

DE LA SALLE COLLEGE



INTIMATE CARE POLICY

“LET EACH OF YOU LOOK NOT ONLY TO HIS OWN INTERESTS, BUT ALSO TO THE INTERESTS OF OTHERS.”

PHILIPPIANS 2:4

Compiled by: The Head of College	Last Reviewed: June 2023
Policy Holder: Mr G. Coutanche	Revision date: June 2024
Oversight Governor: Kin Hewlett	Verification date: Spring 2024

Contents

Intimate Care Policy- Information and Guidelines.....	3
De La Salle College Primary School (Early Years Foundation Stage) - (adapted from ESC document).....	3
De La Salle College- Intimate Care Policy.....	11
Appendix 1: Exemplar Toilet Management Plan.....	14
Appendix 2: Risk Assessmentnot referenced in the policy	1

Intimate Care Policy- Information and Guidelines

De La Salle College Primary School (Early Years Foundation Stage) - (adapted from ESC document)

Scope

This policy applies to all staff undertaking personal care tasks with children, particularly those in the Early Years Foundation Stage (EYFS). The normal range of development for this group of children indicates that some may not be fully toilet trained. Due to parenting issues it may be that some may not even have commenced toilet training at this age.

In addition to this there are other vulnerable groups of children and young people that may require support with personal care on either a short, longer term or permanent basis due to SEN and disability, medical needs or a temporary impairment. This could include children and young people with limbs in plaster, children and young people needing wheelchair support and children and young people with pervasive medical conditions. Such cases should have additional advice from health professionals and parents/carers.

Responsibilities and Distribution

Headteachers and Nursery Managers are responsible for ensuring that all staff read and understand the policy and that all members of the Nursery or School are aware of their responsibilities under it.

Policy Standards and Principles

Achieving continence is one of many milestones which children are expected to reach before they start school. However, for a variety of reasons, a number of children may not manage to achieve this prior to starting school. If not managed correctly, wetting and/or soiling problems can cause high levels of stress for children, parents and teaching staff.

It is not acceptable to refuse admission to school to children who are delayed in achieving continence.

De La Salle College is committed to providing personal care that has been recognised as an assessed need and indicated in the care plan for an individual child, in ways that:

- maintain the dignity of the individual child
- are sensitive to their needs and preferences
- maximise safety and comfort
- protect against intrusion and abuse
- respect the child's right to give or withdraw their consent
- encourage the child to care for themselves as much as they are able and protect the rights of everyone involved

All staff have a duty of care towards pupils. The essence of that duty is to take reasonable steps to protect the welfare, health and safety of pupils and to act with reasonable skill and care. All adults within educational establishments have a duty of care to act “as a reasonable parent” termed as acting “in loco parentis”.

The diversity of individuals and their communities is valued and respected. No child or family is discriminated against.

Sources, related documents and further information

This policy is an adapted version of the Department for Education, Sport and Culture Intimate Care Policy of April 2015. With acknowledgement to the Gov.uk ‘Intimate Care Policy’ guidance materials (UK Service Children’s Education, March 2013), ERIC ‘The Right To Go’ and Worcestershire County Council policy guidance.

This policy should be read in conjunction with the following College policies and related school policies:

- Special Educational Needs Policy
- Safeguarding Policy
- Health and Safety Policy

Definition

Intimate personal care includes hands-on physical care in a child’s personal hygiene, and physical presence or observation during such activities.

Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee
- toileting, wiping and care in the genital and anal areas
- dressing and undressing
- application of medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection

Purpose

The purpose of this policy and guidelines is to identify best practice for schools and where support and advice can be obtained to achieve the full inclusion of all children.

Parents should be encouraged to train their child at home as part of their daily routine, and schools should reinforce these routines whilst avoiding any unnecessary physical contact.

Schools are not expected to toilet train pupils. Therefore unless a child has a SEN or disability it is expected that parents/carers will have trained their child to be clean and dry before the start in Early Years Foundation Stage (EYFS).

Staff should be mindful of and respect the personal dignity of the pupils when supervising, teaching or reinforcing toileting skills.

Children and young people beyond the EYFS but throughout the primary and secondary stages of education may also experience difficulties with independence and require support with intimate care issues. These issues are likely to relate to complex health needs or a specific disability.

These guidelines will ensure schools and settings overcome these challenges and can be confident they are meeting the welfare requirements of the Early Years Foundation Stage (EYFS) and Jersey’s aspiration to meet or exceed good practice guidelines in the UK, as defined in the Disability Discrimination Act, SENDA and the Equalities Act, as they apply to children with toileting and continence needs.

