



# La Moye School Intimate Care Policy

## Introduction

La Moye 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. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of safeguarding issues. Staff will work in partnership with parents/carers to provide continuity of care.

## Purpose

The purpose of this policy and guidelines is to identify best practice for schools and where support and advice can be obtained to achieve the full inclusion of all children. Parents should be encouraged to train their child at home as part of their daily routine, and schools should reinforce these routines whilst avoiding any unnecessary physical contact.

Schools are not expected to toilet train pupils. Therefore unless a child has a SEN or disability it is expected that parents/carers will have trained their child to be clean and dry before the start in Early Years Foundation Stage (EYFS).

Staff should 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 the primary and secondary stages of education 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.

Achieving continence is one of many milestones which children are expected to reach before they start school. However, for a variety of reasons, a number of children may not manage to achieve this prior to starting school. If not managed correctly, wetting and/or soiling problems can cause high levels of stress for children, parents and teaching staff.

We adhere to the principles laid out by CYPES School's Admission Code (DfE, 2012) which states we must not discriminate against or disadvantage children with disabilities or those with special educational needs. It is not acceptable to refuse admission to school to children who are delayed in achieving continence.

In accordance with CYPES, we are committed to providing personal care that has been recognised as an assessed need and indicated in the 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

All teachers and support staff have a duty of care towards pupils. The essence of that duty is to take reasonable steps to protect the welfare, health and safety of pupils and to act with reasonable skill and care. All adults within educational establishments have a duty of care to act “as a reasonable parent” termed as acting “in loco parentis”.

The diversity of individuals and their communities is valued and respected. No child or family is discriminated against.

### **Sources, related documents and further information**

This policy is an updated version of CYPES Intimate Care Policy of June 2012. With acknowledgement to the Gov.uk ‘Intimate Care Policy’ guidance materials UK Service Children’s Education, March 2013), ERIC ‘The Right To Go’ and Worcestershire County Council policy guidance.

This policy should be read in conjunction with the following CYPES policies and related school policies:

- Inclusion Policy
- Special Educational Needs Policy
- Safeguarding Policy
- Health and Safety Policy

### **Definition**

Intimate personal care includes hands-on physical care in a child’s personal hygiene, and physical presence or observation during such activities. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure.

Intimate personal care tasks can include:

- body bathing other than to arms, face and legs below the knee
- 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

### **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child’s welfare and dignity is of paramount importance.

Staff who provide intimate care are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from the appropriate agencies.

It is essential that the adult who is going to change the child informs the teacher and/or another member of staff that they are going to do this. There is no written legal requirement that two adults must be present. However, in order to completely secure against any risk of allegation, a second member of staff may be present where resources allow.

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 or menstruation.

**Wherever possible staff involved in intimate care will not be involved in the delivery of**

**sex education to the children in their care as an extra safeguard to both staff and children involved.**

The child 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 him/herself as they are able.

In broad terms, children can be categorised as follows:

Children who need support with continence development	The child might be developing normally but at a slower pace
Children with some developmental delay	The child will be in an early years or mainstream setting but may have delayed continence development. This child may have a diagnosed condition or be undergoing investigations
Children with physical disabilities or complex medical conditions	The child may have a diagnosed condition such as spina difida, cerebal palsy or autism
Children with behavioural or emotional difficulties	The child may exhibit delay in continence, or may develop incontinence

Individual intimate care plans will be drawn up for children if appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers will need to be present when the child is toileted.

Wherever possible the child should be cared for by an adult of the **same sex**. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

**In summary, during intimate care procedures, the following practice will be used if deemed appropriate:**

- 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
- When washing, always use a sponge or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself
- Provide facilities which afford privacy and modesty e.g. separate toileting and changing for boys and girls or at least adequate screening; bathing/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

**The guidance is that whenever possible it is recommended that:**

- Mobile children are changed standing up, if this is not possible the next best alternative is to change a child on a purpose built changing bed (these are available as portable or fixed and can be lowered and raised safely)
- Children in Foundation Stage may be changed on a mat on a suitable surface if it is not possible for them to change standing up or on a changing bed
- If facilities described above are not available, then children in Foundation Stage may be changed on a changing mat on the floor

Children in Year 1 and above should only be changed either on a changing bed or in a toilet cubicle standing up.

Further information and guidance is available from:

ERIC-‘The Right to Go’

<http://www.eric.org.uk/assets/downloads/104/The%20Right%20To%20go%20WEB%20%20Guide%2012.2012.pdf>

PromoCon-Managing Bowel and Bladder Problems in Schools and Early Years Settings

<http://www.disabledliving.co.uk/DISLIV/media/promocon/PromoconBooklet.pdf>

“Lancashire Guidance Notes for Schools”

<http://www.disabledliving.co.uk/DISLIV/media/pdf/LancashireSchoolsDocument.pdf?ext=.pdf>

PromoCon Teaching Pack

<http://www.disabledliving.co.uk/DISLIV/media/pdf/teachingpack.pdf>

**The Protection of Children**

Safeguarding Procedures and Multi-Agency Protection procedures will be adhered to. Where parents do not co-operate with intimate care agreements concerns should be raised with the parents in the first instance. A meeting may be called that could possibly include the health visitor and headteacher to identify the areas of concern and how all present can address them. If these concerns continue there should be discussions with the school’s safeguarding co-ordinator about the appropriate action to take to safeguard the welfare of the child.

If any member of staff has concerns about physical changes to a child’s presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated safeguarding lead.

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/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

All staff will be required to confirm that they have read the ‘Intimate Care Policy and Guidance’ document.

**This policy will be reviewed annually in July. Member of staff responsible: Hannah Le Couillard**

## Appendix 2: Exemplar Toilet Management Plan

Child's Name: ..... Class/Year Group: .....

Name of Support Staff Involved: .....

Date of Record: ..... Review Date: .....

<b>Area of Need</b>	
<b>Equipment required/by whom</b>	
<b>Location of suitable toilet facilities</b>	
<b>Support required</b>	<b>Frequency of support</b>

Working towards Independence

School will	Parents will	Child will try to	Target achieved (date)

Signed: .....  
Parents/Carers

Signed: .....  
Member of Staff

Signed: .....  
Child (if appropriate)

### Appendix 3: Risk Assessment

Child's Name: ..... Name of School: .....

Date of Risk Assessment: .....

	Yes	Notes
1. Does weight/size/shape of pupil present a risk?		
2. Does communication present a risk?		
3. Does comprehension present a risk?		
4. Is there a history of child protection concerns?		
5. Are there any medical considerations? Including pain/discomfort?		
6. Has there ever been allegations made by the child or family?		
7. Does moving and handling present a risk?		
8. Does behaviour present a risk?		
9. Is staff capability a risk? (back injury/ pregnancy)		
10. Are there any risks concerning individual capability (pupil)? <ul style="list-style-type: none"> <li>• General fragility</li> <li>• Fragile bones</li> <li>• Head control</li> <li>• Epilepsy</li> <li>• Other</li> </ul>		
11. Are there any environmental risks? <ul style="list-style-type: none"> <li>• Heat/cold</li> </ul>		

If Yes to any of the above complete a detailed personal care plan.

Date: .....

Signed: .....

Name: