

CHANGING CHILDREN & INTIMATE CARE POLICY

This policy is informed by the Christian values which are the basis for all of CDAT's work and any actions taken under this policy will reflect this.

'Blessed are those who act justly, who always do what is right'

Psalm 106:3

Christ Church C of E Primary School, Moreton



Updated: February 2022

To be reviewed: February 2025

Our Mission Statement

Our mission is to love all children who are part of our community helping them develop respect, tolerance, self-confidence and to become the best they can be.

We will support our children to develop their God given gifts to the full and encourage a life-long passion for learning which will successfully lead them into secondary school and beyond.

As a church school at the heart of Moreton community, our work is underpinned by the Christian values of *friendship, humility, forgiveness, compassion, justice and service* which Jesus helps us to achieve.

We are a welcoming, caring and inclusive school committed to working in partnership with parents, governors, Christ Church and Chester Diocese Academy Trust.

We strive to provide a rich and varied curriculum which reflects God's concern for the whole child; promoting spiritual, moral, cultural, physical and emotional wellbeing alongside academic excellence and independence.

As a school community, we all work together to provide the very best for our pupils and families; firmly believing that:

Together we can do all things through Christ who strengthens us

Our School Vision

Contributions from parents, pupils, staff and school Governors have determined the priorities for our school vision

A consistent school vision shared by all based on the following:

"Love must be completely sincere. Hate what is evil, hold on to what is good. Love one another warmly as Christians, and be eager to show respect for one another. Work hard and do not be lazy. Serve the Lord with a heart full of devotion. Let your hope keep you joyful, be patient in your troubles, and pray at all times." Romans 12:9-12

Guidance for Changing Children & Intimate Care

When a child has soiled, wet themselves or been unwell and need a clean change of clothes it is suggested that the following good practice is observed:

1. Ensure that there is always a supply of underwear, spare clothing and rubber gloves available in the designated area – inside the infant toilets and disabled toilet.
2. Reassure the child and do not criticise them.
3. Summon the help of another member of staff in extreme situations or when the child is unable to assist.
4. The member of staff needs to wear rubber gloves and an apron at all times whilst assisting.
5. The child should be taken to the Infant toilets or adult disabled toilet if more privacy is required.
6. The child should be encouraged to be as independent as possible when changing. If the child is capable, encourage them to close the cubicle door and pass garments to the adult.
7. Wet or soiled underwear should be placed in a sealed bag for the child to take home.
8. Ensure there is a supply of toilet tissue and wipes and encourage the child to clean him/herself as much as possible
9. Provide clean clothing and where possible, encourage independent dressing.
10. Ensure parents are notified.
11. Do **NOT** make a fuss, toileting accidents are part of a child's development and the child and parent should be treated with respect at all times.

*Please refer to LA **Personal and Intimate Care of Children (0-19 Years) Guidance for Schools and Settings** for further guidance.*

Personal and Intimate Care of Children (0-19 Years) Guidance for Schools and Settings

Introduction

This guidance has been drawn up by a multi-disciplinary group including: The Service for Pupils with Medical/Physical Needs, Wirral Integrated Continence Service, Special School Representation.

The guidance defines personal and intimate care. Its main focus is on the provision of intimate care for children in both maintained and non-maintained settings, including mainstream schools, special schools and PVI organisations e.g. early years childcare provision.

The contents of this guidance is predicated on Wirral's Inclusive Practice Policy statement and supersedes previous documents including, 'A Code of Conduct for Employees Whose Work Brings them into Contact with Young People' (May, 1996).

Aims of this Guidance

1. To safeguard the dignity, rights and well being of children and young people with occasional or ongoing intimate care needs;
2. To establish good practice in meeting children and young people's intimate care needs.
3. To provide guidance and reassurance to school staff who may feel that the provision of intimate care for pupils can place staff in a potentially vulnerable position i.e. open to accusation.

Personal and Intimate Care

It is important to understand the difference between personal and intimate care:

- Personal care tasks include help with feeding, prompting to go to the toilet, washing non-intimate body parts or support with dressing and undressing.
- Intimate care tasks are associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals. Examples include support with dressing and undressing (underwear), changing incontinence pads and nappies/pull ups, helping someone use the toilet or washing/cleaning intimate parts of the body.

