Intimate Care Policy

'Every Child, Every Chance, Every Day'

Reviewed By	Laura Flanagan	Policy Owner	Nov 2025
Approved by	Cate Gregory	Head of School	Nov 2025
NEXT REVIEW			Nov 2026

Legislation and Statutory Guidance:

The Governors of Shirley Infants School will act in accordance with Section 175 of the Education Act 2002 and Keeping Children Safe in Education (September 2025) to safeguard and promote the welfare of pupils at this school. Shirley Infants School takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a child's intimate care needs is one aspect of safeguarding.

The Governing Committee recognises its duties and responsibilities in relation to the following legislation:
- Equality Act (2010)
- The Children Act (1989)
- The Childcare Act (2006)
- UN Convention on the Rights of the Child (1989)
- Health and Safety at Work etc. Act (1974)

In accordance with section 3.86 of the EYFS statutory framework for school-based providers (September 2025), we understand the need to ensure:

- There is an adequate number of toilets and hand basins available
- There are separate toilet facilities for adults.
- There are suitable hygienic changing facilities for changing any children who are in nappies.
- Children's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting.
- There is an adequate supply of cleaning equipment and PPE for staff to maintain hygiene, spare clothes (provided by the parents, although the school keeps a small quantity of clothing for unexpected accidents) and any other necessary items.
  Please note that for children needing routine intimate care, the school expects parents to provide nappies, wipes, cream and nappy bags. Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

This policy sets out to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Parents/carers are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the child involved.

Policy Aims:
The purpose of this policy is to set out a clear framework within which all children and young people within the school receive the intimate and personal care they require in order to participate fully in life at school. Shirley Infant School is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

This policy has been written to set out the procedures and best practice we will follow when providing intimate care for children with specific, diagnosed toileting needs, either nappy changing or in case they accidently wet or soil him/herself.

Toileting needs is something that is asked of every family when joining Shirley Infant School as part of our Year R questionnaire. This is to enable staff to correctly support children but to also make parent / carers aware of our toileting procedure and allow time for children to practise independent toileting over the summer holidays before joining us.

We are an inclusive school and do admit children who are not fully toilet trained but feel that it benefits the child if he/she /they is out of nappies by the time of starting school.

Shirley Infant School recognises that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. No child should be attended to in a way that causes distress, pain or embarrassment. Staff will work in close partnership with parent/carers to share information and provide continuity of care.

We recognise that children may also experience difficulties with toileting for a variety of reasons. All the children/young people we work with have the right to be safe, to be treated with courtesy, dignity, and respect.

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 but some children are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence as well as more ordinary tasks such as help with washing, toileting, dressing or specific support required for physiotherapy.

The child's welfare is of paramount importance and their experience of intimate and personal care should be a positive one. It is essential that every child is treated as an individual and that care is given gently and sensitively; no child should be attended to in a way that causes distress or pain. Intimate care refers to any care that involves toileting, washing or changing a child.

Role of Parents/Carers:
Parents / carers are requested to inform Shirley Infant School if there are any medical reasons why a child may need support with changing and intimate care.

For children entering Reception Class at Shirley Infants School, their intimate care needs—including toileting support or specific physiotherapy needs—will be discussed during the school registration process. These discussions will be guided by each child's age, stage of development, and individual requirements.

We understand that toilet training can vary based on individual circumstances. If a child is not toilet trained due to a medical condition, we kindly ask parents/carers to provide medical evidence. This helps us to understand the child's needs and ensure we can offer the most appropriate support.

Parents of children without intimate care plans record their consent to help children change on BromCom. If consent is not on BromCom, the school will seek to contact parents before support is given to the child. (Consent is recorded under annual permissions on the child's profile page).

Parents can request advice from the **School Nursing Team**
0300 123 6661 or email SouthamptonHealthVisiting@solent.nhs.uk.
Shirley School Nursing Team are based at:
Shirley Health Centre
Grove Road
Shirley
Southampton
SO15 3UA
Tel: 02380 347277
Referrals to our school nurse, Janet Barfoot, can be made from 4yrs 9month, via the SENDCO (Laura Flanagan - up to April 2026/ Aimee Reilly- from May 2026).

You can also speak to a **GP** for assistance.
If you would like to seek support for your child via the **Continence Service**, referrals will be accepted from all healthcare professionals including, consultants, GP's, health visitors, school nurses and those from social services. Further information on the continents service is available via: Childrens and Young People's Community Continence Service :: Hampshire and Isle of Wight NHS Foundation Trust

At Shirley Infant School we have a Family Support Worker (Esther Hardie) who is available to offer advice on where to find support with toilet training.

For children needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Role of Staff:
The school is committed to supporting children as they progress toward independence in managing their own personal care. Staff will work in partnership with parents and carers to ensure that appropriate strategies and routines are in place to encourage self-care skills in a safe, respectful, and developmentally appropriate manner.

