staff need to be aware that any physical contact must be kept to a minimum. When comforting a child or giving reassurance, staff must ensure that at no time can the act be considered intimate. If physical contact is deemed to be appropriate, staff must provide care which is professionally appropriate to the age and context.

If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable. If a child touches a member of staff, as noted above, this should be discussed, in confidence with a Designated Safe Guarding Lead.

ASSISTING A CHILD WHO REQUIRES A SPECIFIC MEDICAL PROCEDURE AND WHO IS NOT ABLE TO CARRY THIS OUT UNAIDED

- Our Administration of Medications Policy outlines arrangements for the management of the majority of medications in school.
- Parental permission must be given before any medication is dispensed in school.
- A small number of children will have significant medical needs and in addition to the arrangements included in our Administration of Medications Policy will have an Individual 'Care Plan'. This Care Plan will be formulated by the relevant medical body. If required, school staff will receive appropriate training.

SWIMMING

- Our lower KS2 classes participate in a swimming programme. Children are entitled to respect and privacy when changing their clothes however, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur.
- The swimming venue is organised to support the effective and discrete supervision and privacy for our children when changing. Where a child needs additional support for changing parental permission will be sought and a personal care plan will be drawn up to maintain dignity but increase independence.

RESIDENTIAL TRIPS

- Residential educational visits are an important part of our school experience. Particular care is required when supervising pupils in this less formal setting.
- As with Extra-Curricular Activities, although more informal relationships in such circumstances tend to be usual, staff are still guided by our Child Protection procedures, Pastoral Care and Positive Behaviour Policies. Some specific Intimate Care issues may arise in a Residential context.

Showering

- Children are entitled to respect and privacy when changing their clothes or taking a shower. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations, and to ensure that bullying, teasing or other unacceptable behaviour does not occur.
- This means that staff should announce their intention of entering changing rooms, avoid remaining in changing rooms unless pupil needs require it, avoid any physical contact when children are in a state of undress and avoid any visually intrusive behaviour.
- Given the vulnerabilities of the situation, it is strongly recommended that when supervising children in a state of undress, another member of staff is present. However, this may not always be possible and therefore Staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as children or shower with children.
- It is best practice in our school that when an incident has taken place that has necessitated a member of staff to be present when children are changing that an incident report is made.

Night Time Routines

It is established practice that the children's bedrooms are private spaces and anyone else wanting to enter the room should knock and announce their intention to enter. At bedtime, children are given a set amount of time to change and prepare for bed

and will be told when the supervising teachers will visit the rooms to check all is okay and switch off the lights. A reciprocal arrangement is in place in the mornings.

There are occasions when incidents take place during the night and the need arises to:

- 1. Assist a child to change his / her clothes
- 2. Change a child who has soiled him / herself
- 3. Provide comfort to an upset or distressed child
- 4. Assist a child who requires a specific medical procedure and who is not able to carry this out unaided. Guidance as above will be followed with the support of an additional member of staff in attendance.

School Responsibilities

All members of staff working with children are vetted by the Education Authority. This includes students on work placement and volunteers who may be left alone with children. Vetting includes criminal record checks and two references. Only those members of staff who are familiar with the intimate care policy and other Pastoral Care Policies of the school are involved in the intimate care of children. Where anticipated, intimate care arrangements are agreed between the school and parents and, when appropriate and possible, by the child. Consent forms are signed by the parent and stored in the child's file. Only in emergency would staff undertake any aspect of intimate care that has not been agreed by parents and school. Parents would then be contacted immediately. 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 intimate care practice, he or she must report this to a Designated Safe Guarding Lead.

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 intimate 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 individual needs. Members of 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 both children and staff.

- 1. 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, where possible, give choices. Check your practice by asking the child or parent about any preferences while carrying out the intimate care.

- 2. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Care should not be carried out by a member of staff working alone with a child
- 3. Make sure practice in intimate care is consistent. As a child may have multiple carers a consistent approach to care is essential. Effective communication between all parties ensures that practice is consistent.
- 4. 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.
- 5. Promote positive self-esteem and body image. Confident, self-assured children who feel their bodies belong 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.
- 6. If you have any concerns you must report them. If you observe any unusual markings, discolouration or swelling report it immediately to a Designated Safe Guarding Lead.
- If a child is accidentally hurt during 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 parents and kept in the child's personal file.

WORKING WITH CHILDREN OF THE OPPOSITE SEX

There is 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, i.e. 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 a Designated Safe Guarding Lead 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; and
- Treat the child as an individual with dignity and respect.

Appendix 1

PARENTAL PERMISSION FOR INTIMATE CARE

Should it be necessary, I give permission for _____ to receive intimate care (e.g. help with changing or following toileting).

If required,

I give my permission for _____ to have their nappy changed.

I give my permission for _____to have cream applied once their nappy has been changed.

I understand that staff will endeavour to encourage my child to be independent. I understand that I will be informed discretely should the occasion arise.

Signed: _____

Adult with parental responsibility for:_____

Appendix 2



RECORD OF INTIMATE CARE

Name of Child	Date	Time	Comments	Adults Involved	Signature

Date of Policy Creation	**September 2020 – reviewed every 2 years**	**Named Responsibility**	E Barrow
Date of review completion	**September 2022**	**Named Responsibility**	Pupils, Staff, Parents and Governors

Inception of new Policy	**September 2020**	**Named** **Responsibility**	Joanne Weichlbauer
Date of Policy Adoption by Governing Body		**September 2020** **Amendments made** **March 2021**	