

Personal and Intimate Care Policy

Aim:

No child is excluded from Playdays Preschool 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 practise 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 the adults.

We recognise that an increasing number of children with disabilities and medical needs are included in mainstream childcare. Some may require assistance with intimate care tasks, especially incontinence support and toileting for a variety of reasons.

Children are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. Due to the young age of the children we care for there is a need for appropriate supervision in order to safeguard and satisfy health and safety considerations.

It is important that all adults working with children understand the responsibilities and procedures associated with providing intimate care, including supported toileting.

This policy aims to:

- Keep children safe by clarifying which behaviours constitute safer practise and which behaviours should be avoided.
- State clear expectations for behaviour and codes of practise relevant to intimate care.
- Assist adults working with young children to establish what safe, respectful and appropriate intimate care involves and the importance of regular supervision support and needs led training.
- Strengthen safeguarding procedures.
- Minimise the risk of misplaced allegations made against staff working with young children.
- Support staff to respectfully and safely teach children autonomy encouraging them to do as much for themselves as possible.

Method:

Definition

Intimate care is defined as 'care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect exposure of the genitals and/or other private parts of the body'. Examples include exposing genitals or other private parts of the body in order to administer medicines; managing incontinence or providing toileting support; administration of medicines in emergency situations; help with washing and bathing; supervision of children involved in intimate care.

Personal and Intimate Care Policy

Guiding principles

There are 3 fundamental rules that are paramount and should be evident whenever intimate care is considered.

1. Every procedure must be completed in an environment and atmosphere of total respect and dignity both for the child receiving care and for the person involved in providing care.
2. Every plan supporting intimate care must demonstrate how the child can be enabled to develop independence as far as is reasonably practicable for them.
3. The number of adults engaged in care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children and staff.

Intimate care should be a positive experience for both the child and the staff. It is essential that care is given gently, respectfully and sensitively and that every child is treated as an individual. As far as possible the child should exercise choice and should be encouraged to have a positive image of his own body.

The principles are put into practise by:

- Taking into account the child's method and level of communication which may include words, signs, symbols, body movements and eye pointing.
- Ensuring where an individual intimate care plan is required for needs that are in exception to the 'norm' required within early years, that the child's method of communication is clearly identified and carers have the ability to understand and communicate.
- Ensuring that when a child is unable to verbalise a preference, other means should be explored including determining child's wishes by observations or reactions to intimate care.
- Agreeing on appropriate terminology used by staff for the description of private parts of the body and bodily functions.
- Ideally, and wherever possible, allowing the children to choose who should provide intimate care.
- Ensuring a sufficient number of trained staff, both male and female are available to provide intimate care, especially where there is an intimate care plan in place.
- Allowing the child to care for himself as far as possible.
- Being aware of and responsive to the child's reactions.
- When an intimate care plan is required, reflection on whether the guiding principles are evident within the plan.
- Given the right approach intimate care should provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Whenever children can learn to assist in carrying out aspects of their own intimate care they should be encouraged to do so.

Personal and Intimate Care Policy

What does this look like at Playdays?

Staff

All staff who are DBS checked undertake changing young children in the preschool. The procedure is explained to them on enrolment and the message is reinforced that if they are unclear on the procedures or lack confidence they are able to access immediate support and guidance.

Staff must be supported in the specific types of intimate care they carry out and training should be provided. This may include in-house training during the induction period, ongoing in-house training or sourcing external training. All preschool staff are expected to carry out intimate care procedures. Staff who are new to the setting should be closely supervised during intimate care procedures until they have completed a satisfactory probation period.

Staff ensure that modesty and privacy is respected and protected at all times. They 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. Older children access the toilet when they have the need to and are encouraged to be independent.

Staff share information with parents to ensure consistent intimate care routines and terminology between home and preschool.

Staff are gentle when changing, they avoid pulling faces and making negative comments about 'nappy contents'. Staff do not make inappropriate comments about young children's genitals when changing their nappies. Staff always communicate in an age appropriate way taking into account the child developmental level and their preferred method of communication. Staff will speak to the child by name.

Staff are aware and alert to the cultural and religious sensitivities related to intimate care and take these fully into account. Any religious or social requirements must be considered and may trigger an intimate care plan.