Toilet Training

Starting school or nursery has always been an important and potentially challenging time for children, families and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the EYFS, there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children in the EYFS may:

- be fully toilet trained across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning EYFS
- be fully toilet trained at home but prone to accidents in the new setting
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all but likely to respond quickly to a well structured toilet training programme
- be fully toilet trained but have a serious disability or learning difficulties
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the EYFS
- have SEN/D and might require help (during the EYFS and beyond) with all or some aspects of personal care such as washing, dressing or toileting

In broad terms, children can be categorised as follows:

Children who need support with continence development	The child might be developing normally but at a slower pace
Children with some developmental delay	The child will be in an early years or mainstream setting but may have delayed continence development. This child may have a diagnosed condition or be undergoing investigations
Children with physical disabilities or complex medical conditions	The child may have a diagnosed condition such as spina bifida, cerebral palsy or autism
Children with behavioural or emotional difficulties	The child may exhibit delay in continence, or may develop incontinence

Partnership Working

In England, current guidance states: *Parents are children's first and most enduring educators. When parents and practitioners work together in early year's settings, the results have a positive impact on children's development and learning*

. [Early Years Foundation Stage Statutory Framework 2012]

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to young people. Much of the information required by the school to make the process of intimate care as comfortable as possible is available from the parents. Regular consultation and information sharing remains an essential feature of this partnership. For children entering Nursery or Reception classes, this often starts at the initial home visit or welcome meeting at school.

Issues around toileting should be discussed at a meeting with the parents/carers prior to admissions into the school/setting, in the home or at school. This will include admissions for children into Foundation Stage and will also provide an opportunity to involve other agencies as appropriate, such as a Health Visitor. At De La Salle these meetings take place during the term prior to the child entering our setting. If they have any worries or concerns about how this is progressing, an ERIC (Education and Resources for Improving Childhood Continence) leaflet 'Thinking about wee and poo now you are on your way to school', a 'Guide to Toilet Training' or explain that their Health Visitor can help and support them in readiness to their child attending.

Contact details are: Health Visiting Team or School Nurse Team (for school aged children), Family Nursing and Home Care, Le Bas Centre, St Saviours Road, St Helier, JE2 4RP, Tel. 443600.

Schools should adapt the DfESC policy to their specific needs in finalising their own 'Intimate Care Policy'. This policy will take account of factors such as the starting age of pupils, and will make clear the school's position in relation to changing and toileting children.

Settings will want to make clear how they work in partnership with parents when a child is coming to school in a nappy/pull-ups. Such an agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs. This can be done by completing an 'Intimate Care Plan' with the parents if the child will be entering the setting wearing nappies/pull-ups.

Some schools or settings may want to adapt their existing home/school agreement (defining the responsibilities that each partner has) to take account of the needs of the youngest children for intimate care. For example, this might include some of the following statements:

Parents/Carers:

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies (part of a specific intimate Care plan), wet wipes and a change of clothes
- understanding and agreeing the procedures to be followed during changing at school
- agreeing to inform school should the child have any marks/rash

- agreeing how often the child should be routinely changed if the child is in school for the day and who will do the changing
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible

The school:

- agreeing to change the child should they soil themselves or become wet
- agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- agreeing a minimum number of changes;
- agreeing to report to the headteacher or SENCo should the child be distressed or if marks/ rashes are seen
- agreeing to review arrangements, in discussion with parents/carers, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible
- discussing and taking the appropriate action to respect the cultural practices of the family

Partnership Working: children with a SEN or Disability

If the child or young person has a disability, asking or telling parents to come and change their child (unless the parents have expressed a preference for this) or seeking that an older sibling change their sister brother is likely to be a direct contravention of our aspiration to adhere to the Principles, as is leaving a child soiled, which could place the child at significant risk. Wherever possible the child or young person should be encouraged to do as much as they can for themselves.

In a very small number of cases, the process for the management of a child's personal care needs may need to be further clarified through a Toilet Management Plan or Health Care Plan. (see appendix 1) For example, where the school has concerns about parental support, for children transferring to a new class or who are not toilet trained and for children with SEN and/or disabilities.

Partnership Working: raising concerns

Where appropriate, parents and school will need to agree a toilet training programme. In the very small number of cases where parents do not co-operate or where there are concerns that:

- The child is regularly coming to school in very wet or very soiled nappies/pull ups and there is evidence of excessive soreness that is not being treated
- The parents are not seeking or following advice

In the first instance concerns should be raised with the parents. A meeting may be called that could possibly include the Health Visitor and Headteacher to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

Safeguarding

The safeguarding and welfare requirements are designed to help providers create high quality settings which are welcoming, safe and stimulating and where children are able to enjoy learning and grow in confidence.
[EYFS Statutory Framework 2012]

We comply with De La Salle Child Protection and Health and Safety Policies. Staff should be aware of these guidelines and encouraged to follow them for their own protection as well as for the protection of the children.

