



# West Heslerton CE Primary School

## Intimate Care Policy and Procedures

We encourage everyone in our school community to live life well reflecting Christian attitudes and values and working in partnership with families as part of a wider, caring community.

The hallmarks of a Christian life lived well are –

- Love
- Joy
- Self-control
- Peace
- Kindness
- Patience
- Generosity
- Gentleness
- Faithfulness

Galatians 5:22 – 23

### Introduction

West Heslerton CE Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times.

We recognise that there is a need to treat all our children with respect when intimate care is given without any prejudice. Our school seeks to make reasonable adjustments to meet the needs of each child and children should not be treated less favourably because of their delayed incontinence. Standards of continence have no bearing on whether a child is admitted to our school.

Starting school is a time of growth and very rapid developmental change for all children. As with all developmental milestones in the foundation stage, there is wide variation in the time at which children master the skills involved in being fully toilet trained.

Children in the Foundation Stage may:

- be fully toilet trained across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning the Foundation Stage
- be fully toilet trained at home but prone to accidents in new settings
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- be fully toilet trained but have disabilities or learning difficulties
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
- have SEND that makes it unlikely that they will be toilet trained during the Foundation Stage

Admitting children who have continence problems into Foundation Stage, Key Stage 1 and 2 provision can present a challenge to schools. The purpose of this policy and guidelines is to identify best practice to achieve the full inclusion of such children.

This policy follows that of NYCC model policy for all Early Years provision including childminders, full day care, pre-school playgroups, crèches, out of school clubs and maintained provision within schools.

**Context from NYCC policy:**

*Many pre-school settings and schools are now admitting younger children than before and more children with developmental delay or more complex needs now attend a mainstream setting. For very young children, continence would not be the developmental norm, however, for older children in the Early Years Foundation Stage continence may be delayed.*

*Delayed continence is not necessarily linked with learning difficulties or disabilities. However, by virtue of their immaturity, health or personal development, some children may be in nappies or have occasional accidents especially in the first few months after admission.*

*Early Years settings and schools must make reasonable adjustments to meet the needs of each child and children should not be excluded nor treated less favourably because of incontinence.*

*The Council for Disabled Children has worked with Leicester City LEA to produce guidance on this matter and the national Sure Start unit has published this on its website and is available at <http://webarchive.nationalarchives.gov.uk/20100613122732/dcsf.gov.uk/everychildmatters/research/publications/surestartpublications/1365/>*

*Sure Start explains that it is "pleased to share this policy with all local authorities, childcare and early education settings so that this good practice is available to all"*

**Continence**

*The Equality Act 2010 requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. In the light of historical practices that no longer comply with new legislation, changes will particularly be required wherever blanket rules about continence have been a feature of a setting's/school's admissions policy. Schools and settings will also need to set in motion action that ensures they provide an accessible toileting facility if this has not previously been available. The Department of Health has issued clear guidance about the facilities that should be available in each school (Good Practice in Continence Services, 2000), and guidance is also available in the EYFS Welfare requirements documentation.*

*Achieving continence is one of many developmental milestones and in some cases this one developmental area has assumed significance beyond all others. Schools and settings should work in partnership with parents and carers to maintain a supportive and positive approach to this area.*

**Definition of Disability in the Equality Act 2010**

*The Equality Act 2010 provides protection for anyone who has a disability or impairment that has an adverse effect on his/her ability to carry out normal day-to-day activities. The effect must be substantial and long-term.*

*It is clear therefore that anyone with a condition that affects aspects of personal development must not be discriminated against. It would also be unacceptable to refuse*

*admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with a disability.*

*All providers are expected to meet the needs of children with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal EYFS activities solely because of incontinence.*

*Any admission policy that sets a blanket standard of continence, or any other aspect of development, for all children is likely to be discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings/schools are expected to make reasonable adjustments to meet the needs of each child.*

### **Definition of Intimate Care**

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 pupils 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 or dressing.

### **Special Education Needs and Disability (SEND)**

The school recognises that some children with SEND and other children's home circumstances may result in children arriving at school with under developed toilet training skills. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the SEND & Disability Act 2005 & Part 1V of the Disability Discrimination Act 1995.

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 a toileting program as advised by a Health Professional and/or in some cases, an Education Health Care Plan (EHCP).

