



Sacred Heart
Catholic Primary School

Guidance on Toileting and the Provision of Intimate Care

This policy was adopted/updated:	Spring 2026
This policy will be reviewed again:	Spring 2028
Governor Committee Responsibility:	BAPD
Statutory Policy:	No
Source:	School/Headteacher

INTRODUCTION

The Intimate Care Policy and Guidelines applies to everyone involved in the intimate care of children.

These guidelines should be read in conjunction with other policies a school may hold, for example:

- Safeguarding and Child Protection Policy
- Health & Safety Policy
- Confidentiality Policy

The term parent/s is used to refer to parents, carers and legal guardians.

DEFINITION OF INTIMATE CARE

Intimate care is any care which involves washing, touching or carrying out an invasive procedure that most children carry out for themselves but which some are unable to do due to physical disability, special educational needs associated with learning difficulties, medical needs or needs arising from the child's stage of development.

Care may involve help with drinking, eating, dressing and toileting. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure.

AIMS

The aims of this document and associated guidance are;

- To provide guidance and reassurance to staff
- To safeguard the dignity, rights and well-being of children and young people
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

PRINCIPLES

This document embraces tenets that:

- Every child has the right to feel safe and secure
- Every child has the right to be treated as an individual
- Every child has the right to remain healthy
- Every child has the right to privacy, dignity and a professional approach from all staff when meeting his or her needs
- Every child has the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs

WORKING WITH PARENTS

Partnership with parents is a vital principle in any educational setting and is particularly necessary in relation to children needing intimate care. Much of the information required to make the process of intimate care as comfortable as possible is available from parents, including knowledge and understanding of any religious or cultural sensitivities.

Prior permission must be obtained from parents before Intimate care procedures are carried out.

Parents should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This will include involvement with Individual Health Care plans and any other plans that identify the need to support of intimate care.

Exchanging information with parents is essential through personal contact, meetings, telephone conversations or correspondence. However information concerning intimate care procedures should not be recorded in home/school books or in any way, other than on an intimate care plan (toileting plan), as it may contain confidential information that could be accessed by people other than the parent and staff member. Recording equipment such as mobile phones or cameras must not be taken into areas where intimate care is carried out.

WRITING AN INTIMATE CARE PLAN

Where a routine procedure is required an intimate care plan should be agreed in discussion with the child, school staff, parents and health personnel. The plan should be signed by all who contribute and reviewed on an agreed basis.

In developing the plan the following should be considered:

- Staff ratios and procedures
- Toilet arrangements and equipment (e.g. spare clothes and disposable gloves)
- Awareness of a child's discomfort which may affect learning
- The importance of working towards independence
- Who will substitute in the absence of the appointed person
- Strategies for dealing with pressure from peers .e.g. teasing/bullying particularly if the child has an odour

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, school and the medical service. A procedure should also be included to explain how concerns arising from the intimate care process will be dealt with.

LINKS WITH OTHER AGENCIES

Positive links with other agencies will enable school based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child's well-being and development remains paramount.

PUPIL VOICE

Allow the child, subject to their age and understanding, to express a preference regarding the choice of his/her carer and sequence of care.

Agree appropriate terminology for private parts of the body and functions to be used by staff.

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 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 Intimate Care Plan.

RECRUITMENT

Parents must feel confident that relevant staff have been carefully vetted and trained helping to avoid potentially stressful areas of anxiety and conflict.

Recruitment and selection of all candidates for posts follows the DBS procedure, equal opportunities and employment rights legislation, and with regard to guidance and legislation detailed in Safeguarding Children and Safer Recruitment in Education.

At least one person on each interview panel **must** be accredited in safer recruitment.

Candidates should be made fully aware of what will be required and detailed in their job description before accepting the post.

Enquires should be made into any restrictions the candidates may have which will impede their ability to carry out the tasks involved. This will enable employers to identify and provide necessary support and adjustments that are practical.

No employee can be required to provide intimate care.

STAFF DEVELOPMENT

Staff must receive Level 2 Safeguarding training every second year.

Staff must be trained in the specific types of intimate care that they carry out and fully understand the intimate care policy and guidelines within the context of their work.

Whole school staff training should foster a culture of good practice and a whole school approach to intimate care.

It is imperative for the school and individual staff to keep a dated record of all training undertaken.

