



St. John's Church of England VA Primary School
Finding the light in ourselves and each other
Inspired by the Gospel according to John (chapter 8, verse 12)

An aspirational school that encourages every child regardless of their background to 'soar on wings like eagles' in their learning and personal development (Isaiah 40:31)

Intimate Care and Toileting Policy

Issued:	Summer 2025
Term:	2 Years
To Be Reviewed:	Summer 2027

*A truly inclusive school that is built upon the values of
Hope - Joy - Love - Forgiveness - Faith - Goodness*



St. John's Church of England VA Primary School

Introduction

St. John's Church of England VA Primary School (St. John's) is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. The Intimate Care and Toileting Policy regarding children has been developed to safeguard both children and staff. They apply to everyone involved in the intimate care of children.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out an invasive procedure to children's intimate personal areas which most people usually carry out themselves. However, some pupils are unable to do this because of their young age, physical difficulties or other special needs. It also includes supervision of pupils involved in intimate self-care.

1. Aims and Objectives

This policy aims:

- To provide guidance and reassurance to staff and parents/carers.
- To safeguard the safety, dignity, rights and wellbeing of the child.
- To ensure that pupils who require intimate care are not discriminated against, in line with the Equality Act 2010.
- To assure parents/carers that staff are knowledgeable about intimate care and that their individual needs and concerns are being taken into account.
- To ensure that staff are carrying out intimate care work in accordance with any guidelines (i.e. health and safety, manual handling, safeguarding protocols) and this policy and to protect themselves and the pupils involved.



2. Toileting and the Foundation Stage

Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "manage their own basic hygiene and personal needs successfully, including dressing and undressing and going to the toilet independently".

Intimate Care in EYFS, Key Stage 1 and Key Stage 2

- We will inform all parents/carers of Reception children, prior to them starting school, of the current 'Intimate Care and Toileting Policy' highlighting that we will change children for as and when required. However, if any 'accident' requires a full wash due to the severity of the accident, which we are unable to provide then for the child's dignity and self-esteem we will contact parents to collect their child.
- Any child that soils or wets themselves in Key Stage 2 will not be changed by any member of staff unless they have a physical need that requires assistance. We will provide a private, safe space where the child may change on their own. We will supply wipes and clean clothes (either their own P.E. kit or to the best of our ability out of the 'lost property box') and a carrier bag or we shall contact home for a new set of clothes. In the event that the situation involves pre-menstrual matters, the child will be directed to a female member of staff.

3. Parental responsibility

Partnership with parents/carers is an important 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/carers. Prior permission must be obtained from parents/carers before regular intimate care procedures are carried out (See appendix 3). Parents/carers should be encouraged and empowered to work with staff to ensure their child's needs are identified, understood and met. This may include involvement in a Health Care Plan or potentially with an Education, Health and Care Plan. Exchanging information with parents/carers is essential through personal contact, telephone or correspondence.

Where there isn't an intimate care plan or parental consent for routine care, parental permission will be sought before performing any intimate care procedure. If the school 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 school will inform parents/carers afterwards.

What the school expects of parents/carers:

- Parents/carers will endeavour to ensure that their child is continent before admission to school (unless the child has additional needs).
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs.
- Parents/carers must inform the school if their child is not fully toilet trained, after which a meeting will then be arranged to discuss the child's needs.
- Parents/carers accept that on occasions their child may need to be collected from school if their child is distressed, unwell or requires facilities that we do not have access to at school.
- Parents/carers will provide the necessary changing supplies as appropriate e.g. wipes, pull-ups and spare clothes etc.



Staff responsibilities

Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parent. Intimate care routines should always take place in an area which protects the child's privacy and dignity. Children's intimate care routines should always be carried out by an assigned member of staff. Appropriate support and training should be provided when necessary.

The following steps will be taken to ensure the health and safety of both staff and children:

1. Alert another member of staff who will stay and oversee
2. Escort the child to a changing area
3. Collect equipment and clothes
4. Adult to wear gloves
5. The child should undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult.
6. Soiled clothes to be placed inside carrier bags (double wrapped) and to be given to the child's parents/carers at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin in the toilets.
7. Children are expected to dress themselves in clean clothing, wash their hands and return to class.
8. The adult should wash their hands thoroughly after the procedure.
9. Area to be cleaned and disinfected by an adult before returning to class.

