



GREENHEART
LEARNING PARTNERSHIP 

Intimate Care Guidance

Written by: Laura McGee

Date: September 2024

Review: September 2025

Rationale of Guidance

All children at Edgar Stammers Primary Academy have the right to be safe and be treated with dignity, respect and privacy at all times so as to enable them to access all aspects of the curriculum.

This guidance sets out clear principles and guidelines on supporting intimate care, with specific reference to toileting. It should be considered in line with our Child Protection and Safeguarding Policy, Health and Safety Policies and Medical Needs Policy.

This guidance is in accordance with Section 175 of the Education Act 2002 and Keeping Children Safe in Education 2024. It also supports the safeguarding and welfare requirements of the Early Years Foundation Stage 2014 and the Equality Act 2010.

Edgar Stammers Primary Academy will ensure that:

- No child's physical, mental or sensory impairment will have an adverse effect on their ability to take part in day to day activities;
- No child with a named condition, that affects personal development, will be discriminated against;
- • No child who is delayed in achieving continence will be refused admission on those grounds;
- No child will be sent home due to incontinence;
- Reasonable adjustments will be made for any child who has delayed continence

Purpose of Guidance

The purpose of this guidance is:

- To manage risks associated with toileting and intimate care;
- To ensure employees do not work outside the remit of their responsibilities;
- To safeguard the rights and promote the welfare of children including those who may be more vulnerable to abuse.
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one.
- To remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children.
- To provide guidance and reassurance to adults whose duties may include intimate care.
- To safeguard adults required to operate in sensitive situations.
- To raise awareness and provide a clear procedure for intimate care.
- To inform parents/carers in how intimate care is administered.
- To ensure parents/carers are consulted in the intimate of care of their children

Definition of Intimate Care

The term 'intimate care' refers to any tasks that involve direct or indirect contact with or exposure of intimate parts of the body, including helping children use the toilet, changing nappies, cleaning up after a child who has soiled themselves. In addition, some children may need help with dressing/undressing or using the toilet. Most children can carry out these functions themselves, but it is recognised that some are unable to due to physical disability, learning difficulties, medical needs or needs arising from the child's stage of development.

Partnership with Parents / Carers

Parents should be encouraged and empowered to work with staff to ensure that their child's needs are identified, understood and met Staff work in partnership with parents/carers to provide care appropriate to the needs of the individual child and together will produce a care plan (Appendix 1).

The care plan will set out:

- What care is required.
- Number of staff needed to carry out the task (if more than one person is required, reason will be documented).
- Additional equipment required.
- Child's preferred means of communication (e.g. visual, verbal).
- Agreed terminology for parts of the body and bodily functions.
- What the child is able to do themselves.
- Acknowledgement and respect for any cultural or religious considerations related to aspects of intimate care.
- Regularity of monitoring and review

Parents/Carers are asked to provide the following as appropriate:

- Spare nappies/pull-ups
- Wipes, creams, nappy sacks etc.
- Spare clothes
- Spare underwear

We appreciate that sometimes children have toileting 'accidents' which are out of character for them. In the event of this, and in the absence of a personal intimate care plan, the child would be fully encouraged and supported to achieve the highest level of autonomy that is possible given their age and ability. Staff will encourage the child to do as much for his/herself as possible and parents will be informed the same day. On the rare occasion that a child is soiled to a point where they are unable to be cleaned or clean themselves, with support, to comfortable state, parents would be contacted immediately so that the child could be taken home for bathing.

Dealing with bodily fluids

Urine, faeces, blood and vomit will be cleaned up immediately and disposed of safely via nappy bins. When dealing with body fluids, staff must wear protective clothing (disposable plastic gloves and aprons). Soiled children's clothing will be bagged to go home. Staff will not rinse it. Children will be kept away from the affected area until the incident has been completely dealt with. All staff will maintain high standards of personal hygiene and will take all practicable steps to prevent and control the spread of infection.

Best Practice

When intimate care is given the member of staff should fully explain each task that is carried out and the reason for it. Staff should encourage children to do as much for themselves as they can. Praise and encouragement should be given to the child.

Safeguarding procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding to build their confidence and assertiveness about their own body and its worth. Confident and assertive children who feel their body belongs to them are less vulnerable to abuse.

All staff working in the school have an enhanced DBS check. Particular staff members are identified to change a child with known needs and record their work with that child.

Intimate care is always recorded with details of who changed the child, when and any other concerns (Appendix 2).

Complaints

The availability of a clear policy about intimate care and early involvement of parents should reduce the likelihood of complaints but may not eliminate them. Any complaints about staff will be investigated through the School's Complaints Policy. If necessary, the complaint will be dealt with by the Staff Disciplinary Procedures and/or Child Protection Procedures.

Appendix 1

PERSONAL CARE PLAN

For children wearing nappies/pull-ups/regularly soiling in school

Child's Name	
Date of Birth	Age
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Class	Class Teacher

Completed by: _____ (member of staff)

Date of plan: _____ Date to review plan: _____

Type of care required <input type="checkbox"/> Nappy changing <input type="checkbox"/> Pull ups changing <input type="checkbox"/> Assistance to use the toilet <input type="checkbox"/> Assistance to change clothes after soiling <input type="checkbox"/> Other, please state:
Who will change the child?