A post holder who is expected to carry out intimate care will normally have this set out in their job description. Where this doesn't feature in a job description, it can be agreed upon through negotiation.

Only paid employees can carry out intimate care, the exception to this being where the parent supports school staff with intimate care. Ordinarily, employees that carry out intimate care must 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.
If there is no identified medical need, or if a child experiences repeated toileting accidents at school, we will work closely with parents/carers to support the child in becoming dry. This may include signposting to external support services, such as the Health Visiting Team, and implementing agreed strategies both at home and in school.

For children who need occasional intimate care (e.g. toileting accidents), school staff will inform parents/carers at the earliest opportunity and will provide appropriate support to maintain dignity and comfort for the child. For children who need routine intimate care, whose needs are more complex or need particular support, an intimate care plan will be created in discussion with parents.

Where children with complex and/or long-term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

If a pupil without an intimate care plan (or another support plan) has an "accident" whilst at school (e.g. wetting or soiling themselves) and they need help with intimate care, the parents/carers will be contacted and the support needed discussed.

Where procedures require specialist training, staff undertaking intimate medical care will be given this.

How staff will be trained:
Staff will receive:

- Training in the specific types of intimate care they undertake (induction and training)
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the child to have as much participation as possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures
- They will also be encouraged to seek further advice as needed.

Sharing information:
The school will share information with parents/carers as needed to ensure a consistent approach. It will expect parents/carers to also share relevant information regarding any intimate matters as needed.

If there is a safeguarding concern that arises as a result of intimate care, the school's safeguarding policy and procedures will be followed.

Creating an Intimate Care Plan:
Where an intimate care plan is required, it will be agreed in discussion between the school, parents/carers, the child (when possible) and any relevant health professionals.

The school will work with parents/carers and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately. If needed, we will agree appropriate terminology for private parts of the body and functions and note this in the plan. The religious views, believes and cultural values of children and their families will be taken into account.

Subject to their age and understanding, the preferences of the child will also be taken into account.

The plan will be reviewed as necessary whenever there are changes to a child's needs, but at least annually.

In some cases, the support for their intimate care needs will be written into their Education, Health and Care (EHC) plan or their SEN support plan (or equivalent document) rather than an intimate care plan or individual healthcare plan.

Intimate Care Procedures:
Nappy changes should not be routine for pupils who are in the setting for 3 hours or less and should be based on the needs and comfort of the child.

School staff will inform another member of staff when they are going to assist a pupil with intimate care. Staff should follow intimate care plans, and two members of staff should always be present when carrying out intimate care. In exceptional circumstances, it may not be possible for two people to be present, and we will inform parents if this has been the case.

Intimate care procedures will be carried out in a year group toilet or the disabled toilet. If on a trip or visit, care will be carried out in a toilet or an
appropriate space. When carrying out procedures, the school will provide staff with protective disposable gloves, disposable apron, cleaning supplies, changing mats and correct bins for disposal.

Staff should be fully aware of best practice regarding infection control. The school has one nappy bin for waste to be correctly disposed of.

Staff will always explain or seek the permission of the child before starting an intimate care procedure, according to the child's age and level of understanding. Children will be supported to do as much as they can for their own intimate care needs, taking into account their age and ability.

For children needing routine intimate care, the school expects parents to provide nappies, wipes, cream and nappy bags. Any soiled clothing will be contained securely, clearly labelled, and discreetly returned to parents at the end of the day.

Accurate records will also be kept when a child receives intimate care. These will be brief but will include date, time and any comments, such as changes in the child's behaviour. It will be clear who was present in every case.

Any equipment used will be in line with the agreed care plan. Parents/carers, for example, may provide their own choice of cleaning products for staff to use.

Where a child is in nappies, parents/carers will be responsible for ensuring the school has a supply of nappies, wipes and nappy bags. Parents of children who regularly soil themselves will be required to provide a change of clothes.

For children needing routine intimate care, the school expects parents/carers to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

Concerns about safeguarding:
If a member of staff carrying out intimate care has concerns about physical changes in a child's appearance (e.g. marks, bruises, soreness), they will report this using the school's safeguarding procedures.

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 / Headteacher / SLT.

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.

If a member of staff has concerns about an adult carrying out intimate care, these should be escalated to the headteacher / DSL (following safeguarding procedure should this member of staff be absent) as soon as they arise.

Physiotherapy:
School staff may be asked to follow a plan and undertake a physiotherapy regime (such as assisting children with exercises) by a qualified physiotherapist or occupational therapist (OT). School staff must only do this once the technique has been demonstrated by a physiotherapist/ OT and written guidance has been provided.

Where a physiotherapist has recommended specific exercises, they will observe the member of staff undertaking the exercises. These will be recorded in the pupil's support plan and reviewed regularly.

