Green Shoots Partnership

Respect Reflection Responsibility Resilience

Toileting and Intimate Care Policy

2024-25

Our Vision

Green Shoots Partnership is a nurturing federation with a strong sense of pride and belonging, with the belief that all have the potential to thrive.

Our Purpose

We exist to cultivate a love of learning by broadening horizons and opening minds to new possibilities. Through our Partnership Values, we grow confident individuals who aspire to shape the future.

Meadowside Primary School

Great Doddington Primary School

Last Updated: September 2024

Principles

The Governing Body will act in accordance with the relevant guidance and legislation to safeguard and promote the welfare of pupils within this federation.

This federation 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 federations' policies as below (or similarly named):

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing' and allegations management policies
- health and safety policy and procedures
- Special Educational Needs policy

The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils 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 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.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils, this is discussed at induction.

All staff undertaking intimate care must be given appropriate training and participate in annual safeguarding training.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

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 taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of pupils involved in intimate self-care.

Practicalities

It is generally expected that most pupils will be toilet trained and out of nappies before they start at a Green Shoots Partnership school. However, we recognise that pupils will join school having reached differing levels of independence and development in toileting and self-care. Therefore, it is inevitable that from time to time some pupils will have accidents and need to be attended to. In addition to this, an increasing number of pupils with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

In order to help the pupils to become aware of their bodily needs and respond to the in time, those who wish to go to the toilet are always allowed to go.

Pupils in the EYFS have access to the toilet whenever they need to and are encouraged to be as independent as is age and developmentally appropriate. They are reminded at regular times to go to the toilet and are also encouraged to wash their hands after the toilet.

Definition of being toilet trained

"A child is considered to be toilet trained when he or she normally initiates going to the bathroom and can adjust clothing necessary to urinate or have a bowel movement. He or she is also self-sufficient when going to the toilet, pulling pants up and down, wiping, flushing and washing hands."

Green Shoots Partnership recognises that some younger pupils, disabled pupils or pupils with medical needs may be unable to meet their own care needs for a variety of reasons and will require regular support from trained adults.

Special Educational Needs and Inclusion

The federation recognises that some children with SEND and medical conditions may require further adult support and assistance for their personal and intimate care needs. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the disability Discrimination Act 1995.

If a child's toileting needs are substantially different than those expected of a child his age, then the child's needs may be managed through an Education Health and Care Plan (EHCP) or intimate care plan. A toileting program would be agreed with parents/carers as advised by a Health Professional. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the toileting plan. If there is no progress over a long period of time, e.g. half a term, the Executive SENDCo and SENDCo, teaching staff and parents would seek further support, e.g. G.P's referral of child for specialist assessment.

Some children may have an EHCP of special educational needs before entering school. This will outline the child's needs and objectives and the educational provision to meet these needs and objectives. The EHCP will identify delayed self-help skills and recommend a program to develop these skills. The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities above that currently available in the federation are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

Pupils who have an identified SEND or Medical need that requires regular assistance with intimate care have written health care plan or intimate care plan agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. 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 in line with the schools protective behaviours curriculum and this should be noted in the plan.

Where a care plan is **not** in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. 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.

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.

A written record should also be kept in a format agreed by parents/carers and staff every time a child has an invasive medical procedure, e.g. support with catheter usage. These records will be kept as part of the First Aid arrangement and will be 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 (e.g. 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. 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 federation, 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 federation'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 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 will carry a mobile phone, camera or similar device whilst providing intimate care.

Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a registered physiotherapist. If it is agreed in the Inclusion Passport or care plan that a member of the federation staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should federation staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Massage

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by federation staff should be confined to parts of the body such as the hands, feet, back, shoulders and face in order to safeguard the interest of both adults and pupils.

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

Care plans should include specific information for those supporting children with bespoke medical needs.

Medical Procedures

Pupils with a medical condition or 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 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.

Resources

Staff will be provided with disposable gloves and aprons to use when they are involved in Intimate Care. For pupils who have a medical condition or have an additional need the school will expect parents to provide a supply of the equipment needed to support their child such as spare nappies

and/or wipes which will be used specifically for their child. The federation is not able to provide these due to allergies.

For the odd accident which pupils may have the school has a small supply of spare clothing which can be provided for parents. These must be washed and then returned to the school.

Toileting in the Foundation Stage (Nursery and Reception)

Foundation Stage Curriculum is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "manage their own basic hygiene and personal needs, including dressing, going to the toilet and understanding the importance of healthy food choices". (DFE)

Where Green Shoots Partnership feels that a parent/carer may need support with toilet training their child, a discussion will be had regarding a referral to the School nurse who will be able to provide advice to the parents/carers on how to proceed with toilet training.

