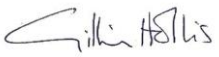
Froxfield CE School

Intimate Care and Toileting Policy

Review Cycle:	Annually	**Next review:**	October 2027
Approver: Chair of C&L	Signed:  Date: October 2026	Approver: Headteacher	Signed: Date: October 2026

1. Policy Statement

At Froxfield CE School, we recognise that all children have the right to be cared for with dignity, respect, privacy and compassion.

Most children will develop independence with toileting and personal care as part of their normal development. However, some children may need additional support with intimate care because of their age, stage of development, toilet training, special educational needs or disability, medical needs, illness, injury or other circumstances.

We will provide appropriate support so that no child is disadvantaged, embarrassed or prevented from fully participating in school life because they require help with intimate care.

Intimate care will always be undertaken in a way that:

- protects the child's dignity, privacy and wellbeing;
- promotes independence wherever possible;
- respects the child's individual needs, preferences and wishes;
- maintains appropriate safeguarding boundaries;
- follows agreed care plans and medical advice where applicable;
- protects the health and safety of both children and staff;
- takes account of the child's age, developmental stage and understanding;
- recognises the importance of positive relationships and sensitive communication;
- works in partnership with parents/carers and relevant professionals.

This policy applies to children in both Froxfield Primary and Froxfield Pre-school.

2. What is Intimate Care?

Intimate care is any care which involves supporting a child with personal care involving areas of the body that are normally private.

This may include:

- toileting;
- changing nappies or pull-ups;
- changing wet or soiled clothing;
- cleaning following a toileting accident;
- changing continence pads;
- assistance with washing;
- assistance with dressing or undressing;
- support with menstruation;
- support with personal hygiene;
- assistance with medical or continence equipment where staff have been appropriately trained;
- other personal care procedures agreed as part of an individual healthcare or intimate care plan.

Intimate care does not include routine encouragement to use the toilet or ordinary reminders to wash hands, unless a child requires physical assistance.

3. Principles of Intimate Care

3.1 Dignity and respect

Children will always be treated with kindness, sensitivity and respect.

Staff will:

- use calm and reassuring language;
- avoid making negative comments, facial expressions or jokes;
- never shame, embarrass or ridicule a child;
- never comment unnecessarily on a child's body, genitals, toileting or bodily functions;
- respect the child's wishes wherever possible;
- explain what they are doing before and during intimate care;
- give children appropriate choices wherever possible.

3.2 Independence

Children will be encouraged to do as much as they can for themselves.

Staff will support children to:

- recognise when they need the toilet;
- manage clothing independently;
- clean themselves where they are able;
- dispose of sanitary products appropriately;
- wash and dry their hands;
- return to learning promptly.

The amount of assistance provided will be appropriate to the child's age, developmental stage and individual needs.

The aim is always to support independence rather than create dependence.

3.3 Privacy

Children are entitled to reasonable privacy when receiving intimate care.

Staff should ensure that:

- intimate care takes place in an appropriate designated area;
- doors are closed where appropriate, but should not normally be locked;
- staff remain aware of safeguarding arrangements;
- another member of staff knows when intimate care is being provided where appropriate;
- children are not exposed unnecessarily to other pupils or adults;
- mobile phones, tablets and cameras are never taken into toilet or changing areas.

Where a child requires regular intimate care, an individual plan will set out the appropriate arrangements.

4. Safeguarding

Intimate care is an important safeguarding consideration.

All staff providing intimate care must understand that children are particularly vulnerable when receiving personal care.

Staff must:

- follow the school's Safeguarding and Child Protection Policy;
- follow the school's staff Code of Conduct;
- maintain professional boundaries at all times;
- only provide care that is necessary and appropriate;
- follow the child's agreed intimate care or healthcare plan;
- report any safeguarding concern immediately to the Designated Safeguarding Lead (DSL);
- report any unusual mark, injury, disclosure or concern in accordance with safeguarding procedures.

If a child makes a disclosure or expresses concern about intimate care, staff must listen calmly, avoid leading questions and report the concern immediately to the DSL.

Any allegation or concern about an adult's conduct during intimate care will be dealt with under the school's safeguarding procedures and the Managing Allegations Against Adults procedures.

