

## **INTIMATE CARE AND TOILETING POLICY**

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## 1. Aims

This policy aims to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved

Intimate care refers to any care which involves toileting, washing, changing, touching or carrying out an invasive procedure to children's intimate personal areas.

## 2. Legislation and statutory guidance

This policy complies with [statutory safeguarding guidance](#).

## 3. Definition of intimate care

Intimate care may be defined as any activity that is required to meet the personal needs of an individual child on a regular basis or during a one-off incident. It includes care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand 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 someone use the toilet
- Changing wet or soiled children
- Cleaning/wiping/washing intimate parts of the body.
- Parents have a responsibility to advise the school of any known intimate care needs relating to their child.

## 4. Principles of intimate care

Children's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life. The following are the fundamental principles of intimate care upon which our policy 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
- all children have the right to be involved and consulted in their own intimate care to the best of their abilities
- all children have the right to express their views on their own intimate care and to have such views taken into account

## 5. EYFS and toilet training

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 fully toilet trained. Whilst the majority of children in this age group will be reliably toilet trained by the age of 3, there are some children who take longer to achieve this. There are also children with additional support needs who may not be toilet trained until they are considerably older and have rights and expectations under the Disability Discrimination Act 2001. Children who are not yet toilet trained or who are still having "accidents" should have their needs met within the school in partnership with parents.

## 6. Partnership with parents and carers

At St James C of E Primary School, we strive to create and maintain positive and effective partnerships with parents and carers, this is particularly necessary in relation to children in need of intimate care. Information required to make the process of intimate care as comfortable as possible is available from parents as primary care givers and can include knowledge and understanding of religious and cultural sensitivities.

### 6.1 Seeking parental permission

For children who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents will be asked to sign a consent form.

For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 6.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the school will inform parents afterwards.

In Reception, parents/carers are asked to supply a change of clothes.

### 6.2 Creating an intimate care plan

Where an intimate care plan is required, it will be agreed in discussion between the school, parents, the child (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately.

Subject to their age and understanding, the preferences of the child will also be taken into account. If there's doubt whether the child is able to make an informed choice, their parents will be consulted.

The plan will be reviewed twice a year, even if no changes are necessary, and updated regularly, as well as whenever there are changes to a pupil's needs.

See Appendix 1 for a blank template plan to see what this will cover.

### 6.3 Sharing information

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

## 7. Role of staff and intimate care procedures

### 7.1 Which staff will be responsible

Any roles who may carry out intimate care will have this set out in their job description. This includes teaching assistants and teachers.

No other staff members can be required to provide intimate care.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

### 7.2 How staff will be trained

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures, including those related to COVID-19

They will also be encouraged to seek further advice as needed.

### 7.3 How procedures will happen

School staff will follow the procedures below when dealing with wet or soiled children:

- When carrying out procedures, the school will provide staff with: protective gloves, cleaning supplies, changing mats and bins
- One member of staff is to be in the toilet with the child with the door ajar (not locked) and a second member of staff will stand by the entrance of the door to supervise and assist if necessary.
- Children should at all times be treated with a high level of care, dignity and sensitivity if they require changing.
- It is expected that the staff change children as soon as they need it.
- Soiled clothes will be bagged up and sent home at the end of the day.
- A log must be kept of when a child has been changed. Parents must be informed of these occasions with discretion and sensitivity, when they return to pick up their child. Whenever possible, this should be carried out in private. A slip will be attached to the wet/soiled clothes bag and handed to the parent/carer. (see Appendix 4)
- If a child has regular and on-going accidents, then the staff member will talk to the parent in private at the earliest opportunity as soon as a pattern emerges. The situation should be fully discussed and the possible reasons behind this explored and an individual toileting programme may need to be drawn up with the help of the school nurse (see Appendix 3). For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Procedures will be carried out in a COVID-safe way according to the school's risk assessment and COVID-19 protocol.

### 7.4 Concerns about safeguarding

It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. These guidelines are designed to safeguard children and staff. All staff in the setting will adhere to our Safeguarding and Child Protection Policy.

