Toileting and Personal/Intimate Care Guidance for Schools and Early Years settings In Durham.

November 2024

Supporting the personal development of Children and young people and promoting inclusion.

This guidance sets out procedures for dealing with toileting and personal/intimate care tasks with utmost professionalism, dignity and respect for the child and the maintenance of highest health and safety standards possible. The aim being to safeguard pupils, parents, staff and the educational setting by providing a consistent approach within a framework which recognises the rights and responsibilities of everyone involved.

Introduction

The majority of children entering school will be toilet trained and able to manage their own personal care needs competently. However, some children may not be at

that stage due to several reasons including: developmental delay, medical needs, behavioural issues, learning difficulties or physical disabilities.

On the other hand, some children may be continent, but still have personal/intimate care needs due to difficulties accessing toileting facilities or dealing with personal care/cleaning tasks independently.

These children have an educational entitlement irrespective of their difficulties with toileting and personal care.

The Children Act 2004

The Children Act 2004 provides the legal basis for how agencies deal with issues relating to children. These guiding principles and common goals between the Government and relevant bodies have been laid down so that all individuals who are involved in caring for and supporting children, be it in the home, the work place, school or other area are aware of how children should be looked after in the eyes of the law.

Principles of the Act:

- To allow children to be healthy
- Allowing children to remain safe in their environments
- Helping children to enjoy life
- Assist children in their quest to succeed
- Help make a positive contribution to the lives of children
- Help achieve economic stability for our children's futures

Equality Act 2010

The Equality Act provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal activities of daily living. Anyone with a condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to children who have toileting/intimate care needs.

- Educational providers have an obligation to meet the needs of pupils with delayed personal development in the same way as they would meet the needs of pupils with any other developmental delay. Children should not be excluded from any normal pre-school or school activities because of incontinence and intimate/personal care needs.
- Any admission policy that sets a blanket standard for toileting, or any other aspect of development is discriminatory and therefore unlawful under the Act. All such issues must be dealt with on an individual basis and educational establishments are expected to make reasonable adjustments to meet the needs of each pupil.
- **It is essential to note that asking parents to come into the school or educational setting to change their child is a direct contravention of the Equality Act, as is leaving the child in a soiled/wet nappy/pad for any length of time pending the return of a parent a form of abuse/neglect.**

Supporting Pupils with Medical Conditions – statutory guidance DfE 2014.

In September 2014, a new duty was introduced for schools to make arrangements to support pupils with medical conditions. It is intended to help schools/governing bodies meet their legal responsibilities and sets out the arrangements expected based on good practice. The aim is to ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression.

Inclusive Culture

It requires commitment from everyone involved in the education and care of children to develop attitudes which support inclusive practice. Pupils with toileting or personal/intimate care needs who receive support and understanding from those acting in loco parentis are more likely to achieve their full potential across the range of activities within the school.

Intimate/Personal Care

Intimate/Personal Care can be defined as care tasks of an intimate nature, requiring close personal contact involving an individual's personal space, associated with bodily functions, personal hygiene and procedures due to medical conditions – which require direct or indirect contact with or exposure of the genitals. Examples include care associated with incontinence – wetting/soiling, catheterisation, menstrual management as well as tasks such as washing and bathing.

This document aims to:

- Provide guidance and advice to ensure pupils are not excluded, or treated less favourably, because they have toileting or intimate care needs, whether it is the occasional accident or on-going support.
- Ensure that regardless of their care needs, every child and young person can access care, play and learning experiences in our schools, preschools, day nurseries, out of school settings and children's centres
- Provide guidance and advice to ensure staff in educational settings are informed of their responsibilities towards children with care needs in line with

current legislation and that they are adequately supported so they can confidently and competently carry out their duties in meeting each child's individual needs.

- Educational settings should ensure that when staff are recruited their job descriptions clearly state that offering personal/intimate care, promoting independent toileting and self-care skills could be one of the tasks they undertake (See UNISON Guidance on supporting pupils at school with medical conditions).

Principles of Good Practice

Respect, dignity, sensitivity, choice and control:

Children who have difficulties in controlling their bladder/bowels or those who have not developed toileting skills have sometimes had a difficult start on the road to personal independence. Therefore, these children must be treated with respect, dignity and sensitivity. They should be offered choice and control in every way possible.

Sensitive arrangements:

Should be put in place to allow children to toilet at intervals to suit their needs and not at the demands of school routine or class requirements.

