



Berwick  
St Mary's  
CE First School

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## **Intimate Care Policy**

# Intimate Care Policy

Berwick St Mary's C of E First School

Adopted: September 2016



## Rationale

St Mary's First 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 children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance and no child should be attended to in a way that causes distress or pain. Staff will work in close partnership with parents/carers to share information and provide continuity of care.

## Definition

We have defined intimate care as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out for themselves, but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care with continence as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes the supervision of children involved in intimate self care.

Intimate care is a high risk activity in terms of abuse and it is particularly important that there are guidelines on Intimate Care, both to protect those being cared for and the staff who care for the children's needs. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible.

The staff at St Mary's have designed guidelines that encompass all aspects of procedures. They apply to every member of staff involved in the intimate care of the children and they aim to support best practice.

Therefore, our guidelines have the following goals:

- To outline best practice during intimate care tasks so that we can distinguish between best and poor care practice
- To protect the children and the staff who are asked to carry out intimate care tasks
- To outline a system that works effectively for the child, ensuring a consistent approach is undertaken and that approaches to intimate care are not markedly different between individuals

# **Guidelines**

## **1. Children and their parents will have confidence in the staff**

All staff involved in Intimate Care routines will be DBS checked and trained in Child Protection. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from physiotherapist/occupational therapist and who have written care plans agreed by staff. Parents will receive a copy of the School's Intimate Care policy and will be offered an opportunity to discuss their child's needs with an appropriate member of staff. Refer to Appendix 1

## **2. Safeguarding for Children and Adults**

Two staff members will be aware of care giving. One adult will provide the care and the other adult will monitor to safeguarding of both child and adult.

A record will be kept each time a child is changed and stored confidentially and the parents will be told the same day. (Refer to appendix 2)

## **3. Carers should be aware of the abilities of the child**

The child 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 him/herself as possible.

## **4. Ensure privacy, appropriate to the child's age and gender**

The school takes the view that the issue of privacy is important. All children will be changed in a discreet area with all of the necessary equipment to hand i.e. changing mat, protective gloves, wipes, clean nappies, change of clothes etc.

## **5. Children have the right to be respected**

Respect of the child's body and integrity will be included in all care procedures. Ideally, someone who has a positive long-term relationship with the child will carry out intimate care tasks. New members of staff will get to know the children in the classroom context before getting involved in Intimate Care tasks.

## **6. A strong focus should be evident on choice and decision making skills**

Whenever appropriate, decision making should be an integral part of the process – e.g. Do you want to go to the toilet or not? Should we wash your hands or face first? Can I help fasten your trousers?

## **7. Pupils will be prepared and involved in what is going to happen**

Staff will raise the child's awareness of the process in line with their preferred means of communication. Objects of reference, symbols, signs, gesture and verbal explanation will be used as appropriate

## **8. Intimate Care tasks are not an interruption to the timetable**

These practices will be valued as part of each child's essential curriculum. They are an opportunity to develop independent and age-appropriate skills, increase dignity and to raise self-esteem.

## **9. Never do any task unless you are confident in your ability to do it**

Never guess; ask a colleague to help. Always take the religious and cultural views of a family into account

## **10. If you are concerned – report it**

If a member of staff has any concerns about a child's presentation e.g. marks, bruises, soreness etc they will immediately report it to the designated safeguarding lead.

### **11. Health and Safety Issues**

Barrier materials will always be used e.g. disposable gloves and aprons. Appropriate Lifting and Handling Procedures will be followed when necessary.

Waste products will be disposed of in the relevant receptacles.

## **Resources**

School will seek parental views on practices at home. Preferred materials will be used and parents will be encouraged to resource their child's needs whenever possible.

## **Review of Policy**

This policy will be review annually

This policy has been formally adopted by the governing body Sept 2017.

This policy is to be reviewed Sept 2017.

Appendix 1



## Intimate Care Policy/Guidelines

Dear Parents/Carers,

I am writing to you regarding your child's need for support with intimate care routines. We have drawn up the attached guidelines to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines.

Yours sincerely,

Gary Hilton

Headteacher

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I have received a copy of the School's Intimate Care Policy.

I would/would not\* like an opportunity to discuss the School's Intimate care Policy with a member of staff.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Please delete as appropriate



WB=Wipe Bottom      SP=Soiled Pants

Appendix 3

## Northumberland Childrens Service's Guidance On Intimate Care

### **Lack of toilet training should not be a barrier for children attending early year's settings.**

The Disability Discrimination Act makes specific requirements regarding children with disabilities/additional needs, which has implications for our practice for all children.

The Disability Discrimination Act makes it clear that:

- If a child cannot be toilet trained in time for playgroup/nursery because of a disability/additional need, the setting has a duty to look into the situation and consider how they can make 'reasonable adjustments' to enable the child to attend. This means they have to think about what can be done within the setting to allow the child to be changed when necessary and for a toilet training programme to be supported as and when appropriate.
- The setting also has a legal duty to anticipate adjustments to accommodate disabilities/additional needs and not simply to respond to them on arrival.
- There must be no 'blanket policies' in any setting. For example, "We don't take children unless they are toilet trained/we don't take children in nappies".

Settings must anticipate having to make 'reasonable adjustments' to meet the needs of all children with disabilities/additional needs who may come into the setting in the future. The setting may make a decision regarding reasonable adjustments in consultation with the responsible body for that setting – governing body, LA, voluntary, private, independent group etc. Any decision about how reasonable adjustments are due to cost, health and safety or resource issues should be taken in the light of the Disability Discrimination Act. **There would have to be 'material and substantial' reasons not to make these adjustments.** Parents wanting their child to be educated in the setting would have the right to challenge this decision through the Special Educational Needs and Disability Tribunal (SENDAT).

## **Toileting and intimate care for all children**

The Disability Discrimination Act can only make requirements of a setting in respect of children with disabilities/additional needs.

Northumberland would, as an inclusive Local Authority, have an expectation that settings follow the guidelines below:

- All settings should be prepared to change nappies and support toilet training programmes for all children regardless of whether or not they have a specific diagnosis or disability.
- An intimate care policy should be in place in all early years' settings and schools

and should be adhered to by all staff.

- In order to maintain high quality and inclusive childcare, practitioners will be expected to change nappies.
- Parents and carers should never feel under pressure to have their child toilet trained before they will be accepted into an early year's unit – it may leave them feeling anxious or inadequate.
- Practitioners should support and reassure parents and carers that their child will be welcomed into the group.

Every child is an individual and, therefore, will have a unique developmental pattern. Toilet training is a developmental stage that may create anxiety for the child and their parents and carers. Some children will be out of nappies between the ages of two and three – for others it will be later and for some it may never happen.

If 14% of 3 year olds sometimes wet their pants, this means that, for every one hundred 3 year olds who go through a setting, 14 will sometimes wet their pants. The term 'toilet training' suggests that children can somehow be taught to have control over their bladder and bowels. Early years practitioners with a sound knowledge of child development will know that bladder and bowel control is largely dependent on the maturity of the child's nervous system although anxiety may interrupt the emerging control.