

# St. Alphege CE Federation of Schools

## Guidance on Developing Personal Care in Schools



June 2008 (reviewed January 2016)

## **PREFACE**

Inclusive education has led to an increase in the number of children with medical and personal care needs in all types of schools, but especially in mainstream schools.

These guidelines have been produced by a multi-disciplinary group to assist schools and support staff in meeting their duties and responsibilities towards these children.

The guidance is for the **information** of health care professionals.

The document has been reviewed and approved by

Education and Childrens' Services Directorate  
Care Trust  
Local Safeguarding Children Board

The document will be distributed to all Solihull Local Authority schools. It will be advised that the document should be acted upon and then filed with the "Administration of Medicines in Schools" policy document.

June 2008

## CONTENTS

INTRODUCTION .....	3
AIMS.....	3
LEGAL IMPLICATIONS FOR SCHOOLS .....	3
General Legal Principles.....	3
Members of Staff Administering Medicines .....	4
Members of Staff Duty of Care.....	4
The Disability Discrimination Act 1995 (as amended) .....	4
Example of Discrimination.....	5
Accessibility Planning.....	6
Duties under the Disability Discrimination Act 2005.....	7
DEFINITION OF PERSONAL CARE.....	7
BASIC PRINCIPLES .....	9
Vulnerability to Abuse.....	9
Occasions Involving Appropriate Physical Contact Between Members of Staff and Pupils.....	10
Working with Parents in Partnership.....	10
Ensuring Confidentiality .....	11
STAFFING CONSIDERATIONS .....	11
Job Descriptions .....	11
Other Staffing Considerations.....	12
Insurance .....	12
Staff Training.....	12
Resource and Staffing Implications .....	13
GENERAL ISSUES.....	13
Short-term Care.....	13
Good Practice Guidance.....	13
Child/Pupil Voice.....	13
Safety in the Changing and Hygiene Areas.....	13
Supporting Material.....	13
MODEL POLICY FOR SCHOOLS.....	<b>Error! Bookmark not defined.</b>

In this document the term child/children will be used to refer to children and young people. The term parent/s is used to refer to parents, carers and legal guardians.

## **INTRODUCTION**

Following the implementation of the Special Educational Needs (SEN) and Disabilities Act 2001, an increasing number of children with disabilities and medical needs are being included in mainstream educational settings. A significant number of these children require assistance with personal care, especially toileting management. In many settings, this is a new duty that requires clear guidance in order to avoid causing anxiety for members of staff, the children themselves and their parents.

This guidance is a response to requests for clear principles and guidance on the issue of supporting personal care needs with specific reference to toileting. It should be considered as supplementary to the advice previously issued in the documents

“Managing Medicines in Schools and Early Years Settings” DfES (Department for Education and Skills) 2005 - now DCSF (Department for Children, Schools and Families)

“Including Me – Managing complex health needs in schools and early years settings” CDC/DCSF 2005

“Medicines for children & Young People” Department of Health 2004

“The Administration of Medicines in Schools”, (Red File), Solihull LA., 2006

## **AIMS**

This guidance aims:

- To provide advice and reassurance to staff
- To safeguard the rights and well being of children
- To assure parents that members of staff are knowledgeable about personal care and that individual concerns are taken into account

## **LEGAL IMPLICATIONS FOR SCHOOLS**

This section sets out a summary of the legal frameworks relevant for schools in the management of continence needs. This guidance does not constitute an authoritative legal interpretation of the provisions of any enactments, regulations or common law: That is exclusively a matter for the courts.

### ***General Legal Principles***

The Governing Body of a school must act in accordance with Section 175 of the Education Act 2002 and “Safeguarding Children and Safer Recruitment in Education” (DfES 2006) and “Dealing with Allegations and abuse against Teachers and other Staff” (2005).

Schools must take seriously their responsibility to safeguard and promote the welfare of the pupils and members of staff in its care.

Local Authorities and school Governing Bodies / Headteachers are responsible for the health and safety of children and in their care.

Schools must therefore have regard to health and safety legislation, which will require them to:

- assess the risks of supporting a child with personal care needs
- introduce measures to control identified risks
- inform their employees about the measures taken to address any risks
- ensure that employees support children with personal care needs in accordance with training and instruction.

Children with complex health needs may be more at risk than their peers. Members of staff may need to take additional steps to safeguard the health and safety of such children.

Individual medical procedures may be required to ensure that those children who are at risk are supported. Close liaison with health professionals will be important. It will also be important that members of staff are aware of manual handling guidelines. The employer is responsible for making sure that all relevant members of staff know about and are, if necessary, trained to provide any additional support these children may require.

