THE WHITE ROSE FEDERATION

INTIMATE CARE POLICY

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Responsible officer			
J. Marwood			
Signed:			
Headteacher	**S. Keeler**	**Chair of Governors**	**A. Burr**

Links to Other Policies	
School Medical Policy	Intimate Care Procedure (NYC model)
Nappy Changing Policy	SEND Policy

INTIMATE CARE POLICY

RATIONALE

Staff who work with young children or children/young people 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.

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.

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 have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff within our federation work in partnership with parents to provide continuity of care to children and young people wherever possible.

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. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

Our federation 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 with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

OUR APPROACH TO BEST PRACTICE

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.

Staff who provide intimate care will be trained to do so where appropriate (including Child Protection and Health and Safety training in moving and handling) and shall be 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.

Staff will be supported to adapt their practice in relation to the needs of individual children considering developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of children and young people will not usually be involved with the delivery of sex and relationship education to their children and young people as an additional safeguard to both staff and children and young people involved.

There is 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 aware of each procedure that is carried out and the reasons for it.

Where possible, one child will be cared for by two adults, one person supporting the child and the other person to act as support/witness for the adult and child. The member of staff will phone the parent to inform them and the reasons should be clearly documented. If staff have to change a nappy of a child in Class 1, or support them to get changed if they have a toileting accident, parents will be informed at the end of the day when the child is collected,

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. 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 and health of the child and the carer.

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.

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.

Each child/young person will have an assigned senior member of staff (Head of School) to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

THE PROTECTION OF CHILDREN

- Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.

- Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

- 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 manager/ designated person for child protection. A clear record of the concern will be completed on CPOMS and referred to social care and/or the CDAIU (police) if necessary. 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 the Education Child Protection Procedures, available on the school website].

- 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.

- If a child makes an allegation against a member of staff, all necessary procedures will be followed [see The Education Child Protection Procedures - for access details see 3.3].

** where 'children' are mentioned in this document, the term will also include young people.*

ORGANISATION OF RESOURCES

In our toilet in Class 1 or disabled toilet, a lockable double cupboard is mounted on the wall. In it will be:

- Nappies (pull ups), spare underwear and clothes, gloves, wipes and nappy sacks

Records related to the changing of pupils will be kept in Class 1 and the Class Teacher is responsible for checking this is being completed.

As a school, we will work closely with parents to ensure children and young people get the best possible care.

Readiness for Toilet Training

Toilet Training: Guidance Notes for Parents

Going to the toilet independently is an important step for all children. The age at which children become toilet trained varies greatly from child to child.

Before you start:

It is important to avoid rushing into toileting before your child is ready. It can be difficult when friends' children are toileted or you have the pressure of a special event, such as starting nursery, but much of the frustration around toileting can be avoided by waiting until your child indicates they are ready.

Some of the signs to look for include:

- Your child telling you they are actually doing a wee or a poo. With praise they will gradually begin to recognise sooner and sooner until eventually they are able to 'hold on' long enough to get to a potty or toilet in time.
- Taking an interest in going to the toilet with you.
- Pulling at or telling you they have a wet or soiled nappy or even telling you they no longer wish to wear nappies.
- Able to stay dry for extended periods.

Modern nappies often mean children do not feel as wet or soiled as they did in years gone by. By looking out for signs, you can make sure you do not wait too long, or start too early.

Planning

Once your child is ready to begin toilet training, decide:

- What language you would like to use. For example, wee wee, poo, toilet, potty. If your child uses a signing or symbol system, choose appropriate signs.
- Would you like your child to use a potty or a toilet seat for young children? Where will this be kept?

- Who else needs to know? Make sure you let everyone who looks after your child know that you are beginning toilet training and what you have decided about language and equipment.

- If possible, take your child to the toilet with you and talk through step by step what you are doing. Ask them if they would like to try.

- Introduce the toilet or potty in a comfortable, safe way. Make the experience fun by singing, playing games or reading a story. Give lots of praise, even when the child does not 'go'.

- Use a few drops of food colouring in the toilet bowl. The yellow of the urine will change blue to green, and red to orange. Use 'cheerios' as a target for boys to aim.

- Expect accidents. Try not to show you are disappointed, but deal with accidents in a 'matter of fact' way.

Use the checklist below to help you decide if your child is ready for toilet training. Not all of the items on the list will be appropriate to every child but the more items on the list that you have ticked, the more likely it is that your child will be successful. Do not be disheartened if you have not been able to tick many of the boxes yet, simply wait a few weeks and consider again.

You may want to share this list with the staff at your child's early years setting or school if you are planning toilet training with them.

Child's Name: Date of Birth:

☐	My child is able to stay dry for an hour or more	☐	My child imitates the actions of others
☐	My child knows what a potty or toilet is for	☐	My child is able to concentrate on task for five minutes or more
☐	My child knows if s/he has a wet or soiled nappy on	☐	My child is able to indicate his/her needs (using words, signs or gestures)
☐	My child's faeces are solid and well formed	☐	My child is NOT currently experiencing any particularly stressful situations

APPENDIX II
PERSONAL CARE PLAN – TOILETING

Child's Name: DoB:

Class Group: Date:

Reason for Plan:

Aim of Plan:

What will be done?
Details of when child will be changed/taken to toilet and specific routines to be followed.
Social story and schedule required?

By whom?

Keyworker:

Facilities
Where the child will be changed and resources required

Training
Specify training needs For whom Date Achieved

Other Issues

Clothing

Off-site activities

Preferred language / signs / symbols

Monitoring

Toilet Diary

Other

Review date

Plan agreed by:

	Name	Signature	Date
Parents/carer:			
Keyworker(s):			
Head of School:			

PERSONAL CARE RISK ASSESSMENT

Establishment: Assessor's Name: Position: Date:

Hazard Identified	Persons at risk	Risk assessment rating (H/M/L)	Precautions needed to control the risk	Resulting risk level	Date of implementation

Head teacher/manager	Assessment review date:

APPENDIX IV

Toileting Record

Date	Time	Child	Person Changing	Witness	Wet or Soiled	Comments