

## Tenby International School Setia Eco Hill Intimate Care Policy

<b>Policy</b>	Intimate Care Policy		
<b>Approval Date:</b>	August 2024	<b>Next review:</b>	August 2025
<b>Review Cycle:</b>	1 Year		
<b>Scope</b>	<b>Whole Group</b>	<input type="checkbox"/>	<b>Whole School</b> X
	<b>International Primary</b>	<input type="checkbox"/>	<b>National Primary</b> <input type="checkbox"/>
	<b>International Secondary</b>	<input type="checkbox"/>	<b>National Secondary</b> <input type="checkbox"/>
<b>Ownership:</b>	Designated Safeguarding Lead	<b>Approved by:</b>	Group Health and Safety Director

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## **Our Vision**

A United World At Peace - Through Education

## **Our Mission**

To enable students to:

- Achieve their full potential for academic excellence and achievements in sports and the arts
- Develop the values of compassion, responsibility and integrity
- Become effective communicators, creative thinkers and independent learners
- To encourage the values of cultural diversity and acceptance of others different from oneself
- To promote the values of democracy, equality before the law and respect for The Universal Declaration of Human Rights
- To promote international understanding for a peaceful world

## **Our Core Values**

- Education matters, it is central to all that we do
- International mindedness
- Lifelong learning
- Respect
- Sensitivity to cultural diversity
- Effective communication

## **Policy Aims**

At Tenby Schools we aim to provide the utmost care for our students and staff. The aims of the school are to provide a safe environment for all students who may require intimate care inline with the following:-

- *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*

*And to*

- *To safeguard the rights and promote the welfare of children and young people.*
- *To provide guidance and reassurance to staff whose contracts include intimate care.*
- *To assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are taken into account.*
- *To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children and young people as pupils and student*

### **Definition of Intimate Care**

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.

### **Definition of Personal Care**

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people. Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

### **Introduction**

An increasing number of children and young people with disabilities and medical needs are attending mainstream educational settings and early years and childcare settings in the private, voluntary and independent sector. A significant number of these children require assistance with intimate care tasks, especially toileting. Other children may also experience difficulties with toileting for a variety of reasons.

### **Basic Principles**

Children and young people'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. Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child/young person and for their parents/carer(s). It is essential that every child/young person is treated as an individual and that care is given as gently and as sensitively as possible. The child/young person should be encouraged to express choice and to have a positive image of his/her body

### **Vulnerability to Abuse**

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the school or settings Safeguarding / Child Protection Policy and procedures, with agreed procedures within this policy and with the child/young person's own Care plan.

The following are factors that increase the child or young person's vulnerability:

- Children/young people with disabilities often have less control over their lives than is normal
- They do not always receive sex and relationship education, or if they do, may not fully understand it, and so are less able to recognise abuse.
- Through residential, foster or hospital placements, they may have multiple carers.
- Differences in appearance disposition and behaviour may be attributed to the child's disability rather than to abuse.
- They are not always able to communicate what is happening to them.

Intimate care may involve touching the private parts of the child/young person's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

### **Procedures**

- Pupils who require regular assistance with intimate care have written Individual Health Plans, agreed by staff, parents/guardians and any other professionals actively involved, such as school nurses or physiotherapists.
- 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.
- Where a care Individual Health 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, and not through Class Dojo, Engage or email.

- 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.
- 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.
- These records will be kept on file by the Nurse and available to parents/guardians on request.
- In the case of EYFS the records will be kept by the EYFS Coordinator and 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.
- 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.
- An individual member of staff should inform another appropriate adult when they are going to assist a pupil with intimate care. Intimate care should be undertaken with a minimum of two adults in attendance so as to safeguard both the adults and the child.
- In general, intimate care should only be provided by the school nurses if it is a medical issue.
- If a child needs intimate care for an 'accident' there should always be a minimum of two adults.
- 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 all required checks.
- 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.
- No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.
- In all intimate care situations, the School's Safeguarding Policy must be adhered to.

