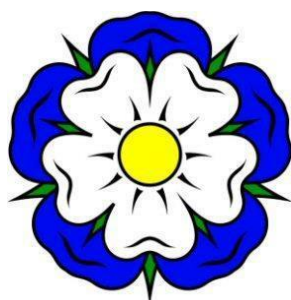


Richmond Hill Primary Academy



Intimate Care Policy

Date	05/09/2019
Written by	Karen O'Keeffe
Adopted by MAT Board	
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Intimate Care Policy



Issued September 2019

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage one and two. The normal range of development for this group of children indicates that they may not be fully toilet trained. Due to parenting issues it may be that some may not even have commenced toilet training at this age.

In addition to this there are other vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment.

Date of issue	September 2019
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Review by & lead member of staff	Senior Leadership Team
Prepared by	Karen O’Keeffe
Implementation	Immediately upon receipt
Supply / distribution	Available as a read-only document on the Academy Website and as a hard copy in Academy files

DOCUMENT INFORMATION

Guidelines for staff providing intimate care for children and young people working at Richmond Hill Primary Academy

RHPA is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:

- maintain the dignity of the individual child.
- are sensitive to their needs and preferences.
- maximise safety and comfort.
- protect against intrusion and abuse.
- respect the child's right to give or withdraw their consent.
- encourage the child to care for themselves as much as they are able and protect the rights of everyone involved

The **diversity** of individuals and communities **is valued and respected**.

No child or family is discriminated against.

This document should also be considered as forming the policy and associated guidance towards supporting children and young people who require reasonable adjustments to be made in arrangements for personal care under the relevant legislation, e.g. Early Years Foundation Stage (2012), Equality Act (2010) and statutory guidance, e.g. SEN Code of Practice (2001).

Definition

Intimate personal care includes hands-on physical care in personal hygiene, and physical presence or observation during such activities.

Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee.
- toileting, wiping and care in the genital and anal areas.
- dressing and undressing.
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection

Scope

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage One and Two. The normal range of development for this group of children indicates that they may not be fully toilet trained. Due to parenting issues it may be that some may not even have commenced toilet training at this age.

In addition to this there are other vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment. This could include:

- children and young people with limbs in plaster
- children and young people needing wheelchair support
- children and young people with pervasive medical conditions

Toilet Training

Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children in the EYFS may:

- be fully toilet trained across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning Foundation Stage One or Two
- be fully toilet trained at home but prone to accidents in new settings
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- be fully toilet trained but have a serious disability or learning difficulties
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
- have SEND and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting

Schools are not expected to toilet train pupils. Therefore unless a child has a disability, as defined through legislation, it is expected that parents/carers will have trained their child to be clean and dry before the start in FS1.

However, admitting children who are not yet toilet trained or who have continence problems into schools and settings should be the decision of the appropriate head teacher. The purpose of this policy and guidelines is to identify best practice for the academy and where support and advice can be obtained to achieve the full inclusion of all children. Any dispute, or complaint, regarding admissions should be raised in the first instance with the head teacher. Parents should be encouraged to train their child at home as part of their daily routine, and schools should reinforce these routines whilst avoiding any unnecessary physical contact.

If at all possible, staff should work with children of the same sex and be mindful of and respect the personal dignity of the pupils when supervising, teaching or reinforcing toileting skills.

Children and young people beyond the EYFS but throughout the primary and secondary stages of education may also experience difficulties with independence and require support with intimate care issues. These issues are likely to relate to complex health needs or a specific disability recognised within relevant legislation.

These guidelines will ensure the academy overcome these challenges and can be confident they are meeting the welfare requirements of the Early Years Foundation Stage (2012) and Disability Discrimination Act (1995), SENDA (2001) and Equalities Act 2010 as they apply to children with toileting and continence needs.

Safeguarding

The safeguarding and welfare requirements are designed to help providers create high quality settings which are welcoming, safe and stimulating and where children are able to enjoy learning and grow in confidence.

(Early Years Foundation Stage Statutory Framework p.13, 2012)

Schools are required to comply with Section 175 of the Education Act 2002, which requires that the safety and welfare of pupils is promoted.

This guidance is not prescriptive but offers advice for good practice based on the practical experience of RHPA staff in providing intimate care. Staff should be aware of these guidelines and encouraged to

follow them for their own protection as well as for the protection of the children. They should also have a good knowledge of the school's Safeguarding Policy (including 'Allegations against Staff') covered in the level 1 (induction level) safeguarding training provided within the academy. All staff have to undertake the Level 2 safeguarding training.

