GUIDANCE ON TOILETING AND PROVISION OF INTIMATE CARE FOR CHILDREN IN NURSERY AND RECEPTION CLASSES

Including a Model Policy

CONTENTS

1. INTRODUCTION

1.1 The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

1.2 These guidelines should be read in conjunction with other policies a school may hold, for example:

- Accessibility Policy
- Child Protection Policy
- Health & Safety Policy
- Staff Recruitment Policy
- Moving and Handling Policy
- The Administration of Medicines in Schools
- Physical Contact between Staff & Pupils
- Policy on Access to Education for Children and Young People with Medical Needs
- Anti-bullying policy

1.3 The term parent/s is used to refer to parents, carers and legal guardians. The term school includes all Early Years settings.

2. DEFINITION OF INTIMATE CARE

2.1 Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.
Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

2.2 In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

3. AIMS

3.1 The aims of this document and associated guidance are;

- To provide guidance and reassurance to staff
- To safeguard the dignity, rights and well being of children and young people
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

4. PRINCIPLES

4.1 This document embraces tenets of Every Child Matters.

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy

- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs

5. WORKING WITH PARENTS

5.1 Partnership with parents is a vital principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious or cultural sensitivities.

5.2 Prior permission must be obtained from parents before Intimate care procedures are carried out. (See appendix 7)

5.3 Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Educational Health Care Plans (EHCPs), Health Care plans and any other plans that identify the need to support of intimate care.

5.4 Exchanging information with parents is essential through personal contact, telephone or correspondence. However information concerning intimate care procedures should not be recorded in home/school books or in any other way as it may contain confidential information that could be accessed by people other than the parent and staff member. Recording equipment such as mobile phones or cameras should not be taken into areas where intimate care is carried out.

6. WRITING AN INTIMATE CARE PLAN

6.1 Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and relevant health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

6.2 In developing the plan the following should be considered:

- Staff ratios and procedures
- Toilet arrangements and equipment (e.g. spare clothes and disposable gloves)
- Awareness of a child's discomfort which may affect learning
- The importance of working towards independence
- Who will substitute in the absence of the appointed person?
- Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if the child has an odour

6.3 All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

7. LINKS WITH OTHER AGENCIES

7.1 Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well being and development remains paramount.

7.2 It is recommended good practice for the school nurse to be informed of all children requiring intimate care.

8. PUPIL VOICE

8.1 Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.

8.2 Agree appropriate terminology for private parts of the body and functions to be used by staff.

8.3 It may be possible to determine a child's wishes by observation of reactions to the intimate care.

8.4 Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents are usually in the best position to act as advocates.

8.5 It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols, body movements and eye pointing.

8.6 To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Intimate Care Plan.

9. RECRUITMENT

9.1 Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.

9.2 Recruitment and selection of candidates for posts involving intimate care must be made following Criminal Records Bureau checks, equal opportunities and employment rights legislation, and with regard to guidance and legislation detailed in Safeguarding Children and Safer Recruitment in Education 2007.

9.3 From 1st January 2010 at least one person on each interview panel **must** be accredited in safer recruitment.

9.4 Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.

9.5 Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.

9.6 Where possible, pupils may be involved in the recruitment process, dependent on their age and ability to understand.

9.7 It is recommended that candidates have an opportunity to meet the child with whom they will be working.

9.8 Wherever possible, staff should work with children of the same sex in providing intimate care respecting their personal dignity at all times.

9.9 Trained staff should be available to substitute and undertake specific intimate care tasks in the absence of the appointed person.

9.10 No employee can be required to provide intimate care. Intimate care can only be provided in school and foundation stage settings by those who have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements.

10. STAFF DEVELOPMENT

10.1 Staff should receive training in good working practices which comply with Devon's Health, Safety and Well Being policy requirements.

10.2 Staff must receive Safeguarding training every 3 years.

10.3 Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.

10.4 Where appropriate staff must receive Moving and Handling training annually.

10.5 Newly appointed staff should be closely supervised until completion of a successful probationary period.

10.6 Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.

