



HOWE GREEN HOUSE SCHOOL

INTIMATE CARE POLICY SAFEGUARDING 7

ISI Reference	7a
Issue Number	
This policy is endorsed by	Governing Board and the Head
This policy is owned by	Beverley McNally
Review Body	Education Committee

Most Recent Revision Date	November 2019
Last Reviewed by Governors	March 2017
Period of Review	Annual
Next Review Date	November 2020
Previous Reviews	

To be made available	YES
To be on website	YES
Internal staff only	NO
Internal students only	NO
Internal staff and students	YES

Intimate Care Policy – Safeguarding 7

Howe Green House School

This Policy also includes the Early Years Foundation Stage and Before and After School Provision

Statement of Intent

The governors and staff of Howe Green House School fully recognise the contribution it makes to safeguarding and promoting the welfare of children. We recognise that all staff, including volunteers, have a full and active part to play in protecting our pupils from harm.

All staff and governors believe that our school should provide a caring, positive, safe and stimulating environment, which promotes the social, academic, physical and moral development of the individual child.

The Governors and Staff at Howe Green House School realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.

Definitions

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.

Procedures

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. All Staff who provide intimate care to children have a high awareness of Safeguarding issues. Staff behaviour is open to scrutiny and staff at Howe Green House School work in partnership with parents and carers to provide continuity of care to children and young people wherever possible.

Staff deliver lessons regarding personal safety as part of our Personal, Social, Health and Emotional Curriculum (PHSE) which also encompasses Relationships Education and Health and Wellbeing Education. These lessons are delivered in an age appropriate way and are tailored to the age and levels of understanding of the children. Where appropriate, his work is shared with parents who are encouraged to reinforce the personal safety messages at home.

Howe Green House 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. Howe Green House 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.

Our approach to best practice

All children who require intimate care are treated respectfully 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 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 an assessment from a physiotherapist or occupational therapist as required.

Where necessary, 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. Wherever possible any staff who are involved in the intimate care of children and young people will not be involved with the delivery of sex education to them.

All staff will carefully and sensitively discuss each child's needs and preferences with them, in line with their preferred means of communication (for example verbal and symbolic). The child will be made aware of each procedure that is carried out and the reasons for it.

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. 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 their circumstances and requirements. These plans will include a full risk assessment to address issues such as moving and handling, and the personal safety of the child and the carer.

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 needs help with intimate care. Where possible, one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the 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 intimate care. This will ensure, as far as possible, that over-familiar relationships are not developed. However, the staff will make every effort to ensure that the care is not carried out by a succession of completely different carers.

Parents and 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 for example staffing and equal opportunities legislation.

Each child or 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 the care that they receive.

The Protection of Children

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

Safeguarding and multi-agency procedures will be accessible to staff and strictly adhered to. If a member of staff has any concerns regarding physical changes in a child's presentation, for example marks, bruises and soreness, he or she will immediately report them to the Designated Person for Safeguarding. A clear record of the concern will be completed and referred to Social Care and/or the Police, in line with our Local Safeguarding Children Board procedures. These concerns will be discussed with parents and carers prior to a referral, unless doing so is likely to place the child at greater risk of harm.

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 and 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 issues 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 of abuse, procedures outlined in the Safeguarding Children Policy will be followed.

The procedures outlined below, for Acorns Nursery, should be read in conjunction with this policy:

Nappy Changing and Toilet Training Policy – Little Oaks Nursery

Procedure statement

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with

parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

Procedures

- Young children from two years can wear 'pull ups' or other types of trainer pants as soon as they are comfortable with this and their parents agree.
- Changing areas are warm and there are safe areas to lay young children if they need to have their bottoms cleaned.
- Each young child has their own bag to hand with their nappies or 'pull ups' and changing wipes.
- Gloves and aprons are put on before changing starts and the areas are prepared. The changing areas are cleaned between changing each child.
- All staff are familiar with the hygiene procedures and will carry these out when changing nappies.
- In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They should be encouraged to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used for young children.
- Key persons are gentle when changing; they avoid pulling faces and making negative comment about 'nappy contents'.
- Key persons do not make inappropriate comments about young children's genitals when changing their nappies
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and 'pull ups' are disposed of hygienically. Any pants and clothing that have been wet or soiled are bagged for the parent to take home.
- NB if young children are left in wet or soiled nappies/'pull ups' in the setting this may constitute neglect and will be a disciplinary matter. Settings have 'duty of care' towards children's personal needs.

Toilet training

When your child starts to show signs that they are becoming aware of their bodily functions we will arrange a convenient time to meet with you and discuss your plans on potty/toilet training your child. It is unusual for a child to be ready to be potty trained much before their second birthday and for some children it can be a lot later. Please do not be concerned if your child shows no signs of being ready yet. It is very important

that we work together to potty train your child and pick a suitable time to do it, when we can both dedicate time. If we start the training and your child is not ready then we can stop and start again when they are. Some children take to potty training overnight for some it is a longer process, the most important thing is that we work together to give your child the support and reassurance they need during this period. I will provide you with feedback at the end of each session on how we are progressing with the training.

Please let me know if you wish to discuss your child's potty training.

There are lots of useful websites on the Internet. I found the following one useful:

www.pottytrainingtips.com

Reviewed by Education Committee: 6th November 2019

Chair: L Lester

Head: D Mills

Next Review: November 2020