### Other practical considerations for managers

- Is a risk assessment for Moving and Handling required?
- There should be sufficient space and ventilation to ensure safety and comfort for staff and child/young person.
- Facilities with hot and cold running water. Anti-bacterial hand wash should be available. items of protective clothing, such as disposable gloves and aprons should be provided. No re-use of disposable gloves.
- Bins should be provided for the disposal of wet and soiled nappies/pads. Soiled items should be “double-bagged” before placing in the bin.
- There should be special arrangements for the disposal of any contaminated waste/clinical materials.
- Seeking advice on general continence issues through the school nurse. For specific conditions, the school nurse and/or parents/carers should be able to provide links with relevant specialists.
- Supplies of suitable cleaning materials should be available. Anti-bacterial spray should be used to clean surfaces.
- Supplies of clean clothes (the child or young person’s own where possible) should be easily to hand to avoid leaving the child unattended while they are located.
- Adolescent girls will need arrangements for menstruation in their plan.
- Schools (Nurse and/or school secretary) should have a supply of sanitary wear which can be provided for girls in a sensitive and discreet way





**Toileting Plan- Record of Discussion with Parent/Carer**

Name of Child/Young Person: \_\_\_\_\_ DOB: \_\_\_\_\_

Class: \_\_\_\_\_

	Detail/Action	Date Agreed
Working towards independence: e.g. taking child to toilet at timed intervals, using sign or symbol, any rewards used		
Arrangements for nappy/pad/clothes changing: e.g. who, where, arrangements for privacy- supply of nappies etc.		
Level of assistance required: e.g. undressing, dressing, hand washing, talking/signing to child		
Infection control: e.g. wearing disposable gloves, waste disposal		
Sharing information: e.g. if the child has a nappy rash or any marks, any family customs/cultural practices		
Resources required: e.g. special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, disposal gloves		
Parent Signature:		Date:
Staff Signature:		Review Date:

## Frequently Asked Questions

What if we have nowhere to change children?

If it is not possible to provide a purpose built changing area, then it is possible to purchase a changing mat and change the child on the floor or another suitable surface, screened off if required. Most children can be changed in a standing position and can be changed in a cubicle. A 'Do not enter' sign (visually illustrated) can be placed on the toilet door to ensure that privacy and dignity are maintained during the time taken to change to child.

Won't it mean that adults will be taken away from the classroom or setting? Depending on the accessibility and convenience of a setting's facilities, it could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing the child can be a positive learning time.

Is it OK to leave a child until parents arrive to change them? Asking parents to come and change a child is in direct contravention of the UK statutory guidance 'Supporting Pupils at School with Medical Conditions', 2014. It is also likely to be construed as a direct contravention of the Equality Act 2010, and leaving a child in a soiled nappy or in wet or soiled clothing for any length of time pending the return of the parent is a form of abuse. Ask yourself if you would leave an injured child until parents arrived?

Who is responsible for providing nappies/continence wear? Parents are responsible and must provide supplies. School should provide gloves, other disposable clothing and personal protective equipment.

How do we dispose of nappies? For occasional use you may single wrap wet and double wrap soiled nappies and use ordinary waste bins.

What if no one will take responsibility to change nappies? Consider your arrangements when a child accidentally wets or soils. The same system could be used for when such tasks might be expected rather than unexpected, but it is good practice for a familiar adult to undertake this task.

I am worried about lifting Risk assessments must be undertaken for each child.

Where manual handling in the form of support is required staff should receive advice or training. Children must not be physically lifted if they weigh more than 16kg, but encouraged to get on/off any changing beds themselves - many are height adjustable. Suitable equipment, such as hoists should always be used for children who are unable to help themselves, which will reduce the risk of injury to both child and staff – training will be required.

How can I help a child to communicate when they need to use the toilet? Children with communication difficulties may need tools to help them communicate. Picture symbols and signs can be used to reinforce spoken words. For children who are learning English as an additional language, it is helpful to learn how to say the appropriate words in their home language

