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ST STEPHEN'S INFANT SCHOOL



Intimate Care & Toileting Policy

REQUIRED REVIEW FREQUENCY		ANNUALLY
NEXT REVIEW DATE		JUNE 2027
VERSION	APPROVED BY	DATE OF APPROVAL
1	FGB	7 July 2026
KEY CHANGES: 		

Approved by..... **Position:** Chair, FGB

(Chris Bowden)



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1. Introduction

St Stephen's Infant School is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff. They apply to everyone involved in the intimate care of children.

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), that most children can carry out for themselves, but with 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.

2. Aims and Objectives

This policy aims:

- To provide guidance and reassurance to staff and parent/s.
- To safeguard the dignity, rights and wellbeing of children
- To assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are taken into account

3. Toileting and the Early Years Foundation Stage [EYFS] Profile

Curriculum guidance for the Early Years 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".

4. Intimate Care in Key Stage 1

Key Stage 1 - We will inform all parents of Reception children prior to them starting school of the current toileting policy highlighting that we will support children to change themselves for



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odd 'accidents'. We will provide a private, safe space where the child may change on their own. We will supply wet wipes and clean clothes (out of the spare uniform box) and a carrier bag. This will be applicable for the time a child is in Infants (unless a parent informs us differently in writing.)

5. 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 will be obtained from parents/carers before 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 will include involvement with Individual Support Plans, Health Care plans and any other plans, which identify the support of intimate care where appropriate. Exchanging information with parents/carers is essential through personal contact, telephone or correspondence.

What the school expects of parents/carers:

- Parents/carers will endeavor 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 a child is not fully toilet trained before starting school, 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.

6. Staff responsibilities

Anyone caring for children, including teachers and other school staff, has a duty to care and act like any reasonably prudent parents/carers. 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 health and safety of both staff and children:

1. Alert another member of staff
2. Escort the child to a changing area i.e. designated toilet areas



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3. Collect equipment and clothes
4. Adult to wear gloves
6. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult.
7. Soiled clothes to be placed inside plastic bags (double wrapped) and to be given to parents/carers at the end of the day. Plastic aprons and gloves should be disposed of in the designated bin.
8. Children are expected to dress themselves in clean clothing, wash their hands and return to class
9. Adult should wash their hands thoroughly after the procedure.
10. Area to be cleaned and disinfected by adult before returning to class.

Intimate care incidents must be recorded in the Record Book including date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or issues. Parents/Carers are to be informed as soon as possible by phone or using a Record of Intimate Care Intervention Slip. [Appendix 1]

In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils unless the child has a medical condition as an underlying cause. School does not have staffing levels to accommodate support teachers regularly leaving the class to attend to an individual's hygiene.

8. Special Educational Needs and Disabilities [SEND]

The school recognises that some children with SEND and other children's home circumstances may result in children arriving at school with underdeveloped toilet training skills. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the disability Discrimination Act 1995.

If a child's toileting needs are substantially different than those expected of a child his age, then the child's needs may be managed through an Individual Health Plan or alternatively they may be considered to be at the SEND support level 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 SENCO, teaching staff and parents/carers would seek further support, e.g. G. P's referral of child for specialist assessment.



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Some children may have an Educational Health Care Plan detailing their special educational needs before entering school. The plan will outline the child's needs and objectives and the educational provision to meet these needs and objectives. The plan will identify delayed self-help skills and 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 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.

9. 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, 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 or child protection issues. 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 presentation (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 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.

See below for Appendices



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APPENDIX 1

RECORD OF INTIMATE CARE INTERVENTION [Not as part of a Medical Plan]

Child's Name..... DOB.....

Name of Support Staff

Date.....

Time.....

Procedure.....

Staff Signature.....



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APPENDIX 2

TOILET MANAGEMENT PLAN - ONGOING

Child's Name..... DOB.....

Area of need.....

Equipment required.....

Location of suitable toilet facilities.....

Support required.....

Frequency of support.....

Working towards Independence

Child will try to

Support Staff will

Target Achieved.....

Review Date.....



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Parent/Carer.....

Medical Needs Officer

Year Group Lead or SENCo.....

Date.....

APPENDIX 3

PERMISSION FOR SCHOOLS TO PROVIDE INTIMATE CARE

I give permission to the school to provide appropriate intimate care support to my child

e.g. changing soiled clothing, washing and toileting

I will inform the school of any medical complaint my child may have which affects issues of intimate care/toileting.

Name.....

Signature.....

Relationship to child.....

Date.....

Child's Surname.....

Child's Forename.....



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Male/Female.....

Date of birth.....

Parent/carers name.....

Address.....

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