10.7 It is imperative for the school and individual staff to keep a dated record of all training undertaken.

10.8 The following guidelines should be used in training senior staff and those identified to support intimate care.

Senior staff members should be able to:

- Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
- Consult parents about arrangements for intimate care
- Ensure staff are aware of all appropriate procedures, Child Protection Policy & Health & Safety Policy etc
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole school approach to intimate care

In addition identified staff members should be able to:

- Identify and use a communication system that the child is most comfortable with.
- 'Read' messages a young child is trying to convey
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when Child Protection procedures must be followed.

11. ENVIRONMENTAL ADVICE

11.1 When children need intimate care facilities, reasonable adjustments will need to be made. Not every school has a purpose built toilet but the use of a screen to make the area private is acceptable.

11.2 Where children have long - term incontinence or a disability requiring regular intimate care, the school will require specially adapted facilities. Specialist advice from medical or therapy staff may be required when considering space, heating, ventilation and lighting.

11.3 Additional considerations may include:

- Facilities with hot & cold running water
- Protective clothing including disposable protective gloves - provided by the school
- Labelled bins for the disposal of wet & soiled nappies/pads (soiled items being 'double bagged' before being placed in bin)
- Waste for incineration (e.g. needles, catheters etc) -contact your District Council for further details.
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers , Anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench
- An effective system should be identified to alert staff for help in emergency

12. INVASIVE PROCEDURES

12.1 It is recommended that two adults are present when invasive procedures are performed unless the parents have agreed to the presence of one adult only.
Whilst this may be seen as providing protection against a possible allegation against a member of staff, it further erodes the privacy of the child.

12.2 Schools should make arrangements to ensure that there is always a member of staff nearby when intimate care takes place.

13. VULNERABILITY TO ABUSE

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self worth. Staff should be encouraged to listen.

13.1 It is essential that all staff are familiar with the school's Child Protection Policy and procedures.

13.2 The following are factors that can increase a child's vulnerability:

- Children who need help with intimate care are statistically more vulnerable to exploitation and abuse
- Children with disabilities may have less control over their lives than others
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

13.3 If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

13.4 If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident should be reported immediately to the designated line manager.

14. SAFEGUARDING AND ALLEGATIONS OF ABUSE

14.1 It is essential that all staff are familiar with the school's Child Protection Policy and procedures.

14.2 If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

14.3 If a child appears sexually aroused, misunderstands or misinterprets an action / instruction, the incident should be reported immediately to the designated line manager.

14.4 Personnel working in intimate situations with children can feel particularly vulnerable. The School policy can help to reassure both staff involved and the parents of vulnerable children.

14.5 Action should be taken immediately should there be a discrepancy of reports between a child and the personal assistant, particularly with reference to time spent alone together.

14.6 It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis.

14.7 Where there is an allegation of abuse, the guidelines in the Devon Child Protection procedures should be followed.

15. TOILETING PROCEDURES see appendix 5

15.1 Context
Many schools admit children who are still four into the Reception Class. Most children entering school will be toilet trained (which may include the occasional 'accident'). However, a few children will be at an earlier stage of toileting or still in nappies.
In order to meet the needs of children with long-term incontinence or an identified disability requiring a higher level of toileting support, schools must make 'reasonable adjustments'. Please see 'Guidance for Staff who Provide Intimate Care for Children and Young People'.

15.2 Working with Parents
Working in partnership with parents is a vital principle of the EYFS. Practitioners should work to establish an agreed 'Toileting Plan' with parents (see Appendix 1). Exchanging information with parents is essential; parents should be encouraged and empowered to work together with staff to ensure a consistent approach.

15.3 Writing a 'Toilet Management Plan'
Where a routine procedure to toileting is required, a 'Toilet Management Plan' should be agreed in discussion with the child, school staff, parents and relevant health personnel. This plan should be signed by all who contribute and reviewed on an agreed basis.

