



Leatherhead Trinity School and Children's Centre

Intimate Care and Supporting Children with Toileting Policy

Status: Non- Statutory

Responsible Manager: Robert Clement

Review Period: 3 years

Responsible Governor: SEND Governor

GB Ratification: December 2023

Next Review Date: December 2026

Aims:

- To safeguard the rights and promote the welfare of children
- To provide guidance and reassurance to staff whose role includes providing support with intimate care
- To assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into account.

Definition of Intimate Care:

'Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body'

Intimate care tasks specifically identified as relevant include:

- dressing and undressing (underwear)
- helping a child to use a potty or toilet
- changing nappies
- supporting with using the toilet / wiping / washing intimate parts of the body
- supporting with having a wash and change of clothes when children have an accident

Definition of Personal Care:

'Although it may involve touching another person, it is less intimate and usually has the function of helping with personal presentation'

Personal care tasks specifically identified as relevant include:

- supporting with eating and drinking
- administering oral medication
- hair care
- dressing and undressing (other than underwear)
- washing non-intimate body parts
- prompting to use the toilet

Supporting children to use the toilet independently:

Starting at an early years setting is always an important and potentially challenging time for both children and their parents, it is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being independent with using the toilet.

For a variety of reasons children may:

- Be able to use the toilet independently
- Be able to use the toilet independently however have regressed for a little while due to the

excitement and stress of starting at a setting

- Be able to use the toilet independently at home however have accidents in the setting, or visa versa
- May nearly be independent with using the toilet however need some reminders and encouragement
- Not be independent with using the toilet however responds well to a structured training process or schedule
- Be independent with using the toilet and have full bladder control however have a serious disability or learning difficulty which requires little support
- Have development delays but with additional support will master skills to be able to use the toilet independently
- Have SEND and might require help with some or all aspects of personal care.

Inclusion

The Early Years Foundation Stage is based on a set of principles which seeks to provide: 'equality of opportunity and anti-discriminatory practices, ensuring that every child is included and supported.'

The Equality Act 2010 imposes duties on early education and childcare whether or not they are in receipt of government funding. This means that reasonable adjustments must be made for children with disabilities to ensure that they are not discriminated against. Refusal to admit children who are not able to use the toilet and/or are in nappies due to their disability could be indirect discrimination. This is because this practice puts the child at a disadvantage compared with another child who is not disabled.

Children who require support with using the toilet must not prevent them from accessing education. It is an expectation that early years providers will address this as part of children's holistic education and development.

Best Practice

Pupils who require regular assistance with intimate care have written Individual Plans (My Plan), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as nurses or physiotherapists.

Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

Where a care plan or My Plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage (see Supporting children with medical conditions policy).

Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

These records will be kept in the child's file and available to parents/carers on request.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEN advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the DCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

No member of staff may carry a mobile phone, camera or similar computer, media or recording device whilst providing intimate care.

Medical Procedures

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or My Plan and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Safeguarding

The Governors and staff at this School and Nursery recognise that pupils with special needs, and who are disabled, are particularly vulnerable to all types of abuse.

The school's child protection procedures will be adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this School and Nursery best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

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

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the DSL or Headteacher. A clear written record of the concern will be completed and a referral made to C-SPA if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher, a member of the Senior Leadership Team or Head teacher and the DSL. The matter will be investigated at an appropriate level (usually the Head teacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, makes an allegation against an adult working at the School or Nursery this should be reported to the Head teacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's

policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the School or Nursery or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Procedures in place for dealing with spillages of bodily fluids. The same precautions will apply for nappy/pull ups/changing.

This will 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
- Hot water and soap available to wash hands as soon as changing is done
- Paper towels to be available to dry hands.

Intimate care can take some time and should be an enjoyable experience for the child. It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. Children should be treated with dignity and respect and given privacy appropriate to the child's age and situation. The child should be encouraged to express choice and to have a positive image of his/her body. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse. Intimate care arrangements must be agreed by the school and nursery, parents and child (if appropriate), and be recorded in the child's personal file and consent forms signed by the parents and child.

Practitioners should not undertake any aspect of intimate care that has not been agreed between the school and nursery, parents and child.

Useful websites:

Advisory, Conciliation and Arbitration Service (ACAS)

www.acas.org.uk

NSPCC

www.nspcc.org.uk

Disabled Children and the Equality Act 2010

Disabled Children and the Equality Act 2010: What teachers need to know (ncb.org.uk)

Early Years Foundation Stage

Early years foundation stage (EYFS) statutory framework - GOV.UK www.gov.uk