### ***Members of Staff Administering Medicines***

(Ref: The Administration of Medicines in Schools – September 2006 Solihull NHS Primary Care Trust and Solihull MBC)

There is no legal or contractual duty on any member of staff to administer medicine or supervise a child taking it. Some members of staff may have specific duties to provide medical assistance as part of their contract of employment. However, where an emergency arises, members of staff should take swift action to assist the child.

### ***Members of Staff Duty of Care***

Anyone caring for children, including teachers and other members of staff in charge of children, has a duty of care to act like any reasonably prudent parent. Members of staff need to make sure that children are healthy and safe. In exceptional circumstances, the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to members of staff facilitating activities taking place off site, (e.g. visits, outings, field trips, etc.).

### ***The Disability Discrimination Act 1995 (as amended)***

The Disability Discrimination Act applies to maintained schools (community, foundation or voluntary school or any community or foundation special school not established in a hospital), to maintained nurseries, to independent schools, to special schools not maintained by the Local Authority and to private, voluntary and statutory providers of early years services that are not constituted as schools.

The Disability Discrimination Act (DDA) defines a disabled person as  
“...someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities...”

Protection against discrimination is provided under the act for any child who meets this definition. A number of children with disabilities are delayed in reaching continence and some never attain it. It should be noted that not all children with continence difficulties meet the definition of disability provided in the DDA. Where the DDA applies, schools are required to take reasonable steps to ensure that children with disabilities are not treated less favourably than non-disabled children in relation to admissions, exclusion from school and education-related activities. The DCSF has issued Guidance, *Implementing the Disability Discrimination Act in Schools and Early Years Settings* (DfES 0160-2006 DOC-EN), which outlines the steps that schools and settings can take to ensure that they do not contravene the Act.

### **Example of Discrimination**

***It is unacceptable to refuse admission to any child who is delayed in reaching continence, whether or not they fall into the definition provided by the act.***

Any admissions policy for a school/setting that sets a blanket standard of continence (or indeed any other area of development) for all children is likely to be discriminatory and therefore unlawful under the DDA. Each child needs to be dealt with on an individual basis, and where he/she is disabled there is a duty on the school / setting to make reasonable adjustments to ensure that the child is included in the school/setting.

Furthermore, 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 or in soiled clothing for any length of time pending the return of the parent *may* constitute a form of abuse.

The *Disability Rights Commission – Code of Practice for Schools* provides an example of discrimination in relation to continence.

**Para 5.17 of the Code of Practice**

A mother seeks admission to a nursery school for her son who has Hirschsprung's disease. The school explains that they could not admit him until he is toilet trained. That is their policy for all children.

*Q. Is this less favourable treatment for a reason related to the pupil's disability?*

A. The child has difficulty in establishing bowel control as a consequence of having Hirschsprung's disease, so the reason given is related to the child's disability.

*Q. Is it less favourable treatment than another child gets if the reason (for the treatment) does not apply to the other child?*

A. The treatment he receives has to be compared with a child to whom that reason does not apply, that is, the comparison is with a child who is continent. A child who is continent is not asked to delay admission to the school. It is less favourable treatment than is given to a child who is continent.

*Q. Is it justified?*

A. In this case the decision was not based on any assessment of the circumstances of the particular case but on a blanket policy and so there is unlikely to be a material and substantial reason. **It is likely that this is unlawful discrimination.**

**Accessibility Planning**

Under the Act, Governing Bodies are under a duty to draw up accessibility plans to improve access to education for disabled children. The strategies and plans have to address three distinct elements of planned improvements in access for disabled pupils:

- Improvements in access to the curriculum
- Physical improvements to increase access to education and associated services
- Improvements in the provision of information in range of formats for disabled pupils.

Under Part 4 of the Disability Discrimination Act, the Governing Body of a maintained school must provide information in their annual report, or any such recommended replacement instrument (e.g. the school profile), about arrangements made for disabled pupils at the school. The Governing Body must explain the admission arrangements for disabled pupils, how the Governing Body helps disabled pupils gain access, and what it will do to make sure they are treated fairly.

In 2008 the governing body at St. Alphege investigated the possibility of installing a lift. It was not viable.

The Secretary of State for Education and Skills has powers to direct schools if it is thought that the school has not complied with the planning duties or has acted unreasonably in carrying out the duties.