Policies and procedures should be in place as part of a safeguarding framework relating to safeguarding both children and adults. It is also important that school leaders ensure staff are supported and trained so that they feel confident in their practice. DBS checks are rigorous and are carried out to ensure the safety of children with staff employed in schools and settings. All schools/settings have a duty to ensure staff are not employed without a current DBS check. This must be checked before allowing staff to change children. It is essential that safer working practices are adhered to and that no setting or school simply relies on the results of a DBS check to ensure that staff are working appropriately.

It is advisable that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. **However, in Pre Reception pupils are changed in or near the cubicle with 2 members of staff present**, and within the view of CCTV for child and staff protection purposes. The relevant UK guidance may be found in Section 23 in the DSCF (now DfE) Guidance 'Guidance for Safer Working Practice for Adults working with Children and Young People in Education settings' (March 2009).

Health and Safety

In England, current guidance states: *The provider must promote the good health of children attending the setting and take necessary steps to prevent the spread of infection, and take appropriate action if children are ill or infectious.* [EYFS Statutory Framework 2012]

Induction procedures and continued CPD should be in place within the school to support staff in dealing appropriately with issues of intimate care.

Procedures are in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself, or is sick while on the premises. The same precautions will apply for nappy/pull-ups/changing. This could include:

- staff to wear fresh disposable aprons and gloves while changing a child
- soiled nappies/pull-ups securely wrapped and disposed of appropriately
- changing area/toilet to be left clean
- caretaking/cleaning staff to be informed
- hot water and soap available to wash hands as soon as changing is done
- paper towels to be available to dry hands

The school will need to make enquiries about the disposal of nappies if they do not already have arrangements in place. Current guidance from the Health and Safety Executive, 'Managing Offensive/Hygiene Waste' (January 2009), is that any disposal of waste for one child can be in the usual bins using appropriate nappy sacks. The waste in this instance would be considered to be municipal waste. Any more than this and schools will need to make special arrangements. For wet nappies a single bag is sufficient but soiled nappies require double bagging. Should pupil handling be required in order to support or complete any intimate care procedure then advice should be sought through an appropriate adviser such as a physiotherapist.

Children in Year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up.

Further information and guidance is available from:

ERIC-‘The Right to Go’

<http://www.eric.org.uk/assets/downloads/104/The%20Right%20To%20go%20WEB%20%20Guide%2012.2012.pdf>

PromoCon-Managing Bowel and Bladder Problems in Schools and Early Years Settings

<http://www.disabledliving.co.uk/DISLIV/media/promocon/PromoconBooklet.pdf>

“Lancashire Guidance Notes for Schools”

<http://www.disabledliving.co.uk/DISLIV/media/pdf/LancashireSchoolsDocument.pdf?ext=.pdf>

PromoCon Teaching Pack

<http://www.disabledliving.co.uk/DISLIV/media/pdf/teachingpack.pdf>

Consideration of challenges for schools and settings

It can take around ten minutes to change an individual child. The resource allocation of staff time is therefore an important consideration that is constantly changing. It is therefore important that managers remain aware that their staff allocations will need to be flexible in order to match need. Ten minutes is not dissimilar to the amount of time allocated to work with a child on an individual learning target. Changing time can be a positive learning time and an opportunity to promote independence and self-worth.

The Headteacher or Nursery Manager will need to ensure that, where necessary, resources from the mainstream funding are ringfenced for support to SEN so that children’s individual needs are met, including for toileting issues in line with Ordinarily Available provision (OA).

In practical terms toileting issues require the provision of:

- hot running water and soap (antibacterial where possible)
- toilet rolls
- antiseptic cleanser
- Milton/sterilising fluid
- bowl/bucket
- paper towels/cloths
- disposable aprons and gloves
- nappy bags/sacks
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child’s parent/carer)

- spare clothes (it always useful for each child to have their own spare clothes on their peg to change into for physical and emotional comfort)

Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions where they will be necessary and consider how intimate care can be dealt with in relation to PE, swimming, after school clubs, transport to and from school etc.

Confidentiality

Confidentiality is an important issue. All schools should have, as part of their partnership working, a confidentiality section which is shared with all staff, parents and, where possible, pupils. Sensitive information about a child should be shared only with those who need to know, such as parents or other members of staff who are specifically involved with the child. Escorts and others should only be told what is necessary for them to know to keep the child safe. Parents and children need to know that where staff have concerns about a child's well-being or safety arising from something said by the child or an observation made by the staff then the school's Responsible Person for Safeguarding will be informed. This may lead to the procedures set down in the school's Safeguarding Policy being implemented.

