

Guidance for Intimate Care and Toileting of Disabled Pupils in Mainstream Schools

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1. 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 the Equality Act 2010 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](#)

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[supporting pupils with medical conditions can be found on Schools' PeopleNet](#) or [directly from the GOV.UK website](#).

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'

2. The Equality Act 2010 Legislation

The Equality Act 2010 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, and 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 Disability Equality Duty requires schools to promote positive attitudes towards, and eliminate harassment 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.

3. 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

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- 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.

4. 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

5. 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.

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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.

6. 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.

7. 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.

8. 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.

9. 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.

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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.

10. 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 the Norfolk Children's Services Estates and Infrastructure team 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

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11. 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.

12. 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.

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.

13. 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

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- Giving clear prompts in an appropriate way to allow the pupil to anticipate and prepare for events e.g. 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

14. 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:

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