Intimate Care In Schools and Settings

Excretion (urinate/defecate) is one of the most fundamental physiological needs, without which, the human body fails to function efficiently. It is a basic need comparable with breathing, eating, drinking and sleeping.

In contemporary western society, going to the toilet is generally perceived as a necessary bodily function, carried out discreetly and in private. Toileting is often talked about using a range of euphemisms e.g. 'spending a penny', 'number twos'. British cultural attitudes towards toileting and its waste products have its roots in the Victorian era, when the link between unsanitary conditions and disease was made. Bodily waste products are generally seen as unhygienic; lack of voluntary control over one's continence can cause significant embarrassment and feelings of both fear and shame leading to low self-esteem and affecting emotional well-being.

It is within this context that all children's toileting needs should be considered and addressed. It is important for children to feel positive about using the toilet at school or in a setting; it is particularly important during the primary school years, when healthy habits around eating, drinking, bladder and bowel awareness are being formed for life. Providing adequate intimate care as part and parcel of everyday provision is essential to developing positive toileting experiences.

It is generally anticipated and expected that schools and settings will have a number of children on roll, who require occasional or ongoing intimate care to meet their toileting needs. Examples of intimate care include:

- Implementing a toileting programme.
- Changing/cleaning a child who may have wet or soiled.
- Handling waste products such as stoma bags.

Under the Children Act 1989, schools have a duty of care towards their pupils referred to as 'loco parentis'. Schools are required to behave as any prudent parent would in promoting the safety and welfare of the children in their care.

On 15th January, 1992 the UN Convention on the Rights of the Child came into force in the UK. It recognised the human rights of children and sets out in detail what every child needs, to have a safe, happy and fulfilled childhood. Article 3 of the convention states that the best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

In 2000, Wirral MBC Education Committee revised its policy for admission to nursery schools and classes. The policy clearly states that, "Children must not be refused admission on the grounds of insecure toilet training. Schools should make every effort to accommodate their needs..." (Wirral Policy for Admission to Nursery Schools and Classes).

In order for schools and settings to achieve the universal ambitions, embodied in the five Every Child Matters outcomes, appropriate intimate care of children must be recognised as essential.

No child must not be excluded from any activity due to incontinence, sent home to change, or parents expected to attend school to deal with toileting needs.

Intimate Care for Disabled Pupils

In addition to special school provision, an increasing number of children and young people with disabilities and/or medical conditions are being included in mainstream settings. A significant number of these children require adult assistance for their personal and intimate care needs.

Intimate care for disabled pupils may involve washing, touching or carrying out an invasive procedure that most children and young people carry out for themselves.

Help may be needed with changing colostomy bags, catheters and other such equipment. It may also require the administration of rectal medication. Guidance and appropriate training on these medical interventions should be sought from relevant Health professionals.

Guidance on the administration of medicines can also be found in the document:

'Managing Medicines in Schools and Early Year Settings' Ref: 1448-2005DCL-EN).

'A Management Guide to the Administration of Medicines in Schools and Early Years Settings', April 2010, Wirral Health & Safety Dept., (Document No: HS/ECS/060).

These documents can be downloaded from the CYPD's Health & Safety website: [www.wirral-
mbc.gov.uk/healthandsafety/index.asp](http://www.wirral-
mbc.gov.uk/healthandsafety/index.asp)

Equality Legislation

The Equality Act 2010 provides protection for anyone who has a 'physical or mental impairment that has a substantial, long term and adverse effect on his/her ability to carry out normal day to day activities'.

In order to meet their responsibilities under the Act, schools and settings must make 'reasonable adjustments' to avoid disabled children being put at a substantial disadvantage to their non-disabled peers. These adjustments include the provision of personal and intimate care.

Schools and settings have a responsibility to meet the needs of children with delayed personal development in the same way that they would meet the needs of children with delayed development in any other area.

An admission policy that sets a blanket requirement for continence, or any other aspect of development, for all children is discriminatory. Schools and settings should review all policies and practices to ensure compliance with the law.

The Disability Equality Duty requires schools and settings to promote positive attitudes towards, and eliminate harassment of disabled people. Establishing good practice in intimate care procedures will help a school/setting meet its duties in these and other areas of the Duty.

