Intimate Care Policy

Achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a nursery/school setting. In some cases this one developmental area has assumed significance beyond all others. Parents/carers are sometimes made to feel guilty that this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising.

Definition of Disability in DDA
The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term.
It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. However, it is also unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties. However, children with global developmental delay which may not have been identified by the time they enter nursery or school are likely to be late coming out of nappies.

Education providers have an obligation to meet the needs of children and with delayed personal development in the same way as they would meet the individual needs of children and young people and young people with delayed language, or any other kind of delayed development. Children and young people should not be excluded from normal pre-school activities solely because of incontinence. Any admission policy that sets a blanket standard of continence, or any other aspect of development, for all children and young people is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings/schools are expected to make reasonable adjustments to meet the needs of each child.

Health and Safety
In the case that a child accidently soils itself or is sick the following procedures will take place:
• Children and young people will be changed in privacy and treated with respect.
• Staff will have a knowledge of and respect for any cultural or religious sensitivities related to aspects of intimate care.
• Speak to the child by name and ensure they are aware of the focus of the activity. Address the child in age appropriate ways.
• Reassure children and young people who need to be changed and help them to remain relaxed, comfortable and safe.
• Give explanations of what is happening in a straightforward and reassuring way.
• Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children and young people to use these terms appropriately.
• Respect a child’s preference for a particular sequence of care.
• Give strong clues that enable the child to anticipate and prepare for events e.g. show the clean nappy/pull up to indicate the intention to change, or the sponge/flannel for washing.
• Encourage the child to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing.
• Seek the child’s permission before undressing if he/she is unable to do this unaided.
• Children and young people should be changed as soon as necessary. Staff
should inform appropriate colleagues when intimate care is necessary.

- Children and young people should never be left unattended in the changing area.
- Only creams supplied by the parent/carer should be applied.
- Staff should wear a fresh pair of disposable gloves and an apron when changing children and young people.
- Changing surfaces should be disinfected after each change and health and safety regarded at all times.
- Hot water and liquid soap available to wash hands as soon as the task is completed.
- Paper towels available for drying hands.
- Keep records noting responses to intimate care and any changes of behaviour. Asking parents/carers of a child to come and change a child is likely to be a direct contravention of the DDA, and leaving a child in a soiled nappy or pants for any length of time pending the return of the parent is a form of abuse.

**Child Protection**

The normal process of changing a child should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for nappy changing and CRB checks are carried out to ensure the safety of children and young people with staff employed in childcare and education settings. If there is known risk of false allegation by a child then a single practitioner should no undertake changing a child. A student on placement should not change a child unsupervised. Setting/school managers are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities carried out on site.

**Facilities**

If a child soils themselves they will be changed in the shower room or the disabled toilet. If necessary then the shower could be used in the Staff toilet.

**Procedure**

In the event of a child soiling themselves a Teaching Assistant will change the child. Soiled clothing will be double bagged and returned to the parent/carer at the end of the day. Staff should wear disposable gloves. If the child is distressed then all attempts will be made to settle the child. If all else fails then the parent carer will be contacted. If at any time a staff member is concerned about any marks/injuries whilst changing a child then the Child Protection Officer (the Headteacher) should be informed. In her absence then the deputy head.

**Keys to success**

Delayed continence may be linked with delays in other aspects of the child’s development, and will benefit from a planned programme worked out in partnership with the child’s parents/carers.

There are other professionals who can help with advice and support. The School Nurse or Health Visitors have expertise in this area and can support parents/carers to implement toilet training programmes in the home.
Parents/carers are more likely to be open about their concerns about their child’s learning and development and seek help, if they are confident that they and their child are not going to be judged for the child’s delayed learning.

**Home School Agreement**

If a child is incontinent the school will set up an agreement defining the responsibilities that each partner has, and the expectations each has for the other.

**The Parent will:**
- Agree to ensure that the child is changed at the latest possible time before being brought to school
- Provide school with spare nappies (if required) and a change of clothes
- Understand and agree the procedures that will be followed when their child is changed at school
- Agree to inform school should the child have any marks/rash
- Agree to a ‘minimum change’ policy i.e. school would not undertake to change the child more frequently than if she/he were at home.
- Agree to review arrangements should this be necessary
- Agree to being pro-active in an attempt to toilet train their child
- Parent will involve health in supporting them towards toilet training where it is not part of an SEND already identified need

**The School will:**
- Agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agree how often the child would be changed should the child be staying for the full day
- Agree to monitor the number of times the child is changed in order to identify progress made
- Agree to report should the child be distressed, or if marks/rashes are seen
- Agree to review arrangements should this be necessary.
- Agree to contact Health to support parent with toilet training where it is not a specific medical related identified SEND.

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