

# Sunning Hill Primary School



## Intimate Care Policy

**February 2022**

***Linked Documents:*** Safeguarding and Child Protection Policy

***Previous review date(s):*** January 2010, February 2014, February 2020

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## INTRODUCTION

- 1.1 Staff who work with young children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs and mindful of their rights.
- 1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing or bathing.
- 1.3 Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children will have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Sunning Hill will work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding.
- 1.5 Sunning Hill Primary 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. The school recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

## 2.0 OUR APPROACH TO BEST PRACTICE

- 2.1 All children who require intimate care will be treated respectfully at all times; the child's welfare and dignity is of paramount importance.
- 2.2 Staff who may need to provide intimate care will be trained to do so (including Child Protection and Health and Safety training in moving and handling) and will be made fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.
- 2.4 There will be careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child will be made aware of each procedure that is carried out and the reasons for it.
- 2.5 As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Where necessary, individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

- 2.6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present.
- 2.7 Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.
- 2.8 Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

### **3.0 THE PROTECTION OF CHILDREN**

- 3.1 Child Protection Procedures will be accessible to staff and adhered to.
- 3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated safeguarding lead. A clear record of the concern will be passed on to social services. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. [See Safeguarding and Child Protection Policy].
- 3.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed in accordance with LA guidelines.

***Our school aims to support all families and the wider community. Any queries or concerns regarding individual policies will be considered on an individual basis.***

Sunning Hill is a **Rights Respecting School** and this policy relates to the following articles:

**Article 16** - You have the right to privacy.

**Article 19** - You have the right to be protected from being hurt and mistreated, in body or mind

**Article 23** - You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life.

## Guidelines and Procedures

### **Children using the toilet**

Children will only develop good hygiene practices if they are provided with adequate facilities for example:

- Clean child size toilets, preferably with lids to the seats.
- Adequate supplies of soft toilet tissue in each toilet cubicle
- Handwashing facilities. Children should not have to leave the toilet area to reach the washbasins.
- Initially children should be supervised to ensure they wash their hands after using the toilet.

**Only staff with DBS clearance may supervise children in bathrooms or for intimate care procedures.**

### **Children in nappies**

Any childcare setting that accepts children who are still in nappies must have appropriate facilities for changing nappies. Tables used for play or preparing or serving food must not be used for this purpose.

- Clean nappies should be stored at a convenient distance away from the nappy changing area to prevent cross contamination. Each child should have their own bag for storing their nappies.
- There should be a supply of disposable gloves and aprons available.
- Hand washing facilities for staff (hand wash-basin, soap and paper towels) must be available in the nappy changing room.
- The nappy changing area must be placed away from food preparation areas or where food is consumed.
- Paper towel to be used and thrown away after each change.
- Nappy, wipes and gloves to be put in nappy sack and then disposed of in a nappy bin.
- Staff undertaking nappy changing should not be involved in the preparation of food.

- The nappy changing surface should be smooth, non-absorbent and easily cleaned. All mats should be checked weekly for breaks or tears in the covering.
- Nappy changing mats or surfaces within the designated area should be wiped with hot soapy water and dried or wiped with an anti-bacterial baby wipe **after every change**, when visibly soiled and at the end of each day.
- Children should be changed according to the guidelines and procedures for Intimate Care. See over

### Toilet Training

The majority of children are fully toilet trained when they start Nursery 3's. However, not all children are ready at this stage and some may need support with this. Only staff who have DBS clearances can be involved in toilet training.

**When children are ready to begin toilet training they will display some/all of the following signs. They are likely to:**

- Be dry for long periods without needing to be changed, then suddenly become very wet
- Ask to go to the toilet
- Hold themselves
- Stop what they are doing when playing then suddenly start again – because they are weeing or poo-ing
- May comment when being changed by saying wee or poo
- Try to take own nappy off or pull pants down.

**When these signs are present and you think the child is ready to start using the toilet then the following procedure needs to be followed by the child's key worker:**

- Talk to the child's parents about these signs and ask if they are doing the same at home.
- Make an appointment with parent to complete a toilet training plan – (See plan)
- Ask parents to put child in pull-ups – some children may go straight to pants.
- Each child has his/her own chart for recording – use the letters on the chart to indicate what child has done – you can give a copy of this to the parent to use at home.
- Take the child to the toilet regularly – record times on the chart. Sit child on toilet for one or two minutes.
- If child is reluctant to sit on toilet then reward with a sticker (I can sit on the toilet) each time they sit on.
- Praise child if he wees and record on chart. Give child a sticker (I can use the toilet) when they have weed
- If child is still in pull ups and uses toilet regularly without wetting in between then advise parents to put in underpants or knickers
- When child is using toilet independently they may still need reminding at first
- Once we begin toilet training then the child must not have nappies put back on during the day but wear pull ups or pants – advise parents of this also
- Follow toileting routines for washing/drying hands talk to children about why we need to wash our hands after using the toilet
- The key adult(s) must make sure that all staff are aware of which children are being trained and the times they need to be taken to the toilet. This will be on a chart on a clip board in the bathroom.

### **DO NOT**

- Start toilet training a child who is not ready – if parents push for this then you must explain calmly that this can distress the child and agree to wait for another month and discuss again – tell parents what signs we are looking for
- Put the child back in nappies if he has a relapse or accidents.

*This guidance sheet dated was reviewed in January 2020*



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<b>Date</b>	<b>Time</b>	<b>Details of intervention/intimate care given:</b>	<b>Staff involved</b>

<b>Child's name:</b>	<b>Class:</b>	<b>Date plan signed:</b>
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