

Warley Road Primary School

Intimate Care & Needs Policy



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INTIMATE CARE NEEDS

Calderdale Guidance



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Calderdale Children and Young People's Services Directorate

Draft: January 2008

FORWARD

Children and young people with intimate care needs are often complex and are supported by a number of agencies. This guidance has been produced in consultation with the following partners:

Children and Young People's Services Directorate – Vulnerable Children Service, Learning Services, Family Services, Business Improvement

Calderdale HealthCare NHS Trust – School Nursing Service / Health Visiting Service

Representatives from Calderdale Headteachers

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INTRODUCTION

“Everyone Different – Everyone Matters”

Calderdale Council’s Ambition Statement acknowledges that all children and young people are different but that everyone matters. With our partners we want to support all children and young people in Calderdale to achieve their full potential.

Our aim is for all children and young people in Calderdale to:

- be brought up in a caring and safe place
- be healthy
- be listened to and heard
- get the knowledge and skills they need for life
- meet with other young people from different backgrounds and walks of life and
- easily get in touch with any service they need

Children and young people have different individual needs and aspirations and need different levels of support to achieve their potential. Inclusive Learning must be key to our educational practice. One of the Council’s key priorities in the Children and Young People’s Plan, is ensuring that:

“we effectively address the needs of vulnerable children and young people through educational opportunities for personalised learning and development.”

Purpose

This guidance is to support the inclusion of children with diverse needs in relation to the Disability Discrimination Act (DDA) and the Equal Opportunities Act, where all children are treated with equal concern and professionals have regard to relevant anti-discriminatory practice.

This complies with Calderdale’s Inclusion policy to support children within a range of education and care settings, and Calderdale’s “Access to Education for Children and Young People with Medical Needs” policy which ensures that pupils with medical needs receive the health related support to enable them to be included in school life.

KEY TO SUCCESS

If there are no particular reasons related to health, emotional wellbeing or developmental delay why a child has not become continent then continence achievement should be uncomplicated if a positive and structured approach is used.

Delayed continence may be linked with delays in other aspects of the child's development, and will benefit from a planned programme worked out in partnership with the child's parents. A health care plan could be used effectively to ensure that a programme and strategies are in place.

There are professionals who can help with advice and support. Some Health Care Professionals will be involved with children from pre-school through to school leaving age. In the main these are Health Visitors and School Nurses.

The Calderdale Child Health Promotion Programme is the framework within which the Health Visiting Service operates. Health Visitors see pre-school children and their families to offer a universal service to all, and any identified need progresses to targeted interventions. (Calderdale Child Health Promotion Programme revised September 2007).

At the universal eighteen months to three years review it is part of the Health Visiting contact to enquire about toilet training. If this has not yet started or the child is not ready the Health Visitor will ask the family to contact them if this has not been achieved by the age of three years. This will then allow time for a toilet training programme to be instigated with parents well in advance of the child entering school.

To put pre school children and toileting into context the following information may be useful. Children achieve bladder and bowel control when they are physically ready and want to engage in the process. The time varies from child to child but by the age of three years nine out of ten children achieve bladder control on most days. Most of these children have the odd 'accident' especially if they are excited, upset or absorbed in an activity (DoH 2006).

Many parents are able to help their children to achieve bladder control quite easily and some require support to help their children through a toilet training programme.

KEY TO SUCCESS

Some children with complex medical needs may never achieve continence. It is advisable that in these instances a health care plan is put in place to support the child. (Calderdale's "Access to Education for Children and Young People with Medical Needs " policy – revised November 2006)

At school entry all parents and carers are asked to complete a health questionnaire. Identified health needs will be followed up by the School Nursing Service as appropriate. School staff may also refer children into the School Nursing Service if there are development concerns.

Any health and development issues raised will be discussed with the parent/carer and addressed appropriately. In some cases there will need to be referral to other services for further advice.

In cases where it is felt appropriate to develop a toileting programme in school the school nurse can advise on this.

Parents are more likely to be open about their concerns about their child's learning, emotional wellbeing and development and seek help, if they are confident that they and their child are not going to be judged for the child's delayed learning.

The Disability Discrimination Act (DDA)

The DDA provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against.

Achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a nursery/school setting. In some cases this one developmental area has assumed significance beyond all others. Parents are sometimes made to feel guilty when this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising.

This is also reflected in the current curriculum guidance:-

Birth to Three Matters (DFES 2004) acknowledges that children develop control of their bodies and physical skills at their own pace and in their own way.