Policy Documents

Many schools and settings will have an Intimate Care Policy in place that has worked well to date. It is important that this policy is reviewed to ensure that it is non-discriminatory and reflects good practice as outlined in this guidance document. Schools and settings should also ensure the following policies are in place:

- Safeguarding
- Management of Behaviour
- Safer Recruitment and Screening of Staff
- Staff Training and Supervision
- Sex Education and Safety Awareness
- Code of Conduct
- Whistle Blowing
- Allegations Against Staff

Vulnerability to Abuse

Children who require intimate care support can be at a greater risk of abuse because the nature of their needs and subsequent care can place them in situations, which provide increased opportunity for abuse.

Disabled children are particularly vulnerable to abuse and discrimination. Disabled children are over three times more likely to be abused than non-disabled peers.

It is important that all staff members are familiar with and understand Safeguarding Procedures.

Protecting Staff and Children

Intimate care that involves direct or indirect contact with, or exposure of a child's genitals may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk. However, risk can be significantly reduced and managed through the stringent implementation of agreed procedures as detailed in a child's Individual Health Care Plan or Intimate Care Plan produced by school/setting in liaison with relevant professionals. Schools/settings must recognise and promote, the responsibility required of staff, to work within agreed procedures. Staff anxieties around providing intimate care must not lead to defensive childcare practices.

Where there have been accusations or incidents of abuse in the past or the risk of such is assessed as high, then two staff members should be present at all times during intimate care procedures. Schools/settings should carry out a risk assessment and decide if two members of staff are required based on the outcome of that assessment.

Defensive Childcare Policies

The following 'defensive policies' were identified by the National Working Group on Child Protection and Disability (NSPCC 2003):

- Not undertaking intimate care alone
- Toileting with the door open

These policies are viewed by the NSPCC as poor practice because they are demeaning to the child. The report also states that staff who feel unsafe or mistrusted are 'not able to provide the secure and emotionally warm relationships that children need.'

The above list of defensive childcare policies is by no means exhaustive. Schools and settings should consider carefully the appropriateness of installing CCTV in changing/toileting areas.

The Information Commissioner's Office (ICO) CCTV Code of Practice 2008 states, "Using CCTV can be privacy intrusive...you should carefully consider whether to use it...you should take into account what benefits can be gained, whether better solutions exist, and what effect it may have on individuals...In areas...such as changing rooms or toilet areas, cameras should only be used in the most exceptional circumstances..."

The welfare and dignity of the child must be paramount at all times.

Basic Principles: Good Toileting for All Children

Going to the toilet in schools/settings can be a real problem for some children, who may develop strategies such as 'holding on' to avoid using the toilet. This can lead to health problems e.g. constipation.

Schools/settings should consider how toileting is generally managed throughout the day and whether facilities are fit for purpose. Consideration should be given to the following:

- Are the toilets a safe and pleasant place for all children?
- Are there rules about using the toilets for children to follow that promote respect and consideration for all?

- Do the toilets provide privacy?
- Are toilets adequately supervised during busy periods?
- Do class/group visits to the toilets meet the needs of all children?
- Are toilets accessible at all times?
- Are toilets adequately supplied with toilet paper?
- Are toilets provided with adequate hand washing facilities, soap, paper towels/dryer?
- Are children allowed to visit the toilet immediately, upon request?
- Do children know what to do if they need help?
- Are alternative toileting facilities (accessible toilet) made available to children who need it?

Basic Principles for Intimate Care

In applying any principle of intimate care the welfare and dignity of the child must be paramount.

- Ensure, where possible, the continuity of staff.
- Get to know the child before working with him/her.
- Be aware of the child's age, gender and cultural or religious sensitivities related to aspects of intimate care.
- Address the child in an age appropriate manner.
- Speak to the child by name and ensure that they are aware that intimate care is to take place and what that intimate care is. The most appropriate method of communication, according to the child's needs, should be used (symbols, signs, AAC etc.). Give clear prompts in an appropriate way to allow the child to anticipate and prepare for the event e.g. show a clean nappy to indicate the intention to change.
- Agree terminology with the child, child's family and carers for parts of the body and bodily functions that will be used by all.
- Always seek the child's permission to carry out a task.
- Respect a child's preference for a particular sequence of care.
- Encourage the child to do as much as possible for themselves.
- Provide facilities that allow and maintain dignity and privacy.
- Keep records as required.
- Report any problems observed connected to intimate care to parents e.g. strong urine smell, soreness.
- Report any problems observed connected to intimate care to the Safeguarding Manager on site or appropriately designated school staff e.g. tenderness, discomfort, marks, bruising.
- Apply common sense to all aspects of intimate care.
- Where two members of staff are required to carry out intimate care, it is important that the focus of any communication remains child centred as opposed to adult centred.

