Felsted

INTIMATE CARE POLICY AND PRACTICE

This plan supports the SAFEGUARDING policy

PREP SCHOOL
INCLUDING EYFS

Governors' Committee normally reviewing:	Prep LT
Date last formally approved by the Committee:	Spring 2024
Date policy became effective:	May 2016

Period of Review:	2 yearly
Next Review Date:	Spring 2026

Person responsible for implementation and monitoring:	Head
Other relevant policies:	• Safeguarding (Child Protection) Policy • Staff Behaviour Policy • Health and Safety Policy • Equality Policy • Curriculum Policy • Complaints Policy and Procedure • Safer Recruitment Policy • First Aid Policy • Medical Policy • Administration of Medicines Policy • Pupil Review Policy • Online Safety and IT Acceptable Use Policy • Record Keeping Policy

	• Restrictive Interventions, inc use of reasonable force Policy • Relationships and Sex Education (RSE) Policy

The following Policy covers the Aims and Ethos of the Prep School

Aims and Ethos

SAFEGUARDING STATEMENT

Felsted is committed to maintaining a safe and secure environment for all pupils and a 'culture of vigilance' to safeguard and protect all in its care, and to all aspects of its 'Safeguarding (Child Protection) Policy and the Staff Behaviour Policy'.

EQUAL OPPORTUNITIES STATEMENT

The aims of the School and the principles of excellent pastoral care will be applied to all children irrespective of their race, sex, disability, religion or belief, sexual orientation, gender reassignment or pregnancy or maternity; equally these characteristics will be recognised and respected, and the School will aim to provide a positive culture of tolerance, equality and mutual respect.

Contents: **Page**

Objectives of the Intimate Care Policy and Practices	3
Toilet training	4
Those involved in the Intimate Care Policy	5
Safeguarding	5
Health and Safety	6
Working in partnership with parents	6
Confidentiality	7
Procedure for personal care	8
Appendix	8

1. The objectives of the Intimate Care Policy

Definition

Intimate personal care includes hands-on physical care in personal hygiene and physical presence or observation during such activities. Intimate personal care tasks can include:

- 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.

This policy applies to all staff undertaking personal care tasks with children but particularly to those who are in the Early Years Foundation Stage, Key Stage One and Two. The normal range of development for this group of children indicates that they may not be fully toilet trained for many reasons. 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/ or children and young people with pervasive medical conditions.

At Felsted School ("the School") we are committed to providing personal care that has been recognised as an assessed need and is indicated in a 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.

2. Toilet Training

Starting school is an important and potentially challenging time for both the child and the school that admits them. It is also a time of growth and very rapid developmental change for all children and 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 may:

- Be fully toilet trained.
- Have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning school.
- Be fully toilet trained at home but prone to accidents in new settings.
- Be on the point of being toilet trained but require reminders and encouragement.
- Be toilet trained for passing urine but incontinent of stools.
- 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 Foundation Stage.
- Have SEND and might require help with all or some aspects of personal care such as washing, dressing or toileting.
- Parents will be encouraged to train their child at home as part of their daily routine. Reinforcement of these routines whilst at school will avoid any unnecessary physical contact. If at all possible, staff will work with children of the same sex and 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 KS1, KS2 and KS3 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. There may be times where an acute illness will require short term intervention and assistance. Admitting children who are not yet toilet trained or who have incontinence problems into school will be the decision of the Head teacher in liaison with the School Nurse and or other health professional and teaching staff.

Staff at Felsted School will not toilet train pupils; therefore, unless a child has a disability, as defined through legislation, it is expected that parents/carers will have trained their child to be clean and dry before the start YR. However, a care plan will be discussed with parents in order to support pupils with incontinence difficulties. Our school nursing team will provide input and may advise that families seek further medical advice from a GP.

3. Those involved in the Intimate Care Policy are:

i. **Pupils**

ii. **Teaching staff**

Form Tutors
Heads of Phase
Houseparents, Assistant Houseparents & Boarding House Team
Deputy Head
Head

iii. **Other adults**

Learning Assistants
Health and Wellbeing Assistants
School Doctors
School Counsellor
Parents
School Nurse

4. Safeguarding

Enhanced DBS checks take place for all Staff who work directly with pupils to ensure the safety of the children. It is a requirement that staff comply with Section 175 of the Education Act 2002, which requires that the safety and welfare of pupils is promoted. Staff are aware of and follow these guidelines.