Intimate care incidents must be recorded by noting the date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or issues if any. This will also monitor progress made. Parents/carers are to be informed as soon as possible verbally in person or by telephone.



5. Best Practice

Any historical concerns (such as past abuse) are taken into account when undertaking intimate care.

If a Health Care Plan is in place then this will be reviewed as necessary, but at least annually, and at any time of a change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips.

Referrals to the School Nurse to support the development of a Health Care Plan will be made if there isn't one already in operation.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.

Staff who provide intimate care are trained in personal care (e.g. health and safety training in moving and handling) according to the needs of the pupil.

Staff will be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and cleaning of changing areas.

Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.

An individual member of staff should inform and request support from another appropriate adult when they are going to assist a pupil with intimate care.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Where possible, pupils will have their routines carried out by a person of the same gender. However with a majority of female staff this may not be possible and female staff will carry out procedures with male pupils. Male staff will not carry out intimate care with female students because this is in line with society's norms and gives protection for male staff from accusations.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks,

including enhanced DBS checks. Any member of staff can be requested to provide intimate care, however, factors such as knowing the child and responsibilities will be taken into account. For



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example, a teacher may provide intimate care, however, it may be more practical for the Teaching Assistant to do so due to ratios and legal requirements.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products and the bins provided for sanitary waste must be used.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

6. Special educational needs and child protection issues

The school recognises that some children with additional needs or other specific home circumstances may result in children arriving at school with underdeveloped toilet training skills.

If a child's toileting needs are substantially different than those expected of a child his/her age, then the child's needs may be managed through an Education Health and Care Plan in the SEND Code of Practice. A toileting program would be agreed with parents/carers as advised by a Health Professional. Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the toileting plan. If there is no progress over a long period of time, e.g. half a term, the SEND Co-ordinator, teaching staff and parents/carers would seek further support, e.g. G.P's referral of the child for specialist assessment.

Some children may have an Education Health Care Plan for special educational needs before entering school. The EHCP will outline the child's needs and objectives and the educational provision to meet these needs. It may identify delayed self-help skills and will recommend a program to develop these skills. The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.



7. Child Protection

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. If the toilet management plan (See Appendix 2) has been agreed and signed by parents/carers, children and staff involved, it is acceptable for only one member of staff to assist unless there is an implication for

safe moving and handling of the child. The needs and wishes of children and parents/carers will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns about physical changes in a child's appearance (unexplained marks, bruises or soreness for example) the recognised child protection procedures should be followed. If a member of staff notices any changes to a child either physically or emotionally following an episode of intimate care, the matter will be taken to the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL) , investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity. Local Child Protection procedures will be adhered to at all times.

If a child is hurt accidentally or there is an issue when carrying out the procedure, the staff member will report the incident immediately to the DSL or DDSL.

If a child makes an allegation against a member of staff, the responsibility for intimate care of that child will be given to another member of staff as quickly as possible and the allegation will be investigated according to the school's safeguarding procedures.

8. Monitoring arrangements

This policy will be reviewed by the SENCO every 3 years. At every review, the policy will be approved by the Quality of Education Committee.



Appendix 1: Record of Intimate Care Intervention

Child's Name	Class	Intimate care provided by	Date	Time	Additional Notes



Appendix 2: Intimate Care Plan

Child's Name:	
Date of Birth:	
Name of Support Staff Member:	
Area of Need:	
Equipment Required:	
Location of suitable toilet facilities:	
Support required:	

Working Towards Independence

Child will try to:	
Target achieved:	
Date:	
Name of Parents/Carer:	
Child (if appropriate)	
Personal assistant (if appropriate)	
Review date	



Intimate Care and Toileting Policy Document Control

23rd June 2025	Approved	Quality of Education Committee
19th February 2025	Created	Arnold Worton-Geer