Senior staff members should be able to:

- Ensure that sensitive information about a child is only shared with those who need to know, such as parents, members of staff specifically involved with the child. Other personnel should only be given information that keeps the child safe.
- Consult with parents about arrangements for intimate care
- Ensure staff are aware of all appropriate procedures, Child Protection Policy & Health & Safety Policy etc
- Ensure staff understand the needs of refugee children, asylum seekers and children from different racial and cultural backgrounds and specialist advice is sought when necessary
- Ensure staff know who to ask for advice if they are unsure or uncomfortable about a particular situation.
- Ensure staff know of a whole school approach to intimate care

In addition identified staff members should be able to:

- Identify and use a communication system that the child is most comfortable with.
- 'Read' messages a young child is trying to convey
- Communicate with and involve the child in the intimate care process
- Offer choices, wherever possible
- Develop, where possible, greater independence with the procedure of intimate care
- Maintain confidentiality with children who discuss elements of their intimate care unless it is a child protection issue when Child Protection procedures must be followed.

ENVIRONMENTAL ADVICE

When children need intimate care facilities, reasonable adjustments will need to be made.

Additional considerations may include:

- Protective clothing including disposable protective gloves - provided by the school
- Labelled bins for the disposal of wet & soiled nappies
- Supplies of suitable cleaning materials; anti-bacterial spray, sterilising fluid, deodorisers , Anti-bacterial hand wash
- Supplies of appropriate clean clothing, nappies, disposal bags and wipes
- An effective system should be identified to alert staff for help in emergency

INVASIVE PROCEDURES

The school should make arrangements to ensure that there is always a member of staff nearby or within earshot, when intimate care takes place.

VULNERABILITY TO ABUSE

Children should be encouraged to recognise and challenge inappropriate assistance and behaviour that erodes their dignity and self-worth. Staff should be encouraged to listen.

It is essential that all staff are familiar with the school's Safeguarding Policy and procedures.

The following are factors that can increase a child's vulnerability:

- Children with disabilities may have less control over their lives than others
- Children may experience multiple carers
- Children may not be able to distinguish between intimate care and abuse
- Children may not be able to communicate

If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

SAFEGUARDING AND ALLEGATIONS OF ABUSE

It is essential that all staff are familiar with the school's Child Protection and Safeguarding Policies and procedures.

If a child is hurt accidentally he or she should be immediately reassured and the adult should check that he or she is safe and the incident reported immediately to the designated line manager.

If a child misunderstands or misinterprets an action / instruction, the incident should be reported immediately to the designated line manager.

Personnel working in intimate situations with children can feel particularly vulnerable. The School policy can help to reassure both staff involved and the parents of vulnerable children.

Action should be taken immediately should there be a discrepancy of reports between a child and the personal assistant, particularly with reference to time spent alone together.

It is advised that the support role be changed as quickly as possible, should such a discrepancy occur, and then reviewed on a regular basis.

Where there is an allegation of abuse, the guidelines in the Child Protection procedures should be followed.

TOILETING PROCEDURES IN EARLY YEARS

Working with Parents

Working in partnership with parents is a vital principle of the EYFS. Exchanging information with parents is essential; parents should be encouraged and empowered to work together with staff to ensure a consistent approach. Exchanging information with parents is essential through personal contact, meetings, telephone conversations and correspondence.

Toilet Training

All children must be supported and encouraged to achieve the highest level of autonomy that is possible, given their age and ability.

As pupils enter Nursery provision, it is recognised that the vast majority of children will be toilet trained or well on the way to being toilet trained. However, it is also recognised that children must be physically and emotionally ready for toilet training. The school and its staff will work with parents to provide the support required to ensure that the pupils develop the skills to be able to carry this task out for themselves.

Toilet Training in Early Years settings must be recognised as intimate care. 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.

Intimate care is defined as any care which involves washing, touching or carrying out an invasive procedure that most children and young people learn to carry out for themselves, but which some are unable to do because of their age, physical difficulties, medical needs, special needs or ill health. Where a pupil requires assistance to carry out toileting tasks due to the above factors, a personal health care plan will be devised for the pupil between the parents, the staff, the child and the health professionals involved with the pupil.

All Staff must be DBS checked and regularly trained regarding child protection and health and safety, (which may include manual handling), to ensure that they are fully aware of infection control, including the need to wear disposable aprons and gloves.

Starting toilet training (where required).

- Through a meeting of professionals involved and parents, this should be planned and agreed together to ensure consistency.
- Where additional needs are identified, a written plan, including timing of toilet visits (eg, after snack and lunch times), and who will be responsible for this in the setting will be developed (named key person and another adult well known to the child). See sample toileting plans - Appendix 1
- There should be liaison with parents/carers to ensure continuity with routines at home (Does the child stand or sit? Do you use a potty or insert seat? Does your child need help with their clothing?).
- If parents are using 'pull ups' there should be a consideration of an individual needs discussion with parents about the reasons for phasing out of these, without causing the child confusion.

