

Document Title	MLT Toileting and Intimate Care Policy
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Summary of Changes from Previous Version

Version	Date	Author	Note/Summary of Revisions
V2	Jan 2023	DHO	Adjustments made in line with latest guidance and Key model policy. Addition of generic permission form to respond to rising numbers of young children needing routine intimate care.

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1. INTRODUCTION

Staff who work with young children or students who have special needs will realise that there is often a need to provide intimate care and that this will require staff to be respectful of individual needs.

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the genitals. Examples include care associated with continence as well as associated tasks such as help with washing. Student's dignity will be preserved, and a high level of privacy, choice and control will be provided appropriate to their level of developmental need.

All students will require some degree of intimate care at some point during their educational journey. This could be due to routine 'accidents' which are experienced by the vast majority of students or, more rarely due to developmental or medical issues.

It is important that Academies ensure that staff who provide intimate care to students have a high level of awareness of child protection issues as the provision of intimate care obviously makes staff more vulnerable to accusation. Due to the sensitive nature of intimate care, staff behaviour is open to scrutiny and staff should work in partnership with parents/carers to provide continuity of care to students wherever possible.

The Maltby Learning Trust is committed to ensuring that all staff responsible for the intimate care of students will undertake their duties in a professional manner at all times. The Trust recognises that there is a need to treat all students with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2. PURPOSE OF THE POLICY

All students within the Maltby Learning Trust have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of the Academy's provision.

This policy sets out clear principles and guidelines on supporting intimate care with specific reference to toileting. It should be considered in line with the Child Protection and Safeguarding, Health and Safety and Supporting Pupils with Medical Conditions policies.

The Maltby Learning Trust will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day-to-day activities.
- No child with a named condition that affects personal development will be discriminated against.
- No child who is delayed in achieving continence or has other specific issues requiring intimate care (as defined below) will be refused admission.
- No child will be sent home or have to wait for their parents/carers due to problems resulting from a need for intimate care.
- Adjustments will be made for any child who has delayed incontinence.

3. LEGISLATION AND STATUTORY GUIDANCE

This policy supports the safeguarding and welfare requirements of Early Years Foundation Stage (EYFS) 2021 and the Equality Act 2010. It also complies with our funding agreement and articles of association.

The Trust will act in accordance with Section 175 of the Education Act 2002 and the most current version of the Government guidance 'Keeping Children Safe in Education' (Currently Sept 2022) to safeguard and promote the welfare of students at the Academy.

4. DEFINITION OF INTIMATE CARE

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; some students are unable to do this 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 students involved in intimate self-care.

Intimate care includes any activity required to meet the personal care needs of each individual child. Parents/carers have a responsibility to advise staff of the intimate care needs of their child, and staff have a responsibility to work in partnership with students and parents/carers.

Intimate care can include:

- Feeding
- Oral care
- Washing
- Dressing/undressing
- Toileting
- Menstrual care
- Treatments such as enemas, suppositories, enteral feeds
- Catheter and stoma care
- Supervision of a child involved in intimate self-care.

5. PRINCIPLES

The Maltby Learning Trust Toileting and Intimate Care Policy is based around a set of shared principles, in which students:

- Should be encouraged to express choice and to have a positive image of their body.
- Have the right to feel safe and secure.
- Have the right to remain healthy.
- Should be respected and valued as individuals.
- Have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Have the right to information and support to enable them to make appropriate choices.
- Have the right to complain about their intimate care and have their complaint dealt with.

- Care plan should be designed to lead to as much independence and control as possible.
- Who require intimate care are treated respectfully at all times; the child's welfare and dignity are of paramount importance.

6. THE ROLE OF STAFF

Any staff who may carry out intimate care will have this set out in their job description. This includes:

- Teaching Assistants
- Teachers
- Designated additional Associate Professionals.

No other staff members can be required to provide intimate care but may be asked to do so if provided with the correct training.

All staff at the Trust/Academy who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

Staff who provide intimate care are trained to do so and will be fully aware of best practice.

Apparatus will be provided to assist with students who have specialist needs and therefore need special arrangements following assessment from physiotherapist/occupational therapist/specialist nurse as required.