Child's preferences:

It is important to take into consideration a child's preferences, if the child indicates a preference for a particular sequence, then this should be followed rather than a sequence imposed by a member of staff. As long as all the necessary tasks are completed for the comfort and wellbeing of the child, the order in which they are completed is not important.

Encourage and promote independence and self-help skills:

Staff should encourage and promote independence and self-help skills as much as possible and give the child sufficient time to achieve. If handled correctly this can be the most important single self-help skill achieved, improving the child's quality of life, independence and self esteem. If handled incorrectly it can severely inhibit an individual's inclusion in school and community.

Aim for the highest levels of independence and autonomy in older children:

Older children especially (from key-stage 2 onwards), should be encouraged and supported to achieve the highest levels of independence and autonomy that are possible, e.g. in cleaning, undressing and dressing themselves.

Privacy:

Older cognitively able children may prefer to be left alone for privacy when toileting once they are seated safely. This is acceptable and staff need to adapt their input according to the wishes and needs of the child.

Positive Body Image:

The approach taken to provide a child's intimate care is very important – It conveys an image about what the body is worth. A positive body image should be encouraged; routine care should be relaxed, enjoyable and fun, with lots of praise and rewards for when the child has achieved goals. The carer's behaviour should be appropriate to the pupil's age.

Supporting with cleaning tasks in standing or lying down:

Only young children and those that are non-weight bearing should be changed in lying on a bench, older children should be cleaned and changed in standing or sitting on the toilet if possible.

Consistent approach between home-school:

It is important to develop a consistent approach between home and school. Therefore parents, schools and other professionals such as school nurses and specialist health visitors need to work together in partnership. In some circumstances, it may be appropriate to set up a home to school agreement or management plan that defines the responsibilities for each partner. The aim should be to work towards the earliest possible or the maximum levels of independence with toileting.

School staff:

There also needs to be a consistency of approach between school staff with necessary information being communicated to appropriate staff members. It is important that everyone feels part of a team as this ensures continuity and consistency of practice between staff. At least 2 members of staff need to be trained in the procedures/routine required so that if the key worker is absent for any reason the child is not compromised with regards to their care.

Confidentiality/routine and procedures:

Only key staff members should be aware of the routine and procedures. Confidentiality and the child's dignity should be respected at all times with regards to sharing of information between staff.

Resources and facilities:

Staff should be well supported with access to appropriate resources and facilities. Any specialist equipment and adaptations required should be accessed through the Occupational Therapist for Physical Difficulties SEND & Inclusion Team.

Home-school agreement:

An agreement needs to be in place for parents to provide spare nappies, cleaning wipes and spare clothing.

Staff training and information:

All staff supporting pupils with care needs, especially where the child is non-weight bearing or has specific medical needs, must receive appropriate information and training. Specialist nursing and health service staff should be involved to provide any relevant medical information, training and advice.

Care plans and risk assessments:

Educational settings should be aware of and implement appropriate health and safety procedures and risk assessments.

Educational settings should be aware of their duties and should ensure they comply to accommodate children who have toileting and intimate/ personal care needs.

Facilities/Resources

- All schools have an "anticipatory duty" with regards to their accessibility strategy. A suitable place for changing and carrying out intimate care with children should have high priority in any access plan. Appropriate toileting and changing facilities are an essential part of any treatment programme.
- It should be situated in close proximity to hand washing facilities.
- The child's privacy and dignity must be maintained at all times, it is not acceptable to change a child or carryout intimate care procedures in an

open-plan toilet area where other children are accessing the area at the same time. Staff need to consider means of ensuring privacy – installing a curtain or screen.

- A dual-purpose area, e.g. toilet block where there is enough space, can be converted into a designated screened off changing area with a 'do not disturb' sign to protect the child's privacy and dignity.
- The designated area should not compromise the safety of the child or member of staff.
- The designated area should be hygienic and warm. It should be accessible and easy to reach.
- In line with minimal manual handling policies it is advisable for schools to ensure they provide height adjustable changing benches which will eliminate the need for staff to change the child on the floor and reduce the need for staff to lift the child up onto the bench. The bench can be raised to an appropriate safe working height for the staff.
- When a child with highly complex needs is admitted to the school, the appropriate health team members, SEND Team OT and school SENCO need to be involved in the planning as there may be resource implications with regards to staffing and facilities. If specialist equipment or adaptations are required additional resources from the school's delegated SEN budget or LA funds may need to be allocated.