## ***Duties under the Disability Discrimination Act 2005***

The Disability Discrimination Act 2005 further extends Schools duties to promote equality in accessing education. The Act places a duty on Governing Bodies to:

- promote equality of opportunity between disabled persons and other persons
- eliminate discrimination that is unlawful under the Act
- eliminate harassment of disabled persons that is related to their disabilities
- promote positive attitudes towards disabled persons
- encourage participation by disabled persons in public life; and
- take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.

The specific duty regulations require the relevant public authorities to produce and publish a Disability Equality Scheme, to implement certain aspects of the Scheme and to report on it.

The scheme should include a statement of:

- The way in which disabled people have been involved in the development of the Scheme
- The school's methods for assessing the impact of its policies
- The steps which the school will take towards fulfilling its general duty (the "action plan")
- The school's arrangements for gathering information in relation to employment, and its delivery of education and its functions
- the school's arrangements for putting the information gathered to use, in particular in reviewing the effectiveness of their action plans and in preparing subsequent schemes.

In light of the Governing Body's duties under disability legislation, it is very important that children with disabilities are supported and that the school has in place clear practices for ensuring that the school is accessible for disabled children.

## **DEFINITION OF PERSONAL CARE**

Personal care encompasses those areas of physical and medical care that most people carry out for themselves. Some are unable to do so because of disability/medical need, developmental delay or stage of development.

Children may require help with eating, drinking, washing, dressing and toileting. Help may also be required with changing colostomy bags, managing catheters or other appliances. In some cases, it may be necessary to administer rectal medication.

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 that this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising.

Whatever the cause of such problems, schools are frequently asked to cope with the practical effects of incontinence on a daily basis. There are a number of sensitivities with regard to children who have toileting/continence difficulties, not the least of which concern the child's and family's self-esteem, the need for privacy and confidentiality, and the potential for name-calling/bullying owing to body odour.

There are many reasons for a child having difficulties with continence, including medical conditions, syndromes and developmental issues, such as:

- **Autistic Spectrum Disorder**
  - a lifelong, non-progressive neurological disorder characterised by language and communication deficits, withdrawal from social contacts and extreme reactions to changes in the immediate environment
- **Cerebral Palsy**
  - a collective name for the problems that can happen as a result of damage to the cerebrum.
- **Crohn's Disease**
  - an inflammatory bowel disease characterised by severe chronic inflammation of the intestinal wall or any portion of the gastrointestinal tract
- **Colostomy**
  - a surgical procedure in which your colon is cut and brought to the outside through the abdominal wall to create an artificial opening or "stoma
- **Constipation**
- **Degenerative conditions, e.g. Muscular Dystrophy**
- **Emotional problems**
- **Hirschsprungs disease**
  - a rare disorder of the bowel, the symptoms of which can include constipation, distension of the bowel and vomiting
- **Imperforate Anus**
  - a congenital abnormality in which the anus is not fully formed.
- **Renal problems, including catheterisation**
- **Irritable Bowel Syndrome**
  - a bowel condition characterised by abdominal pain and by wide variations in the frequency and predictability of bowel movements.
- **Spina bifida**
  - the incomplete development of the spinal column, which can cause difficulties with bladder and bowel control

This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young adults.

## **BASIC PRINCIPLES**

Personal care can take substantial amounts of time and can be an enjoyable experience for the child and for the carer(s). It is essential that every child is treated as an individual and that care is given as gently and sensitively as possible. The child should be encouraged to express choice and to have a positive image of his/her body. Members of staff should:

- Receive appropriate training for the tasks they are undertaking
- Re-assure children and their families regarding the management of personal care needs.
- Ensure that children feel safe and secure.
- Ensure that children are respected and valued as individuals.
- Ensure that children have a right to privacy, dignity and a professional approach from members of staff when meeting their needs.
- Ensure that children have the right to information and support to enable them to make appropriate choices.
- Ensure that children have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
- Ensure that children and young adults have the right to know how to complain and have their complaint dealt with.
- Ensure that there is a child's personal care plan designed to lead to independence (Ref: *"Managing Medicines in schools and early years settings"* DfES and Department of Health, March 2005)
- Ensure that children are supported to ensure that personal care needs are managed in such a way as to minimise any impact on education
- Are sensitive to individual cultural needs

### ***Vulnerability to Abuse***

Children with disabilities have been shown to be particularly vulnerable to abuse. It is essential that all members of staff are familiar with the school's safeguarding procedures, the Solihull Local Children Safeguarding Board's procedures ([www.solihull.gov.uk/staysafe](http://www.solihull.gov.uk/staysafe)) and with the child's own Care Plan.

The following are factors that increase the young person's vulnerability.

