

NORTH NORFOLK ACADEMY TRUST PRIMARY SCHOOLS INTIMATE CARE POLICY

Policy drawn up by: Marc Goodliffe and Emma Harding

Date for review: 2021

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves, but which some are unable to do. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Gresham Village School and Nursery and Antingham and Southrepps Primary School and Nursery are committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.

The Trust and Local governing bodies recognise their duties and responsibilities in relation to the Equality Act 2010 which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given. No child shall be attended to in a way that causes distress, embarrassment or pain.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

Toilet Training

Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained.

For a variety of reasons children in the EYFS may:

- be fully toilet trained
- have been fully toilet trained but regress for a little while in response to the stress and excitement of starting in Early Years
- be fully toilet trained at home but prone to accidents in new settings
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- be fully toilet trained but have a serious disability or learning difficulties

- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
- have SEND and might require help (during the Foundation Stage and beyond) with all or some aspects of personal care such as washing, dressing or toileting

Schools are not expected to toilet train pupils. Therefore, unless a child has a disability, as defined through legislation, it is expected that parents/carers will have trained their child to be clean and dry before the start in Early Years. However, admitting children who are not yet toilet trained or who have continence problems into schools and settings should be the decision of the head teacher or Head of School.

Parents should be encouraged to train their child at home as part of their daily routine, and we should reinforce these routines whilst avoiding any unnecessary physical contact. If at all possible, staff should work with children of the same sex and 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 stage 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 recognised within relevant legislation. These guidelines will ensure schools and settings overcome these challenges and can be confident they are meeting the welfare requirements of the Early Years Foundation Stage and Disability Discrimination Act (1995), SENDA (2001) and Equalities Act 2010 as they apply to children with toileting and continence needs.

Our approach to best practice:

- The management of all children with intimate care needs will be carefully planned.
- Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and fully aware of best practice.
- 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.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- 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.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities
- Individual care plans will be drawn up for any pupil requiring regular intimate care.
- Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one pupil will be cared for by one adult unless there is a sound reason for having more adults present. In such a case, the reasons will be documented.

- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the 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
- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This information should be treated as confidential and communicated in person, via telephone or by email.

Child Protection:

The Trustees, Governors and staff recognise that disabled and very young children are particularly vulnerable to all forms of abuse.

Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Person for Child Protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

Associated Policies:

Safeguarding Policy

Health and Safety Policy