Information concerning intimate care procedures should not be recorded in a home school diary, as the diary is not a confidential document and could be accessed by people other than the parent/carer and member of staff. It is recommended that communication relating to intimate care should be made through one of the following:

- Sealed letter
- Personal contact (and recorded in a log)
- Telephone call – between member of staff and parent/carer (and recorded in a log)

Sharing information between home and schools is important to secure the best care for pupils but the consent of parents and their children who are able to give such consent is needed for the headteacher to pass on information about their child's health to school staff or other agencies. Their agreement is also needed for any exchange of information between the GP or Health Visitor and the school about a child's medical condition.

Parents and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

Agreeing a Procedure for Personal Care in School

Schools should have clear, written guidelines for staff to follow when changing a child so that staff are not put at any unnecessary risk.

Written guidelines should specify:

- Who will change the child (to include cover for absence etc)
- Where changing will take place
- What resources will be used and who will provide them
- How a nappy will be disposed of
- How other wet or soiled clothes will be dealt with

- What infection control measures are in place
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed
- How changing occasions will be recorded and how this will be communicated to parents (in confidence)

Summary

- Recognise that for most children, achieving continence is one of many developmental milestones
- Work in partnership with parents/carers prior to and after admissions into the school/setting
- Take full account of the religious views and cultural values attached to aspects of intimate care related to the child
- Agree with parents, staff and children, the appropriate terminology for private parts of the body and functions. Use these terms as appropriate
- Agree a written procedure for personal care/toileting
- Respect each child's personal dignity
- Get to know the child in a range of contexts to gain an appreciation of his/her moods and verbal/non-verbal communication
- Ensure clarity in job descriptions of the personnel involved in changing children
- View 'changing' time as a positive learning experience (aiming to gradually increase the child's independence and self-worth)

During Intimate Care:

- Speak to the child personally by name so that s/he is aware of being the focus of the activity
- Give explanations of what is happening in a straightforward and reassuring way
- Enable the child to be prepared for and to anticipate events while demonstrating respect for his/her body e.g. by giving them a strong sensory clue such as using a sponge or pad to signal an intention to wash or change
- When washing, always use a sponge, flannel **or wipes (at DLS)** and where possible encourage the child to attempt to wash private parts of the body him/herself
- Provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening; washing/changing one child at a time
- Respect a child's preference for a particular carer and sequence of care
- Keep records, which note responses to intimate care and changes in behaviour

Best practice should be followed by ensuring that all those involved with intimate care receive specific induction from the school on these procedures and protocols.

De La Salle College- Intimate Care Policy

Name of school: De La Salle College

Date of policy: June 2017. Reviewed annually.

Policy Holder: Mr Gary Coutanche (Primary Headteacher)

Introduction

De La Salle College 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 and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures (which would be included in an individual child's Intimate Care plan) only the staff suitably trained and assessed as competent should undertake the procedure.

Our Approach to Best Practice

The expectation is that all children attending De La Salle College should be continent. However, we are aware that children (particularly younger children) may have "accidents" or that specific, short-term medical needs may impact on this continence.

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff must be present where resources allow.

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 or menstruation. Wherever possible staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved.

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 they are able.

Individual intimate care plans will be drawn up for 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 will need to be present when the child is toileted.

Intimate care arrangements for specific identified children will be discussed with parents/carers on a regular basis and recorded on the child's personal 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

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor and headteacher to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school's safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for safeguarding.

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 the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

All staff will be required to confirm that they have read the 'Intimate Care Policy and Guidance' document.

Appendix 1: Exemplar Toilet Management Plan

Child's Name: Class/Year Group:

Name of Support Staff Involved:

Date of Record: Review Date:

Area of Need	
Equipment required/by whom	
Location of suitable toilet facilities	
Support required	Frequency of support

Working towards Independence

School will	Parents will	Child will try to	Target achieved (date)

Signed:

Parents/Carers

Signed:

Member of Staff

Signed:

Child (if appropriate)

Appendix 2: Risk Assessmentnot referenced in the policy

Child's Name:

Name of School:

Date of Risk Assessment:

	Yes	Notes
1. Does weight/size/shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain/discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury/ pregnancy)		
10. Are there any risks concerning individual capability (pupil)? <ul style="list-style-type: none"> • General fragility • Fragile bones • Head control • Epilepsy • Other 		
11. Are there any environmental risks? <ul style="list-style-type: none"> • Heat/cold 		

If Yes to any of the above complete a detailed personal care plan.

Date:

Signed:

Name: