



Plat Douet School



Intimate Care Policy – October 2022

This policy is designed to support schools and Early Years settings in the procedures for the personal care requirements of young children and older pupils with specific needs. The policy will ensure that practice is in line with and should be read in conjunction with the Education Department (ED) and school policies for Inclusion, SEN, Safeguarding and Health and Safety policies.

Plat Douet 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. 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.

Responsibilities and Distribution

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

Introduction

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.

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.

Plat Douet adopts the principles of The School's Admission Code (DfE, 2012) which states that its admission arrangements must not discriminate against or disadvantage children with disabilities or those with special educational needs. In the context of Jersey, the admission authority for all maintained schools is the Education Department. It is not acceptable to refuse admission to school to children who are delayed in achieving continence.

Plat Douet 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 possible given their age and abilities in order to protect the rights of everyone involved.

All teachers and support 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.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. 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

In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure.

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 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. 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 the school nurse.

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 and there may be a variety of reasons children in the EYFS may not yet be fully toilet trained or need support in aspects of 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

Partnership with parents is an important principle in any educational setting and is particularly necessary in relation to young children. 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 or the School Nurse Team (for school aged children)

Parents will be expected to:

- agree to change the child at the latest possible time before coming to school
- provide spare nappies, wet wipes and a change of clothes
- understand and agree the procedures to be followed during changing at school
- agree to inform school should the child have any marks/rash
- agree how often the child should be routinely changed if the child is in school for the day and who will do the changing
- agree to review the arrangements, in discussion with the school, should this be necessary
- agree to encourage the child's participation in toileting procedures wherever possible

The school will be expected to:

- agree to change the child should they soil themselves or become wet
- agree how often the child should be routinely changed if the child is in school for the full day and who would be changing them
- agree a minimum number of changes;
- agree to report to the Headteacher or DSL should the child be distressed or if marks/ rashes are seen
- agree to review arrangements, in discussion with parents/carers, should this be necessary
- agree to encourage the child's participation in toileting procedures wherever possible
- discuss and take the appropriate action to respect the cultural practices of the family
- 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, including when a child's nappies/pull ups are changed and reporting to parents at the end of the session
- Dispose of waste which can be in the usual bins using appropriate nappy sacks.

Asking or telling parents to come and change their child (unless the parents have expressed a preference for this) is in direct contravention of the principles of the admission code as is leaving a child soiled, which could place the child at significant risk.

In a small number of cases, for example children who are not toilet trained or children with SEN and/or disabilities 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. This would involve the parents, teaching staff and SENCo. Where appropriate, parents and school may need to agree a toilet training programme if necessary, working with any other relevant professionals such as Health Visitor or School Nurse.

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 School Nurse/SENCo 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

Schools are required to comply with States of Jersey Safeguarding 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. 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, where there is known risk of false allegation by a child, a second member of staff should be present in order to completely secure against any risk of allegation.

Health and Safety

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

Schools should already have procedures 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. School must ensure there are suitable hygienic changing facilities for changing any children who are in nappies and should ensure

that an adequate supply of clean bedding, towels, spare clothes and any other necessary items are always available. One extended cubicle with a washbasin should be provided in each school for children with disabilities. The guidance is that whenever possible it is recommended that:

- Mobile children are changed standing up, if this is not possible the next best alternative is to change a child on a purpose built changing bed
- Children in Foundation Stage may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed
- If facilities described above are not available, then children in Foundation Stage may be changed on a changing mat on the floor
- Children in Year 1 and above should only be changed either on a changing mat/bed or in a toilet cubicle standing up.

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. Changing time should be a positive learning time and an opportunity to promote independence and self-worth.

Checks should be made beforehand to ensure that there are suitable facilities for intimate care available on excursions or where they will be necessary e.g. in relation to PE, swimming, after school clubs, transport to and from school.

Confidentiality

Confidentiality is an important issue. 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. Others should only be told what is necessary for them to know to keep the child safe. 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.

B.McClemens – October 2022