Key points from our Safeguarding and Child Protection Policy include:

- Recording equipment such as mobile phones or cameras **must not** be taken into areas where intimate care is carried out
- All staff are suitably checked (DBS) and safer recruitment processes have been adhered to
- All staff are aware of the record keeping and communication requirements for changing and/or toileting children
- Staff adhere to Health and Safety procedures for dealing with spillages and bodily fluids
- If a staff member has concerns about a colleague's intimate care practice **they must report** this following the settings whistleblowing policy. If staff observe any unusual markings, bruising or swelling, they must report this immediately to the DSL in line with our Safeguarding and Child Protection Policy.

If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to DSL.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

### 8. Monitoring arrangements

This policy will be reviewed by EYFS lead and DSL (Designated Safeguarding Lead) annually. At every review, the policy will be approved by the governing body and the Headteacher.

## 9. Links with other policies

The principles and procedures apply to everyone involved in the intimate care of children. This policy should be read in conjunction with the following documents:

- Policy for SEND
- Safeguarding & Child Protection Policy
- Keeping Children Safe in Education (DfE)
- Working Together to Safeguard Children (DfE)
- Accessibility plan
- Health and safety
- Supporting pupils with medical conditions

## Appendix 1: Template intimate care plan

| PARENTS/CARERS  |  |
|---|--|
| Name of child   |  |
| Type of intimate care needed  |  |
| How often care will be given  |  |
| What training staff will be given   |  |
| Where care will take place  |  |
| What resources and equipment will be used, and who will provide them  |  |
| How procedures will differ if taking place on a trip or outing  |  |
| Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan |  |
| Name of parent or carer   |  |
| Relationship to child   |  |
| Signature of parent or carer  |  |
| Date  |  |
| CHILD   |  |
| How many members of staff would you like to help?   |  |
| Do you mind having a chat when you are being changed or washed?   |  |
| Signature of child  |  |
| Date  |  |

This plan will be reviewed twice a year.

Next review date:

To be reviewed by:

## Appendix 2: Template parent/carer consent form

| PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE  |                          |
|---|--------------------------|
| Name of child   |                          |
| Date of birth   |                          |
| Name of parent/carer  |                          |
| Address   |                          |
| I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)  | <input type="checkbox"/> |
| I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)  | <input type="checkbox"/> |
| I understand the procedures that will be carried out and will contact the school immediately if I have any concerns   | <input type="checkbox"/> |
| <p>I <b>do not</b> give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident).<br/>                     Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.</p> | <input type="checkbox"/> |
| Parent/carer signature  |                          |
| Name of parent/carer  |                          |
| Relationship to child   |                          |
| Date  |                          |

### Appendix 3: Exemplar of individual toileting programme.

Discuss the situation in private first with the parents\carers, focussing particularly on:-

- What is happening in the child's life? Have there been any recent changes in health, diet, home environment or routines (eg new baby, parental separation).
- Might there be sources of anxiety about access to, or use of the toilets?
- Might there be anything else stopping the child from feeling relaxed about going to the toilet?
- Explain the policy and practice to parents and give them a copy.
- Find out if there is a pattern of when accidents happen (for example a particular time during the session or during particular play activities.) This may necessitate focussed observations.
- Feedback to parents on any findings.
- Draw up an individual toileting programme with the parent or carer.

#### **The programme**

Agree with parents/carers that their child will be sent in ordinary pants or pull ups and not nappies (unless in very exceptional circumstances of additional support needs)

A programme will be set up for the child which:-

- Is compatible with the child's habits and patterns and all children's needs for privacy and appropriate care.
- Includes frequent visits to the toilet
- Fits well with the daily routine of the setting so visits to the toilet can be predictable and consistent
- Allows accidents to be anticipated and therefore work towards preventing them
- Includes record keeping so that progress and success can be measured
- Makes clear when feedback will be given to parents/carers on the child's progress
- Is shared and understood by the whole team

If necessary consult external agencies with parental agreement for example Health Visitor or School Nurse only after you have considered the following:-

- Is the wetting or soiling unusual for the child's age or the stage of development?
- Has the toileting programme been unsuccessful?
- Have you made all the reasonable adjustments and minor alterations you can to make the child (and parent) feel more relaxed and confident about using the toilet?

#### **Appendix 4: Report slip for parents**

Dear Parent,

Your child had a toileting accident at school today and staff provided intimate care.

Your child's underwear was wet/soiled and a change of underwear and/or clothing was required.

Please would you be kind enough to wash and return any clothing which was lent to your child.

Kind regards,

Reception Team