In cases where a member of staff needs to carry out intimate care procedures of any degree, they must first check with the Head of Phase, School nurse or a senior member of staff that it is acceptable to do so. Usually intimate care will be carried out by a member of the Health and Wellbeing team or school nursing team if possible. Where possible, the staff member will be accompanied by another member of staff.

Staff should:

Always inform parents/carers about the contact(s) beforehand, assessing the need to have them present or close by.

Ensure that they have contacted the school Health & Wellbeing team, nursing team and/or Head of Phase aware of the task being undertaken.

In the very small number of cases where families do not cooperate or where there are concerns a meeting with the School Nurse and the Head will take place to discuss concerns and create a suitable care plan.

If required the DSL will be informed to ensure appropriate action is taken to safeguard the welfare of the child.

5. Health and Safety

Felsted School takes necessary steps to prevent the spread of infection, and takes appropriate action if children are ill or infectious.
Procedures for spillages of bodily fluids using approved cleaning products or waste bags are followed.

Assessment of suitable hygienic changing facilities for changing take place. Whenever possible a child will be changed in a toilet cubicle. For children who require regular assistance a designated space will be provided.

Challenges

It can take around ten minutes to change an individual child. The resource allocation of staff time is an important consideration. Changing time can be an opportunity to promote independence and self-worth. In practical terms toileting issues require the provision of:

- Hot running water and soap (antibacterial where possible)
- Toilet rolls
- Antiseptic cleanser
- Bowl/bucket
- Paper towels/cloths
- Disposable aprons and gloves
- Nappy bags/sacks
- Cleaning equipment
- Bin
- Wipes
- Spare clothes (it is 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 suitable facilities for intimate care are available on excursions, where they will be necessary, and consideration must be given as to how intimate care can be dealt with in relation to PE, swimming, after school clubs, transport to and from school etc.

6. Working in partnership with parents

Regular consultation and sharing information is an essential feature of a school/ family partnership. Self-care concerns or difficulties should be raised and discussed with the school prior to admission into school.

Liaison with the school nursing team and other agencies as appropriate, will help to create a care Plan to be agreed with the family.

Parents/ Carers agree to:

- Provide a change of clothes.
- Understand and agree the procedures to be followed during changing at school.
- Inform the School should the child have any marks/rash.
- Review the arrangements, in discussion with the School, should this be necessary
- Encourage the child's participation in toileting procedures wherever possible.

The School agrees to:

- Change the child should they soil themselves or become wet.
- Inform parents if a member of staff has carried out intimate care.
- Report to the Head or DSL should the child be distressed or if marks/rashes are seen. This should also be reported to the School Nurse.
- Review arrangements, in discussion with parents/ carers, should this be necessary.
- Encourage the child's participation in toileting procedures wherever possible.
- Discuss and take the appropriate action to respect the cultural practices of the family.
- Ensure ISAMS is up to date with relevant Health Needs and Care Plans.
- The School Nurse will liaise with any medical agencies as appropriate.

Wherever possible the pupil should be encouraged to manage their own self-care. 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 A).

7. Confidentiality

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. Other staff members will only be told what is necessary for them to know to keep the child safe.

Parents and children will be told that when staff have concerns about a child's wellbeing or safety arising from something said by the child or an observation made by staff then the DSL will be informed. This may lead to the procedures set down in the Safeguarding Policy being implemented.

Information concerning intimate care procedures will 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. Communication relating to intimate care will be made through one of the following:

- Telephone call – between member of staff and parent/carer (and recorded in a log) Sharing information between home and school is important to secure the best care for pupils.
- If appropriate a record will be made on ISAMS.

Parental consent is needed for the School Nurse to pass on information about their child's health to school staff or other agencies. 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.

8. Procedure for Personal Care

For all children who require regular assistance a Personalised Care Plan will be agreed by the family and School Staff and will specify a procedure for Personal Care:

- Who will change the child (to include more than one person to cover for absence etc).
- Where changing will take place.
- What resources will be used and who will provide them.
- How other wet or soiled clothes will be dealt with.
- 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)

Note:

Staff will take care (both verbally and in terms of their body language) to ensure that the child is never made to feel insecure. Best practice will be followed by ensuring that all of those involved with intimate care receive specific induction from the School on these procedures and protocols:

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.
- Always encourage the child to attempt to wash private parts of the body independently, using wipes, sponge or cloth.
- Provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening; 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 if any concerns.
- Record time and date on ISAMS.

Appendix

The 'Eric' website is used often to create individualised Care Plans for pupils needing additional support. All interventions are tracked on ISAMS.

https://www.eric.org.uk/