This continence policy should be read in conjunction with the schools' policies as below:

- safeguarding policy and child protection procedures
- staff code of conduct and guidance on safer working practice
- 'whistle-blowing'
- health and safety policy and procedures
- Special Educational Needs and Disabilities policy

### **Our principles**

At West Heselton CE Primary School we believe that:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

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. It is acknowledged that these adults are in a position of great trust. Meeting a child's intimate care needs is one aspect of safeguarding.

We recognise that there is a need to treat all children, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her 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.

Staff will work in close partnership with parent/carers and other professionals to share information and provide continuity of care. Where children with complex and/or long term health conditions have an Education Health Care Plan (EHCP) in place, the plan should, where relevant, take into account the principles and best practice guidance in this continence policy.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to children. All staff undertaking intimate care must be given appropriate training.

This Incontinence Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

### **Providing comfort or support**

Children may seek physical comfort from staff (particularly children in Pre-Reception and Reception). Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

### **Medical procedures (See Policy on Medicines)**

If it is necessary for a child to receive medicine during the school day parents must fill out a permission form from the school office and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. It must be made clear to parents that staff administration of medicines is voluntary.

### **Assisting a child to change his/her clothes:**

On occasions, an individual child may require some assistance with changing if, for example, he / she has an accident at the toilet, gets wet outside, or has vomit on his / her clothes etc.

Staff will always encourage children to attempt undressing and dressing unaided. However, if assistance is required this will be given by a teacher or teaching assistant.

### **Soiling**

If a child soils themselves in school, a professional judgement will be made whether it is appropriate to change the child in school, or request the parent/carer to collect the child for changing. In these circumstances, the child's needs are paramount and they will be reassured throughout.

These guidelines outline our procedures but we will also seek to make age-appropriate responses:

It is the responsibility of all staff caring for a child to ensure that they are aware of the child's method and level of communication. Depending on their maturity and levels of anxiety children may communicate using different methods - words, signs, symbols, body movements, eye pointing, etc. To ensure effective communication:

- Make eye contact at the child's level;
- Use simple language and repeat if necessary.
- Wait for response
- Treat the child as an individual with dignity and respect.

The child will be given the opportunity to change their underwear in private and carry out this process themselves. School can provide a supply of wipes, clean underwear and spare uniform for this purpose.

If a child is not able to complete this task then they will be asked if they would like some help. A teacher or teaching assistant will support them with this. The teacher or teaching assistant will make a decision regarding the level of support a child may need on the basis of loco-parentis and our duty of care to meet the needs of the child. The teacher or teaching assistant will make another member of staff aware that they are changing a child and will help them to change in the most discrete area available.

The child will be encouraged to have a go at changing and cleaning themselves under the guidance of the adult present. If they are unable to clean themselves sufficiently the adult will ask if they would like some help. The adult will use baby wipes to clean the child as necessary. Whenever possible, it is recommended that children who are able, will be changed standing up.

If the member of staff feels that the child needs a shower or bath to get clean, they will contact the parent/guardian of the child to collect the child. This child will be encouraged to return to school unless there is an infection.

If there is not a suspected infection, the parents/guardians will be notified that the child has had a change of clothes at the end of the school day.

If a child has required physical assistance with intimate care, the member of staff will complete a record of this support on the record of physical assistance in intimate care form provided. Please see Appendix A.

Pupils who require regular assistance with intimate care have written Individual Education Plans (IEP), health care plans or intimate care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be considered. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also consider procedures for educational visits/day trips.

### **Procedures**

- Staff to wear disposable gloves and aprons while dealing with the incident.

- Soiled nappies/pads to be double wrapped and placed in a lidded bin.
- Changing area to be cleaned after use.
- Hot water and liquid soap available to wash hands as soon as the task is completed.
- Hot air dryer or paper towels available for drying hands.

### **Disposal wet/soiled clothes**

School staff will always wear protective disposable gloves and seal any soiled clothing in a plastic bag for return to parents/carers. Staff will remove gloves and apron when finished which must be disposed of immediately by placing in a rubbish bin. The child returned to room before the staff member returns to clean mat with disinfectant spray and wipe down with paper towels.