- Children with disabilities may have less control over their lives
- They may receive less sex and relationship education and so may be unable to recognise abuse
- They may have multiple carers because of placement in residential care, foster care or hospital
- Differences in appearance or signs of abuse may be attributed to the child's disability rather than to abuse

- They are not always able to communicate what is happening to them

Personal care may involve contact with the private parts of the child’s body and may leave members of staff vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on members of staff to act in accordance with agreed procedures.

### **Occasions Involving Appropriate Physical Contact Between Members of Staff and Pupils**

These issues need to be discussed within the whole school team and will always depend upon circumstance, age dependency and if there are identified people who will be responsible. It is not possible to legislate for every occasion or situation.

<b>Type of contact</b>	<b>Some examples</b>
Taking a child’s hand	Child in need of encouragement, safety while crossing road
Hand or arm around shoulder	Upset child, reassurance, positive reinforcement
Holding child or sitting on knee	Reassurance, comfort, support for physically disabled child
Holding child’s body in PE lessons	Safety, physical support
Assisting in changing for PE/swimming, e.g. help to remove clothes	Children who need help and physical assistance to change into PE kit
Taking hold of children in confrontational situation	Trained members of staff intervening where pupil(s) safety is at risk from others
Cleaning/intimate care	Children who are unable to complete toileting independently (Health Care Plan)

These could be situations which, in the members of staff’s professional duty of care, may involve hands on contact to keep children safe.

### ***Working with Parents in Partnership***

Establishing effective working relationships with parents is a key task for all schools and is particularly necessary for children with special care needs or disabilities. Parents should be encouraged and empowered to work with professionals to ensure their child’s needs are properly identified, understood and met. They should be closely involved in the preparation of Personal Care Plans since arrangements for personal care should be informed by parent’s experiences of how this process can be made comfortable and appropriate for the child. These plans will clearly explain which procedures are carried out and by whom.

Plans for the provision of personal care should be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for

on-going and emergency communication between home and school, monitoring and review. It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents and all those involved.

### ***Ensuring Confidentiality***

Confidentiality is an important issue. All schools should have, as part of their safeguarding policy a confidentiality section which is shared with all members of staff, parents and, wherever possible children and young people.

Care plans and other sensitive information about a child should be shared only with those who need to know, such as parents or other members of staff who are specifically involved with the child. Escorts and others should only be told what is necessary for them to know to keep the child safe.

Parents and children need to know that, where members of staff have concerns about a child's well-being or safety arising from something said by the child or an observation made by the members of staff, the designated member of staff for child protection will be informed.

Schools are advised to keep a record of more complex interventions and have a mechanism for reporting any issues arising.

## **STAFFING CONSIDERATIONS**

Schools should have regard to the following considerations in ensuring that they have members of staff, with appropriate CRB clearance, available to support children with personal care needs.

### ***Job Descriptions***

The members of staff likely to carry out personal care tasks for children are teaching assistants and learning support assistants. Personal care in schools can only be provided by those who have specifically indicated a willingness to do so, either as part of their agreed job description or other arrangements. It is strongly recommended that job descriptions for all members of staff, regardless of whether children in their specific class or group have toileting needs, contain personal care and toileting tasks. If not, it is possible to raise the discussion at the next review so as to explore the issue and to ascertain the person's views.

All new posts for members of staff likely to be affected should have personal care/toileting tasks written into their contracts of employment. Candidates should be made fully aware of what will be required and this should be detailed in their job description before accepting the post. Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.

## **Other Staffing Considerations**

When accepting of a job within the setting, members of staff must be clear about their role in personal care. Ideally, members of staff should have completed an approved manual handling course.

All members of staff must receive safeguarding children training and in particular safeguarding training every 3 years as a minimum.

The whole school should foster a positive ethos, culture of good practice, teamwork and high standard of care. Members of staff must be aware of Risk Assessment and Health and Safety policies within the school.

## **Insurance**

Members of staff may be anxious about taking responsibility for supporting children with complex health needs because they fear something ‘going wrong’. In the event of a successful claim for alleged negligence it is the Local Authority or employer, not the employee, who is held responsible. This is unless, of course, the member of staff has not followed their employer’s policy.

## **Staff Training**

It is important that the school should provide appropriate training to all members of staff involved in supporting children with personal needs. For example, members of staff should receive training in good working practices, which comply with health and safety regulations such as the wearing of rubber gloves for certain procedures and methods for dealing with body fluid spillages, disposal of waste and sharps; in safe moving and handling, and; safeguarding children procedures. Staff should be aware of the documents “The Administration of Medicines in Schools”, Solihull NHS Primary Care Trust and Solihull MBC, 3<sup>rd</sup> edition September 2006, and “Infectious Disease Control in Schools and Day Nurseries”, Health Protection Agency, Birmingham and Solihull Unit, March 2006. Schools have been supplied with copies of both documents.