If a child becomes incontinent and requires support, they will be discreetly removed from the play room and taken to the bathroom. If young children are left in wet or soiled nappies or clothing this may constitute neglect and will be a disciplinary matter. Playdays staff have a duty of care towards children's personal needs.

An intimate care log is recorded each time a nappy is changed, recording the date, time, staff initials and child's name. any unusual responses by the child – signs of dislike, change in behaviour etc. – should also be recorded.

If staff member has concerns about physical changes in a child's presentation e.g. unusual anxiety, bruising, soreness etc. they need to immediately report their concerns to the designated safeguarding officer and log the concern on a purple safeguarding form.

All staff are aware that mobile phones are not allowed anywhere within the preschool environment. The preschool camera is not to be taken into areas where intimate care is carried out.

Personal and Intimate Care Policy

Environment

Changing areas are warm and there are safe areas to lay young children if they need their private parts cleaned. There is a raised surface for staff to lay children on and steps are provided for children to access the ledge themselves with adult support. Adults should never leave the child unattended or turn their back on them whilst they are on the changing surface. If for any reason the child cannot use the steps with support, they are at risk of falling from the surface or staff need to leave them unattended for any amount of time, a changing mat should be placed on the floor instead. Each young child supplies their own nappies and wet wipes daily.

The bathroom environment is kept to a high standard of hygiene and ensures the safety and dignity of the children. Suitable resources and equipment are always available to reduce biological risk and ensure the health and safety of the child and staff. Disposable, one use gloves and aprons are worn before changing starts and the areas are prepared using antibacterial solutions to wipe down surfaces before and after intimate care routines are commenced.

Nappies and pull ups are disposed of hygienically. They are bagged, tied and put in the nappy bin. The nappy bin is emptied daily into the outdoor bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are double-bagged and tied for the parent to take home to clean. We do not have the facilities to rinse or clean them at preschool.

Children should be encouraged to wash their hands and have independent access to warm water, soap and disposable paper towels. They should be allowed some time to explore and play with the water and soap.

Intimate Care Plans

Where children have needs that are 'different from or additional to' our normal intimate care routines, an intimate care plan will be developed, involving, the SENCO, parents, health professionals and where possible the child's voice.

Intimate care plans will consider strategies that support and encourage children towards independent intimate care where possible. Staff would agree with the child and their family the appropriate terminology to be used for private parts and bodily functions. Where possible staff promote the best practise of using the correct anatomical name for intimate body parts.

Intimate care plans detail the assessment of children's capabilities in terms of what intimate care tasks they can achieve themselves e.g. wiping, washing, changing; and what tasks will be undertaken by staff. There should be no ambiguity about what is expected by a staff member. If care is to be delivered in one to one situations this should be clearly identified on the plan. The plan should also stipulate how independence for the child will be achieved to the best of their ability. Arrangements for visits out of the preschool setting should be detailed.

Regular reviews of the child's abilities may show improving independence and thus reducing the tasks required by the staff member to complete. This should take place every 6 months but this would be more frequent if the circumstances are changing.

Personal and Intimate Care Policy

Positive links with other professional agencies involved in the child's care will be encouraged to share knowledge, skills and expertise to ensure the child's wellbeing and development remain paramount. This may include paediatric nurse, community continence advisors, physiotherapists etc.

One to One situations

Due to the layout of the preschool it is unrealistic to expect all intimate care procedures to be supervised. This can be a situation that causes anxiety for staff providing intimate care for unjust and unfounded allegations. Playdays recognises that safeguarding for young children are strengthened when an additional adult is present.

Where there is a need for staff to provide intimate care one to one then supervisors are aware and discreetly observe randomly during the procedure. Where possible, 2 staff members should provide intimate care in the same environment e.g. whilst one is changing nappies, the other assists children in the toilet cubicles and potty training.

Staff providing intimate care one to one are offered training and regular needs led supervision address any areas of anxiety.

First Aid

Staff who administer first aid should wherever possible ensure another adult is present. The child's dignity must always be considered and when intimate contact is required (e.g. removing soiled clothing) this policy and procedure will apply. In the event this is not practical e.g. an emergency situation, another member of staff should be in the vicinity and made aware of the task being undertaken.