### **Out of school visits, clubs etc.**

Employees should take particular care when supervising pupils in the less formal atmosphere of a residential setting or after-school activity. Although more informal relationships in such circumstances tend to be usual, the standard of behaviour expected of staff will be no different from the behaviour expected within school. Staff involved in such activities should also be familiar with their school's/establishment's policy and all Guidance regarding out of school activities.

To ensure pupils' safety, increased vigilance may be required when monitoring their behaviour on field trips, holidays etc. It is important to exercise caution so that a pupil is not compromised, and the member of staff does not attract allegations of overly intrusive or abusive behaviour.

On occasions (field trips/days out, etc.) some pupils might be short of funds and would be embarrassed or singled out if this were known. It would be acceptable for a member of staff to subsidise a child, if this was disclosed to colleagues.

Meetings with pupils away from the school premises where a chaperone will not be present are not permitted unless specific approval is obtained from the head teacher or other senior colleague with delegated authority. Staff should not place themselves in a position where they are in a vehicle, house or other venue alone with a child.

If staff come into contact with pupils whilst off duty, they must behave as though in their professional role and not give conflicting messages regarding their own conduct.

### **Child Protection**

The normal process of changing a child should not raise child protection concerns, and there is no requirement for there to be a second member of staff available unless there is an identified need. Disclosure checks (DBS) are in place for all staff working at West Heslerton CE Primary School to ensure the safety of children with staff employed in childcare and education roles. A student or trainee teacher on placement will not change a child.

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman.

When intimate care is being carried out, all children have the right to dignity and privacy, i.e. they should be appropriately covered, the door closed or screens/curtains put in place;

- If the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Staff will try to ascertain why the child is distressed and provide reassurance;

- If there any concerns these will be reported to the Designated Teacher for Child Protection and will complete a written record;

If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, etc. s/he will immediately report concerns to the Designated Senior Person for Child Protection or Headteacher. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a child becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated by the Headteacher and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

### **Resources**

It could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing the child can be a positive, learning time.

However, if several children with continence needs enter Foundation Stage provision of a setting there should be clear resource implications. Within our school, teachers should speak to the SENCo to ensure the additional resources from the school's resources are allocated to ensure that the children's individual needs are met.

Where possible, we ask that parents send their child to school with a change of clothes and spare pads/nappies. School will provide wipes and bags for the disposal of nappies and pads.

### **Partnership Working**

There are other professionals who can help with advice and support. The Health Service or Family Health Visitors have expertise in this area and can support parents to implement toilet training programmes in the home. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems

### **Further Information and guidance recommended by NYCC**

**Toileting Issues for Schools and Nurseries** (Leicester, Leicestershire and Rutland Specialist Community Child Health Services) Available from Early Years Co-ordinator

(SEN) , Early Years Support Team, New Parks House, Pindar Road, Leicester, LE3 9RN  
or e-mail [early.yearssupport@leicester.gov.uk](mailto:early.yearssupport@leicester.gov.uk)

**Enureris Resource & Information Centre (ERIC)**, 34 Old School House, Britannia Road,  
Kinswood, Bristo, BS15 8BD. Telephone: 0117 960 3060  
Website [www.eric.org.uk](http://www.eric.org.uk)

**Good Practice in Continence Services**, 2000. Available free from Department of  
health, PO Box 777, London SE1 6XH or [www.doh.gov.uk/continenceservices.htm](http://www.doh.gov.uk/continenceservices.htm)

**At a Glance** - NYCC

**NYCC Managing the Health Care Needs of Children and Young People October 2008**

**Date policy reviewed:** Spring 2024 (FGB)

**Date of next review:** Autumn 2026 (staff)





## Appendix 2

### Letter to parent(s) outlining policy/procedures and their consent to carry out 'intimate care'

Dear Parents,

I am writing to you regarding occasions when your child may need support with intimate care routines. We have drawn up the attached guidelines to ensure that your child's needs are met in a professional and dignified manner at all times.

I would be grateful if you could sign and return the slip below once you have read the guidelines and agree to the school carrying out 'intimate care' procedures when necessary.

Yours sincerely,

Rachel Wells

Headteacher

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I have read a copy of the School's 'Intimate Care Policy.'  
I agree to the school carrying out 'intimate care' of my child when necessary.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name of child: \_\_\_\_\_

Date: \_\_\_\_\_