Toileting and Intimate Care Policy

Mepal & Witcham Primary School
a part of Ely Diocese Multi Academy Trust

This policy is in accordance with, and does not supersede, DEMAT's Intimate Care Policy.

Approved by the Governing Body: 09/11/24
Signed: Mr C Snuggs
Date: Nov 2024

Date to be reviewed: Dec 2025

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1. Aims

Mepal & Witcham CofE Primary School is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times.

The Local Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance Keeping Children Safe in Education(Sep 2019),Guidance for Safer Working Practice (May 2019).

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of safeguarding.

The school and Local Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

The school and Local Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

1.6 We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

This Intimate Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

2. Child Focused Principles of Intimate Care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

Definition
Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing.

It also includes supervision of pupils involved in intimate self-care.

3. Toileting - Best Practice

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However, it is inevitable that from time to time, some children will have accidents and need to be attended to. Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the foundation stage, there is wide variation in the time at which children master the skills involved in being fully toilet trained.

Children in the Early Years may be the following:

- Fully toilet trained across all settings;
- Fully toilet trained but regress for a little while in response to the stress and excitement of beginning school;
- Fully toilet trained at home but prone to accidents in new settings;
- Be on the point of being toilet trained but require reminders and encouragement;
- Not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme;
- Be fully toilet trained but have serious disabilities or learning difficulties;
- Have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage;
- Have SEND that makes it unlikely that they will be toilet trained during the Foundation Stage.

Admitting children who have continence problems into Foundation Stage and Key Stage 1 provision can present a challenge to schools. The purpose of this policy and guidelines is to identify best practice to achieve the full inclusion of such children.

Whenever possible, the following is recommended:

- Mobile children are changed standing up;
- Children in Early Years may be changed on a mat on a suitable surface;
- Children in Year 1 and above should only be changed in a toilet cubicle standing up, unless SEND needs warrant otherwise.

4. Equipment

Learning to toilet and change can be a positive learning opportunity to promote independence and self-worth. The school ensures the following:

- hot running water and soap;
- paper towels;
- PPE;
- cleaning equipment;
- bin;
- a supply of spare nappies, wipes and spare clothes (provided by the child's parent/carer).

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 several children with continence needs enter school, there are clear resource implications. Within our school, the teachers should speak to the SENCo and/or Headteacher to ensure the additional resources from the school's resources are allocated to ensure that the children's individual needs are met. This conversation needs to take place as soon as the staff member is made aware of continence needs of a child; ideally this information should be relayed to the staff member by the family member they meet with, during the FIRST home visit and certainly NO LATER than the first day the child starts officially at this school

5. Staff responsibilities

It is likely that one or more of the support assistants/early years' practitioners will undertake most of the personal care. Schools need to ensure that this issue is addressed as appropriate within overall staffing.

Teachers are responsible for facilitating, supporting and releasing teaching assistants to fulfil this role.

In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause (parents/carers will be expected to present proof of this to the school). School does not

have staffing levels to accommodate support teachers regularly leaving the class to attend to an individual's hygiene.

6. What the school expects of parents/ carers:

- Parents/carers will ensure that their child is continent before admission to school (unless the child has additional needs);
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs;
- Parents/carers must inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs;
- Parents/carers accept that on occasions their child may need to be collected from school.

We expect parents/carers to have used the summer holidays prior to their child starting here in September to toilet train their child if they are not already toilet trained.

7. Toileting in-school

Dedicated toilet facilities are available. Children have toilet areas assigned to them during the day; staff and visitors have separate toileting facilities.

Children are encouraged to use the toilets during periods outside of the learning i.e. morning, break, lunch and afterschool. Where a child asks to go to the toilet during learning time, the adults will ask if the child is able to wait until after the teaching and learning points e.g. finishing the key teaching input for children needed to achieve the lesson's objectives. Staff will monitor and should the child still need to go, then they will be permitted. Where a child is desperate and cannot wait for the teaching and learning input to finish, then they will be allowed to go.

It is important staff actively promote and encourage using the toilet outside of learning times to mitigate potential learning loss unless absolutely necessary.

Parents and carers must discuss with school any provisions and adaptations necessary for pupils with medical needs who require regular toilet breaks.

8. Special Educational Needs and Child Protection

The school recognises that some children with SEND and other children's home circumstances may result in children arriving at school with underdeveloped toilet training skills.

If a child's toileting needs are substantially different than those expected of a child his/her age, then the child's needs may be managed through an Individual Health Plan or alternatively they may be considered to be at the SEND support stage in the SEN Code of Practice due to a medical need or global developmental delay in their self care skills. A toileting program would be agreed with parents/carers as advised by a Health Professional.

Arrangements will be discussed with parents/carers on a regular basis and recorded on the toileting plan if necessary. If there is no progress over a long period of time, e.g. half a term, the SEND Coordinator, teaching staff and parents would seek further support, e.g. G.P's referral of child for specialist assessment.

Some children may have an Education and Health Care Plan before entering school. The plan will outline the child's needs and objectives and the educational provision to meet these needs and objectives. The EHCP will identify delayed self-help skills and recommend a program to develop these skills. 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.

The normal process of assisting with personal care, such as changing a nappy should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. DBS checks are rigorous and are carried out to ensure the safety of children with staff employed in our school.

Section 18 in the Government guidance 'Safe Practice in Education' states that:

'Staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.'

It is recommended that the adult who is going to change the child informs the teacher that they are going to do this. There is no written legal requirement that two adults must be present and schools will need to make their own judgement based on their knowledge of the child/ family.
Asking or telling parents/carers to come and change their child (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA, as is leaving a child soiled, which could be considered to be a form of abuse since it places the child at risk of significant harm.

Definition of disability under the Equality Act 2010

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. 5 The condition 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. It is also unacceptable to refuse admission to children and young people who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties, however children and young people with global developmental delay may be delayed in self cares. Education providers have an obligation to meet the needs of all children and young people. Children should not be excluded from activities because of incontinence. Admission policies which give(s) a blanket standard or statement 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 providers are expected to make REASONABLE adjustments to meet the needs of each child.

Where appropriate, parents/carers and school will need to agree to a toilet training programme.

In the very small number of cases where parents do not cooperate or where there are concerns of the following:

- the child is regularly coming to school/nursery in very wet or very soiled nappies/clothes;
- there is evidence of excessive soreness that is not being treated;
- the parents/carers are not seeking or following advice,

there should be discussions with the school's designated safeguarding lead about the appropriate action to take to safeguard the welfare of the child.

Note: Staff should take care (both verbally and in terms of their body language) to ensure that the child is never made to feel as if they are being a nuisance.

Should a child with complex continence needs be admitted, the child's medical practitioners will need to be closely involved and a separate, individual toilet-management plan may be required.

9. Intimate Care - Best Practice

Pupils who require regular assistance with intimate care have written Education Health Care Plans (EHCP) or intimate care plans agreed by staff, parents/ carers and any other professionals actively involved, such as paediatricians, school nurses, occupational therapists or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Where an EHCP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (e.g. has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by sealed letter, not through the home/school diary.

In relation to record keeping, a written record should be logged on Smartlog in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g.

support with catheter usage (see afore-mentioned multi-agency guidance for the management of long term health conditions for children and young people).

Accurate records should also be kept by logging on Smartlog when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. SEND advice suggests that reducing the numbers of staff involved goes some way to preserving the child's privacy and dignity. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

Any adult supporting a child with intimate care will wear protective gloves and a full disposable apron. Nappy changing will take place in the designated area on the designated mat. The adult carrying out the intimate care is responsible for ensuring that both he / she and the child wash their hands immediately afterward. The designated area will then be cleaned immediately by the adult.

Parents will be responsible daily for providing: pull ups / nappies, wipes and nappy sacks for the disposal of soiled nappies. Soiled nappies will be sent home for disposal by parents. Items used for intimate care are pupil specific and will not be shared with other children. In

the case of an emergency a child will be cleaned with cotton wool and tap water to prevent irritation to the skin and parents will be called immediately.

Pupils with SEND in EYFS requiring regular intimate care due to their additional will require a care plan as per this policy.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Whilst safer working practice is important, there might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products, if necessary, advice should be taken from the CCC Procurement Department regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

10. Safeguarding and Child Protection

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's child protection procedures will be adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils 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 pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated

Safeguarding Leader. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer (LADO) in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

11. Physiotherapy and Massage

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the EHCP that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils

Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence

Care plans should include specific information for those supporting children with bespoke medical needs.

12. Medical Procedure

Pupils with SEND might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the EHCP and will only be carried out by staff who have been trained to do so.

It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

13. Link to Other Policies

This document links to the following policies:

- Safeguarding policy.
- Staff code of conduct.
- Health and Safety policy.
- Special Educational Needs policy
- Equality Information and Objectives policy
- First aid policy
- Medical policy