Partnership with Parents

Partnership is important in all aspects of a child's education and is especially vital in relation to intimate care. Parents and carers have key information to make the process as comfortable as possible and knowledge of religious/cultural sensitivities.

Prior permission must always be obtained from parents/carers before intimate care procedures are carried out.

Parental permission must be included in any child specific planning that addresses intimate care needs e.g. Individual Health Care Plan or Intimate Care Plan.

Exchanging information with parents is essential and should be done via telephone, personal contact or recorded in appropriate home/school books or the child's daily diary.

Individual Health Care Plan (IHCP) and Intimate Care Plans

An Individual Health Care Plan should be drawn up for any child who has medical or physical needs that impact significantly on day-to-day activities. Ongoing intimate care can often be part of the support that a child with an Individual Health Care Plan needs and as such the plan should include detail specific, intimate care procedures as agreed with parents and relevant health professionals. An Individual Health Care Plan should clarify roles, responsibilities and expectations. The plan should be signed by parents/carers and reviewed on a regular basis.

Where a child has a medical, physical or developmental need specifically around continence and requiring intimate care, schools/settings should draw up an Intimate Care Plan detailing specific, agreed, intimate care procedures and ensure parents/carers sign it. Where an Individual Health Care Plan is not appropriate schools/settings should draw up an Intimate Care Plan.

Occasional intimate care needs e.g. wetting/soiling accident, should be dealt with according to the general, agreed procedures detailed in the school/setting generic intimate care policy. A child's intimate care needs should be met by staff and without delay. Parents should be made aware of any intimate care provision at the end of the school day/session.

If a child makes any disclosures or expresses any concerns the information should be dealt with seriously by the headteacher/manager and reference made to the school/setting Safeguarding Policy.

When writing a plan, management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, special events and outings.
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements (ease of exit)
- Avoiding missing the same lesson/activity for medical reasons
- Awareness of discomfort that may disrupt learning or impede participation.
- Implications for PE (changing, discreet clothing etc.)
- Ensuring another adult is aware of the task to be undertaken

Safer Recruitment

All school staff must have received safeguarding training every three years, Senior Designated staff for Safeguarding must receive training every year and Senior staff involved in staff recruitment must have received Safer Recruitment training every five years.

Designated Staff

Recruitment and selection of staff to be involved in intimate care should reflect safer recruitment procedures and be made following the usual Criminal Records Bureau checks, equal opportunities

and employment rights legislation. Personnel providing intimate care are in a position of great trust and responsibility and the importance of their role in promoting personal development of children is invaluable.

While it is recognised that the provision of intimate care may not be specifically referred to in generic job descriptions, good practice dictates that schools/settings should have staff available to meet identified needs. Schools/settings should ensure future job descriptions include the provision of intimate care as standard. All staff carrying out these tasks should be properly trained and supported.

Wherever possible, staff should work with children of the same sex in providing intimate care, respecting their personal dignity at all times. Religious and cultural values must always be taken into account.

The number of adults required to carry out procedures will depend upon individual circumstances and should be discussed with all concerned. To preserve the child's privacy and dignity one adult will normally be in attendance. Where there are concerns around Child Protection, previous allegations or moving and handling issues then two adults should provide care. Knowledge of the child should be used to help assess the risk. It is essential that all staff are familiar with Safeguarding Procedures and if there are any concerns they should be recorded and discussed with the school's/setting's Designated Person for Safeguarding.

Any adults assisting with intimate care should be employees of the school/setting. In special schools this role may be extended to multi-agency staff e.g. health professionals.

Trained staff should be available to cover for absences. Substitute staff should be well known to the child and have regular involvement with the intimate care procedure being undertaken.

Where appropriate, staff should receive Moving and Handling training.

Multi-Agency Partnership

Children with disabilities and or medical conditions will be known to a number of other agencies and it is important that positive links are made with all those involved in the child's care. This will enable schools/settings to take account of the skills, knowledge and expertise of other professionals and will ensure that the child's well-being and development remain the focus of concern.