If more than one, state why:

How will the child be changed? Example, standing up in a toilet cubicle, lying down on a mat on the floor

Additional equipment required

No Yes Please state:

Who will provide the resources?

Nappies Parents School

Pull ups Parents School

Nappy sacks Parents School

Wipes Parents School

Disposable gloves Parents School

Spare clothes Parents School

Spare underwear Parents School

How will the changing occasions be recorded and if/ how this will be communicated to child's parent/ carer?

Agree a minimum number of changes

How will the child be encouraged to participate in the procedure? (What can the child do for themselves?)

Any other comments/ important information, eg. medical, religious or cultural information

This plan has been discussed with me and I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed: _____

Parent/ Carer's Full Name: _____

Appendix 4

TOILET TRAINING SUPPORT PLAN

Ideas to help children with toilet training

For any child toilet training can be a difficult skill to master. Young children do not usually feel the desire to become toilet trained, rather they acquire the skill to please their parent, so this social motivation is a critical factor.

For children with social awareness difficulties the social motivation for toilet training is rare. Equally, due to understanding difficulties, the child may not understand what is being expected of them. Organising and sequencing the information needed to follow the steps in toileting and staying focused on the task can also be a big problem. The child may have problems changing from familiar nappies to unfamiliar pants. An additional problem for some children may be the difficulty in integrating sensory information and establishing the link between having the sensations and what they need to do as a result. Also, for those with a heightened awareness of sounds the sound of running water may be frightening, as may be the big hole in the toilet seat with water beneath. Children who respond badly to changes in temperature and to removing clothes or replacing them may also have difficulties with toilet training.

WHAT TO DO

- Discuss with parents/ carers and agree a plan of action that is relevant at both the child's home and in your school/early years setting.
- Identify a suitably motivating reward that is practical for the child's home or setting to use or carry, make sure all rewards are available instantly when required.
- Use a simple chart to collect information about the child's readiness for toilet training. (See Appendix 5) Take the child to the toilet/potty to check every hour and record if they use the toilet/potty and if they are dry/wet/dirty before. Do this for a week if possible to try to establish a pattern.
- Think ahead and plan to start the above in a week when you know that you will have the time to continue it without causing you problems. If you are stressed at trying to find the time, your child is likely to become anxious as well.
- If during the week you start picking up signs of when the child is wetting or soiling themselves then tell them to 'wait' then take them to the potty/toilet even if it is too late. This will help to establish the relationship between what the child is feeling and what should happen next.
- If the child is dry for 2 hours or more at a stretch this indicates that the child is physically ready to be toilet trained, ie, the muscles have developed control.
- During the week observe whether the child is beginning to follow, or seems to be aware of, any part of the routine.

- Find a realistic goal having observed and assessed where the child is in understanding the toileting process – independent toileting may be many steps away.
- Establish a positive and meaningful routine around toileting
- Break down the toileting routine into small steps e.g:
 1. Enter the bathroom,
 2. Pull clothes down by self or allows adult to pull
 3. Sit on toilet/potty
 4. Eventually for boys - stand at the toilet – and control penis
 5. Get tissue
 6. Wipe with tissue
 7. Stand up,
 8. Throw tissue in toilet
 9. Pull clothes up
 10. Flush toilet
 11. Wash hands
 12. Leave bathroom.
- Keep to the routine that you set up to give continuity whilst your child is learning. Changes in routine can seem like a new activity to some children.
- It can be useful to only undertake toilet training in a set room to build up the association with one place e.g. the bathroom.
- It may be necessary to add support for feet etc. to give security to the child when seated.
- If sounds in the room cause problems, try playing a favourite tape whilst the child is in there to reduce anxiety.
- Once you have decided on your goal consider whether visual prompts would help to keep the child focused on the task.
- An object or a picture may be needed to help the child realise what is to happen. For some children it may be necessary to have a series of pictures relating to each step of the process with a visual cue for what activity is to follow. Use this reward as a motivator by choosing an activity that the child enjoys.
- To help the child know how long to sit, you can try a timer or a song/tune on the tape recorder.
- If the child is afraid of the flush, only flush if there is something to flush or flush once the child has left the room. This can be changed to when the child is at the door or away from the toilet as the fear subsides. Try allowing the child to work the flush.
- Some children, who love the flush or the water in the toilet, need to be distracted from this with interesting toys, etc.

- Children who play with the toilet roll could try having a visual cue, e.g. a peg placed where to tear or a line marked on the wall for where to stop. Build this into your toileting routine. Alternatively roll out the amount of paper needed ahead of time.
- If the child resisted being cleaned, try using different materials and consider the temperature of the materials that you are using. If it helps take turns with a favourite doll/soft toy.
- When the child is ready to initiate the toilet routine find a way for the child to show you their need. If you used an object or picture it may be meaningful for the child to point to this or to bring it to you. Always use speech alongside the object/picture for when the child is able to make their needs known verbally.