Policy Connections

This policy should be read in conjunction with Supplementary Guidance for policies (covering Philosophy; Ethos; Audience, Monitoring & Evaluation; and Supporting Learning Beyond the School) all other relevant policies, including Child Protection, Health and Safety, Administration of Medicines and Care and Control.

Aims

The aims of this document are;

- To provide guidance to staff
- To safeguard the dignity, rights and well being of pupils/students
- To reassure parents/carers that appropriate systems and protocols are in place

Definition

Staff work closely with parents/carers to ensure consistency in the personal/intimate care needs below:

- Feeding
- Oral care
- Washing/showering
- Dressing/undressing
- Toileting
- Menstrual Care

Procedure

Staff will encourage each child to be as independent as possible in aspects of personal care and some of these aspects are addressed in termly Personalised Learning Outcomes targets.

Each bathroom area has Changing Guidelines with clear protocols for hygiene and safety, it is essential that staff adhere to these. This includes reminders to ensure **all equipment is to hand,** plastic gloves and aprons worn, used items placed in yellow bags and changing beds wiped down with antiseptic spray.

When appropriate, individual Moving and Handling plans identify equipment and moves. These plans are kept in the pupil Key Information files in class and must be read and adhered to. They are updated as necessary and for the Annual Review. Staff have regular Moving and Handling training and updates as and when necessary from identified staff or therapists. Training is recorded centrally and on an individual basis. When children have complex moving and handling needs, **temporary or welfare assistants can assist more experienced members of staff; but they should not be placed in the lead position.**

Feeding guidelines are written for all pupils (up to and including KS4 and for identified FE students). These are displayed at each mealtime and are followed closely. In addition some children have feeding guidelines written by a Speech and Language Therapist and these outline protocols for food consistency and ways to assist chewing and swallowing. Copies of these should also be in Key Information Files for use by class staff.

During PSHCE children learn and practise dressing, washing and teeth cleaning, (parental permission is sought for this on annual Parental Data sheets). When children are in Secondary classes (and earlier if appropriate) boys and girls get changed in separate rooms. Some children may require extra bathing due to individual home circumstances, class staff work closely with parents/carers to assist in this area; with the ultimate goal for parents/carers to take responsibility for this.

Communication with children

When undertaking personal care, it is the responsibility of staff to ensure that they are aware of the child's method of communication and the level at which they can communicate.
To ensure the most effective communication the carer should:

- Make eye contact at the child's level
- Use simple language and repeat if necessary
- Allow time for the child to make a response
- Continue to talk to the child even if there is no response
- Treat the child with dignity and respect at all times.

Working with children of the opposite sex

Arrangements for personal care are organised within class teams. These are reviewed regularly (the TA3 in each class oversees arrangements). For older pupils requiring intimate care, staffing (same or opposite sex) is considered on an individual basis.

The Protection of Children

Research shows that children who need help with intimate care are statistically more vulnerable to exploitation and abuse. All staff are trained in Child Protection and Safeguarding procedures and adhere to these in all aspects of their work. Children will be taught personal safety skills carefully matched to their level of ability, development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Designated Safeguarding Lead. If a child appears sexually aroused, misunderstands or misinterprets an action/instruction, the incident is reported to the DSL.

Date of policy: January 2023
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Kathryn Veevers