Achieving continence is a milestone usually reached before a child starts school but for many children it is delayed or never possible. Assistance with the management of toileting needs should be provided sensitively to allow maximum access to the curriculum, the whole life of the school and dignity in front of staff and peers. Wirral schools/settings have good links with partner agencies in particular the Paediatric Continence Service, which can be contacted via the Health Visitor Service or the School Nurse Service.

A Suitable Environment

Schools and settings should make appropriate facilities available when addressing intimate care needs.

Most schools now have an accessible toilet but not all will have room for a changing bed or hoist. All schools should be planning to have a fully accessible changing area (detailed in the Access Plan) if one is not already available.

Schools/settings admitting a disabled child with intimate care needs should liaise with appropriate Health Professionals, The Service for Pupils with Medical/Physical Needs for maintained settings and Foundation Consultants for non-maintained settings.

In addition to suitable facilities schools/settings should also consider:

- The availability of hot and cold running water.
- Protective clothing including disposable aprons and gloves
- Nappy disposal bags.
- Supplies of nappies/pads (provided by family – often from the Health Authority).
- Wipes provided by family.
- Labelled, sanitised bins for the disposal of wet and soiled nappies/pull ups/pads (soiled items should be double-bagged). For maintained schools sanitised nappy bins can be obtained by contacting Facilities Management on 0151 666 2000.
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters. Maintained schools should contact Facilities Management on 0151 666 2000.
- Supplies of suitable cleaning materials should be provided in conjunction with COSHH Regulations and risk assessment.
- Appropriate clean clothing (preferably the child's own).
- Effective staff-alert system for help in an emergency.
- Arrangements for menstruation when working with adolescent girls in conjunction with families.

Training

The requirement for training and advice will be influenced by the needs of individual children.

Where basic care is required (similar to that normally provided by any parent or carer) then little or no training may be necessary e.g. changing a nappy.

All training should be recorded and updated as and when required.

For children with disabilities advice around intimate care can be sought from:

- Specialist health professionals
- In school settings - The School Nurse Service and The Service for Pupils with Medical/Physical Needs.
- PVI settings - The Health Visitor Service and Foundation Consultants.

Designated staff may require training in safe moving and handling.

Medical procedures such as, intermittent catheterisation, colostomy, ACE, supra pubic catheter, mitrofanoff will require specialist training. This is vital before any procedure is undertaken. If necessary an induction training programme will be planned.

Training should include basic principles (detailed earlier).

Risk Assessment

When considering how to meet the intimate care needs of children, schools/settings should carry out appropriate risk assessments.

Risk assessments can be generic e.g. the risks associated with changing children who have occasional accidents.

Risk assessments can also be specific to a particular child who may have regular, ongoing intimate care needs.

Please refer to Appendix 5: Model Risk Assessment – Attending to Toilet Needs of Pupils, Wirral Health & Safety Dept.

The following documents, from Wirral Health & Safety Dept., may also be useful:

Principles of Infection Control and Arrangements for Dealing with Bodily Fluids – Ref: ECS-058, July 2008

Guidance on Infection Control in Schools and Early Years Settings – Ref: HS/ECS/043, January 2008

Health and Safety Management Arrangements for Manual Handling V2, February 2006

This guidance is based on information contained in:

- 'The Dignity of Risk', Council for Disabled Children, National Children's Bureau and Shared Care Network.
- 'Including Me – Managing Complex Health Needs in Schools and Early Years Settings', Council for Disabled Children, DCSF.
- Children Act 1989
- UN Convention on the Rights of the Child 1992.
- Wirral Policy for Admission to Nursery Schools and Classes.
- Wirral Inclusive Practice Statement.
- 'Managing Medicines in Schools and Early Years Settings' Ref: 1448-2005DCL-EN
- 'A Management Guide to the Administration of Medicines in Schools and Early Years Settings', April 2010, Wirral Health & Safety Dept.
- Equality Act 2010.
- National Working Group on Child Protection and Disability (NSPCC 2003).
- 'CCTV Code of Practice', Information Commissioner's Office, Revised Edition 2008.
- Working Together to Safeguard Children – DCSF March 2010.
- Guidance for Safer Working Practice for Adults who work with Children and Young People – Government Offices Jan 2009.
- Wirral Local Safeguarding Children Board procedures.

