



Norfolk County Council
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Children's Services

Educational Psychology and Specialist Support

Information Paper for Schools

Guidance for intimate care and toileting of disabled pupils in mainstream schools

INTRODUCTION

An increasing number of children and young people with disabilities and medical conditions are being included in mainstream settings. A significant number of these pupils require adult assistance for their personal and intimate care needs.

In order to meet their responsibilities under Disability Discrimination and Equalities legislation, schools must make 'reasonable adjustments' to avoid disabled pupils being put at a substantial disadvantage to their non-disabled peers. These adjustments may include the provision of personal and intimate care.

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. Disabled pupils in mainstream schools may be unable to meet their own care needs for a variety of reasons and will require regular or occasional support.

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 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.

Help may also be needed with changing colostomy bags, catheters and other such equipment. It may also require the administration of rectal medication. Guidance on these medical interventions should be sought from relevant Health professionals. Guidance on administration of medicines can also be found in the document 'Managing medicines in schools and early years settings' available from DfE publications.

This guidance is based on information in 'The Dignity of Risk' produced by the Council for Disabled Children, National Children's Bureau and Shared Care Network, and the guidance of other Local Authorities including Surrey and Devon County Councils.

With thanks to Norfolk Family Voice, Children's Services and Health colleagues for their comments and support in the production of this guidance.

For ease of reading, continence products of all types are referred to as 'nappies'.

For parents, please read 'parents, carers or other person with parental responsibility'

THE LEGISLATION

The Equality Act 2010 (and previously the Disability Discrimination Act) 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, Diabetes, visual and hearing impairments, ADHD, Autistic Spectrum Disorder, gross obesity and HIV/AIDS 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 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 to make reasonable adjustments to ensure less favourable treatment does not occur.

The current Disability Equality Duty requires schools to promote positive attitudes towards, and eliminate harassment of disabled people. From April 2011 the General Equality Duty will require schools to 'eliminate unlawful

discrimination, harassment or victimisation' of disabled people. Establishing good practice in intimate care procedures will help a school meet its duties in these and other areas of the Duty.

An admission policy that sets a blanket requirement for continence, or any other aspect of development, for all children is discriminatory. Schools should be reviewing all policies and practices to ensure compliance with the law.

AIMS

The aim of this document is to:

- Provide guidance and reassurance to staff
- Safeguard the dignity, rights and well being of disabled children and young people, and
- To assure parents and carers that staff are knowledgeable about intimate care and that their child's individual needs and concerns are taken into account
- To protect pupils from discrimination, and ensure an equality of opportunity for all children and young people in Norfolk schools

Many schools will have a policy in place that has worked well to date in matters of intimate care. It is important that this policy is reviewed to ensure that it is non-discriminatory. For example, a common policy for schools has been to request parents to attend to deal with toilet accidents. However, where a disabled child is incontinent as a result of his impairment, his/her welfare needs must be met by the school.

PRINCIPLES

- Children and young people should be encouraged to express choice and to have a positive image of their body
- Children and young people have the right to feel safe and secure
- Children and young people have the right to remain healthy
- Children and young people should be respected and valued as individuals
- Children and young people have a right to privacy, dignity and a professional approach from staff when meeting their needs
- Children and young people have the right to information and support to enable them to make appropriate choices
- Children and young people have the right to complain about their intimate care and have their complaint dealt with
- A pupil's Intimate/Personal care plan should be designed to lead to as much independence and control as possible

VULNERABILITY TO ABUSE

Disabled children and young people are particularly vulnerable to abuse and discrimination. It is vitally important that all staff members are familiar with the school's Safeguarding and Child Protection policy and procedures.

Disabled children can be more vulnerable to abuse because:

- They often have less control over their lives than their peers
- They do not always receive appropriate sex and relationships education, or if they do may not understand it, so are less able to recognise abuse
- They may have multiple carers through residential, foster or hospital placements
- Changes in appearance, mood or behaviour may be attributed to the child's disability rather than abuse
- They may not be able to communicate what is happening to them

Intimate care that involves touching the private parts of a disabled pupil may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk, but the vulnerability places an important responsibility on staff to work in accordance with agreed procedures.

