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Reach For The Stars

Intimate Care Policy

Our Motto

Reach For The Stars

Our Vision Statement

Our vision is to develop an inclusive school, which promotes and achieves excellence, and continues to nurture the values, confidence and skills of pupils, staff and the community, in order to meet the emerging opportunities of the 21st century.

Our vision and values support **Articles 2, 12, 15, 19, 24, 27, 28, 29, 31** of the United Nations Convention on the Rights of a Child.

Our Rights

- ★ **Article 19:** We have the right to be safe.
- ★ **Article 28:** We have the right to quality education.
- ★ **Article 12:** We have the right to give our opinion and listen to others.
- ★ **Article 15/31:** We have the right to join in and be part of a team.
- ★ **Article 29:** We have the right to develop our personalities, talents and abilities.
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Our Values

★ **Striving** **Teamwork** **All Included** **Responsibility** **Success** ★

★ Striving

Our aim is that we are a school that:

- **uses our Growth Mind-set (learning from mistakes and always willing to have a go)**
- **never gives up and always find ways of improving**
- **enjoys challenges and aims high**

★ Teamwork

Our aim is that we are a school that:

- **encourages and supports each other to be the best we can be**
- **learns from each other**
- **listens to and respects each other's ideas**

★ All Included

Our aim is that we are a school that:

- **has high expectations of everyone**
- **encourages everyone to take an active part in learning and life of our school**
- **nurtures and celebrates what makes each and every one of us unique**
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★ Responsibility

Our aim is that we are a school that:

- **takes ownership of the choices we make**
- **takes ownership/charge of our own learning**
- **looks after each other and our school**

★ Success

Our aim is that we are a school that:

- **provides an education that encompasses academic, creative, social, emotional, physical and cultural development.**
- **celebrates our efforts and achievements**

Equal Opportunities and the Single Equality Scheme

We believe that all those who work in Osmani - children and adults - have the right to be treated fairly and with respect by everyone connected with the school.

We aim for Osmani to be a safe, supportive place, where all children and adults feel valued as individuals, whatever their ability, age, disability, gender identity, marriage or civil partnership, pregnancy & maternity, race, religion or belief, sex and sexual orientation.

The school aims to foster the social and personal skills of cooperation, sharing and mutual respect.

The Equality Act 2010

The Equality Act requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. Where blanket rules about continence have been a feature of a setting/school's admissions policy, changes will need to be made to comply with the Equality Act.

This policy supports the school in addressing Article 16: of the UN Convention on the Rights of the Child.

1.0 INTRODUCTION

1.1 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.

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 have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at Osmani Primary School 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. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.

1.5 Osmani 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. Osmani Primary 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 are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are 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.

2.4 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 is 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. 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. However, for safeguarding reasons, if a child needs intimate care e.g after soiling themselves, two members of staff will be present when the child is being changed.

2.7 If a child sustains an injury to their private parts/genital area, the child will be brought to the Office before First Aid is administered. The school will ring the parents and seek permission for an appropriate member of staff to visually check the area. For safeguarding reasons, two members of staff will be present. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

If First Aid needs to be administered parents will be phoned and asked to collect the child.

2.8 Staff in the class where a child has soiled themselves will clean the child. In a situation where there is reduced staffing, staff from the partner class will be deployed to support changing the child. Learning Support Assistants have responsibility for the child they support.

2.9 We will inform parents as a matter of course to inform them that their child has soiled themselves and that we will change and clean them.

2.10 If a child should refuse to be changed and cleaned by a member of staff, we will immediately inform their parents and let them wait for their parents in a safe and secure room away from public glare. A member of staff will wait with them.

2.11. 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.

2.12 Each child/young person will have an assigned senior member of staff 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.

3.0 Intimate care in Early Years

Enuresis (wetting) is very common and incontinence fairly common amongst pre-school children and at school entry. "Typical" child development involves the gradual acquisition of faecal and urinary continence. The rate at which children develop bladder and bowel control varies and is influenced by cognitive ability and various family and socio-cultural factors. Although being late coming out of nappies is by no means necessarily associated with cognitive difficulties, it is likely that children with global developmental delay will be particularly late in this respect.

Children may have a physical condition that hinders continence, and some children may develop secondary enuresis or encopresis (soiling) as behavioural response to emotional difficulties. Osmani EY will care effectively for children with these conditions and they must not be excluded from normal educational activities solely because of a manageable condition.

Achieving continence is just one of hundreds of developmental milestones, but in some cases this one developmental area has assumed significance beyond all others. Education providers have an obligation to meet the needs of children with delayed personal development (including incontinence) in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development.

For children with additional needs who are not yet toilet trained, the class teacher will inform the SENCO who will refer to an OT.

