



**Keystone Academy Trust**

# **Intimate Care and Healthy Touch Policy**

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## **1. Legal Requirements**

This policy has been written with due regard to the following documents:

- Supporting pupils at school with medical conditions, DfE September 2014
- 0-25 SEND Code of Practice, DfE 2015
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Mental Health and behaviour in schools, DfE June 2014
- Schools Admissions Code, DfE February 2010

## **2. Aims**

The aims of this document and associated guidance are:

- To provide guidance and reassurance to staff;
- To safeguard the dignity, rights and well-being of children and young people;
- To assure parents that staff are knowledgeable about intimate care and healthy touch, and that individual needs and concerns are taken into account.

## **3. Introduction**

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.

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/sanitary pads and nappies, helping someone use the toilet or washing intimate parts of the body.

Personal care tasks include help with feeding, prompting to go to the toilet, washing non-intimate body parts or support with dressing and undressing.

It is expected that staff will routinely provide the following types of care:

1. Assisting a child to change his/her clothes
2. Changing or washing a child who has soiled him / herself
3. Assisting with toileting issues
4. Supervising a child involved in intimate self-care
5. Providing first aid assistance
6. Providing comfort to an upset or distressed child
7. Feeding a child
8. Supporting a Physiotherapy or Occupational Therapy programme
9. Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided
10. Assisting a disabled pupil who may be unable to meet their own care needs for a variety of reasons and will require regular or occasional support

#### **4. The Equality Act 2010 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'.

Disabled pupils in schools will include those with Cerebral Palsy, Muscular Dystrophy, Downs Syndrome, Epilepsy, and Diabetes, visual and hearing impairments, ADHD and Autistic Spectrum Disorder amongst many others. Some of these disabled children and young people will have delayed continence as a result of their condition, or may never be able to attain continence.

Schools have a responsibility to meet the needs of pupils with delayed personal development in the same way that they would meet the needs of children with delayed development in any other area. Disabled children should not be excluded from any activity due to incontinence, sent home to change, or parents expected to attend school to deal with general toileting needs.

A disabled child must not be put at a substantial disadvantage compared with his non-disabled peers, and the school has a legal duty under the Equality Act 2010 legislation, to make reasonable adjustments

to ensure less favourable treatment does not occur. These adjustments may include the provision of personal and intimate care.

## 5. Foundation Stage and Early Years

Starting school is 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 personal care skills and toilet training. For a variety of reasons children in the EYFS may:

- be fully toilet trained across all settings;
- have been fully toilet trained but regress for a little while in response to the stress and excitement of starting school;
- 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;
- 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 a Special Educational Need and/or Disability 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 diagnosed disability and/or medical need which impacts upon their ability to manage their own personal care and/or toileting, it is expected that parents/carers will have trained their child to be clean and dry before they start school.

The Trust have a duty to safeguard children and school personnel at all times. We must develop independence in each child, but on those occasions when children need assistance they must feel safe, have personal privacy, feel valued, are treated with dignity and respect, are involved and consulted about their own intimate care with school personnel who have had the necessary, appropriate training.

We wish to work in close partnership with parents/carers and other professionals to ensure continuity of care for pupils.

We treat every child as an individual, treating them as gently and sensitively as possible in order not to cause any form of distress, embarrassment or pain.

We have a duty to take full account of the religious views and cultural values attached to aspects of intimate personal care with children.

We believe it is essential that this policy clearly identifies and outlines the roles and responsibilities of all those involved in the procedures and arrangements that are connected with this policy.

## **6. The statutory duty of the governing body**

This policy should be read in conjunction with the Keystone Academy Trust's 'Supporting Pupils with Medical Conditions' Policy.

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of our Academy Trust fulfils this by:

- Ensuring that arrangements are in place to support pupils with medical conditions and/or a disability. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Ensuring that the arrangements give parents and pupils confidence in our schools' ability to provide effective intimate care, as well as increasing and encouraging their own self-care skills. We will ensure that staff are properly trained (where necessary) to provide the support that pupils need;
- Ensuring that no child with a medical condition and/or disability is denied admission, or prevented from taking up a place in school because arrangements for their medical condition and/or disability has not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils who need intimate care, that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that this policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);

- Ensuring that this policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils who need intimate care and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils who need intimate care to participate in school trips and visits, or in sporting activities, and not prevent them from doing so;
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section on complaints).

## **7. Policy implementation**

At Long Sutton Primary School, the overall responsibility for the implementation of this policy is given to Melissa Ford, Inclusion Leader. They will also be responsible for ensuring that staff are suitably trained when advised to do so by professionals.

Melissa Ford, Inclusion Leader, will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review any individual healthcare plans for each pupil and making sure that relevant staff are aware of these plans. This will only be necessary if a pupil has a diagnosed medical condition and/or disability in line with our 'Supporting Pupils with Medical Conditions Policy'.

All members of staff are expected to show a commitment to and awareness of children's medical conditions and individual health care plans drawn up and the expectations of this policy.

All new members of staff will be expected to read and carry out this policy upon taking up their post.

## **8. Roles and responsibilities**

### **Health Care Professionals**

Healthcare professionals, including GPs, the School Nursing Team (0-19 Team) and paediatricians should notify the school when a child has been identified as having a medical condition and/or disability that will require intimate care at school. The healthcare professionals, particularly the School Nursing Team (0-19 Team) and Specialist Nurse for Pupils with a Disability will often be able to provide support and training to staff, for children with particular conditions (e.g. diabetes, epilepsy, and hydrocephalus).