Curriculum Guidance for the Foundation Stage (QCA/DFEE 2000) acknowledges that practitioners should ensure that all children should feel included, secure and valued.

They must build positive relationships with parents in order to work effectively with the family and children.

It is also reflected in the 'The Early Years Foundation Stage' – curriculum guidance which is due to be implemented in September 2008.

Education providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development.

Children should not be excluded from normal educational activities solely because of incontinence.

In the light of the Disability Discrimination Act, changes will be required where blanket rules about continence have been a feature of a setting/school's admissions policy.

It is unacceptable to refuse admission to children who are delayed in achieving continence.

Any admission policy that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings/schools are expected to make reasonable adjustments to meet the needs of each child.

The Disability Discrimination Act (DDA) requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements.

Schools and settings also need to set in motion action that ensures they provide an accessible toileting facility if this has not previously been available. The Department of Health has issued clear guidance about the facilities that should be available in each school. (Good Practice in Continence Services, 2000). Schools should recognize the need for unrestricted access to non-threatening toilet facilities, including one extended cubicle with wash-basin per school for children with disabilities etc. Schools should also have available clean, fresh-water drinking facilities.

Schools and settings should consider the following issues:

Health and Safety

Schools and settings registered to provide education will already have Hygiene or Infection Control policies as part of their Health and Safety policy. This is a necessary statement of the procedures the setting/school will follow in case a child accidentally wets or soils him/herself, or is sick while on the premises. The same precautions will apply for nappy/ pad changing.

This is likely to include:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled nappies/ pads to be double wrapped, or placed in a hygienic disposal unit if the number produced each week exceeds that allowed by Health and Safety Executive's limit .
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands.

Asking parents of a child to come and change a child is likely to be a direct contravention of the DDA, and leaving a child in a soiled nappy/ pads/pants for any length of time pending the return of the parent is a form of abuse.

Forward planning needs to be considered re arrangements for day trips, and residential visits.

Facilities

Schools and settings are admitting younger children, some of whom, by virtue of their immaturity, are likely to have occasional accidents, especially in the first few months after admission.

Current DCSF recommendations for purpose built Foundation Stage units include an area for changing and showering children in order to meet the personal needs of young children. There is also evidence that there is a trend for the parents of children with more complex needs to request a place for their child in a mainstream school. A suitable place for changing children therefore, should have a high priority in any setting/ school Access Plan. The Department of Health recommends that one extended cubicle with a wash basin should be provided in each school for children with disabilities.

If it is not possible to provide a purpose built changing area, then it should be made possible to provide a safe and appropriate changing surface that ensures safety for the child and adult. Safe moving and handling practice must be ensured at all times (Calderdale Moving and Handling Policy/ Guidance – July 2004).

A 'Do not enter' sign (visually illustrated) can be placed on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child. Clean, fresh water and drinking facilities should be available at all times.

Child Protection

The normal process of changing a nappy should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. Few setting/schools will have the staffing resources to provide two members of staff for changing children that are soiled or wet and CRB checks are carried out to ensure the safety of children with staff employed in childcare and education settings.

However there may be exceptional circumstances whereby two members of staff are required. e.g. where a child has been seriously sexually abused or where a child is known to be distressed and anxious about being changed. In these cases a risk assessment should be done to minimise any distress to the child whilst at the same time reducing anxiety in staff. For example one member of staff to be watchful and on hand to assist whilst changing is taking place not necessarily in the same room but available to assist if needed. A student on placement should not change a nappy unsupervised.

Children should be encouraged to do as much as possible for themselves with regard to cleaning and dressing. Setting/school managers are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities carried out on site.

Agreeing a procedure for personal care in your setting/school

Schools/ Settings should have clear written guidelines for staff to follow when changing a child, to ensure that staff follow correct procedures and are not worried about false accusations of abuse. Parents should be aware of the procedures the school/ setting will follow should their child need changing during their time there.

Your written guidelines will specify:

- Who will change the nappy/pad
- Where nappy/pad changing will take place
- What resources will be used (Cleansing agents used or cream to be applied)
– Calderdale Council Health and Safety endorse the DoH Guidance on Infection Control in Schools and Nurseries (1999) that states “household bleach should not be used for urine spills but should be used for other contaminants e.g. vomit, faeces.
- How the nappy/pad will be disposed of
- What infection control measures are in place e.g. personal protective equipment
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries

Schools/ settings may also need to consider the possibility of special circumstances arising, should a child with complex continence needs be admitted. In such circumstances the appropriate health care professional will need to be closely involved in forward planning and this should be included in a child’s individual health care plan.