- Many children use pull ups in the same way as a nappy and they can prolong toilet training as a child does not feel that they are wet. They also mean that any accidents do not have to be dealt with straight away, so a child can become confused, especially if they are swapping between pull ups at nursery and pants at home.
- For individual children, pull ups may still be agreed as the most appropriate option.
- When a child has or might have a specific medical or developmental conditions which could impact on toileting management, then advice from the Paediatrician should be sought either by the parent/carer or with permission, the designated adult e.g. teacher or SENCO.
- Children receiving chemotherapy – it is advisable to contact the child's Oncology Nurse for specific guidance. Contact details should be available from the parent/carer.
- Parents/carers should be reassured that if their child has an accident, it is not a problem and children will not be made to feel that it is an issue.

Best Practice

- Every child's right to privacy will be respected.
- A joint, consistent approach from home and school
- Careful consideration will be given as to how many staff might need to be present when a pupil needs help with intimate care.
- Cameras and mobile phones should never be taken into bathroom areas by staff or children.

Staff Development

Staff must receive Level 2 Safeguarding training every 2 years.

Designated Safeguarding Leads' undergo Level 3 training every 2 years.

In addition identified staff members should be able to:

- Access other procedures and policies regarding the welfare of the child
- Identify and use a communication system that the child is most comfortable with
- 'Read' messages the child is trying to convey
- Communicate and involve the child in the toileting programme
- Offer choices, wherever possible
- Develop, where possible, greater independence
- Maintain confidentiality with children unless it is a child protection issue when Safeguarding Procedures must be followed

Environmental Advice

The school ensures that toilet facilities are easily accessible and well maintained to promote children's awareness of good hygiene practices and developing independence.



The Sacred Heart School Intimate Care Policy

Introduction

Sacred Heart School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Definition

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up after a child has soiled him/herself) to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process as part of a staff member's duty of care. In the cases of specific procedure only staff suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam).

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned between the school and the parents of all children requiring support. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Safeguarding) and are fully aware of best practice. The child 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 him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

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 is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Safeguarding Procedures and Multi-Agency Child Protection procedures will be adhered to.

All children will be taught personal safety skills carefully matched to their level of ability, development and understanding. For example, they are taught to say 'no' if someone does something they do not like.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the HT or Lead Teacher (or other Designated Safeguarding Leads) designated person for child protection. If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution.

Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Multi - Agency Child Protection Procedures for details)

All staff will be required to confirm that they have read the document 'Keeping Children Safe in Education' and understand the need to refer to other policies the school may hold for clarification of practices and procedures.



Appendix One Example

Toileting Plan for use in Early Years Settings

Toileting Plan for:..... Date:.....

(Child's name) is currently in nappies/pull ups and is not yet showing any awareness of being wet/soiled OR is currently in nappies/pull ups and is showing some awareness by (eg: going to changing area/verbally saying)

(Key person's name) will mainly be responsible for changing (child's name) whilst at (Setting/school name) to ensure continuity of care. However (named other staff) will also be aware of his/her needs and will be available to change him/her when required.

(Setting/school name) will provide a changing mat, gloves and disposable aprons.

Parent/carer will provide consumables which could include nappies/pull ups, wipes, nappy sacks and spare clothes.

(Child's name) will be changed (specific location and arrangements)

For example: On a changing mat on the floor in the children's toilet area. Other arrangements specific to that individual child can also be included. (This could include whether child needs assistance is laying themselves down or getting up or times that child will be checked or changed. See guidance for Children and Young People with ASD if appropriate).

At home the child is able to: e.g. identify when they need the toilet, can sort their clothing out for themselves, requires help with wiping themselves, can pull on pull-ups/pants etc independently – list all appropriate developmental markers of independence.

To comply with our child protection procedures (e.g. 2 members of staff will be present/the door will be kept ajar etc). Used disposable nappies will be (placed in a nappy sack and disposed of (in a nappy bin/ due to lack of disposable facilities, nappies/used wipes will be stored in double nappy sacks to be given to parent at the end of the session/day) and reusable nappies will be doubled bagged for return to the parent/carer.

Staff will record date and time of changing and whether child was wet/dry/soiled. This information will be shared with parent/carer. This plan will be reviewed as the child's needs change.

Signed

Parent/carer

Signed

Key person/SENDco etc