5. Staff Responsibilities

Only staff who are appropriately trained, DBS checked and authorised by the school will provide intimate care.

Where a child has regular intimate care needs, the school will identify appropriate members of staff to provide continuity of care.

Staff providing intimate care will:

- be familiar with this policy;
- understand the child's individual care plan where applicable;
- follow agreed procedures consistently;
- use appropriate PPE where necessary;

- maintain the child's dignity;
- encourage independence;
- record care where required;
- communicate appropriately with parents/carers;
- seek advice from the SENCO, DSL, Headteacher or relevant health professional where necessary.

No member of staff will be expected to undertake intimate care beyond their training, competence or agreed responsibilities.

6. Individual Intimate Care Plans

Where a child has regular or significant intimate care needs, an Individual Intimate Care Plan will be developed in partnership with the child, parents/carers and, where appropriate, relevant health or other professionals.

The plan should include, as appropriate:

- the child's toileting and intimate care needs;
- the level of independence the child has;
- the assistance required;
- preferred language and terminology;
- the agreed changing/toileting location;
- who will provide the care;
- any equipment required;
- any continence products required;
- arrangements for disposal;
- relevant medical information;
- any allergies or skin conditions;
- arrangements for handwashing and hygiene;
- how the child should be encouraged to develop independence;
- arrangements for recording care;
- arrangements for informing parents/carers;
- any specific safeguarding considerations.

The plan will be reviewed when the child's needs change and at least annually.

Children should be involved in the development and review of their plan wherever this is appropriate to their age and understanding.

7. Pre-School Nappy Changing

Froxfield Pre-School provides nappy changing facilities and exercises good hygiene practices to accommodate children who are not toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support of key adults.

We work together with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

Procedures:

- Key persons, or other members of staff, monitor the young children in their care who are in nappies or pull-ups and change them as necessary.
- When children begin Pre-School, their key person undertakes changing. A back-up key person will change them if the key person is absent.
- Children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.
- Gloves are available for staff to use when changing children.
- All staff are familiar with hygiene procedures and follow these when changing nappies.
- Key persons are gentle and reassuring when changing children.
- The changing mat is sprayed and wiped with appropriate antibacterial cleaner between every use.
- Key persons do not comment on the contents of a child's nappy or on a child's genitals.
- Key persons record the time of each nappy change on the daily chart.
- Nappy changing is kept relaxed and is used as an opportunity to promote independence.
- Children are encouraged to take an interest in using the toilet.
- Children are encouraged to wash their hands, with soap and towels available.
- Older children access the toilet when they need to and are encouraged to be independent.
- Younger children and those who are toilet training are supervised when using the toilets.
- Nappies and pull-ups are disposed of hygienically.
- Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed where appropriate, bagged and returned to parents.
- We have a duty of care towards children's personal needs. Children will never knowingly be left in a wet or soiled nappy or clothing.

These arrangements will also be adapted for individual children where a child's medical, developmental or SEND needs require additional support.

8. Toileting in the Primary School

Children in the primary school are encouraged to manage their own toileting wherever possible.

Children should have reasonable access to toilets during the school day.

Staff will encourage children to:

- recognise when they need to use the toilet;
- manage clothing independently;
- clean themselves appropriately;
- flush the toilet;
- wash and dry their hands thoroughly;
- tell an adult if they need help.

Younger children and children who require additional support may be accompanied or supervised in accordance with their individual needs.

Staff should avoid unnecessary monitoring of children using the toilet. The level of supervision will be proportionate to the child's age, needs and safeguarding requirements.

9. Toileting Accidents

Toileting accidents can happen to children of any age and will always be dealt with sensitively.

A child who has had an accident will:

1. Be reassured that accidents happen.
2. Be given appropriate privacy.
3. Be encouraged to change themselves wherever they are able.
4. Be provided with spare clothing where available.
5. Be offered appropriate assistance if they are unable to manage independently.
6. Be supported to wash their hands.
7. Be helped to return to learning as quickly and comfortably as possible.

Staff will never shame or reprimand a child for having an accident.

If a child is unable to change independently, an appropriate member of staff will provide the minimum assistance necessary.

If clothing or underwear is wet or soiled, it will be placed in a suitable bag for the child to take home.

Where appropriate, parents/carers will be informed on the same day, particularly where:

- the accident is unusual for the child;
- there have been repeated accidents;
- the child requires significant assistance;
- there is concern about illness;
- there is a medical or safeguarding concern.

10. Changing Wet or Soiled Clothing

Where a child is able to change independently, staff should encourage and support them to do so.

Where a child requires assistance:

- the child should be encouraged to do as much as possible themselves;
- staff should explain what they are doing;
- gloves should be worn where contact with bodily fluids is possible;
- disposable aprons should be used where appropriate;
- the child should be given privacy;
- hands must be washed thoroughly after care has been completed.

11. Menstruation

Froxfield CE School recognises that some pupils may begin menstruation while at school.

We will provide a supportive and discrete approach.

Pupils will:

- have access to sanitary products;
- be able to use the toilet when they need to;
- be given appropriate privacy;
- be supported to manage sanitary products independently where possible;
- be offered assistance if required;

- be provided with spare clothing where necessary;
- be able to speak to a trusted adult if they have concerns.

Staff will treat menstruation as a normal part of growing up.

Any assistance with menstrual care will follow the same principles of dignity, privacy, safeguarding and minimum necessary intervention as other intimate care.

12. Children with SEND and Medical Needs

Some children may require additional or more frequent intimate care because of physical disability, developmental delay, sensory needs, continence difficulties, medical conditions, neurodivergence, an EHCP or other identified special educational needs.

The school will work with parents/carers, the SENCO and relevant health professionals to establish appropriate arrangements.

Where intimate care is linked to a medical condition, relevant healthcare plans and medical advice will be followed.

Staff will receive appropriate training before undertaking specialist procedures.

Where equipment or moving and handling is required, staff will follow the child's agreed manual handling or healthcare plan and will not undertake procedures for which they have not been trained.

13. Hygiene and Infection Control

Froxfield CE School follows appropriate infection-control procedures.

Staff will:

- wash their hands thoroughly before and after intimate care;
- use disposable gloves where there is a risk of contact with bodily fluids;
- use disposable aprons where appropriate;
- dispose of nappies, pads and other contaminated waste safely;
- clean and disinfect changing surfaces after use;
- ensure toilets and changing areas are left clean;
- ensure appropriate handwashing facilities are available;
- use named creams or lotions only for the child for whom they are provided and in accordance with the school's medication procedures.

14. Personal Hygiene Products and Equipment

Parents/carers may be asked to provide, where appropriate:

- nappies or pull-ups;
- continence pads;
- wipes;
- nappy sacks;
- spare underwear;
- spare clothing;

- prescribed creams or lotions where required.

Items belonging to individual children will be clearly labelled and will not be shared.

The school will ensure that appropriate equipment is available for children who have identified regular intimate care needs.

15. Recording Intimate Care

Routine independent toileting does not need to be recorded.

However, the school will maintain appropriate records where a child:

- receives regular intimate care;
- has a significant toileting accident;
- requires assistance beyond their normal level of independence;
- requires a nappy, pull-up or continence pad to be changed;
- receives care under an individual intimate care or healthcare plan;
- requires specialist medical or personal care.

Records should normally include date, time, type of care provided, staff member providing the care, and any relevant observation or concern.

Records must be factual, professional and proportionate.

Any safeguarding concern arising during intimate care must be recorded and reported in accordance with the school's safeguarding procedures.

16. Communication with Parents and Carers

We recognise that parents and carers know their children best and will work collaboratively with families.

Parents/carers will be consulted where:

- a child has regular intimate care needs;
- a child requires an individual care plan;
- there are repeated toileting accidents;
- a child's toileting needs change significantly;
- there is a concern about continence, illness or skin irritation;
- additional equipment or professional advice may be required.

Information about intimate care will be treated sensitively and confidentially.

Parents/carers will be informed of significant incidents or changes in their child's intimate care needs.

17. When a Child Refuses Intimate Care

Children's wishes and dignity must be respected.

If a child refuses assistance:

- staff should remain calm and reassuring;

- the child should be encouraged to explain what is worrying them, where appropriate;
- staff should consider whether the environment, language, sensory factors or the presence of a particular adult is causing distress;
- staff should encourage the child to undertake as much care as possible independently;
- parents/carers may be contacted where appropriate.

A child will not be forced to receive intimate care.

However, if failure to provide necessary care would place the child's health, safety or dignity at significant risk, the Headteacher or DSL should be consulted immediately and appropriate action taken.

Any repeated refusal should be discussed with parents/carers and, where appropriate, the SENCO or relevant health professional.

18. Intimate Care During Educational Visits and Residential Trips

The principles of this policy apply during educational visits, sporting activities, swimming, residential visits and other off-site activities.

Where a child has identified intimate care needs, appropriate arrangements will be considered as part of the visit risk assessment and individual care plan.

Staff must not make assumptions about a child's ability to manage intimate care away from school.

Parents/carers will be consulted in advance where additional arrangements are required.

Volunteers will not provide intimate care for children.

19. Staff Conduct

Staff must maintain professional boundaries at all times and act in line with this policy and the staff code of conduct.

Staff must not:

- make jokes or inappropriate comments about a child's body or toileting;
- use intimate care as a form of punishment or consequence;
- take photographs or videos of children during intimate care;
- use personal mobile phones in toilet or changing areas;
- provide unnecessary physical contact;
- discuss a child's intimate care needs with other children or adults who do not need to know;
- leave a child unnecessarily exposed;
- undertake care outside the agreed arrangements unless there is an immediate need to protect the child's health, safety or dignity.

Any concern about staff conduct must be reported through the school's safeguarding procedures.

20. Partnership with Parents and Children

We recognise that intimate care is most effective when school and home work together.

Parents/carers should inform school of changes to a child's continence, relevant medical conditions, medication or creams, changes in toileting routines, concerns about constipation, diarrhoea or urinary problems, changes associated with menstruation, or any circumstances which may affect the child's ability to manage their personal care.

Children will be encouraged to express their views and preferences about their personal care wherever appropriate.

21. Equality and Inclusion

Froxfield CE School is committed to ensuring that children who require intimate care are not disadvantaged or excluded from any aspect of school life.

Reasonable adjustments will be made for children with disabilities and additional needs.

Intimate care arrangements will take account of:

- age and developmental stage;
- disability and SEND;
- medical needs;
- cultural and religious considerations;
- individual preferences;
- dignity and privacy;
- safeguarding.

The aim is always to enable children to participate fully in school life with the greatest possible level of independence.

22. Monitoring and Review

The Headteacher and SENCO will monitor the implementation of this policy.

Individual intimate care plans will be reviewed when a child's needs change and at least annually.

This whole-school policy will be reviewed annually or sooner if legislation or statutory guidance changes, school procedures change, there is a significant incident, advice from health or other professionals changes, or monitoring identifies a need for amendment.

Related Policies and Guidance

- Froxfield CE School Safeguarding and Child Protection Policy
- Froxfield CE School First Aid Policy
- Froxfield CE School Supporting Children with Medical Needs Policy
- Froxfield CE School SEND Policy
- Froxfield CE School Health and Safety Policy
- Froxfield CE School Staff Code of Conduct
- Froxfield Pre-School Nappy Changing procedures
- Keeping Children Safe in Education
- UK Health Security Agency – Preventing and controlling infections in children and young people's settings

Appendix 1 – Individual Intimate Care Plan

Child's name:	
Date of birth:	
Class:	
Date plan agreed:	
Review date:	
Child's intimate care needs:	
Level of independence:	
Support required:	
Changing/toileting arrangements:	
Equipment/products required:	
Medical information/allergies/skin conditions:	
Communication with child:	
Parent/carer communication:	
Recording arrangements:	

Additional information:		
Signed: Date:	Parent/carer	School staff

Appendix 2 – Intimate Care Record

Date	Time	Child	Type of care provided	Staff member	Parent informed if required

Appendix 3 – Parent/Carer Agreement for Intimate Care

Child's name: _____

I understand that my child may require assistance with intimate care during the school day.

I understand that the school will:
• provide intimate care sensitively and respectfully;
• promote my child's independence;
• maintain my child's dignity and privacy;
• follow the school's Intimate Care and Toileting Policy;
• follow any agreed individual intimate care or healthcare plan;
• communicate with me where significant intimate care has been required or where my child's needs change.

I will inform the school of any relevant changes to my child's medical, developmental or personal care needs.

Parent/carer name: _____

Signature: _____

Date: _____

Staff member: _____

Date: _____