Where there have been accusations or incidents of abuse in the past, or the risk of such is assessed as high, then two staff members should be present at all times during intimate care procedures.

PARTNERSHIP WITH PARENTS

Partnership is important in all educational environments and is especially vital in relation to intimate care. Parents and carers have information to make the process as comfortable as possible, and knowledge and understanding of religious/cultural sensitivities.

Prior permission must always be obtained from parents/carers before intimate care procedures are carried out.

Exchanging information with parents is essential via telephone, personal contact or correspondence, though no information about intimate care should be recorded in home/school books.

MULTI-AGENCY WORKING

Disabled pupils will be known to a number of other agencies, and it is important that positive links are made with all those involved in the child's care. This will enable the school to take account of the skills, knowledge and expertise of other professionals, and will ensure that the pupil's well being and development remain the focus of concern. It is good practice for a school to

nominate a named member of staff to co-ordinate links with other agencies. In practice, this role often falls to the SENCO or other senior staff member.

Achieving continence is a milestone usually reached before a child starts at school, but for many disabled children it is delayed or is never possible. Health professionals will be able to advise on the likely development of an individual child based on their knowledge of the impairment. Assistance with the management of toileting needs should be provided sensitively to allow maximum access to the curriculum, the whole life of the school, and dignity in front of staff and peers.

THE PUPIL VOICE

It is important that the child or young person, subject to their understanding, is allowed to express a preference regarding his/her intimate care. Terminology for private parts of the body and functions to be used by staff should be agreed. It is the responsibility of all staff caring for a child or young person to be aware of the method and level of communication used. This could include signs, symbols, eye pointing or vocalisations.

DESIGNATED STAFF

Recruitment and selection of staff to be involved in intimate care should be made following the usual Criminal Records Bureau checks, equal opportunities and employment rights legislation. Personnel providing intimate care are in a position of great trust and responsibility, and the importance of their role in promoting personal development of pupils is invaluable.

Where intimate care is not detailed in a job description, then only staff members who have indicated a willingness to do so should be required to perform such tasks. All staff carrying out these tasks should be properly trained and supported.

Wherever possible, staff should work with pupils of the same sex in providing intimate care, respecting their personal dignity at all times. It is recognised that there are more female than male support staff in schools meaning that boys will often be supported by a female adult. Male adults should not normally be involved in providing intimate care for girls. Religious and cultural values must always be taken into account.

The number of adults required to carry out procedures will depend upon individual circumstances and should be discussed with all concerned. To preserve the child's privacy and dignity one adult will normally be in attendance. Where there are concerns around Child Protection, previous allegations or moving and handling issues then two adults should provide care. Knowledge of the child should be used to help assess the risk. It is essential that all staff are familiar with the Child Protection Policy and

Procedures, and if there are any concerns, they should be recorded and discussed with the school's Designated Person for Child Protection.

Any adults assisting with intimate care should be employees of the school.

Trained staff should be available to cover for absences.

Where appropriate staff should receive Moving and Handling training.

A SUITABLE ENVIRONMENT

Most schools will now have an accessible toilet but some of the older facilities will not have sufficient room for a changing bed or hoist. Every school should be planning to have a fully accessible changing area (detailed in the school's Access Plan) if one is not already available.

Schools admitting a disabled pupil with intimate care needs should liaise with Health Professionals and Norfolk Children's Services Planning and Building Department to organise timely adjustments.

In addition to a suitable facility schools should also consider:

- The availability of hot and cold running water
- Protective clothing including aprons and gloves
- Nappy disposal bags
- Supplies of nappies (provided by family – often from the Health Authority)
- Wipes and cleaning cloths
- Labelled bins for the disposal of wet and soiled nappies. (Soiled items should be double-bagged.)
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials, anti bacterial sprays and handwash for example
- Appropriate clean clothing (preferably the child's own)
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls

INTIMATE CARE PLANS

Where a routine procedure needs to be established, a care plan should be prepared in consultation with all relevant parties. It is vital that care plans are prepared prior to admission, and where possible opportunities are made for the pupil and family to meet the staff who will be providing intimate care. The plan should be signed by all who contribute and reviewed on a regular basis.

When writing a plan, whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, school visits, swimming etc
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc)

Any plan should be clearly recorded to ensure clarity of roles, responsibilities and expectations. A procedure should be included to explain how concerns arising from the intimate care process will be dealt with.

TRAINING

The requirement for training will vary between schools and will be influenced by the needs of individual pupils. The school nurse, and specialist Health professionals will offer support. For intimate care needs, training and advice to staff should include how to deal with sexual arousal in the young person if appropriate.

Designated staff may require training in safe moving and handling. A referral form is available at Appendix 7.

Where basic care is required (similar to that normally provided by any parent or carer) then little or no training may be necessary.

In the case of medical procedures such as catheterisation then specialist training is vital before any procedure is undertaken.

GOOD PRACTICE IN INTIMATE AND PERSONAL CARE

- Getting to know the pupil before working with him/her
- Being aware of any cultural or religious sensitivities related to aspects of intimate care
- Speaking to the pupil by name and ensuring that they are aware of what intimate care is to take place
- Addressing the pupil in an age appropriate manner
- Agreeing terminology for parts of the body and bodily functions that will be used by all
- Respecting a pupil's preference for a particular sequence of care

- Giving clear prompts in an appropriate way to allow the pupil to anticipate and prepare for events eg. show a clean nappy to indicate the intention to change, or a sponge for washing
- Encouraging the pupil to do as much as possible for themselves
- Always seeking the child's permission to carry out a task
- Providing facilities that allow dignity and privacy
- Keeping records as required

THE NORFOLK VISION

We believe that all children and young people have the right to be happy, healthy and safe; to be loved, valued and respected; and to have high aspirations for their future.

We welcome your comments on this guidance paper. Please contact:
kim.barber@norfolk.gov.uk

Cecil Gowing Infant School Intimate Care Policy



Approved by Staff: September 14
Approved by Governors: September 14
Review date September 2016

Signed I. Stubbs Date; 25.9.14
Headteacher

Signed F. Hardman Date; 25.9.14
Chair of Governors

Appendix 1

Cecil Gowing Infant School Intimate Care Policy

Introduction:

Cecil Gowing Infant School is committed to ensuring that all staff responsible for intimate care of children and young people will undertake their duties in a professional manner at all times.

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act/Equality Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

We recognise that there is a need for children and young people to be treated with respect when intimate care is given.

No child shall be attended to in a way that causes distress, embarrassment or pain.

Staff will work in close partnership with parents and carers to share information and provide continuity of care.

Definition:

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. Disabled pupils may be unable to meet their own care needs for a variety of reasons and will require regular support.

Our approach to best practice:

- The management of all children with intimate care needs will be carefully planned.
- Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and fully aware of best practice.
- Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
- There is careful communication with any pupil who requires intimate care in line with their preferred means of communication to discuss needs and preferences.
- Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation.
- Pupils will be supported to achieve the highest level of independence possible, according to their individual condition and abilities

- Individual care plans will be drawn up for any pupil requiring regular intimate care
- Two members of staff will usually be present when pupils require intimate care, with careful consideration given to respecting the pupil's personal dignity.
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the 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
- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This information should be treated as confidential and communicated in person, via telephone or by sealed letter (not via the home school diary)

Child Protection:

The Governors and staff of Cecil Gowing Infant School recognise that disabled children are particularly vulnerable to all forms of abuse. Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.

If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Person for Child Protection. If a child becomes distressed or unhappy about being cared for a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.

Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.

If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

This policy was adopted by the Governing Body on.....

It will be reviewed on

Appendix 2

Record of other agencies involved

Pupil's name:.....

DoB.....

| Name/Role | Address/Phone/e-mail |
|-----------------------------|----------------------|
| Parent/Carer | |
| GP | |
| School nurse/Health visitor | |
| Continence adviser | |
| Physiotherapist | |
| Occupational Therapist | |
| Hospital consultant | |
| Educational Psychologist | |
| Social Worker | |
| | |
| | |

Appendix 3

Toileting plan discussion with parents/carers

Record of discussion with parents/carers

Pupil's name:..... DoB.....

Date of meeting:.....

Persons present.....

| | Details | Action |
|--|---------|--------|
| Working towards independence Eg. taking pupil to toilet at timed intervals, rewards | | |
| Arrangements for nappy changing Eg. who, where, privacy | | |
| Level of assistance needed Eg. undressing, hand washing, dressing | | |
| Moving and handling needs Eg. equipment, training needs, hoisting equipment | | |
| Infection control Eg. wearing gloves, nappy disposal | | |
| Sharing information Eg. nappy rash, infection, family/cultural customs | | |
| Resources needed Eg. toilet seat, step, nappies, creams, nappy sacks, change of clothes, gloves | | |
| Other | | |

Appendix 4

Intimate care checklist (can be used as preparation for plan)

Planning for intimate care

Pupil's name:..... DoB.....

Admission date

| | Discussion | Actions |
|---|------------|---------|
| <p>Facilities</p> <p>Suitable toilet identified? Adaptations required?</p> <ul style="list-style-type: none"> • Changing table/bed • Grab rails • Step • Locker for supplies • Hot and cold water • Lever taps • Mirror at suitable height • Disposal unit/bin • Hoist • Other moving and handling equipment • Emergency alarm • Other | | |
| <p>Family provided supplies</p> <ul style="list-style-type: none"> • Nappies/pads • Catheters • Wipes • Spare clothes • Other | | |
| <p>School provided supplies</p> <ul style="list-style-type: none"> • Toilet rolls • Antiseptic cleanser • Cloths/paper towels • Soap • Disposable gloves/aprons • Disposal sacks • Urine bottles • Bowl/bucket • Milton/sterilising fluid • Other | | |

| | | |
|--|--|--|
| <p>Good practice</p> <ul style="list-style-type: none"> • Advice sought from Health professionals? • Moving and Handling Co-ordinator? • Parent/carer views • Pupil's views • How does child communicate? • Agree use of language to be used • Preferences for gender of carer • Training required for staff? • Awareness raising for all staff • Other | | |
|--|--|--|

| | | |
|--|--|--|
| <p>PE issues</p> <ul style="list-style-type: none"> • Discreet clothing required? • Privacy for changing? • Other <p>Specific advice for swimming</p> <ul style="list-style-type: none"> • From parents/carers • From Health professionals • Moving and Handling Co-ordinator | | |
|--|--|--|

| | | |
|--|--|--|
| <p>Support</p> <p>Designated staff Back-up staff Training for back-up staff Transport School visits After school clubs</p> <p>Toilet management/intimate care plan to be prepared</p> <ul style="list-style-type: none"> • By whom • When • To be reviewed when | | |
|--|--|--|

Appendix 5

Permission form

Permission for school to provide intimate care

Pupil's name:.....

DoB:.....

Parent/Carer name(s):.....

Address:.....

.....

.....

I/We give permission for school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care
(if medication is changed or my child has an infection for example)

I/We understand the procedures that will be carried out and will contact the
school immediately if there are any concerns.

Signature:.....

Name:.....

Relationship to child:.....

Date:.....

Request for moving and handling assessment/staff training

| |
|---|
| Pupil name: |
| Contact name: |
| School: |
| Address: |
| Tel: |
| Pupil gender: |
| Date of birth: |
| Height and weight (if known): |
| Name of parent/carer: |
| Home address: |
| Tel: |
| Parental permission for this referral has been received: |
| NB. No work can proceed without parental permission |
| Reason for referral |
| Pupil's limitations (for example recent surgery, deteriorating condition etc) |
| Current mobility status (for example, non weight bearing, wheelchair user) |
| Any additional information: |
| Date: |

Please return this form via e-mail to: kim.barber@norfolk.gov.uk
Tel. 07795 332 954 for postal address or other enquiries
Appendix 8

Frequently asked questions

What if we have nowhere to change children?

If your school has no accessible toilet with a changing bed then it may be necessary to change the child in an alternative private and hygienic area. This should be a temporary arrangement (reasonable adjustment) and you should contact Norfolk Children's Services Planning and Buildings Department to discuss provision of suitable facilities. All schools should be planning to improve access for disabled pupils in their Access Plan as required by the Special Educational Needs and Disability Act 2001.

Is it OK to leave a child until parents arrive to change them?

Ask yourself if you would leave an injured child until the parents arrived. Leaving a child in a soiled nappy, or wet or soiled clothing for any length of time is a form of abuse. Asking the parents of a disabled child to attend school to change them is likely to be in breach of equalities legislation.

Won't that mean that adults will be taken out of the classroom?

Yes, but changing a child is unlikely to take more than ten minutes or so – not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target. The time spent changing the child can be a positive and learning time.

If a child needs changing on a regular basis, then preparing a care plan will clarify whether additional adult support, above that usually provided in the classroom, will be necessary to meet an individual pupil's needs.

Who provides the nappies?

Parents are responsible for the provision of nappies. Families will usually receive nappies from the Continence Service who may ask school how many nappies they require in order to calculate how many to supply to parents.

Do we have to dispose of nappies?

Nappies can be disposed of with normal waste unless there are very large quantities involved. Wet nappies should be single bagged and soiled nappies double bagged.

Is it OK to lift the child?

If an individual child needs help to get onto the toilet or onto the changing bed for example, then you should seek advice from the Moving and Handling Team via the referral form at Appendix 7. To ensure the safety of both staff and pupils a risk assessment must be carried out and appropriate equipment obtained. Some disabled children will need hoisting for intimate care and that should only be carried out by trained staff.

What if a member of staff refuses to change a child who has soiled?

The Disability Discrimination/Equality Act is clear that disabled children should be protected from discrimination and so a child who has soiled should be changed and enabled to return to the classroom as soon as possible to resume learning. The issue should not arise if designated support staff have been advised on appointment and induction, and existing support staff trained in relation to the school's duties under the law.

Is it true that men cannot be involved in intimate care procedures?

No. There is a positive value in both male and female staff being involved in intimate care tasks. All designated staff of whatever gender are CRB checked and given training in good practice. Male staff members will not usually be involved in the intimate care of girls. Where cultural or family reasons make a carer of the opposite sex unacceptable this must be respected.

Why does the child keep soiling when the family has told us that she is constipated?

Medication to resolve constipation difficulties will often result in leakage. The medication can take some time to resolve problems and the child may need more frequent care during this time. Health professionals involved with the child's treatment will be able to advise.

How do we stop the other children teasing him?

The Equality Duties means that schools have a duty to eliminate the harassment of disabled people. Changing a child promptly and discretely will minimise the attention drawn to him. Reasonable adjustments might include allowing privacy when changing for PE, appropriate clothing to avoid drawing attention to a nappy and systems for leaving class without fuss. The school should consider whether its anti-bullying policy addresses bullying of disabled pupils, and if the curriculum celebrates difference and promotes positive attitudes towards disabled people.

What if a child seems upset or anxious about his personal care?

If it is new or changed behaviour then it is important to ask the family whether anything has happened that may have led to the change. If you remain concerned you should follow normal Child Protection procedures.

What should I do if I am uncomfortable with what I have been asked to do?

Any intimate care procedures should be agreed by all concerned and you should feel able to request a review at any time. Speak to senior staff at school immediately expressing your concerns.