We recognise that pupils in the Early Years may;

- Be fully toilet trained
- Be fully toilet trained at home but prone to accidents in a new setting
- Be on the pointy of being toilet trained but require reminders and encouragement
- Not be toilet trained at all but likely to respond quickly to a well-structured training programme instigated by parents/carers at home
- Be fully toilet trained but have serious disabilities or learning difficulties
- Have delayed the onset of full toilet training in line with other developmental delays but will probably master these skills during the Foundation Stage
- Have an additional Special Educational Need which makes it unlikely that they will be toilet trained during the Foundation Stage.

Intimate Care in the Foundation Stage

In all cases of wetting/ soiling where there is not an additional need or an identified medical need the pupil's parent/ carer will be phoned and informed and, depending on the situation, may be asked to attend the school to attend to assist with cleaning and changing their pupil.

We will change pupils for odd 'accidents' but not routinely as part of our day to day personal care unless a pupil has a specific medical condition or an additional need.

In exceptional circumstances, where the parents are unable to attend school quickly, federation staff will ensure that the pupil is cleaned and changed.

If a pupil soils themselves:

- We will help them change out of soiled clothing
- We will guide them to 'wipe' themselves clean. If pupil's are unable to clean themselves sufficiently then every effort alongside this will be made to contact the parent/ carer to come to school to change their pupil and bring a clean set of clothing.
- We will assist the pupil to re-dress into clean clothing
- Wrap the soiled clothing in a plastic bag and give it to the parents/ carers to take home.

Intimate Care in Key Stage 1 and Key Stage 2

Key Stage 1 - We will inform all parents of Reception children prior to them starting school of the current toileting policy highlighting that we will change children for odd 'accidents' but not routinely as part of day to day personal care.

Key Stage 2 – Any child that soils or wets will not be changed by any member of staff. However, we will provide a private, safe space (toilets) where the child may change on their own. We will supply wet wipes and a bag for disposal, clean clothes (to the best of our ability out of the 'spares box') and a carrier bag to take soiled clothing home in.

What the school expects of parents:

- Parents/carers will endeavour to ensure that their child is continent before admission to a Green Shoots Partnership school (unless the child has additional needs).
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs.
- Parents/carers must inform the school if a child is not fully toilet trained before starting, after which a meeting will then be arranged to discuss the child's needs and to consult with parents on the intimate care to given e.g. use of wipes, nappies/pull ups etc. Any special arrangements necessary will be recorded on an Intimate Care Plan; this will be agreed and signed by staff and parents.
- Parents/carers accept that on occasions their child may need to be collected from school if they are unwell or severely soiled.

Staff responsibilities

Anyone caring for children, including teachers and other federation staff, has a duty to care and act like any reasonably prudent parent. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by an assigned member of staff. Appropriate support and training should be provided when necessary.

The following steps will be taken to ensure health and safety of both staff and children:

1. Alert another member of staff

2. Escort the child to a changing area i.e. designated toilet areas. In the case of Nursery nappies/pull ups are changed in the Nursery bathroom on a designated change mat. This is enclosed enough to give the child privacy. Members of staff must ensure that they do not change or clean a child in a room with the door closed.

3. Collect equipment and clothes

4. Adult to wear disposable gloves and an apron if needed

5. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance and reassurance of an adult. In the Nursery children will be encouraged to be involved as much as possible in their own intimate care e.g. removing clothing etc. to enable them to be as independent as possible.

6. Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to parents/carers at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin. Any

bodily fluids should be cleaned up immediately and disposed of appropriately and children kept away from the area until it is safe and clean.

7. Children are expected to dress themselves in clean clothing, wash their hands, and return to class.

8. Adult should wash their hands thoroughly after the procedure.

9. Area to be cleaned and disinfected by adult before returning to class.

Occasional intimate care incidents should be recorded on My Concern including date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or issues. This will also monitor progress made. Parents/Carers are to be informed as soon as possible either verbally or using a message slip.

Where there is a plan in place a separate daily record will be kept in the child's class.

In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause. The federation does not have staffing levels to accommodate support teachers regularly leaving the class to attend to an individual's hygiene.

Safeguarding

Child Protections and Multi-Agency Child Protection procedures will be adhered to at all times.

All members of staff carrying out intimate care procedures have enhanced DBS.

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 federation, 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, in line with our PSHE and Protective Behaviours Curriculum.

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 Safeguarding Lead or a Deputy Designated Safeguarding. A clear written record of the concern will be completed on My Concern and a referral made to MASH if appropriate, in accordance with the federation'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 Executive Head Teacher. The matter will be investigated at an appropriate level (usually the Executive 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 federation this should be reported to the Executive Head Teacher (or to the Chair of Governors if the concern is about the Executive Head Teacher) 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 federation or about any improper practice will report this to the Executive Head Teacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Green Shoots Partnership

Respect Reflection Responsibility Resilience

Toileting Record Showing when a Child has been Changed

Name of Child:

Date	Time	D= Dry/ W= Wet/ S=Soiled	Staff Initials