

## 12. INTIMATE CARE POLICY

Our mission is to develop happy, confident and successful children who are well prepared for their future.

ISSR no.	n/a
Policy Owner	Deputy Head Pastoral
Reviewed by Deputy Head Pastoral	30.09.24
Reviewed by Headteacher	14.10.24
Reviewed by Governing Body	n/a
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This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Nursery. The normal range of development for this group of children indicates that they may not be fully toilet trained.

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;
- Children and young people with pervasive medical conditions;
- Delayed continence is not necessarily linked with learning difficulties.

Delayed continence is not necessarily linked with learning difficulties. By virtue of their immaturity, health or personal development, some children may still be in nappies or have occasional accidents whilst in Nursery.

In Westbrook Hay we make reasonable adjustments to meet the needs of each child and children are not excluded nor treated less favourably because of their incontinence.

Principle

The Governing Body will act in accordance with Government guidance 'Keeping Children Safe in Education' to safeguard and promote the welfare of pupils at this school.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

This intimate care policy should be read in conjunction with the schools' policies and national guidance below:

Child Protection and Safeguarding Policy and procedures;



- Staff Behaviour Policy;
- Whistle-blowing Policy;
- Allegations Against Staff including Low Level Concerns policy;
- Health and Safety policy and procedures;
- Equality, Diversity and Inclusion Policy;
- Accessibility Policy;
- Supervision of Children Changing (clothing) policy;
- SEND Special Educational Needs and Disability Policy
- First Aid including the Administration of Medicine
- Keeping Children Safe in Education
- Early Years Foundation Statutory Framework published December 2023

Westbrook Hay 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. It is acknowledged that these adults are in a position of great trust. We recognise that there is a need to treat all children with respect and dignity when intimate care is given.

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. We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

### Child focused principles of intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.



- Every child has the right to express their views on their own intimate care and to have such views considered.
- Every child has the right to have levels of intimate care that are as consistent as possible.

### **Definition**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas, which most people usually carry out themselves but some pupils are unable to do, because of their age, physical difficulties or other special needs.

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 area
- dressing and undressing
- application on medical treatment, other than to arms, face and legs below the knee
- supporting with the changing of sanitary protection.

It also includes supervision of pupils involved in intimate self-care. 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 only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

## **Our Approach to Best Practice**

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.

Where a child joins the school and has not yet achieved continence, then a positive structured approach to continence achievement should be used in partnership with the parent/carer. Consent from parents for staff at Westbrook Hay to provide intimate care, if needed and when required for their children, is sought before the child joins the School. The consent form (Home/School Agreement) is completed as part of the enrolment pack before a child joins the school (please see Appendix 1)



Pupils beyond the Foundation Stage, who require regular assistance with intimate care, have written Educational Health care Plans (EHCP), or Individual Health Care Plans should have a plan in place agreed by staff, parents/carers and any other professionals actively involved.

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 (such as past abuse) 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.

Each time any intimate care is carried out by staff or if a child has needed help with meeting intimate care needs (e.g. has had an accident and wet or soiled themselves), parents/carers will be informed on the same day. For Prep children, parents will be sent a message via Schoolbase and will be informed in person by telephone.

For pre-prep children, if they have had an accident during the day where intimate care has been carried out parents will be informed at pick up time (if the child requires a shower, parents will be phoned beforehand).

In Nursery, any intimate care carried out throughout the day (such as after a toilet accident or clothing change) is recorded on 'Daily Register Nursery Notes for the Day' and parents are informed at pick up time. If the child is wearing nappies at Nursery, staff will ensure that the parents are informed when they need to bring more nappies in so that supplies are replenished regularly.

- 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 (see First Aid including the administration of medication policy).
- It is recommended practice that information on intimate care should be treated as confidential.
- For prep children accurate records should be made on Schoolbase 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. This Schoolbase record should be ticked as confidential so that is available only to those staff that need to know.

- These records will be made available to parents/carers on request.
- Suitable equipment and facilities will be provided to assist children who need special arrangements from the appropriate agencies.
- 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 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. 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.
- 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 where possible. If not as soon afterwards as is reasonable. There is no written legal requirement that two adults must be present. However, in order to comply securely against any risk of allegation, a second member of staff may be present, where resources allow, taking into account a child's rights to privacy and modesty.
- 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. In certain circumstances it may not be possible for a member of staff of the same sex to support, if for example, a male member of staff is not available. 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. Students, as part of their training, may change nappies under supervision.
- All staff should be aware that sensitive information must only be shared with those who need to know.
- Health & Safety guidelines should be adhered to regarding waste products.
- No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

#### **Facilities**

In Nursery, there is a purpose-built classroom with an area for nappy changing.

