



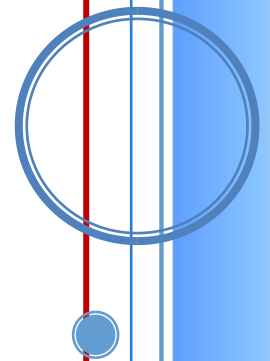
Bentilee Nursery School

## *Intimate care policy*

*Reviewed Sept 24* **Next Review date Sept 2025**

This policy applies to all staff undertaking personal care tasks with Early Years children. 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.



Bentilee Nursery School 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**.

## 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

## Scope

This policy applies to all staff undertaking personal care tasks with early years children. 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

## Introduction

### Toilet Training

Starting school 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 starting school.
- 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 with all or some aspects of personal care such as washing, dressing or toileting

The purpose of this policy and guidelines is to identify best practice for schools and where support and advice can be obtained to achieve the full inclusion of all children

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.

## 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)

DBS checks are rigorous and are carried out to ensure the safety of children with staff employed in schools and settings. This information is held on the single central register.

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 (see changing a child protocol)

## Health and Safety

The safeguarding and welfare requirements, specified in this section, 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 2023)

Precautions 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.
- 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.
- Any disposal of waste for a child can be in the usual bins using appropriate nappy sacks.

## Facilities and resources

We will ensure there are suitable hygienic changing facilities for changing any children who are in nappies and we should ensure that an adequate supply of clean, spare clothes and any other necessary items is always available.

- Changing to take place in the toilet area
- mobile children are changed standing up
- if this is not possible the next best alternative is to change a child on the purpose built changing bed situated in the literacy room.
- Some children may be changed on a mat on a suitable surface/ floor if it is not possible for them to change standing up.

### Consideration of challenges for schools and settings:

In practical terms toileting issues require the provision of;

- hot running water and soap (antibacterial where possible)
- toilet rolls
- antiseptic cleanser
- 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)

Checks will be made beforehand to ensure that there are suitable facilities for intimate care available on excursions where they will be necessary and consider how intimate care can be dealt with in relation to transport to and from school ( e.g school trips) .

### 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.

Issues around toileting should be discussed at a meeting with the parents/carers prior to admissions into the school/setting, this will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor.

If the school is aware that there is a disproportionate number of children arriving at school who are not yet toilet trained then we will make contact with the Health Visitor to discuss our concerns.

Bentilee Nursery wants to make clear how we work in partnership with parents when a child is coming to school in a nappy or pull-ups. Such an agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs.

We ask that:

### **Parents/ Carers:**

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

### **The school:**

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

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 school 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 should 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 should 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. All schools should have, as part of their partnership working, a Confidentiality section which is shared with all staff, parents and, where possible, pupils. Sensitive information about a child should be 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 should 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 wellbeing or safety arising from something said by the child or an observation made by the staff then the school's Responsible Person for Safeguarding will be informed. This may lead to the procedures set down in the school's/SCE's Safeguarding Policy being implemented.

Information concerning intimate care procedures should 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 head teacher 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 school about a child's medical condition.

Parents and staff should be 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 School**

Our school has a rota which states:

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

### **In summary**

- 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).

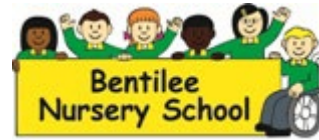
### **During Intimate Care:**

- 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 school on these procedures and protocols.

### **Related School Policies**

- Protocol for dealing with a child who needs clothes changing
- Accessibility Policy
- Admissions Policy
- Safeguarding Policy
- Health and Safety Policy
- Inclusion Policy
- SEN Policy
- Equal Opportunities Policy
- Early Years Policy



## Introduction

Bentilee Nursery 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 with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

## Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

## Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.

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.

Staff will encourage each child to do as much for him/herself as they are able.

Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the same sex.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

## The Protection of Children

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. 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 should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

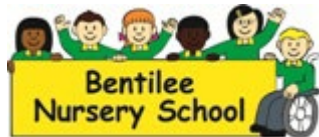
If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding.



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 the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

All staff will be required to confirm that they have read the SCE 'Intimate Care Policy and Guidance' document.

DRAFT



## Toilet Management Plan

**Child's Name:** ..... **Class/ Year Grp:** .....

**Name of Support Staff Involved:** .....

**Date of Record:**..... **Review Date:** .....

<b>Area of Need</b>	
<b>Equipment required/by whom</b>	
<b>Location of suitable toilet facilities</b>	
<b>Support required</b>	<b>Frequency of support</b>

Working towards Independence

School will	Parents will	Child will try to	Target achieved (date)

**Signed:** ..... **Parents/ Carers**

**Signed:** ..... **Member of Staff**

**Signed:** ..... **Child (if appropriate)**

Risk Assessment



**Child's Name:** .....

**Date of Risk Assessment** .....

	Yes	Notes
1. Does weight /size/ shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain / discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury / pregnancy)		
10. Are there any risks concerning individual capability (Pupil) <ul style="list-style-type: none"> <li>• General Fragility</li> <li>• Fragile bones</li> <li>• Head control</li> <li>• Epilepsy</li> <li>• Other</li> </ul>		
11. Are there any environmental risks? <ul style="list-style-type: none"> <li>• Heat/ Cold</li> </ul>		

If Yes to any of the above complete a detailed personal care plan.

**Date:**.....

**Signed:**.....

**Name:** .....



**Bentilee Nursery School-Record of Intimate Care Intervention**

**Child's Name:**.....

**Class/ Year Group:**.....

**Name of Support Staff Involved:**.....

Date	Time	Procedure	Staff signature	Second signature