

LOW ASH PRIMARY SCHOOL

Intimate and Personal Care Policy

October 2017

Safeguarding Statement

At Low Ash Primary we respect and value all children and are committed to providing a caring, friendly and safe environment for all our pupils so they can learn, in a relaxed and secure atmosphere. We believe every pupil should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Low Ash Primary. We recognise our responsibility to safeguard all who access school and promote the welfare of all our pupils by protecting them from physical, sexual and emotional abuse, neglect and bullying.

Rationale

Low Ash Primary School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care, whatever their needs or difficulties, including children with learning and physical difficulties who have an increased dependency and require practical support with their intimate care needs at school. Meeting a pupil's personal care needs is one aspect of safeguarding.

The Governing Body recognises its duties and responsibilities in relation to the Children and Families Act: 2014, the Special Educational Needs and Disability Code of Practice: 0 to 25 years: 2014 and the Equality Act 2010, which requires that any child with an impairment that affects his or her ability to carry out day-to-day activities must not be discriminated against and that reasonable adjustments are made to ensure that pupils are able to access the full curriculum.

Low Ash Primary School is committed to ensuring that all staff responsible for the personal care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust. Staff will work in close partnership with parents and carers to share information and provide continuity of care.

We recognise that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when personal care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress or pain.

In implementing this policy due consideration to equal opportunities, with regard to race, gender, religion and ability, should be ensured with reference to the Race Relations Amendment Act 2000 (as amended) and Equality Act 2010 and all other relevant legislation.

Intimate care is a high risk activity in terms of abuse and it is particularly important that there are guidelines on Intimate Care, both to protect those being cared for and the staff who care for the children's needs. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible.

The staff at Low Ash Primary School have recognised the need to design guidelines that encompass all aspects of procedures. They apply to every member of staff involved in the intimate care of the children and they aim to support good practice.

Therefore, our guidelines have the following goals:

- To outline good practice during intimate care tasks so we can distinguish between good and poor care practice
- To protect the children and the staff who are asked to carry out intimate care tasks
- To outline a system that works effectively for the child, ensuring a consistent approach is undertaken and that approaches to intimate care are not markedly different between individuals

Definition

Intimate or Personal care can be defined as any care which involves washing, touching or carrying out a procedure to personal areas which most people usually carry out themselves but some children 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 children involved in personal self-care.

Guidelines: Best Practice

1. Children and their parents should have confidence in the staff. All staff involved in Intimate Care routines will have been police checked and will receive appropriate training to carry out this aspect of their work. Parents will have access to a copy of the School's Intimate and Personal Care Policy and will be offered an opportunity to discuss their child's needs with an appropriate member of staff.
2. All children who require personal care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.
3. A Care Plan or Toileting Plan is to be devised (by the Inclusion Leader) to meet the needs of the child who may have long term medical or toileting needs which require

Intimate Care. Advice may be obtained from the School Nurse in order to inform these Care Plans. Parents are to receive and agree a copy of the Care Plan every academic year. Parents have an obligation to inform school of important medical needs and update the school with any changes. Parents/carers will be involved with their child's personal 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/carers will be carefully considered alongside any possible constraints, such as staffing and equal opportunities legislation.

4. Staff who provide personal care are fully aware of best practice and, where relevant, trained in moving and handling. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required. Appropriate Lifting and Handling Procedures will be followed when necessary. Barrier materials will always be used e.g. disposable gloves.
5. Intimate Care tasks are not an interruption to the timetable. These practices should be valued as part of each child's essential curriculum. They are an opportunity to develop independent and age-appropriate skills, increase dignity and to raise self-esteem. The child should not miss a significant part of their learning for an Intimate Care proceeding.
6. Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.
7. There is careful communication with each child who needs help with personal 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.
8. 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. Individual personal care plans will be drawn up for particular children as appropriate to suit the circumstances of the child. These plans include a risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health. Most children are able to manage their own personal care on a day-to-day basis. However, any child may have an unforeseen need for assistance from a member of staff, for example if they have a toileting accident. In such cases, a care plan would not be in place.
9. Each child's right to privacy will be respected. Careful consideration and professional judgement will be applied to each child's situation to determine how many carers might need to be present when a child needs help with personal care. Where possible one

child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented. All children will be changed in a discreet area with all of the necessary equipment to hand i.e. changing mat, protective gloves, wipes, clean nappies, change of clothes etc. Respect of the child's body and integrity should be included in all care procedures. Ideally, someone who has a positive long-term relationship with the child should carry out intimate care tasks. New members of staff should get to know the children in the classroom context before getting involved in Intimate Care tasks.

10. Early Years:

- Lack of toilet training should not be a barrier for children attending early year's settings.
- The Disability Discrimination Act makes it clear that:
If a child cannot be toilet trained in time for playgroup/nursery because of a disability/additional need, the setting has a duty to look into the situation and consider how they can make 'reasonable adjustments' to enable the child to attend. This means they have to think about what can be done within the setting to allow the child to be changed when necessary and for a toilet training programme to be supported as and when appropriate.
- There must be no 'blanket policies' in any setting. For example, "We don't take children unless they are toilet trained/we don't take children in nappies".
- Settings must anticipate having to make 'reasonable adjustments' to meet the needs of all children with disabilities/additional needs who may come into the setting in the future.

Bradford Metropolitan District Council would, as an inclusive Local Authority, have an expectation that settings follow the guidelines below:

- All settings should be prepared to change nappies and support toilet training programmes for all children regardless of whether or not they have a specific diagnosis or disability.
- An intimate care policy should be in place in all early years' settings and schools and should be adhered to by all staff.
- In order to maintain high quality and inclusive childcare, practitioners will be expected to change nappies.
- Parents and carers should never feel under pressure to have their child toilet trained before they will be accepted into an early year's unit - it may leave them feeling anxious or inadequate.
- Every child is an individual and, therefore, will have a unique developmental pattern. Toilet training is a developmental stage that may create anxiety for the child and their parents and carers. Some children will be out of nappies between the ages of two and three - for others it will be later and for some it may never happen.

- If 14% of 3 year olds sometimes wet their pants, this means that, for every one hundred 3 year olds who go through a setting, 14 will sometimes wet their pants. The term 'toilet training' suggests that children can somehow be taught to have control over their bladder and bowels. Early years practitioners with a sound knowledge of child development will know that bladder and bowel control is largely dependent on the maturity of the child's nervous system although anxiety may interrupt the emerging control.

Child Protection

- All children will be taught personal safety skills carefully matched to their level of development and understanding.
- If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents or carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- If an allegation is made against a member of staff, all necessary procedures will be followed in line with Allegations Management guidance. The Head teacher must be informed of any allegation against a member of staff or volunteer. The Chair of Governors must be informed of any allegation against the Head teacher.

Policy review

The policy will be reviewed by the Full Governing Body - Resources Committee every two years, or earlier if deemed necessary.

Policy reviewed on 15th November 2017

Signed:

Chair of Full Governing Body

Next review date: November 2019