



Intimate Care and Toileting Policy

January 2024

1. Introduction

At Walnut Tree Walk Primary School we believe that all children should be treated with the upmost respect and sensitivity. We understand that all children have differing personal care requirements and some of these needs may require intimate care which involve the support of adults which work with them.

In our approach to intimate care our guiding principles are that:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

2. Definition of intimate care

We define intimate care as any activity which is required to meet the personal care needs of a child, such as: feeding, oral care, washing, dressing and undressing, toileting, menstrual care, limited aftercare for medical procedures and supervising a child taking responsibility for their own personal care.

3. Role of parents and carers

From September 2024, all children who join the school will need to return the Intimate Care Agreement (Appendix 2). Parents who do not consent to all elements of the agreement will need to ensure they are available throughout the school day to change their child if they need intimate care.

For all existing year groups (as of January 2024), the Intimate Care Policy will be an opt-out system. Parents who do not agree that the school can provide intimate care in the way the policy describes need to notify the office staff via e-mail. They will need to ensure they are available throughout the school day to change their child if they need intimate care.

Parents and carers have the responsibility to inform staff of the intimate care needs of their child. If the child is joining Walnut Tree Walk Primary School with a pre-existing medical condition this should be discussed at the induction meeting so that plans for suitable adjustments can be made, such as informing staff that will be working with the child and preparing resources for the intimate care. An Intimate Care Plan (Appendix 1) will be filled in at this stage.

For children already on roll who develop specific intimate care needs which require routine arrangements the parents and carers are expected to attend a meeting with school staff, which should include a senior leader, the child's class teacher and the SENCo, to discuss the needs of the child.

Carers should understand that the school will strive to make as many adjustments as practicable to accommodate intimate care needs but in some rare cases this may not be possible due to the layout of the school building or the number of staff required to administer the intimate care. We understand our responsibilities under the Disability Discrimination Act (1995) and take our duties seriously.

4. Role of the school and staff

We have a collective responsibility to work in partnership with children and parents to ensure intimate care needs are met as far as possible. We appreciate that the day-to-day level of intimate care required of staff who work in EYFS will be higher than that of staff who work in KS1 and KS2 in most instances.

Our guiding principle at Walnut Tree Walk Primary School is to keep children safe and we have very strong safe recruitment procedures to vet staff prior to appointment, including the requirement to have a DBS check before working with children. At Walnut Tree Walk Primary School we closely follow the statutory guidance 'Keeping Children Safe in Education' (2023) when recruiting staff.

Only permanent staff members should administer intimate care where possible. Short-term staff members should not be involved in intimate care.

5. Children with specific intimate care arrangements (such as medical issues)

Intimate care arrangements must be agreed between the school, the parents and the child (if appropriate), using the Intimate Care Plan which is signed by the parents. Staff should not undertake any aspect of intimate care that has not been agreed. The intimate care arrangements form specifies what should happen if the adults usually involved in the intimate care arrangements for a child are absent. The intimate care arrangements will be reviewed regularly as circumstances may change depending on the intimate care issue.

If a child has a medical diagnosis which involves impaired toilet function, then the level of toileting support offered by the school should be agreed in the intimate care meeting. The use of nappies and pull-ups is supported by the school in instances of medical issues but we have the expectation that children coming to Nursery and Reception are toilet trained.

6. Toileting

We understand that the most common intimate care experience at school will be related to toilet accidents. For children in Nursery and Reception we expect parents and carers to provide spare clothes for children to change into. The school has a range of spare clothing as well. Whenever possible, children should attempt to change themselves, in a toilet, with the door closed and a member of staff standing outside of the toilet cubicle offering verbal support. Staff should inform a colleague that they are going to be involved in supporting a child to get changed.

If a child becomes distressed or is unable to change themselves, then the staff member should offer physical support to help change them, using the toilet area and leaving the entrance door open (if in Reception) or the changing area (if in Nursery).

