Intimate Care and Toileting Policy

Our school is committed to safeguarding and promoting the welfare of children and ensuring that all staff responsible for intimate care will undertake their duties in a professional manner at all times.

What is intimate care in our school?

Intimate care is an essential part of making sure a child's basic needs are met and is a term used to describe activities involved in meeting the personal care needs of a child. Intimate care tasks are associated with bodily functions, body products and personal hygiene that require direct or indirect contact with, or exposure of private parts of the body. 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.

Who needs intimate care?

Children of any age might need intimate care either occasionally or on a regular basis. The type and level of care a child needs depends on a number of factors, including: age; stage of development; and whether the child has any disabilities, special educational or additional needs, or medical conditions.

Guidelines for good practice

1. Provide intimate care in a safe, respectful and child-centred way whilst protecting the child's safety, dignity and privacy.
2. Use consistent staff and approach which the child feels safe and comfortable with – inconsistencies could indicate to a child that it is okay for any adult to help with their intimate care.
3. Be responsive to a child's reactions and possible levels of distress.
4. Work in close partnership with parents and carers to share information, agree plans and provide continuity of care.
5. Support children to achieve the highest level of independence that is possible given their age and abilities.
6. Be mindful of our safeguarding obligations and report any concerns.
7. Encourage the child to have a positive image of their own body.

Why is safeguarding an important part of intimate care?

Providing intimate care involves working with children when they are particularly vulnerable. This can provide heightened opportunities for abuse. This policy sets out the measures to prevent abuse, maintain children's dignity and create an environment in which all children feel safe and comfortable. Staff should follow safeguarding procedures if they have concerns about the conduct of another member of staff or adult.

Encourage the child to have a positive image of their own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse. As well as the basics like privacy, the approach staff take to a child's intimate care can convey lots of messages about what her or his body is "worth". The attitude of staff to the child's intimate care is important.

Intimate care also provides opportunities for focused, positive, one-to-one interaction with a child. Whilst providing intimate care a child might tell you about something which has happened to them, or you may identify potential safeguarding concerns. If a child tells you something concerning, you notice changes in a child's behaviour, or you spot unexplained bruises or marks you should report your concerns to the DSL or Deputy DSL immediately.

Respect and boundaries

When providing intimate care, staff should talk children through what they are going to do and - where possible - seek consent, encourage independence and offer choice. It is appropriate to "check" your practice by asking the child – particularly a child you have not previously cared for – "Is it OK to do it this way?"; "Can you wash there?; "How does mummy do that?". If a child expresses dislike of a certain person carrying out her or his intimate care, try and find out why. Conversely, if a child has a "grudge" against you or dislikes you for some reason, ensure your line manager is aware of this.

It is good practice to consider each care routine from the child's point of view. Good experiences of intimate care can help children understand how adults should behave towards them. It can help children know that their body belongs to them and that their needs and wishes will be respected.

Staff should also talk to children about who they can go to if they are ever worried or uncomfortable about anything.

Developing independence

Staff will support children in doing all that they can themselves and avoid doing things for a child that s/he can do alone. If a child can help, staff will ensure that s/he is given the chance to do so. This is as important for tasks such as removing underclothes as it is for washing the private parts of a child's body. If a child is fully dependent on you, talk with her or him about what you are doing and give choices where possible.

Staffing and intimate care

Where possible, intimate care should be provided by one consistent person to help protect the child's dignity and give continuity. Our aim is to avoid inconsistencies as this indicates to children that it is okay for any adult to help with their intimate care. However, in some cases, two adults may need to be present, for example if they need to operate equipment such as a hoist.

Any member of school staff may provide intimate care, provided it does not require unusual procedures or techniques (e.g. lifts or hoists) and should be somebody the child feels safe and comfortable with. Staff will be supported to adapt their practice in relation to the needs of individual children, taking into account, developmental changes such as the onset of puberty and menstruation. Volunteers are not to provide intimate care, but they may be used to support and act as a 'witness'. Staff will be supported to adapt their practice in relation to the needs of individual children with advice from the SENDCo, School Nurse and other professionals as needed.

The management of all children with intimate care needs will be carefully planned for with the Headteacher having overall responsibility. All staff providing unsupervised intimate care to children will have undergone any necessary training and safer recruitment checks which includes "enhanced with barred list" check. Any areas for development or further training will be identified through supervision meetings. If staff are not comfortable with any aspect of intimate care, they should seek advice from a senior leader. For example, if they do not wish to conduct intimate care on a 1 to 1 basis, this should be discussed, and alternative arrangements considered. For example, it may be possible to have a second member of staff in an adjoining room or nearby so that they are close to hand but do not compromise the child's sense of privacy.

Toileting accidents

It is never our intention that a child will ever be left in soiled clothing. As soon as staff are aware of the situation, they will support the child to clean themselves and change. We always work to encourage independence and for the child to take responsibility for letting staff know when they have had an accident.