Policies and procedures are in place as part of safeguarding framework relating to safeguarding both children and adults. It is also important that the academy leaders ensure staff are supported and trained so that they feel confident in their practice.

At RHPA CRB checks are rigorous and are carried out to ensure the safety of children. The academy has a duty to ensure staff are not employed without a DBR check. This must be checked before allowing staff to change children. It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

Health and Safety

The provider must promote the good health of children attending the setting and take necessary steps to prevent the spread of infection, and take appropriate action if children are ill or infectious.

(Early Years Foundation Stage Statutory Framework p.21, 2012)

Induction procedures and continued CPD is in place within the academy to support staff in dealing appropriately with issues of intimate care.

RHPA already has procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself, or is sick while on the premises. The same precautions will apply for nappy/pull ups/changing. This could include:

- staff to wear fresh disposable aprons and gloves while changing a child
- soiled nappies/pull ups securely wrapped and disposed of appropriately
- changing area/ toilet to be left clean.
- caretaking/ cleaning staff to be informed
- hot water and soap available to wash hands as soon as changing is done
- paper towels to be available to dry hands.
- RHPA follows the current guidance from the Health and Safety Executive, 'Managing Offensive/Hygiene Waste' (January 2009), in that any disposal of waste for one child can be in the usual bins using appropriate nappy sacks. The waste in this instance would be considered to be municipal waste. Any more than this and schools will need to make special arrangements. For wet nappies a single bag is sufficient but soiled nappies require double bagging.
- **All incidents to personal intimate care will be recorded appropriately.**

Facilities and resources

- RHPA has ensured that there are suitable hygienic changing facilities for changing any children who are in nappies and that an adequate supply of clean spare clothes and any other necessary items are always available. (Early Years Foundation Stage Statutory Framework p.25, 2012)
- A suitable place for changing children, is available

The guidance is that whenever possible it is recommended that:

- Mobile children are changed standing up, if this is not possible the next best alternative is to change a child on a purpose built changing bed available in the disabled toilet.
- Children in FS1 and FS2 may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed.
- Children in year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up.
- **All incidents of intimate care should be recorded appropriately**

Consideration of challenges for RHPA:

- It can take around ten minutes to change an individual child. The resource allocation of staff time is therefore an important consideration that is constantly changing.
- Ten minutes is not dissimilar to the amount of time allocated to work with a child on an individual learning target. Changing time can be a positive learning time and an opportunity to promote independence and self-worth.

The head teacher or setting manager will need to ensure that, where necessary, resources from the mainstream funding are ring fenced for support to SEND so that children's individual needs are met, including for toileting issues.

In practical terms toileting issues require the provision of;

- hot running water and soap (antibacterial where possible)
- toilet rolls
- bowl/bucket
- paper towels/cloths
- disposable aprons and gloves
- nappy bags/sacks
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child's parent/carer)
- spare clothes (it always useful for each child to have their own spare clothes on their peg to change into for physical and emotional comfort)
- **Diary for recording incidents of Intimate care**

Partnership Working

Parents are children's first and most enduring educators. When parents and practitioners work together in early year's settings, the results have a positive impact on children's development and learning.

Early Years Foundation Stage Card 2.2 Positive Relationships: Parents as Partners

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to young people. Much of the information required by the school to make the process of intimate care as comfortable as possible is available from the parents. Regular consultation and information sharing remains an essential feature of this partnership.

At RHPA issues around toileting are discussed at a meeting with the parents/carers prior to admissions into the academy. Senior leaders must be made aware of these at this point. This includes admissions for children into FS1 and FS2 and also provides an opportunity to involve other agencies as appropriate, such as a Health Visitor.

If the academy becomes aware that there is a disproportionate number of children arriving at school who are not yet toilet trained then they are advised to make contact with the Health Visitor in their area to discuss their concerns.

RHPA wants to make clear how we work in partnership with parents when a child is coming to school in a nappy or pull-ups. Therefore, an agreement helps to avoid misunderstandings and also helps parents/carers feel confident that the school will meet their child's needs. This can be done by completing an 'Intimate Care Plan' with the parents if the child will be entering the setting wearing

nappies/pull ups. At RHPA we have a home/school agreement to ensure clarity of roles and responsibilities regarding intimate care:

Parents/ Carers:

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies, wet wipes and a change of clothes
- understanding and agreeing the procedures to be followed during changing at school
- agreeing to inform school should the child have any marks/rash
- agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible.