Professional development activities on personal care will depend very much on the unique circumstances of that school or setting, obviously accounting for the needs of the children attending the provision. It is, however, beneficial to anticipate on a whole setting basis the full range of needs that children present with; as well as considering tailor-made training for those members of staff who provide specific personal care services.

All professional development activities undertaken should be monitored and recorded to reflect on the impact such activities have had on the inclusive provision offered. It is imperative for the school and individual members of staff to keep a dated record of all training undertaken.

## ***Resource and Staffing Implications***

Trained members of staff should be available to substitute and undertake specific personal care tasks in the absence of the appointed person

Schools should monitor the number of pupils with special requirements and attention should be made to the impact this can have on staffing and other resources. [Refer to School Access Initiative Fund Guidelines]

## **GENERAL ISSUES**

### ***Short-term Care***

There will be occasions when as a result of injury or hospitalisation a child will return to school with short-term personal care needs. In this case, it is hoped that the hospital will advise the school on the care needs for the child. It will be good practice for a team around the child comprising family, school, and health professionals to plan for and monitor those care needs.

### ***Good Practice Guidance***

#### **Child/Pupil Voice**

It is important that the child should know what is happening to them and should be able to express an opinion. So, members of staff should explain to the child what is going to happen, using the same terminology at an appropriate level and using augmentative forms of communication where appropriate. Pupils' views about their preferred carer and sequence of care should be considered and members of staff should be responsive to children's reactions and positively respond to their requests. All children should have the right to privacy, personal space and time alone. Children should be involved with their own care plan

#### **Safety in the Changing and Hygiene Areas**

Members of staff involved with intimate care should wear appropriate protective gloves and clothing, which should be disposed of in accordance with health and safety regulations. Soiled waste from changing should also be disposed of appropriately. The area should be left hygienically cleaned and members of staff should deal with their own personal cleanliness following changing the child. Children should be correctly lifted in accordance with training. Wherever possible, adults of the same sex as the child would assist with toileting.

#### ***Supporting Material***

- “Managing Medicines in schools and early years settings “ DfES and Department of Health, March 2005
- “Seeking Consent (working with children)” Department of Health 2001
- “Chaperone Policy for Intimate Examination” Solihull Primary Care Trust 2005

- “Intimate Care- A Model Policy for Schools” Dorset For You 2007
- “Physical Contact Guidance for School and Other Educational Staff” East Sussex County Council 1998
- “Guidelines for Staff who Provide Intimate Care for Children and Young People who have Disabilities Scottish Executive
- “Working Together to Safeguard Children” Department for Education and Skill 2007.
- Schools within the West Midlands, respite providers and local health facilitators.

## **St. Alphege C of E Federation of Schools Personal Care Policy**

### **Introduction**

St. Alphege CE Federation of Schools is committed to ensuring that all members of staff responsible for the personal care of children will undertake their duties in a professional manner at all times.

We recognise that there is a need to treat all children with respect when personal care is given. Children should be looked after in a way that does not cause distress, embarrassment or pain.

### **Definition**

Personal care is any care which involves washing, touching or carrying out an intimate procedure (such as cleaning up after a child has soiled him/herself) to personal intimate areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. We will ensure that all relevant members of staff receive appropriate training. In these cases of specific procedure only members of staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

### **Our Approach to Best Practice**

The management of all children with personal care needs will be carefully planned. The child who requires personal care is treated with respect at all times; the child's welfare and dignity is of paramount importance. Parents will be involved in the planning for the child's needs or in the production of a health care plan and the relevant permissions will be sought from them.

Members of staff who provide personal care are trained to do so (including Safeguarding and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children who need special arrangements following assessment from other professionals.

Members of staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Members of staff will encourage each child to do as much for himself/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible, a child will be looked after by one adult, unless there is

a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible members of staff should only care personally for an individual of the same sex.

However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female members of staff supporting boys in our schools, as no/few male members of staff are available.

Personal care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Children**

The policies of the school for Child Protection and the Solihull Local Safeguarding Children Board procedures will be adhered to.

All 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 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 looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

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

All members of staff will be required to confirm that they have read the Solihull document 'GUIDANCE ON DEVELOPING PERSONAL CARE IN SCHOOLS' and of the need to refer to other policies the school may hold for clarification of practices and procedures.

This policy was evolved by consultation between members of staff and school's governing body and was approved in January 2016

This policy will be reviewed in January 2019.