The plan should consider the following:
- Location of the plan for reference, ensuring discretion and confidentiality
- Location of recording procedures, ensuring discretion and confidentiality
- Necessary equipment and waste disposal (see 'Environmental Advice')
- Clear labelling of equipment and procedures e.g. Wipe table after use

15.4 Staff Development

Staff must receive Child Protection training every 3 years.
Where appropriate staff must receive Moving and Handling training annually
Where appropriate the School Nurse should provide whole school training on 'Toilet Management'.

In addition identified staff members should e able to:
- Access other procedures and policies regarding the welfare of the child e.g. Child Protection
- Identify and use a communication system that the child is most comfortable with
- 'Read' messages the child is trying to convey
- Communicate and involve the child in the toileting programme
- Offer choices, wherever possible
- Develop, where possible, greater independence
- Maintain confidentiality with children unless it is a child protection issue when Child Protection Procedures must be followed

15.5 Environmental Advice

Schools should ensure that toilet facilities are easily accessible and well maintained to promote children's awareness of good hygiene practices and developing independence.

Where children have long-term incontinence or a disability requiring a higher level of toilet support, the school may require specially adapted facilities. Specialist advice from health staff may be required when considering space, heating, ventilation and lighting for example.

Additional considerations may include:

- Facilities with hot and cold running water
- Protective clothing including disposable gloves – provided by the school
- Labelled bins for the disposal of wet and soiled nappies / pads (soiled items being ‘doubled bagged’ before being placed in bin). *Advice on the disposal of nappies and nappy related waste i.e. urine and faeces can be found in the Health and Safety at Work Act 1974*
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers, Anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- Changing mat or changing bench

15.1 If the toilet management plan has been agreed and signed by parents, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for safe moving and handling of the child.

APPENDIX 1 MODEL POLICY FOR SCHOOLS
The following example will assist schools with writing their own policies.

A *Devon School* Intimate Care Policy

Introduction
…….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 when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Definition
Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only 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 intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. 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 he/she 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.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's 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
Child Protection Procedures and Multi-Agency Child Protection procedures will be adhered to.
All children will be taught personal safety skills carefully matched to their level of ability, 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. 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 Multi - Agency Child Protection Procedures for details)
All staff will be required to confirm that they have read the Devon County Council document 'GUIDANCE ON TOILETING AND PROVISION OF INTIMATE CARE FOR CHILDREN IN NURSERY AND RECEPTION CLASSES December 2009' and understand the need to refer to other policies the school may hold for clarification of practices and procedures.

This policy was evolved by consultation between staff and school's governing body and was approved on……

Signed:

APPENDIX 2

RECORD OF AGENCIES INVOLVED

Child's Name……..
DOB…….

Name/Role Address/phone/email
Parent/Carer
School Nurse/Health visitor
Continence Advisor
Physiotherapist
Occupational Therapist
Hospital Consultant
Hospital School Service
Physical/Sensory Service
GP
EP
Social Worker

APPENDIX 3

RECORD OF INTIMATE CARE INTERVENTION

Child's Name……..
DOB……..

Name of Support Staff
Involved……

Date Time Procedure Staff Signature
Second signature

APPENDIX 4

WORKING TOWARDS INDEPENDENCE RECORD

Child's Name……..
DOB…….

Name of Support Staff
Involved……..

I can already

Aim:

I will try to

Review date……
Parents/Carer……..
Child (if appropriate)……
Personal Assistant……..
Senior Management/SENCo…….
Date…….

APPENDIX 5

TOILET MANAGEMENT PLAN

Child's Name……..
DOB……..

Name of Support Staff
Involved……

Area of need

Equipment required:

Location of suitable toilet facilities:
Support required Frequency of support

Working towards Independence

Child will try to
Personal Assistant will do
Target Achieved
Review Date:

Parents/Carer……..
Child (if appropriate)……..
Personal Assistant……..
Senior Management/SENCo…….
Date…….

APPENDIX 6
PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

Child's Last name
Child's First name
Male/Female
Date of birth
Parent/carers name
Address

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Headteacher of any medical complaint my child may have which affects issues of intimate care

Name……

Signature…….

Relationship to child……..

Date…….