The child should be encouraged to clean themselves up as much as possible, however the adult may need to use wipes to help ensure the child is clean. Staff members should wear latex gloves when wiping a child's lower legs, feet, hands, arms, genital or anal area using wet wipes.

For a child with persistent intimate care toileting needs, the parents should have a meeting with staff to fill in the intimate care arrangements form. At this time, options for successful and sustainable intimate care must be discussed.

7. Safeguarding

If a staff member has concerns about a colleague's intimate care practice they must report this to a member of the Senior Leadership team at the first possible opportunity.

If staff have any concerns, such as noticing unusual markings, bruising, discolouration or any area of the body it must be reported to the DSL. If during the intimate care of a child a staff member accidentally hurts them or there is a situation which could be misinterpreted or the child has an unusual emotional response then the child should be reassured and this situation should be noted down and shared with the DSL straight away.

8. Intimate care guidelines for staff

- Treat every child with dignity and respect.
- Involve the child in their intimate care.
- Try to encourage a child's independence as far as possible in their intimate care. Where a child is able to communicate, talk with them about what is going to be done and give them choice where possible.
- PPE (face mask, gloves and an apron).
- Nappy/soiled underwear changing is undertaken in the appointed toilet or changing area and on the changing mat.
- Parents/carers are informed of all intimate care situations/nappy changes/soiling accidents and they are recorded in the Intimate Care Log
- A new set of gloves, apron, and mask protection to be worn for every nappy/soiled underwear changing.
- The changing mat must be cleaned using anti-bacterial cleaner prior to any changing.
- Child to be placed on a mat during a nappy/underwear change unless they are able to do this themselves.
- Any soiled clothes to be sent home in separate double polythene waste disposal bags.
- All cleaning wipes to be placed in double polythene waste bags for disposal.
- Ensure that there is sufficient privacy that is appropriate to the child's age within the guidelines above.
- Ensure that intimate care situations are clear and transparent.
- Some intimate care is carried out 1:1. It is imperative that staff are aware of specific intimate care arrangements so that it is understood by all why a child may be briefly in a partially enclosed space with a child, i.e. in the toilet area or behind a changing screen. When changing a child, staff should always use the designated changing areas, (toilet with the door open in Reception, changing area in Nursery) and administer intimate care with the support/supervision of another staff member whenever they are available.
- Make sure practice in intimate care is consistent. As a child could potentially have more than one member of staff supporting their intimate care, it is important that staff members involved receive the same information and training.

- Be aware of their own limitations. Staff should only carry out intimate care activities that they fully understand and feel competent and confident to carry out. If in doubt staff must ask for help or support from the appropriate person, such as the Safeguarding Lead, SENCo or EYFS Leader. Some procedures must only be carried out by staff that have been formally trained e.g. massage for Cystic Fibrosis.
- Working with children of the opposite sex. When working out the intimate care arrangements the primary staff member responsible for administering them may be of either gender and this will be clear to parents and carers.

9. Menstruation

Girls who are in the early stages of puberty may need support from a female member of staff. Where such assistance is required girls will be provided with sanitary towels and treated sensitively. Sanitary bins are provided where necessary.

Date policy was agreed by governors: 18th January 2024

Appendix (1)

Intimate Care Plan		
Child's Name:	Year Group:	Date:
People present at meeting:		
Nature of intimate care issue (including medical information, dates when it started etc)		
Agreed intimate care procedure in school:		
Lead adults for implementing intimate care (and back up plan if they are not there)		
Can the intimate care arrangements be accommodated? If not, why not?		
Date to be reviewed:		
Signed (parent/carer)	Signed (school)	
Print name:	Print name:	

Appendix 2

Permission for school to provide intimate care	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting) in accordance with the policy above	<input type="checkbox"/>
I will advise the school 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 school immediately if I have any concerns	<input type="checkbox"/>
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 school will contact me and I will provide intimate care to my child.	<input type="checkbox"/>
Parent/carer signature:	
Name of parent/carer:	
Relationship to child:	
Date:	