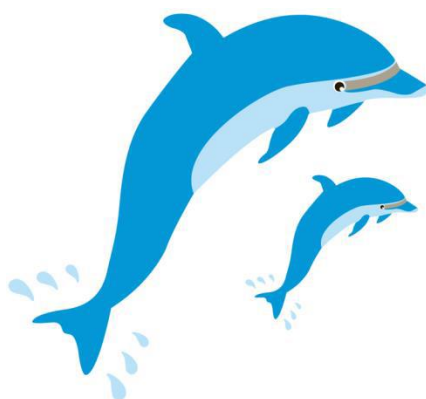


# Brookburn Primary School



## TOILETING & INTIMATE CARE POLICY 2015

Brookburn Community Primary School  
Toileting and Intimate Care policy BK and LC  
Policy approved by GB January 2016  
Review date January 2020

## TOILETING & INTIMATE CARE POLICY 2015

This policy has been devised in response to the increasing number of children who are not toilet trained when entering the Early Years Foundation Stage but also covers other children within school.

Brookburn 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. Brookburn recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas.

In most cases, such care will involve cleaning for hygiene purposes as part of a staff member's duty of care.

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs.

The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children wherever possible.

### **Background**

Most children achieve continence before starting school full time. With the development of early year's education and the drive towards inclusion, however, there are many more children in mainstream education who are not fully independent. Some individuals remain dependant on a 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.

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

- Late developers: The child may be developing normally but at a slower pace.

- Children with some developmental delay: Many of these children are now in mainstream settings.
- Children with physical disabilities, long term continence development/management plans are likely to be needed.
- Children with behavioural difficulties: Delayed toilet training may be part of more general emotional/behavioural difficulties

### **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 school solely because of a manageable condition.

At Brookburn we will 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.

At Brookburn, we will always aim to develop our ability to cope with the needs of children who are incontinent in line with Special Educational Needs and Disability Act.

### **Admission Procedures**

Parents **must** indicate that their child has a continence problem (including not being toilet trained) upon admission to Brookburn.

Before admitting a child who has a continence problem, we will meet to draw up a continence care plan agreed by school, the parents/carers and colleagues from Health and the Continence team, where necessary.

Where the problem is around delayed toilet training, the plan will include information about how parents/carers will endeavour to ensure independent toileting. The expectation will be that, using the information provided by school and following the plan, the parents/carers will achieve independent toileting in time for the child's admission to school.

A review meeting will be held to discuss progress upon admission to school and further meetings may be necessary in exceptional circumstances.

We will specify the people who will be carrying out the care duties. Parents will be informed if there is a change of staff. We will consult with the child as well as the staff involved in carrying out the care.

### **The protection of children**

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. bruises, soreness etc. he/she will immediately report concerns to the designated teacher for Child Protection.

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 as part of the process.

If a child makes an allegation against a member of staff, all necessary procedures will be followed.

### **Practice**

Written permission to give intimate care must be obtained from the parent/carer within the care plan. For children on a Child Protection Care Plan, the Social Worker will be informed. School will be responsible for providing gloves, plastic aprons, a bin and liners to dispose of any waste. The waste can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste.

Staff will use the appropriate equipment e.g. mats, plastic apron and gloves.

Parents will supply the necessary change of clothing, wipes, bags.

Children should be changed by an employed member of staff to protect the child's dignity and encourage them to become independent. Another employed member of staff must be informed before the child is helped to change.

Any child protection concerns should follow the normal routes.

### **Special Needs**

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to IEPs and Care Plans for each child. As with all arrangements for intimate care needs, agreements between the child and those with parental responsibility and the school should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought in regular reviews of these arrangements.