The ultimate aim is for the child to be independent in changing themselves and staff should work towards this.

Resources

Depending on the accessibility and convenience of a setting/school's facilities, it could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing the child can be a positive, learning time. However if there are several children who have continence issues in a school/setting, there could be clear resourcing implications .

It is the responsibility of the Headteacher and the Governing Body to ensure that individual needs are met and resources appropriately allocated within the school/setting from the school's delegated budget. Within the school the foundation stage teacher or co-ordinator should discuss with the Headteacher the need for additional resources from the school's delegated budget to be allocated to the Foundation Stage to ensure that the children's individual needs are met where this is felt to be necessary.

With the enhanced staffing levels of provision within the private, voluntary or independent sector, allocating staff to change the children should not be an issue.

Job Descriptions

In schools it is likely that most of the personal care will be undertaken by one of the teaching assistants on the staff. There are some schools where teachers also take a turn with this task, but we recognise that this does not often happen. Occasionally a school will say that offering personal care is not in the job descriptions of their teaching assistants. We recommend that if this is the case this is included at the next review. Certainly any new posts should have offering personal care to promote independent toileting and other self-care skills as one of the duties. Training in this area could be provided in collaboration with the School Nurse.

In settings personal care will be undertaken by all staff caring for the children and therefore should be included in their job descriptions.

Partnership Working

In some circumstances it will be appropriate for the setting/school to set up a home-school/setting agreement through a health care plan that defines the responsibilities of each partner and the expectations that each has of the other. This might include:

The parent agreeing to:

- ensure that the child is changed at the latest possible time before being brought to the setting/school
- Providing the setting/school with spare nappies and a change of clothing
- the procedures that will be followed when their child is changed at school – including the use of any cleanser or the application of any cream
- inform the setting/school should the child have any marks/rash
- ‘minimum change’ policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home unless the child is on a toilet training programme
- review arrangements should this be necessary

The school/ setting agreeing to:

- change the child during a single session should the child soil themselves or become uncomfortably wet
- the number of times the child would be changed should the child be staying for the full day
- monitor the number of times the child is changed in order to identify progress made
- report should the child be distressed, or if marks/rashes are seen
- review arrangements should this be necessary.

This home school/setting agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child’s needs.

Targets for improving continence can include:-

- Increasing the child’s awareness that there is a problem
- Going to the toilet at regular intervals or specific times
- Going to the toilet independently
- Ability to manage him/herself after using toilet
- Ability to tell adult if he/she has had an “accident”

Partnership Working

It is important that there is a consistent approach to the issue by the school/setting and the home. Regular monitoring and review of the circumstances is beneficial and forward planning is required when the child is due to change setting/school.

References

Leicester City LEA guidance for all Foundation Stage providers

www.surestart.gov.uk

Toileting Issues for Schools and Nurseries (Leicester, Leicestershire and Rutland Specialist Community Child Health Services) Available from Early Years Co-ordinator (SEN) Early Years Support Team, New Parks House, Pindar Road, Leicester, LE3 9RN or e-mail early.yearssupport@leicester.gov.uk

Enureris Resource & Information Centre (ERIC), 34 Old School House, Britannia Road, Kinswood, Bristol, BS15 8BD. Telephone: 0117 960 3060
Website www.eric.org.uk

Good Practice in Continence Services, 2000. Available free from Department of health, PO Box 777, London SE1 6XH or www.doh.gov.uk/continenceservices.htm

Implementing the Disability Discrimination Act in schools and early years settings – Department for Education and Skills 2006. Website www.teachernet.gov.uk/publications

Index for Inclusion (CSIE2001)

Personal care is not abuse www.asbah.org

Moving and Handling Policy/Guidance – Calderdale Children and Young People's Services (amended July 2004)

Access to Education for Children and Young People with Medical Needs – Calderdale Children and Young People's Services (amended November 2006).

Access to Education for Children and Young People with Medical Needs – DFES 2001

Local Directory

- Head of Vulnerable Children Service – Sue Steven 01422 394123
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- School Link Officer Early Years – Kim Porter – 01422 394087
- Clinical Nurse Specialist - Continence – Linda Greenman – 01422 307300
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