- In Pre-Prep there is a shower which may be used to meet the self-care need of children and young people in the school. Two members of staff will be present for pre-prep children if they require a shower.
- Senior and Prep children use the toilets closest to them. If there is an accident, clothes will be double wrapped in black bin liners, (which are available in each part of the school) and spare clothing will be provided if needed.
- A 'do not enter' sign, may be placed on the door to ensure that privacy and dignity are maintained during the time taken to change/support the child/young person
- Fresh drinking water is always available.

#### **Procedure**

The procedure for changing a nappy, or a child who has been sick or soiled themselves is:

- Children and young people should be made comfortable as soon as possible.
- Staff to wear disposable gloves and aprons while dealing with the incident.



- Soiled nappies to be double wrapped, or placed in a hygienic disposal unit.
- Soiled sanitary wear to be placed in a sanitary disposal bag and placed in the hygienic disposal bin.
- Soiled clothing/towels to be double wrapped.
- Changing area to be cleaned after use.
- Hot water and liquid soap available to wash hands as soon as the task is completed.
- Paper towels available for drying hands.
- Prep- school pupils who need to wash after soiling themselves will be given access to the shower on the second floor of the Mansion building. A sign will be available for pupils to place on the door to indicate that there is a pupil using the facilities.
- For prep-school pupils with mobility issues, the door will remain unlocked in case assistance is needed. Two members of staff will remain outside of the door to ensure that no one enters.

### **Child Protection**

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

- The school's Child Protection and Safeguarding 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 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 Designated Senior Person for Child Protection or Head Teacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care 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 or Head



Teacher. The matter will be investigated at an appropriate level 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 this should be reported to the Headmaster (or to the Chair of Governors if the concern is about the Headmaster) who will consult the Local Authority Designated Officer in accordance with the school's policies: Child Protection and Safeguarding and Allegations Against Staff including Low Level Concerns. 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 about any improper practice will report this to the Headmaster or to the Chair of Governors, in accordance with the child protection procedures and 'Whistle-blowing' policy.

### **Medical Procedures**

- Pupils might require assistance with invasive or non-invasive medical procedures. These procedures will be discussed with parents/carers, documented in the individual health care 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.
   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.



#### **APPENDIX 1**

Continence Home /School agreement

## **Achieving continence:**

At Westbrook Hay we make reasonable adjustments to meet the needs of each child and children are not to be excluded nor treated less favourably because of their incontinence.

At Westbrook Hay we have a purpose-built Early Years classroom which includes an area for changing children and a shower room in order to meet the self-care needs of young children. Potties, toilet seats for children, steps and toilets and basins, at child height are located in the classroom for easy access and to cater for all stages of toilet training.

Clean, fresh drinking water is available at all times.

Unless a child has a disability, it is expected that they will be clean and dry before starting Nursery at aged three years. Parents are asked to attempt toilet training before their child begins Nursery. However, the School does understand that every child matures at a different rate and that some children may not be fully trained at the point that they start Nursery and therefore may require support during the school day.

It is the parent's responsibility to toilet train their child, but Nursery Staff will support the training in school.

## <u>Agreed procedure for personal care for Pre-prep</u>

**Changing Nappies:** 

- Where possible, the Key Worker will change the child's nappy, but the priority is to make the child comfortable, as quickly as possible
- Nappy changing or any other changing requirements such as clothing will be done in the purpose built room in the Nursery during the school day and during Class Club and Home from Home.
- If children require a shower due to heavy soiling, 2 members of staff will be present and assist the child to clean themselves. Parents will be informed before this happens.
- If the child is unduly distressed by the experience or if the staff member notices marks or injuries on the child the matter will be reported to the designated safeguarding person in line with the Child Protection and Safeguarding policy.



 On entry to Nursery, parents will complete the home 'All About Me' information form indicating their child's level of independence and support in relation to toileting.

## **Keys to Success**

Where a child joins the school and has not yet achieved continence, then a positive structured approach to continence achievement is to be used in partnership with the parent/carer.

# Home-setting/school agreement

# The parent/carer:

- Agrees to ensure that the child is changed at the latest possible time before being brought to the setting/school.
- Agrees to provide the school with wipes, creams and nappies and a change of clothing (only wipes and creams provided will be applied).
- Agrees to inform the school should the child have any marks/rash.
- Agreeing to review arrangements should this be necessary.

### The school:

- Agrees to change the child during a session should the child soil themselves or become uncomfortably wet.
- Agrees to monitor the number of times the child is changed in order to identify progress made.
- Agrees to follow appropriate procedures should the child be distressed or if marks/rashes are seen (Please refer to the Child Protection and Safeguarding policy).
- Agrees to review arrangements should this be necessary.

Signed	
Date	
(Parent/Carer)	
Signed	
Date	



Position
(on behalf of Westbrook Hay School)
APPENDIX
ADD A COPY OF THE CONSENT FORM THAT PARENTS COMPLETE UPON REGISTERING