St Matthew's Church of England Primary School

Intimate Care Policy

Rationale

St Matthew's Primary School is committed to safeguarding and promoting the welfare of children and young people. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff and they apply to everyone involved in the intimate care of children.

Aims and Objectives

This policy aims:

- To provide guidance and reassurance to staff and parent/s.
- To safeguard the dignity, rights and well-being of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account.

Introduction

Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs. Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as changing a child after an accident.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at St Matthew's Primary School work in partnership with parents/carers to provide continuity of care to children/young people wherever possible. St Matthew's Primary School 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, recognising that there is a need to treat all children with respect when intimate care is given.

What is intimate care?

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself), that most children can carry out for themselves, but with which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Equal Opportunities

The development of continence is placed in the context of the Disability Discrimination Act (DDA) together with the general developmental milestones and acquisition of independence in young children. At St Matthew's, we will not discriminate

during the admissions process children that may require additional support with toileting. We will work with parents to ensure a smooth transition into school, alongside health professionals, where applicable. The following documents/legislation have implications for dealing with incontinence in schools/settings: The Disability Discrimination Act (DDA) 2005 requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. The DDA provides protection for anyone who has a disability (physical, sensory or mental impairment) that has an adverse effect on his/her ability to carry out normal day-to day activities. The effect must be substantial and long-term. This means that anyone who has a disability that affects aspects of personal development, eg. incontinence, must not be discriminated against in relation to admission to school. It is also unacceptable to refuse admission to other children who are delayed in achieving continence for whatever reason.

At St Matthew's, we ensure we meet the needs of children with delayed personal development in the same way as they would meet the needs of children with delayed language or any other kind of delayed development. Any issues will be dealt with on an individual basis, and we will make reasonable adjustments to meet the needs of each child as an individual.

Toileting and the Early Years

Curriculum guidance for the Early Years 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 Early Years is to "manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently".

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' and support parents to ensure children are toilet trained at the earliest opportunity, unless there is a specified medical condition. This will be applicable for the time a child is in Key Stage 1 (unless a parent informs us differently in writing.)

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 (KS2 toilets or disabled toilets) where the child may change on their own. We will supply warm water and wipes, clean clothes (to the best of our ability out of the 'spares box' or the child's P.E. kit) and a carrier bag.

Parental responsibility

Working in partnership with parents and carers is key for a child's development and particularly necessary in relation to children needing intimate care. Much of the information required to make

the process of intimate care as comfortable as possible is available from parents. Prior permission must be obtained from parents before Intimate care procedures are carried out, unless it is an 'accident' as outlined above. Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Education and Health Care Plans (EHCPs), Health Care plans and any other plans which identify the support of intimate care where appropriate. Exchanging information with parents is essential through personal contact, telephone or correspondence.

What the school expects of parents:

- Parents/carers will endeavour to ensure that their child is continent before admission to 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 school, after which a meeting will then be arranged to discuss the child's needs.
- Parents accept that on occasions their child may need to be collected from school.

Staff responsibilities

Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parents. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Appropriate support and training should be provided for staff when necessary. The following steps will be taken to ensure health and safety of both staff and children:

- Staff should alert another member of staff that a child needs to be changed
- Escort the child to a changing area i.e. designated toilet areas
- Collect equipment and clothes
- The adult should wear gloves
- Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult.
- Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to parents at the end of the day.
- Plastic aprons and gloves should be disposed of in the designated bin.
- Children are expected to dress themselves in clean clothing, wash their hands and return to class
- Adult should wash their hands thoroughly after the procedures.
- Area to be cleaned and disinfected by adult before returning to class.

Parents/Carers are to be informed as soon as possible if their child has had an intimate care issue, either via a phone call home or a discussion at the end of the school day with a member of staff. 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.

Risk Assessments

A risk assessment is advisable when assisting pupils with personal care needs eg toileting, dressing, undressing etc. The risk assessment should consider the following factors:

1. Issues relating to the health / safety / welfare of the pupil.
2. Issues relating to the health / safety / welfare of the 'assistant'

For points 1 and 2 above, please refer also to the LA guidance document: 'Policy and Guidelines for Moving and Handling Children and Young People (Pupils) with Physical Disabilities' - particularly the sections on risk assessment and training.

3. Actions that may impact on the health / safety / welfare of other pupils and anyone else who is on the school premises (for reasons of work or otherwise) eg appropriate disposal of items containing bodily fluids.
4. The need to have two people present when attending to a child's personal care needs where there is a previous history / possibility of false accusation.

Special educational needs and disability and child protection issues

- The school recognises that some children with SEND and other circumstances may result in children arriving at school with under developed toilet training skills. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally, supported by the SEND code of practice 2014 and the Equality Act 2010.
- 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 a Health Care Plan or EHCP. A toileting program would be agreed with parents 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 SEN Co-ordinator, 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. 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 school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
- For children with complex continence needs, a separate individual plan should be devised by the school; in conjunction with the appropriate medical practitioners and the child's parents. In cases such as this, it is likely that the support staff assisting the child may need specific training.
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. If the toilet management plan has been agreed and signed by parents, children and staff involved, it is acceptable for only

one member of staff to assist unless there is an implication for safe moving and handling of the child. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

- If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) the recognised child protection procedures should be followed.
- If a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, the matter will be referred to the DSL

Additional Guidance

- Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principle, children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.
- Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's care plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints.
- If the child requires a care plan, ensure:

    1. The changing area is suitable for both the child being changed and the adult lifting and handling the child.
    2. That the strategies employed to assist the child throughout the school day are incorporated into the toileting plan e.g. use of a visual timetable; clearly defined areas for a child with a visual impairment.
    3. That all of the agreed procedures for personal care in the school are followed.