Any concerns about the regime or any failure in equipment will be reported to the physiotherapist/OT.

School staff will not devise and carry out their own exercises or physiotherapy programs.

Monitoring & Review:
This policy will be reviewed by the DSL and Headteacher annually. At every review the policy will be ratified by the governors.

Frequently asked Questions (FAQs):

- **Who will change the nappy/wet/soiled clothing?**

Adults assigned to work with individuals who require support with intimate care. It is recommended that two members of staff are present to assist with intimate procedures. There may be an agreed number of changes with partner/carer per day.

How might two members of staff present look?

- Verbally telling another member of staff that support is being given for intimate care and could they be nearby
- Narrating the process of intimate care being given for another member of staff to hear
- Member of staff standing outside of the toileting area (this will be needed if the assigned adult is working closely with the child e.g. a nappy change)

Where will changing take place?
In the Year R toilet area if in Year R or a designated toilet, often of child or parent/carers choosing (Key Stage 1). The school will liaise with parents and suggest some suitable areas for them to choose from. Where possible, the child will be consulted on how they wish to be supported with their intimate care. All children will be encouraged to have as much autonomy as possible, with staff encourage each child to do as much for his/herself /themselves as possible. Best practice advises staff members, who are providing intimate care for pupils who are standing, should position themselves to the side of the pupil. It may be more appropriate for the adult to stand outside of the toilet and be able to talk/guide the child verbally from outside of the toilet area. This approach will be tailored to each child's toileting needs and level of support.

When a child is being changed their privacy is important. Other children will not be permitted to use the same toilet area as a child who is using to change in.

The nappy changes will be recorded on a chart kept with class teacher or assigned adult. This allows us to share information with parents/carers or external professionals.

What resources will be used?
It can take around ten minutes to change an individual child. The resource allocation of staff time is an important consideration. Changing time can be an opportunity to promote independence and self-worth.
In practical terms toileting require the provision of (not all will be used per child):

- Hot running water and soap (antibacterial where possible)
- Toilet rolls
- Antiseptic cleanser
- Bowl/bucket
- Paper towels/cloths
- Disposable aprons and gloves
- Nappy bags/sacks
- Cleaning equipment
- Bin or nappy bin (depending)
- Wipes
- Spare clothes (it is always useful for each child to have their own spare clothes on their peg to change into for physical and emotional comfort).

How will the nappies will be disposed of?
Put in a nappy sack and the sealed nappy bin will be emptied at the end of every day.

What infection control measures are in place?
Staff will wear disposable gloves and aprons while dealing with the incident or changing a nappy.
Changing area will be cleaned after use.
Hot water and liquid soap is available to wash hands as soon as the task is completed.
Paper towels are available for drying hands.
Toilets are cleaned thoroughly at the end of every school day.
Hand gel is available in every classroom.

What happens if a child has an accident, who does not have a specific, diagnosed toileting need?
The child is encouraged to find a member of staff who will provide them with clean, dry clothes (either the child's own PE kit or spare clothes from the school office). The child will change themselves in the toilet while the adult stands outside in the corridor to verbally support them if needed. The soiled clothes will be placed into a plastic bag and sent home at the end of the day. Adult supporting the child with the change will inform another adult that they are supporting a child who has had an accident.

What will the staff member do if the child is unduly distressed by the experience?
Staff will comfort and reassure the child, talk through what they are going to do and how they are going to help/support them. Staff will make sure the child is calm before they change or support changing the child. Some children, as part of their individual provision, have a visual aids, now and next board, signs (Makaton/BSL) and gestures to support them with the structure of cleaning themselves and changing their clothes.

What will the staff member do if he/she notices marks or injuries on the child?
Follow the school safeguarding policy and report it to the Designated Safeguarding Lead (DSL), or follow safeguarding procedure should the DSL be absent.

What will happen if a child or member of staff makes an allegation against an adult working at the school?
This will be investigated by the Head teacher (or by the Chair of Governors if the concern is about the Head teacher) in accordance with the complaints policy. Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Head teacher or to the Chair of Governors if the concern is about the Head teacher.

Who will know about the child's need for intimate care?
Sensitive information about a child should be shared only with those who need to know, such as parents/carers or other members of staff who are specifically involved with the child. Other staff members will only be told what is necessary for them to know to keep the child safe.

Parent/carer consent is needed for the School Nurse to pass on information about the child's health to school staff or other agencies. Parents/carers and staff should be aware that matters concerning intimate care will be dealt with confidentially and sensitively and that the young person's right to privacy and dignity is maintained at all times.

This intimate care policy should be read in conjunction with the following Shirley Infant School policies:
Health and Safety policy, Behaviour policy, Equal Opportunities Policy, Disability & Equality Policy, Safeguarding policy, PSHE policy.