Introduction:

Christ Church School recognises that when supporting a child with intimate care needs, the child's welfare and dignity is paramount.

No child shall be tended to in a way that causes distress, embarrassment or pain.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

This school is 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.

This school takes seriously its responsibility to safeguard and promote the welfare of all children and young people in its care.

The Governing Body recognises its 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. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

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

This school will not ask parents to collect children who have ongoing or occasional intimate care needs in order that their needs should be addressed at home.

Definition:

Intimate care is defined as tasks associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with, or exposure of the genitals.

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 Safeguarding, and Moving and Handling where appropriate) and fully aware of best practice.
- Where specialist equipment and facilities above that currently available in the school/setting are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by an Occupational Therapist and/or Physiotherapist.
- 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.
- An Individual Health Care Plan/Intimate Care Plan 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 and supported by a risk assessment.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the Individual Health Care Plan/Intimate Care Plan.

- Where occasional intimate care is required e.g. toilet accident, and an Individual Health Care Plan/Intimate Care Plan is not in place, the child's needs will be met by school staff and parents/carers will be informed the same day. This information should be treated as protected and communicated accordingly.
- The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.
- Wherever possible, a child's intimate care needs will be met by a member of staff the child knows.

Safeguarding:

The Governors and staff at Christ Church, recognise that disabled children are particularly vulnerable to all forms of abuse.

The School Safeguarding Policy & Wirral Local Safeguarding Children Board Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about any physical, social, emotional or behavioural 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 following the above policies and procedures and outcomes recorded.

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

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

Q. Is it ok to leave a child who has wet or soiled, until the child's parents arrive to change them?

- A. No. Ask yourself if you would leave an injured child until the parents arrived. Leaving a child in a soiled nappy, or wet or soiled clothing for any length of time is a form of abuse. Asking the parents of a disabled child to attend school to change them is almost certainly to be in breach of the **Equality Act 2010**.

Q. What if we have nowhere to change children?

- A. If your school/setting does not have an accessible toilet with a changing bed, then it may be necessary to change the child in an alternative, private and hygienic area. This should be a temporary arrangement (reasonable adjustment). All schools/settings should be planning to improve access for disabled pupils in their Access Plan as required by the Equality Act 2010. **Schools** should contact The Service for Pupils with Medical/Physical Needs on 0160151 643 7102/7103 to discuss provision of suitable facilities. **PVI Settings** should contact their Foundation Consultant in the first instance.

Q. If staff are meeting the intimate care needs of children won't that mean that adults will be taken out of the classroom?

- A. Yes, but changing a child is unlikely on average to take more than ten minutes– not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target. The time spent changing a child can be a positive, learning time. If a child needs changing on a regular basis, then preparing a care plan will clarify whether additional adult support, above that usually provided in the classroom, will be necessary to meet an individual pupil's needs.
Ratio in Foundation classes – OFSTED regulations in the Early Years Foundation Stage determine that adults do not need to be available face to face 100% of the time but need to be in the building and accessible.

Q. What if a member of staff refuses to change a child who has soiled because it's not in their job description?

- A. The issue should not arise if:
- Designated support staff has been advised on appointment and have this task included as part of their job descriptions.
 - Plan ahead - schools may wish to include this requirement in the job descriptions of future support staff appointments, irrespective of whether there is a need in the school at the time of appointing.
 - Existing support staff is trained in relation to the school's duties under the Equality Act 2010. The Equality Act 2010 is clear that children should be protected from discrimination and so a child who has soiled should be changed and enabled to return to the classroom as soon as possible to resume learning.

Q. What if a parent or member of staff insists on two members of staff being present when changing a child?

- A. The dignity of the child must be paramount when planning to support intimate care needs; to ensure best practice defensive childcare practices must be avoided.

Q. Who provides the nappies?

A. Parents are responsible for the provision of nappies.

Q. Do we have to dispose of nappies?

A. Yes. Nappies should be disposed of in a sanitised nappy bin. Wet nappies should be single bagged and soiled nappies double bagged.

Q. Is it OK to lift a child?

A. If an individual child needs help to get onto a toilet or onto a changing bed for example, then you should seek advice from the child's occupational therapist. To ensure the safety of both staff and pupils a risk assessment must be carried out and appropriate equipment will be provided on the recommendation of an occupational therapist. Some disabled children will need hoisting in order to address intimate care needs; hoisting should only be carried out by trained staff and detailed in a individual handling plan for the child.