This will include:

- Training in the specific types of intimate care they undertake
- Regular Safeguarding training
- If necessary, Manual Handling training that enables them to remain safe and for the student to have as much participation as is possible.

Staff will be familiar with:

- The control measures set out in risk assessments carried out by the Academy
- Hygiene and health and safety procedures, including those related to COVID-19.

They will also be encouraged to seek further advice as needed.

Staff will be supported to adapt their practice in relation to the needs of individual students, taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible, staff who are involved in the intimate care of students will not usually be involved with the delivery of sex and relationship education to their classes as an additional safeguard to both staff and students involved.

All staff will ensure that:

- There is careful communication with each child who needs help with intimate care in line with their age and understanding to discuss the child's needs and preferences.
- The child is aware of each procedure that is carried out and the reasons for it.

- As a basic principle, students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves.

7. GENERAL PROCEDURES

- Individual Intimate Care Plans will be drawn up for students who require regular intimate care to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health (see below).
- Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care.
- Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented. However, in all circumstances, a second adult will be required to stay outside the room whenever a child needs intimate care.
- Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

8. PERMISSION TO PROVIDE INTIMATE CARE

For students who need routine or occasional intimate care (e.g. for toileting or toileting accidents), parents/carers will be asked to sign a Consent form.

For students whose needs are more complex or who need particular support outside of what is covered in the Consent form in Appendix 1, an Intimate Care Plan will be created in discussion with parents/carers (Appendix 2).

Where there is no Intimate Care Plan or parental consent for routine care in place, parental permission will be sought before performing any intimate care procedure.

If the Academy is unable to get in touch with parents/carers and an intimate care procedure urgently needs to be carried out, the procedure will be carried out to ensure the child is comfortable, and the Academy will inform parents/carers afterwards.

9. PARTNERSHIP WITH PARENTS/CARERS

Where students have routine, occasional 'accidents' they will be changed, or supported in changing (depending on age, stage of development and need) in the Academy. Soiled/wet clothes will be bagged (as per below) and students will be provided (where possible) with spare clothes or change into PE kit etc. If necessary, a parent/carers can be called to bring in spare clothing – parents/carers should not be asked to come into the Academy and change a child

unless the child specifically asks for this to happen. Parents/carers should always be informed that a child has had an accident and told where to find the soiled/wet clothes.

Where regular intimate care is required, the student's key worker in the Academy will work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan. The care plan will set out:

- What care is required.
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented).
- Additional equipment required.
- Child's preferred means of communication (e.g. visual, verbal). Agree terminology for parts of the body and bodily functions.
- Child's level of ability i.e. what tasks they are able to do by themselves.
- An acknowledgement and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Details for monitoring and reviewing in accordance with the child's development.

Parents/Carers are asked to supply the following where regular intimate care is required:

- Spare nappies.
- Wipes, creams, nappy sacks etc.
- Spare Clothes.
- Spare underwear.
- Any other identified consumables.

10. WRITING A CARE PLAN FOR INTIMATE CARE

Where a routine procedure is required, a care plan should be agreed in discussion with the child, Academy staff, parents/carers and relevant health personnel. A template form for this purpose can be found in Appendix 2. This might be used for a child who needs regular intimate care because they are not yet toilet trained, through to a child who has severe medical issues. Students who need to be changed occasionally due to routine accidents do not require a plan but will be covered by standing risk assessments and the parental Consent form (Appendix 1). Where a plan is required, it should be signed by all who contribute and reviewed on an agreed basis. A six-monthly review is recommended, but this needs to be more frequent if the circumstances/child's condition is changing. In developing the plan, the following should be considered:

Implications for the Academy:

- The importance of working towards independent self-care.
- Arrangements for home to Academy transport, sports day, performances, examinations, trips, swimming etc.
- Who will substitute in the absence of the appointed person/s?
- Strategies for dealing with pressure from peers e.g. teasing/bullying.
- Time required to implement and manage the plan.

Implications for classroom management:

- Seating arrangements in class so that they can leave class with minimal disruption to the lesson.

- Avoidance of missing the same lesson due to routines.
- Awareness of a child/young person's feelings about their own intimate care needs which could affect learning.
- Implications for PE, swimming etc. e.g., discreet clothing, additional time for changing.

All plans must be clearly recorded to ensure clarity of expectation, roles and responsibilities. They should reflect all methods of communication including emergency procedures between home, Academy and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

11. MEDICAL PROCEDURES

Students who are disabled or have additional medical needs might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures should be discussed with parents/carers and relevant medical professionals before being documented in the Health Care Plan or IEP. These procedures should only be carried out by staff who have been trained to do so for the specific child involved.

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 Local Authority 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.

12. FACILITIES/EQUIPMENT FOR UNDERTAKING INTIMATE CARE

Consideration needs to be given to the most appropriate space and facilities for the intimate care to take place. Under the Disability Discrimination Act 1995, all public buildings must have an accessible toilet, but in many instances, these are not adequate for students and young people who need additional equipment such as changing benches or hoists.

Advice should be sought from medical professionals, such as Occupational Therapists, as to how to provide a suitable environment which takes into account the needs and choices of a student who requires intimate care because of additional or medical needs. Decisions should take account of both the student and of other users in the building. It is necessary to look at issues such as proximity to the student's classroom, how to ensure privacy and dignity, the types of equipment needed, how to alert for assistance if required etc. Environmental advice pertinent to an individual student can be gained by contacting the Occupational Therapist (OT) who supports the student in the Academy/setting.

Minimum expectations are as follows:

- Intimate care procedures will be carried out in a designated changing area, for example accessible toilet or EYFS changing area, which is suitably equipped as required, for example, with a changing bed, supplies of equipment and refuse disposal facilities.
- Procedures will be carried out with the health and safety of staff in mind, including moving and handling and protection from infection risk.

When carrying out procedures, staff will be provided with:

- Protective gloves/PPE
- Cleaning supplies
- Changing mats
- Designated bins for disposal of body fluids

Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents/carers at the end of the day.

13. DEALING WITH BODY FLUIDS

Urine, faeces, blood and vomit will be cleaned up immediately, placed in a suitable 'body fluids' bin and disposed of safely by a specialist provider. The Trust has an approved list of providers which can be accessed through the Facilities Managers. When dealing with body fluids, staff wear personal protective clothing (disposal plastic gloves and aprons) wash themselves thoroughly afterward. Soiled student clothing will be bagged to go home or (with parent/carers's permission) disposed of in yellow sacks– staff will not rinse it. Students will be kept away from the affected area until the incident has been completely dealt with.

All staff maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

This policy aims to manage risks associated with toileting and intimate care needs and ensures that employees do not work outside the remit of their responsibilities set out in this policy.

14. MOVING AND HANDLING

Assisting personal care tasks may present challenges for moving and handling. With young students, it is important that staff are protected through appropriate changing equipment and Moving and Handling training. For older students with limited mobility, more specialist equipment may be required.

At all times the student's wishes and choices must be considered, but procedures must also take into account the safety of the people who are assisting. Manual handling risks need to be assessed and identified with measures put in place to reduce the risk as required. This may involve small items of equipment, such as grab rails or steps, or may be more complex equipment such as mobile or ceiling track hoists and electric height adjustable changing benches.

Advice as to the best moving and handling procedures to support an individual can be requested via the Occupational Therapy (OT) and Physiotherapy (PT) service specifically addressing the needs of the individual who requires the assistance. If the individual is not known to the student's OT or PT service, then a referral can be made. For students in mainstream education, it is possible to request formal moving and handling training for staff involved with an individual student person via the moving and handling service.

Academies are responsible for providing training for staff who deliver moving and handling. In the same way as an Intimate Care Plan is required, there also needs to be a clear protocol for the

moving and handling procedures identified for the task. This should clarify who and how these procedures are to be undertaken. This also needs regular review due to changing circumstances.

15. MULTI-AGENCY WORKING

Positive links with other agencies should be used to enable Academy based plans to take account of the knowledge, skills and expertise of other professionals. This will enable a focus to be kept on the needs of the child and will ensure the child's well-being and development remains paramount.

16. STUDENT VOICE

The child should be enabled, subject to their age and understanding, to express a preference regarding the choice of his/her carer, and sequence of care. Appropriate terminology for private parts of the body and functions to be used by staff should be agreed, it may be possible to determine a child's wishes by observation of reactions to intimate care.

Where there is any doubt that a child is able to make an informed choice on these issues, the child's parents/carers are usually in the best position to act as advocates. It is the responsibility of all staff caring for a child to ensure they are aware of the child's method and level of communication. Communication methods may include words, signs, symbols and body movements. To ensure effective communication with the child, staff should ascertain the agreed method of communication and identify this in the agreed Care Plan.

17. SAFEGUARDING

Staff are trained on the signs and symptom of child abuse which in line with the most recent version of Keeping Children Safe in Education and Rotherham Safeguarding Children Partnership guidelines and are aware of the DFES booklet 'What to do if you think a child is being abused' and will follow the guidance given.

If a member of staff is concerned about any physical or emotional changes, such as marks, bruises, soreness, distress etc. they will inform the Designated Safeguarding Lead (DSL) immediately. The Child Protection Policy will then be implemented.

Should a child become unhappy about being cared for by a particular member of staff, the Principal/Phase leader/SENDCo will look into the situation and record any findings. These will be discussed with the child's parents/carers in order to resolve the problem. If necessary, the Phase Leader/SENDCo will seek advice from other agencies. (Please remember that parental permission will be needed in order to talk to any agency about a specifically named child.)

If a child makes an allegation against a member of staff, the procedure set out in the Child Protection Policy will be followed and if necessary, a referral made to the LADO. If a member of staff is concerned about another member of staff's behaviour, they should follow the procedures in the Maltby Learning Trust Whistleblowing Policy.

18. 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 Academy's Safeguarding and Child Protection Policy and procedures as well as the statutory framework as laid out in the most current 'Keeping Children Safe in Education'.

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 student 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.

19. UNACCEPTABLE PRACTICE

Academy staff should use their discretion and judge each case individually with reference to the student's needs, but it is generally not acceptable to:

- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal Academy activities, including lunch, unless this is specified in their IHPs
- If the student becomes ill, send them to the Academy office or Medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents/carers, or otherwise make them feel obliged, to attend the Academy to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the Academy is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of Academy life, including Academy trips, e.g. by requiring parents/carers to accompany their child.

20. INSURANCE

The Maltby Learning Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the Academy's level of risk.

The Maltby Learning Trust is insured through Zurich insurance and full indemnity is provided to staff providing appropriate medical care through the public liability section of the policy. Further information is provided via the following link:

<https://newsandviews.zurich.co.uk/strategic-focus/supporting-schools-pupils-medical-conditions/>

21. MONITORING ARRANGEMENTS

This policy will be reviewed by the Executive Director annually. At every review, the policy will be approved by the Chief Executive Officer. Each Academy will review the policy to ensure compliance at least twice per year.

22. LINKS WITH OTHER POLICIES

This policy links to the following policies and procedures:

- Academy Accessibility Plan
- Child Protection and Safeguarding Policy
- Health and Safety Policy
- SEND Policy
- Supporting Students with Medical Conditions Policy

APPENDIX 1: TEMPLATE FOR PARENT/CARER CONSENT FORM

PERMISSION FOR THE ACADEMY TO PROVIDE INTIMATE CARE	
Name of student	
Date of birth	
Name of parent/carer	
Address	
I give permission for the Academy to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	<input type="checkbox"/>
I will advise the Academy of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	<input type="checkbox"/>
I understand the procedures that will be carried out and will contact the academy immediately if I have any concerns	<input type="checkbox"/>
<p>I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the Academy will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed).</p> <p>I understand that if the Academy cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the academy's intimate care policy, to make them comfortable and remove barriers to learning.</p>	<input type="checkbox"/>
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

APPENDIX 2: TEMPLATE FOR INTIMATE CARE PLAN

PARENTS/CARERS	
Name of student	
Type of intimate care needed	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the Intimate Care Plan	
Name of parent/carer	
Relationship to student	
Signature of parent/carer	
Date	
STUDENT (WHERE APPROPRIATE DUE TO AGE/STAGE)	
How many members of staff would you like to help?	
Do you mind having a chat when you are being changed or washed?	
Signature of student	
Date	