Staff must never draw attention to the child who has had a toileting accident and use positive praise to encourage greater independence and self-care. If a child soils him/herself during school time, staff will encourage the child to:

- Remove their soiled clothes
- Clean their skin (this usually includes bottom, genitalia, legs, feet)
- Dress in clean clothes – school does have a small amount they can provide which need to be washed and returned as soon as possible when sent home

All staff have access to a bathroom area with a toilet and hand basin with access to warm water. There is also a stock of baby wipes, plastic bags and disposable protective gloves for staff to use. When appropriate, staff will wrap the soiled clothes in a plastic bag and notify parents by message to collect.

In the event a child is reluctant and/or refuses intimate care from staff, the parent/carer will be contacted immediately to provide support.

Staff log when they have supported a child with toileting accident using the toileting record file.

Agreement for intimate care

When a child has needed help with intimate care, parents/carers will be informed the same day through the school's usual parent communication system. This information should be treated as confidential. If there are repeated toileting accidents involving intimate care, the class teacher will contact parents to arrange a meeting to discuss possible medical needs and whether an informal plan is needed to support the child concerned.

Parents can inform the school if they would prefer their children not to have intimate care. If this is the case, we will keep a confidential note of this in class registers and contact parents if we need their support during the school day.

Individual Health Care Plan

Individual Health Care plans will be drawn up for children requiring ongoing intimate care to meet their SEND or medical needs. The plan should be agreed by all who contribute and reviewed on a regular basis – every 6 months as a minimum.

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

- The importance of working towards independence
- Care routines and language familiar to the child
- A system to leave class with minimum disruption
- Avoiding missing the same lesson
- Awareness of discomfort that may disrupt learning
- 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)
- 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. This is the responsibility of the Inclusion Leader. These will be reviewed on a termly basis and discussed with the parents/carers.

Providing comfort to an upset or distressed child and limited touch

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact. The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils, this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background.

Staff should be aware that even well-intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

There may be occasions when a distressed pupil needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation. Judgement will

need to take account of the circumstances of a pupil's distress, their age, the extent and cause of the distress. Particular care must be taken in instances which involve the same pupil over a period of time.

Extra caution may be required where a child has suffered previous abuse or neglect. In the child's view, physical contact might be associated with such experiences and lead to staff vulnerable to allegations of abuse. Ensuring that a witness is present will help to protect staff from such allegations.

Disabilities

Disabled children are particularly vulnerable to all forms of abuse and may be unable to meet their own care needs for a variety of reasons and will require regular support. The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against.

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.

Physiotherapy

Children who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the Health Care Plan that a member of staff of the school 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. School staff must not 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

Massage may be used with children who have complex SEND needs which will be detailed in either the Action Plan or Health Care Plan. Massage undertaken by school staff will be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and children.

Nappies

Unless a child has a specific medical need or SEND, then they should be toilet trained in line with age related expectations. Parents will be asked to meet to discuss the individual needs of the child and determine medical needs. A Health Care Plan will be put in place detailing changing arrangements for the child, including when and where this will be carried out.

Additional clothing and wipes

Where a child has continuing incontinence problems, parents are expected to continue to provide a complete set of spare clothes and 'baby-wipes'.

Swimming

Children are entitled to respect and privacy when changing, however there must be the required level of supervision to safeguard children with regard to health and safety considerations and to ensure that bullying, teasing or other unacceptable behaviour does not occur.

Residential trips

Staff should take particular care when supervising children in the less formal atmosphere of a residential setting or after-school activity, but are still guided by our Safeguarding Policy, Code of Conduct and Behaviour Policy. Some specific intimate care issues may arise during a residential in which the visit leader may need to liaise with an appropriate DSL.

Periods

Some children will develop periods during their primary education. They should be supported and encouraged to keep their own supply of sanitary protection without having to request it from staff/carers. A central bank of sanitary protection will be stored in the disabled toilet cupboard. However, it should be recognised that some children will not know how to deal with menstruation and they will need guidance and support to manage their periods appropriately. This should be provided by female staff or carers in a positive manner and is taught through the PSHCE curriculum in UKS2. There should also be adequate provision for the private disposal of used sanitary protection.

Monitoring and Evaluation

Monitoring is the responsibility of the Headteacher and Governors. Staff, parents and pupils have been consulted. The policy will be reviewed every three years or as or when required. Details of children requiring ongoing intimate care will be included in the HTs Report to Governors of the Curriculum and Standards Committee to ensure there is oversight and evaluation of procedures and policy. Staff have regular supervision and can use these sessions to share concerns.

Reviewed by HT: October 2026

Approved by Governors: November 2026

Next Review Date: October 2027

The school is aware of our legal duties under the Equality Act and Disability Discrimination Act.

In writing this policy we have reviewed the policies of other schools and considered the guidance from:

- NSPCC: https://learning.nspcc.org.uk/child-health-development/intimate-care#skip-to-content
- West Yorkshire Consortium Inter Agency Safeguarding and Child Protection Procedures: https://westyorkscb.proceduresonline.com/g_int_care.html
- Together for Children – Sunderland: https://www.togetherforchildren.org.uk/media/27518/One-minute-guide-Intimate-Care/pdf/INTIMATE_CARE.pdf?m=637970361379530000