3.1 'Accidents'

In any educational setting that admits young children, occasional 'accidents' are to be expected, where children who are otherwise toilet-trained wet or soil themselves. There are many possible reasons for this – the child may be absorbed in an activity, may be anxious about asking to use the toilet, may have an upset stomach or may simply fail to get to the toilet and undo their clothing in time. As experienced staff in Osmani EY we realise these accidents may increase in frequency, especially in the first few months after admission.

Where children have accidents, they should be changed in the same way as a child who is incontinent. Clearly, children should not be reprimanded or otherwise made to feel upset or embarrassed that they have had an accident.

Where a child is reluctant to allow a member of staff to change him/her, we will ask parents to come in and change them .

All children should have a spare set of clothes, supplied by parents, which are kept in the setting. Osmani EY has their own supply of spare clothes, and we check that parents are happy with this arrangement.

Older children may wish to change their own clothes, but they should always be supervised/assisted by a member of staff to ensure that they are clean and dry before putting on the new clothes.

Wet or soiled clothing should be rinsed, securely wrapped and kept in an appropriate place until it can be given to parents at the end of the day.

3.2 Staffing Issues

It will take around ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning outcome, and of course, the time spent changing the child can be a positive learning time.

If there are several children wearing nappies in a setting or school there could be clear resource implications. Allocating staff to change the children should not be such an issue.

3.3 Job Descriptions

All childcare workers, with the exception of qualified teachers, should have nappy changing included in their job description, as personal care is one of the core duties of all those who work with young children.

All prospective new staff should be made aware that this is an expectation during the interview. While teachers cannot be required to change nappies, some may choose to do so at times if this is in the interests of the child and the efficient running of the class.

3.4 Guidelines:

- § A suitable place for changing children should have a high priority in any setting's/school's Access Plan.
- The Key person should be encouraged to change their key children where possible. This supports continuity for the child and enables their preferences in relation to changing to be followed.
- Staff should meet with parents/carers to discuss the child's needs and their approach to nappy changing. Obviously, staff should be aware of cultural and religious practices and the wishes of the parents/carers. Wherever possible, to avoid distress or confusion to the child, practice should be the same at home and in the setting.
- Staff should be mindful of the need to preserve the dignity of the child.
- It is important that parents are aware that all staff have been through the DBS vetting and recruitment process which ensures that children are safeguarded.
- Each child should have his/her own named basket/container for nappies/spare clothes.
- When changing children staff should wash their hands with hot water and an appropriate soap/hand cleaner both before and after changing. Gloves (and aprons where necessary) should be worn while nappy changing. The changing table should be cleaned after each use and the

nappy should be disposed of hygienically in an appropriate container. Any spillages must be cleaned up immediately.

- Where needed staff should record times/frequencies of nappy changing and note any concerns (for example unusual bowel movement), which should be reported to parents/carers when the child is collected.
- An adequate supply of nappies must be kept on the premises at all times. Where parents/carers provide the nappies, staff should notify them well in advance when the stock is depleting.
- If barrier creams are used this should be discussed with the Key person, the cream labelled with the child's name, logged on their records and kept in a safe place.
- Osmani EY will consider strategies for supporting children in developing independence through toilet training in partnership with parents, when this is developmentally appropriate for the child.
- For advice and support in this area, staff in schools may contact Claudine Rausch Advisory Teacher SLS (020 7364 6444) who can offer advice on supporting children with physical impairments and complex medical needs.

Further Information and guidance for EY see Appendix 1

4.0 THE PROTECTION OF CHILDREN

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

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

4.3 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 designated person for child protection. A clear record of the concern will be completed and referred to social care. Parents may 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].

4.4 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.

4.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed [see school's Child Protection Policy)

Appendix 1

EY Support for parents through children's centres

Educational Psychologists support families with toilet training through Children's Centres when initial attempts have been particularly tricky for parents. They also run workshops on toilet training through Children's Centres that all parents can access.

Enuresis Resource & Information Centre (ERIC), 34 Old School House, Britannia Road, Kingswood, Bristol, BS15 8BD. Telephone: 0117 960 3060

Website www.eric.org.uk

Good Practice in Continence Services, 2000. Available free from Department of Health, PO Box 777, London SE1 6XH or www.doh.gov.uk/continenceservices.htm

NHS guidance: How to potty train.

<https://www.nhs.uk/conditions/pregnancy-and-baby/potty-training-tips/>

Institute of Health Visiting: tips for parents

<https://ihv.org.uk/for-health-visitors/resources-for-members/resource/ihv-tips-for-parents/health-wellbeing-and-development-of-the-child/toilet-training/>