Q. Is it true that men cannot be involved in intimate care procedures?

A. All designated staff of whatever gender are CRB checked and given training in good practice. Male staff members will not usually be involved in the intimate care of girls. Where cultural or family reasons make a carer of the opposite sex unacceptable this must be respected.

Q. Why does the child keep soiling when the family has told us that she is constipated?

A. Medication to resolve constipation difficulties will often result in leakage, which the child may not be aware of because of reduced sensation. Lack of awareness after soiling should not be regarded as a behavioural issue. Medication often takes time to resolve difficulties and the child may need more frequent care during this period. Health professionals involved with the child's treatment will be able to provide advice to schools and settings.

Q. How do we stop the other children teasing him?

A. Every school has a duty to ensure their anti-bullying policy is implemented appropriately. School should consider whether its anti-bullying policy addresses the needs of all pupils including those with a disability and if the curriculum celebrates difference and promotes positive attitudes towards disabled people. The Disability Equality Duty means that schools have a duty to eliminate the harassment of disabled people. Changing a child promptly and discretely will minimise the attention drawn to him. Reasonable adjustments might include allowing privacy when changing for PE, appropriate clothing to avoid drawing attention to a nappy and systems for leaving class without fuss.

Q. What if a child seems upset or anxious about his personal care?

A. If it is new or changed behaviour then it is important to ask the family whether anything has happened that may have led to the change. If you remain concerned you should follow normal Safeguarding procedures.

Q. What should I do if I am uncomfortable with what I have been asked to do?

A. Any intimate care procedures should be agreed by all concerned and you should feel able to request a review at any time. Speak to senior staff at the school/setting immediately expressing your concerns.

SPECIAL EDUCATION SUPPORT SERVICE

INDIVIDUAL HEALTH CARE PLAN – FOUNDATION STAGE & PRIMARY

Name of Pupil:	D.o.B:
Medical/Physical Condition or Diagnosis:	School:
SEN (Code of Practice) Stage:	Year Group

Date of IHCP:	People Present at Meeting:
Date for Review:	
Person Responsible for IHCP:	

<u>Professional Contacts:</u>

<u>Additional Support</u>	
Amount of additional support needed (measured in units):	
Funding for additional support:	
<u>Current Support Workers (Including MDS):</u>	
Name:	Name:
Designation:	Designation:
Hours:	Hours:
<u>Back-up Support Worker</u>	
Name:	Name:
Contact:	Contact:

Important Information about the Condition:

Educational Implications (other than those on an IEP):

Medication:

*School should make reference to DFES Publication 1448-2005 DCL-EN
'Managing Medicines in Schools and Early Years Settings'.*

Emergency Situations & Procedures:

Fire – Personal Emergency Evacuation Plan (PEEP):

NO

YES

If 'YES' has been ticked please attach PEEP to this IHCP.

*For guidance on completing a PEEP contact Wirral Local Authority's Health & Safety Department by telephoning –
0151 666 5601.*

Daily Management Issues/Summary of Additional Support:

Practical Subjects:

PE:

Specific Moving/Handling Advice:

School should make reference to Wirral Local Authority's Health & Safety Policy & Guidance Document HS/ECS/014 - 'Safer Lifting & Handling Techniques'.

Equipment Used in School:

New equipment may need to be set up by the occupational therapist that ordered it. School should liaise with the Occupational Therapy Department once the equipment has been delivered.
Contact – 0151 334 4000 extension 5208.

Wheelchairs – staff involved in moving children in wheelchairs should have access to the wheelchair's user manual to familiarise themselves with the wheelchair's operation. This will be available from parents for the school to copy.

School Trips:

For advice about accessible vehicles contact Wirral Local Authority's Transport Department by telephoning – 0151 666 4229.

Other Issues:

A risk assessment/s may need to be carried out in support of this plan – for guidance and advice School should contact Wirral Local Authority Health & Safety Department by telephoning 0151 666 5601.

Parental Signature:

Equipment Used in School:

School Trips:

For advice about accessible vehicles contact Wirral Local Authority's Transport Department by telephoning – 0151 666 4229.

Other Issues:

Parental Signature: