

**Low Ash Primary School**  
**Safeguarding Policy Appendix 7 - Intimate care policy**  
**March 2017**

**Safeguarding Statement**

At **Low Ash Primary** we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at **Low Ash Primary**. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

**Equality Statement**

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

**Rationale**

Low Ash Primary School is responsible for the care of all children, whatever their needs or difficulties, including children with learning and physical difficulties who have an increased dependency and require practical support with their intimate care needs at school.

We have defined Intimate Care as direct care of the child in terms of any personal care activity a child would normally be able to do for him/her self. These needs are no different to the needs of a child who is not disabled but there are differences in the nature, method and principles of fulfilling those needs.

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 Low Ash Primary School have recognised the need to design 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 good practice.

Therefore, our guidelines have the following goals:

To outline good practice during intimate care tasks so we can distinguish between good 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 should have confidence in the staff**

All staff involved in Intimate Care routines will have been police checked and will receive appropriate training to carry out this aspect of their work. 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.

### **2. Care Plans are to be in place for long term Intimate Care of a child.**

A Care Plan or Toileting Plan is to be devised ( by the Inclusion Leader) to meet the needs of the child who may have long term medical or toileting needs which require Intimate Care. Advice may be obtained from the School Nurse in order to inform these Care Plans. Parents are to receive and agree a copy of the Care Plan every academic year. Parents have an obligation to inform school of important medical needs and update the school with any changes.

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

We recognize that it is not always possible for 2 adults to be present when a child is changed. However, all adults, if going to change a child need to ensure they inform the lead adult in the setting before they do so.

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

The child should be enabled and encouraged, as far as is reasonably possible, to contribute to his/her own intimate care

### **5. 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.

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

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

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

Wherever 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?

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

Staff will raise the child's awareness of the process. Objects of reference, symbols, signs, gesture and verbal explanation will be given as appropriate

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

These practices should 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. The child should not miss a significant part of their learning for an Intimate Care proceeding.

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

Never guess; ask a colleague to help.

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

Intimate Care tasks should never be approached light heartedly. If a child has soreness or something to cause you concern, follow School's Child Protection Procedures.

## **12. Health and Safety Issues**

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

## **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.

**Appendix 1**

**Date**

Dear Parents

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,

Inclusion Leader

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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



### **Appendix 3**

## **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.

Bradford Metropolitan District Council 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 contro

