Thurlaston CE (Aided) Primary School

Teaching and Living the Christian Way of Life

Building Our Lives on Jesus

Intimate Care Policy

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This policy is based on guidance from:

Norfolk County Council

City of York Council

The Highland Council

Background

Most children achieve continence before starting full-time school. With the development of more early years education and the drive towards inclusion, however, there are many more children in mainstream educational establishments who are not fully independent. Some individuals remain dependent on long-term support for personal care, while others progress slowly towards independence.

The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and families concerned. Difficulties with continence severely inhibit an individual's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act *in loco parentis* are more likely to achieve their full potential.

Children with continence problems are a very diverse group. However, broadly speaking, children with continence problems can be divided into the following groups:

1.	Late developers	The child may be developing normally but at a slower pace.
2.	Children with some developmental delay	Many more of these children are now in early years and mainstream settings.
3.	Children with physical disabilities	e.g. cerebral palsy, spina bifida, obvious physical impairment. Long-term continence development / management plans are likely to be needed.
4.	Children with behavioural difficulties	Delayed toilet training may be part of more general emotional / behavioural difficulties.

Curriculum guidance for the Foundation stage

One of the Stepping Stones in the section on 'Personal, social and emotional development' is for children to

Dress and undress independently and manage their own personal hygiene (p.40).

Early years practitioners are expected to give particular attention to

planning for the development of independence skills, particularly for children who are highly dependent upon adult support for personal care (p.28).

Principles

Every effort should be made to encourage independence before a child arrives at school.

Some children achieve independence relatively easily while others may never achieve full independence. Children should not be excluded from everyday educational activities solely because of a manageable condition.

Educational settings should plan for the development of independence skills, particularly for children who are highly dependent upon adult support for personal care.

Children should be treated with dignity and respect by carers who are aware of the importance of helping them to develop as far as possible towards independence in personal care.

There are wide variations in the facilities available in educational settings for carrying out personal care. However, as far as is reasonably practicable, settings should aim to ensure that staff are able to handle children's care needs safely and with dignity.

Each child's case should be considered individually. Policies which state that no child may be admitted unless they are continent are likely to be in breach of the law.

Educational settings should aim to develop their ability to cope with the needs of children who are incontinent in line with the Special Educational Needs and Disability Act 2001. They should indicate the ways in which they plan to meet the needs of these children as far as is reasonably practicable.

Information should be available for parents about facilities, staffing issues and access for children with disabilities.

Settings should have admission procedures which include questions relating to personal care needs.

Before admitting a child who has a continence problem, educational settings should draw up a continence care plan agreed by the setting, parents/carers and colleagues from Health. The child should also be consulted, if appropriate, as well as the staff involved in carrying out the care. The plan should include information about when and where the child

will be cared for, and the practices to be used if necessary. It should specify the people who will be carrying out the care duties. Parents should be informed if there is a change of staff. It should include reference to a care diary if the setting decides that this is needed. The continence care plan should be signed by all involved in drawing it up, and must include parental consent and a review date. A pro forma is included in Appendix 2.

In some circumstances it may be appropriate for more than one person to be present to safeguard the interests of both the child and carer (see Appendix 1).

Staff carrying out care responsibilities are required to follow the procedures specified in the Basic hygiene precautions to be taken when dealing with pupils with bladder and bowel problems (Appendix 3).

Any moving and handling that is necessary should be carried out in accordance with LA guidelines.

Settings should ensure that staff have appropriate information and training, including regular review of procedure and practice.

Systems of care should be implemented that

- *Preserve the dignity and independence of the child or young person and avoid the risk of ridicule or bullying from peers or staff;*
- *Carry out the continence treatment or management plan as agreed in the assessment;*
- *Enable good pathways of communication from child or young person to the school-based carer, the multi-disciplinary team and the parent or carer;*
- *Provide adequately trained school-based care staff.*

The school advises the following as reasonable steps to safeguard children and to maintain the child's dignity whilst acknowledging professionals' fear about allegations of abuse:

- Inform a colleague when a child needs to be taken to the toilet.
- Make a record of each occasion, including time and duration.
- Consideration should be given to providing intimate care to children of the opposite sex. In considering this issue, attention should be paid to the age of the child, his/her wishes and feelings, any expressed parental directions along with the wishes and feelings of the member of staff concerned.

Practice

Written permission to give intimate care must be obtained from the parent/ carer using appendix 1. Children's Social Care must be informed for children who are on the child protection register.

Staff will use appropriate protective equipment eg gloves.

Parents will supply the necessary change of clothing.

Children should be changed by one adult to protect the child's dignity and encourage them to become independent. Another adult must be within ear shot of the child and adult to safeguard both parties. The occasion must be recorded on the Proforma in appendix 2 and the parent must be informed.

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Any child protection concerns should follow the normal routes. (See safeguarding policy)

Monitoring and Evaluation of the Policy

The policy will be reviewed after 3 years initially by the Health and Safety Committee of the Governing Body.

Appendix 1

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Parental Permission for Intimate Care

I give my permission for …… to receive intimate care (for example helping with changing or following toileting) should the need arise.

I understand the staff on doing this on a voluntary basis and will endeavour to encourage my child to achieve independence in this area with dignity and respect.

I will provide the necessary clothes.

I understand I will be informed discretely on each occasion this happens.

Signed ……..……

Person with legal responsibility for……

Appendix 2

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Record of Intimate Care for ……

Date	Staff	Time and duration	Comment (if any)	Staff signature