The school:

- agreeing to change the child should they soil themselves or become wet
- agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- agreeing a minimum number of changes
- agreeing to report to the head teacher or SENCO should the child be distressed or if marks/ rashes are seen
- agreeing to review arrangements, in discussion with parents/ carers, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible
- discussing and taking the appropriate action to respect the cultural practices of the family.
- **agreeing to record incidents of intimate care**

If the child or young person has a disability recognised as part of the Disability Discrimination Act, asking or telling parents to come and change their child (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA, as is leaving a child soiled which could place the child at significant risk. Wherever possible the child or young person should be encouraged to do as much as they can for themselves.

The process for the management of a child's personal care needs may need to be further clarified through a Toilet Management Plan or Health Care Plan. For example, where the school has concerns about parental support, for children transferring to FS2 or above who are not toilet trained and for children with SEN and/or disabilities. Where appropriate, parents and the academy will need to agree a toilet training programme.

In the very small number of cases where parents do not co-operate or where there are concerns that:

- the child is regularly coming to school/Foundation One in very wet or very soiled nappies/pull ups and
- there is evidence of excessive soreness that is not being treated
- the parents are not seeking or following advice

In the first instance concerns will be raised with the parents. A meeting may be called that could possibly include the health visitor and head teacher to identify the areas of concern and how all present can address them. If these concerns continue there will be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

Confidentiality

Confidentiality is an important issue. The Academy has, as part of our partnership working, a Confidentiality section which is shared with all staff, parents and, where possible, pupils. Sensitive

information about a child is shared only with those who need to know, such as parents or other members of staff who are specifically involved with the child. Escorts and others will only be told what is necessary for them to know to keep the child safe. Parents and children need to know that where staff have concerns about a child's well-being or safety arising from something said by the child or an observation made by the staff then our Responsible Person for Safeguarding will be informed. This may lead to the procedures set down in the academy's Safeguarding Policy being implemented.

Information concerning intimate care procedures will not be recorded in a home school diary, as the diary is not a confidential document and could be accessed by people other than the parent/carer and member of staff. It is recommended that communication relating to intimate care should be made through one of the following:

- Sealed letter
- Personal contact (and recorded in a log)
- Telephone call – between member of staff and parent/carer (and recorded in a log)

Sharing information between home and schools is important to secure the best care for pupils but the consent of parents and their children who are able to give such consent is needed for the headteacher to pass on information about their child's health to school staff or other agencies. Their agreement is also needed for any exchange of information between the Medical Officer and the academy about a child's medical condition.

Parents and staff are aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

Agreeing a Procedure for Personal Care in the academy

Intimate care in RHPA foundation stage setting is provided by all those employed to work with children

RHPA guidelines:

- Who will change the child (to include more than one person to cover for absence etc)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy will be disposed of
- How other wet or soiled clothes will be dealt with
- What infection control measures are in place
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed
- **How changing occasions will be recorded and how this will be communicated to parents (in confidence)**

Note:

Staff should take care (both verbally and in terms of their body language) to ensure that the child is never made to feel insecure.

Best practice should be followed and by ensuring that all of those involved with intimate care receive specific induction from the school on these procedures and protocols:

In summary

- Be fully aware of the legislative framework
- Recognise that for most children, achieving continence is one of many developmental milestones,
- Work in partnership with parents/ carers prior to and after admissions into the schools/ setting
- Take full account of the religious views and cultural values attached to aspects of intimate care related to the child

- Agree with parents, staff and children, the appropriate terminology for private parts of the body and functions. Use these terms as appropriate.
- Agree a written procedure for personal care/ toileting
- Respect each child's personal dignity
- Get to know the child in a range of contexts to gain an appreciation of his/her moods and verbal/non-verbal communication
- Ensure clarity in job descriptions of the personnel involved in changing children
- View 'changing' time as a positive learning experience (aiming to gradually increase the child's independence and self-worth).

During Intimate Care:

- Speak to the child personally by name so that s/he is aware of being the focus of the activity
- Give explanations of what is happening in a straightforward and reassuring way
- Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body e.g. by giving them a strong sensory clue such as using a sponge or pad to signal an intention to wash or change
- When washing, always use a sponge or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself
- Provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening; bathing changing one child at a time
- Respect a child's preference for a particular carer and sequence of care
- **Keep records, which note responses to intimate care and changes in behaviour**

Best practice should be followed by ensuring that all those involved with intimate care receive specific induction from the academy on these procedures and protocols.