Safeguarding children/staff

- Parents should be made aware of the intimate care/toileting policy and must give consent for the child to be changed or the intimate care procedure to be carried out when they are under the care of the school or setting.
- A written log should be kept of all personal and intimate care interventions that take place. (See Appendix 2)
- Safeguarding children is everyone's responsibility. The normal process of changing a child who has wet/soiled should not raise child protection concerns and there are no regulations that indicate that two members of staff must be present to supervise the changing process to ensure abuse does not take place. Few educational establishments have the staffing resources to provide two members of staff for this; therefore, one member of staff is adequate to carry out the straight forward task of changing a child. The exception to the rule needs to be when there is a known risk of false allegation by a child, then a single practitioner should not undertake the changing task.
- Two members of staff may be required for more complex type of care procedures, this will need to be assessed on an individual basis in joint consultation with nursing teams, health colleagues and OT for SEND Team. However, it is important to note that no unnecessary staff should be present, and no other staff should interrupt the care procedure.
- All adults carrying out intimate care or toileting tasks should be employees of the school and enhanced DBS checks should already be in place to ensure the safety of children, therefore safeguarding should not be a concern and parents can be made aware of the fact that it may only be one member

of staff carrying out the changing task and there should be a written, agreed and signed consent form in place. (Appendix 1)

- Staff employed in childcare and educational establishments must act in a professional manner at all times.
- Students on work placement, voluntary staff or other parents working at the school/setting should not attend to toileting or intimate care tasks.
- Where the child is of an appropriate age and ability, their permission must be sought before any task is carried out.
- Staff carrying out the intimate care/toileting should notify a colleague when they are taking the child out of the classroom for this purpose, this should be done discretely and sensitively.
- The school or setting should remain highly vigilant for any signs of improper practice as they would for all activities carried out onsite.
- Any issues for concern, such as – physical changes in the child's presentation, any bruising or marks or any comments made by the child, should be recorded and reported to the line manager or head of establishment immediately. All normal Child Protection procedures should be followed.
- There should be careful communication between the child and key worker; the child should be made aware of the procedures according to their ability to understand. If the child becomes distressed or unhappy about being cared for by a particular member of staff, the matter should be looked into immediately and addressed with parents, appropriate agencies and all necessary procedures should be followed.
- Child Protection training should be an ongoing part of staff training.
- Younger children should not be left alone or unattended during toileting or changing procedures. Great care must be taken if the changing unit is any distance off the floor.
- When carrying out intimate/personal care in out of school premises, privacy and safety should be the main concern and part of the planning process should include ensuring that appropriate facilities will be available to carry out toileting and intimate care tasks.

Health and Safety

- Some children are more susceptible to infection due to the intimate nature of their medical needs, in this instance hygiene procedures are crucial in protecting pupils and staff from the spread of infections. Staff involved with toileting and intimate care should be trained in correct hand washing techniques and hygiene precautions. The educational setting should provide disposable vinyl gloves, aprons, liquid hand soap, disposable, paper towels and ensure there is access to hand washing facilities in close proximity to the changing area.
- There should be an agreed procedure in place for cleaning the child. Sensitivity and discretion should be used, washing and physical contact especially in intimate areas should be kept to a minimum and done only as necessary.
- All contaminated waste or marked items should be disposed of correctly in sanitary bins if possible and all staff should be made aware of these procedures. Arrangements should be made with the parents for soiled

clothing to be taken home and they should be stored in a designated place. A normal disposal bin can be used if a sanitary bin is not available, however, the soiled items need to be wrapped properly in nappy bags and any bins used for soiled items must be emptied at the end of each day.

- Any changing mat or bench should be thoroughly cleaned between each use with appropriate cleaning materials and detergents.
- Any spillages or leakages should be cleaned immediately using the appropriate equipment and cleaning materials. All staff should aim for high standards of hygiene around the changing/medical facilities.
- Schools and other settings registered to provide education will also have hygiene and infection control policies which are necessary procedures followed in the case of any child accidentally soiling, wetting or vomiting whilst on the premises.
- Any damaged or torn equipment such as changing mats should be immediately discarded.

Manual Lifting & Handling/Specialist Training

- Some pupils with physical disabilities may require manual lifting and handling. All staff undertaking these duties should have appropriate training and instruction to ensure they are competent and confident in their role. The Occupational Therapist for Physical difficulties SEND Team should be contacted to ensure all procedures are carried out in accordance with best practice and maximum degree of safety for the staff and child being cared for.
- Some children will enter the educational setting with complex difficulties and long or short-term medical conditions, which indicate the need for special procedures or intimate care arrangements. In this instance, multi-disciplinary teams will need to be involved for the appropriate advice, training and any necessary equipment and adaptations. Parental consent and involvement will be required to ensure they agree with the plans that are put in place.
- For this level of input, it is important to draw up written care/management plans and risk assessments so that all staff involved are aware of their roles, responsibilities and all risks are considered and addressed.

Medication/Ointments

- If requests are made by parents for application of medical ointments/creams, these should be prescribed by the GP/hospital and clearly labelled with the child's name. They should not be shared between other children and should be stored in a locked storage facility in line with the school's storage of medicines policy.
- Medication of this type which is prescribed can be applied in line with school policy on administering medications at school.

Personal Care for older children – year 3/key-stage 2

- Achieving continence and independence in toileting is one biggest milestones for children. However, for a number of reasons some children may not manage to achieve this. The target should be to aim for the highest

levels of independence possible for each child according to their abilities and medical needs.

- For children with ongoing needs there will be a point as they enter the upper key-stages, for their dignity and self esteem, when parents, school and relevant health professionals (Occupational Therapist) will need to discuss on-going needs and the provision of appropriate equipment such as hygiene toilet or seat to support with cleaning and selfcare tasks.
- By the time children leave primary school – their ongoing care needs should be assessed and support/equipment appropriate for their age/abilities identified so these can be in place ready for transition.

Parent/Carer Responsibility

- Parents/carers should provide spare nappies, cleaning wipes, underwear and spare clothing. Children with on-going incontinence will be entitled to nappies supplied through the continence services – this should be discussed with the GP practice.
- It is important to develop a consistent approach between home and school. Therefore parents, schools and other professionals such as school nurses and specialist health visitors need to work together in partnership. In some circumstances, it may be appropriate to set up a home to school agreement or management plan that defines the responsibilities for each partner. The aim should be to work towards the earliest possible or the maximum levels of independence with toileting.

Written Guidelines (Appendix 1)

As well as consent from parents, guidelines should specify:

- Type and level of care required.
- Advisory information regarding the procedures required.
- Who will change the child or carryout the toileting/personal care tasks?
- Where the care tasks will be carried out.
- What resources/equipment will be used?
- How the nappy/pad or other medical aids will be disposed of.
- What infection control measures are in place?
- What action will be taken if the child becomes distressed, or concerns arise?
- Agreement by parents to provide spare nappies, cleaning wipes, underwear or clothing. (Nursing staff are not able to provide nappies or wipes for use in an educational setting)
- Any School-Home-Professional agreement/toileting plan required.

End Note

This guidance covers a number of areas relating to the procedures required for toileting and intimate/personal care of children in educational settings. However, it must be accepted that there has to be a degree of flexibility and judgement within some situations.

This type of care may also involve some degree of risk; it may not be possible to eliminate all the risks. However, the balance should be on the side of safety. Every child is entitled to maximum safety, privacy and respect for dignity.

Supporting children with toileting and intimate care – promoting independence and self-help skills.

For further information on promoting independence and self-help skills in toileting – please refer to above document which is also available on the intranet.

Contact Details:

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Appendix 1
Personal/Intimate Care and Toileting Plan

(Form to be completed by School Head Teacher or SENCO)

Name of child: DOB:

School: Year Group:

Class/Teacher Name: Support staff/key worker:

Details of the care/procedures required and how often during the school day:

Details of prescribed medication and means of application

Member(s) of staff who will carry out the tasks - all staff need to be fully aware of toileting/intimate care plan and school policies.

Name: Signatures:

Where will the tasks be carried out and what equipment/resources will be required to safely carry out the procedures:

Infection Control and Disposal procedures in place:

Actions that will be taken if any concerns arise:

Parent's responsibility to provide:

Details of care plan, risk assessment, home-school communication:

Other professionals involved in care/advisory role:
(School Nurse, Health Visitor, Specialist Nurse, OT/Physio, SEND Staff)

Additional Information:

_____
(Delete as appropriate)

I/We have read the Intimate Care/Toileting Policy provided by the educational setting that my child attends. I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and are in agreement with the procedures proposed.

Name of Parent/Carer..... Signature: …….

Head/SENCO …… Signature: ……..

Date ……

Appendix 2

Pupil Name _____ Class _____

Toileting and Intimate/Personal Care Log

Date	Time	Details of the type of Care Carried out. (toileting, nappy change, other intimate/personal care task)	Carried out by	Signature