## **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. (See our Supporting Pupils with Medical Conditions Policy)

## **Parents/Carers**

Parents/carers should provide the school with sufficient and up-to date information about their child's medical and intimate care needs. They may, in some cases be the first to notify the school that their child needs support. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and will be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Parents are required to sign their child's individual health care plan to acknowledge that it is accurate and correct at the time of writing and that they are in agreement with the plan.

## **Staff**

Keystone Academy Trust is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional and caring manner at all times. It is recognised that there is a need to treat all our children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain and adults and staff must be sensitive to each child's individual needs.

Staff are expected to:

- preserve a child's dignity and respect with a high level of privacy, choice and control appropriate to the child's age and situation;
- be aware of a child's method and level of communication;
- be aware of both their own and the child's limitations;
- promote positive self-esteem and body image;
- report any concerns they have about a child to the Designated Safeguarding Lead;
- report any concerns they have about a colleague's intimate care practice to a member of the Senior Leadership Team and/or Designated Safeguarding Lead;

- be aware of the danger of allegations being made against them;
- be aware of all individual health care plans;
- regularly discuss intimate care arrangements with parents/carers;
- record all instances of intimate care involving nappy changing, changes of underwear and intimate cleaning following soiling;
- be aware of all other linked policies particularly Safeguarding and Supporting Pupils with Medical Conditions.

## **9. Procedures for changing and/or cleaning a child who has wet or soiled themselves**

If a child soils him/herself in school, a professional judgement has to be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. (Assuming that they are not ill) In most cases, school staff should try to clean and change the child in school. In most cases these instances will be either isolated incidents or part of the child's individual health care plan.

Where a child is regularly wetting and/or soiling and there is no medical diagnosis or disability, a discussion needs to be held with the parent/carer. The parent/carer needs to actively attempt to toilet train the child or seek advice from a GP if there are concerns. In these instances a parent may be called to clean and change the child.

In either circumstance the child's needs are paramount and he/she should be comforted and reassured throughout. The following guidelines outline our procedures but staff should also make age-appropriate responses.

- The child will be encouraged to change his / her underwear in private and carry out this process themselves.
- Schools will have a supply of wipes for cleaning purposes, stored in a designated place for each individual child. EYFS have some spare underwear and clothes, however this is limited and where a child has an individual healthcare plan, the parent/carer will be expected to provide changes of underwear and clothing. It is also expected that EYFS pupils will have a bag with spare clothing left on their cloakroom peg in case of emergencies.
- If a child is not able to clean and change themselves independently, a member of staff should help them to do this. Staff should wear rubber gloves for protection and dispose of soiled wipes

in a tied nappy bag and then place in an appropriate waste bin. Any soiled/wet clothing should be tied in a plastic bag and returned to parents/carers at the end of the day.

- Two members of staff will follow this procedure;
- The members of staff who has assisted a child with intimate care will need to complete the 'Intimate Care Record Sheet' and ensure that the parent/carer is informed at the end of the day.

## **10. Procedures for changing nappies**

Where a child is still wearing nappies, the school expects that this would be a child who has a Special Educational Need and/or Disability and an individual healthcare plan is in place to identify individual provision. All other pupils would be expected to be toilet trained before starting school.

## **11. Healthy Touch**

Keystone Academy Trust values the importance of touch in order to build strong and healthy relationships. It is often used to comfort and reassure children, to support their emotional well-being and used as a part of therapeutic interventions. In most instances staff should not be actively initiating touch. During a school day, most touch will be part of daily interactions between staff and pupils, for example:

- A gentle pat on the back or shoulder to show praise and encouragement
- A hand on legs or arms to support good sitting
- Help with clothing
- Hand over hand activities when supporting a child to hold a pencil or pair of scissors

Sometimes children may initiate touch, for example taking a staff member by the hand or giving them a hug. In these instances staff should respond to the child positively to show that they care. However this should not be prolonged. Staff may respond to a hug for example, but should move on swiftly, showing a level of care to the child without it becoming inappropriate. Young children or pupils with special educational needs may attempt to sit on an adult's lap. This should be discouraged where possible, however if a child is extremely distressed, it may be their natural response and staff may need to allow lap-sitting briefly until the child is calm before encouraging a different position, such as sitting next to them.

However when supporting emotional well-being and offering comfort, sometimes staff may initiate a cuddle or hold a child to help to regulate their emotions. Some of our interventions designed to support

children's social, emotional and mental health may involve the following; stroking a back, squeezing an arm, rocking gently, cuddling, sitting on an adult's lap, or hand or foot massage.

A child's views are always respected and if at any point they respond negatively or ask that they are not to be touched, then the adult must always follow their wishes, unless positive handling is being used to keep them safe. In these instances staff members will use their professional judgement based on the safety of the child and those around them. Please refer to each school's Behaviour Policy.

## **12. Complaints**

Should parents/carers be unhappy with any aspect of their child's care, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of Melissa Ford, Inclusion Leader or a member of the senior leadership team, who will, where necessary, bring concerns to the attention of the head teacher.

If the situation remains unresolved, then a letter outlining the concern should be sent formally to the Clerk to the Governors at the school address.