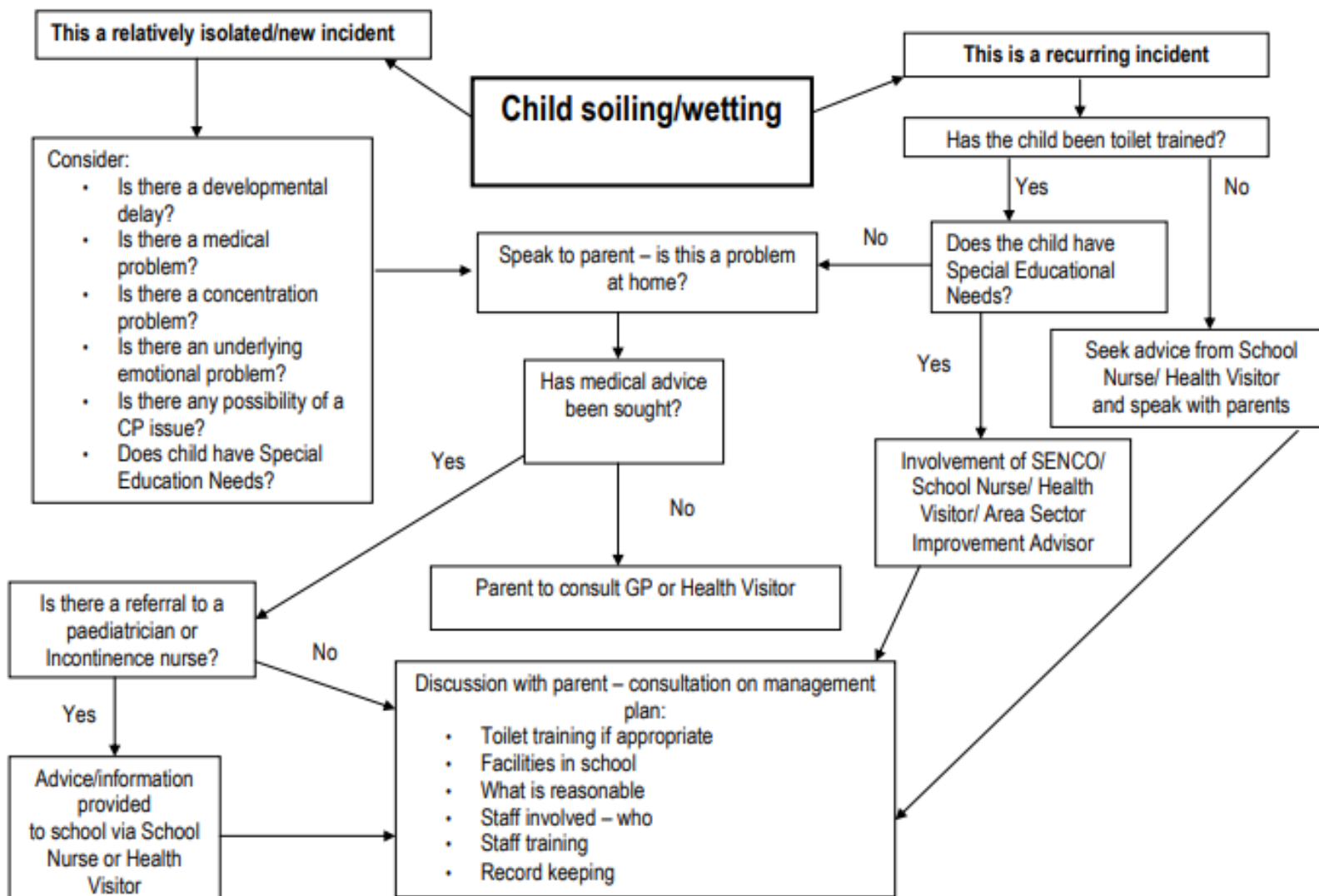
I work in an Early Years setting, won't I be changing nappies all the time? No, if parents change the child before school or arrival at the setting, staff should only need to check or change a child occasionally, depending on the child. Emphasis should always be on teaching the child independence and encouraging them to do as much as possible for themselves. Look on it as part of their early education and learning.

Parents won't bother to toilet train their child will they? Parents are as anxious as you for their child to be out of nappies. You will need to make it clear that your expectation is that all children in school will be out of nappies, but that you will support children and families through any difficulties. For early years settings it is not appropriate that your expectation is that all children will be out of nappies prior to starting nursery.

Is it true that men can't change nappies because of child protection issues? No, there are many men in childcare who change nappies on a daily basis. Safeguarding checks are carried out to screen for any known risks and they may also be subject to the requirements of the Childcare (Disqualification) Regulations 2009, and safe practice induction given to all designated staff.

What if a child reacts defensively, or reacts to personal care? Is the child otherwise anxious about adults? Is it new or changed behaviour? Ask the parent whether anything has happened which may have led to the child being anxious or upset about intimate care. Has there been a change in the household? If you are still concerned, consider whether there may be child protection issues and follow the school child protection policy.

What if a member of staff refuses to change a child person who has soiled? The Equality Act 2010 is clear that children should be protected from discrimination, and therefore a child who has soiled should be tended to in order to be able to return to the classroom/setting without delay. 'Supporting Pupils at School with Medical Conditions' statutory guidance from the DfE is also clear that pupils should be supported with toileting issues whether there is a medical diagnosis involved or not. The issue should not arise if designated support staff have been advised on appointment and induction, and existing support staff trained in relation to the school's duties under the Act.



NB: always be aware of the possibility of Child Protection issues (in which case follow Child Protection Procedures)