

INTIMATE CARE POLICY AND PRACTICE

INCLUDING EYFS AND BOARDING

Governors' Group normally reviewing:	Prep LT
Date last formally approved by the Governors:	Autumn 2026

Period of Review:	2 Yearly
Next Review Date:	Autumn 2028

Other relevant policies:	• Safeguarding and Child Protection Policy • Staff Behaviour Policy • Health and Safety Policy • Equality Policy • Complaints Policy and Procedure • Safer Recruitment Policy • First Aid Policy • Medical Policy • Record Keeping Policy
Person responsible for implementation and monitoring:	Prep Head Head of Pre-Prep

The following Policy encompasses the Aims and Ethos of the Preparatory School and the Senior School

[Aims and Ethos](#)

SAFEGUARDING STATEMENT

Felsted is committed to maintaining a safe and secure environment for all pupils and a 'culture of vigilance' to safeguard and protect all in its care, and to all aspects of its Safeguarding and Child Protection Policy.

EQUAL OPPORTUNITIES STATEMENT

The aims of the School and the principles of excellent pastoral care will be applied to all children irrespective of their characteristics and the School will aim to provide a positive culture of tolerance, equality and mutual respect.

1. Introduction

Felsted 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. Our intimate care and toileting procedures 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 guidance aims:

- to provide guidance and reassurance to staff and parent/s
- to safeguard the dignity, rights and well-being 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 Foundation Stage 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. 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, including dressing, going to the toilet."

4. Intimate Care in Early Years, Key Stage 1 and Key Stage 2

Early Years/Key Stage 1 - We will inform the parents of all children prior to them starting Pre-Reception that we will change children for odd 'accidents' but not routinely as part of day to day personal care. This will be applicable for the time a child is in EYFS/KS1 (unless a parent informs us differently in writing for a child with SEND/Medical needs). If a child has daily accidents the pastoral team would seek information specified by a medical professional.

Key Stage 2 - Any child that soils or wets will not be changed by any member of staff, unless this is a medical need specified by a medical professional. However, we will provide a private, safe space (toilets) where the child may change on their own. We will supply warm water and suitable tissues or wipes, clean clothes and a bag for soiled clothing. The pastoral team would work with the family to create a care plan.

5. Parental Responsibility

Partnership with parents 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. For children in early years and Key stage 1, we will seek permission from parents/carers before intimate care procedures are carried out. 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, Pupil Profiles 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 work with the School to promote toilet training prior to starting school.

- Parents/Carers will endeavour to ensure that their child is continent before Pre-Reception (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 accept that on rare 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 parent/carer. 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. A Risk Assessment will be carried out for those children with a SEND or medical need who may need changing. Appropriate support and training should be provided when necessary.

Two members of staff should be present, with one member of staff carrying out the intimate care and one nearby. The following steps will be taken to ensure health and safety of both staff and children for children in Early Years:

1. Escort the child to the changing area.
2. Equipment will be kept out of reach of children at all times.
3. Adult to wear PPE including gloves.
4. Clothing to be changed promptly. Children are supported to dress themselves in clean clothing, wash their hands and return to class (age-appropriate).
5. Soiled clothes to be placed inside suitable bags (double-wrapped) and to be given to parents/carers at the end of the day.
6. Area to be cleaned and disinfected, as required, by an adult.
7. Plastic aprons and gloves should be disposed of in the designated bin.
8. The adult should wash their hands thoroughly after the procedure.

These additional steps will be taken to ensure the health and safety of both staff and children for children in KS1:

1. Child to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult (age appropriate).
2. Children are expected to dress themselves in clean clothing, wash their hands and return to class (age-appropriate).

Intimate care incidents must be recorded including date, time, name of child, adult(s) in attendance, nature of the incident, action taken and concerns or issues. A central record of all intimate care will be held by the schools medical team and shared with the Leadership team for monitoring.

Parents/Carers are to be informed as soon as possible either verbally or using a Record of Intimate Care email (Appendix 4).

In the interests of Health and 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 or SEND need.

7. Special Educational Needs and Child Protection Issues

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 Equalities Act 2010.

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 an Individual Health Plan. If the child has an EHCP, the School will consider if the School is able to provide adequately for the pupils needs. If a toileting program is required, this would be agreed with parents as advised by a Health Professional. Intimate Care arrangements will be discussed with parents/carers on a regular basis and recorded on the risk assessment. If there is no progress over a long period of time, e.g. half a term, the pastoral team, the teaching staff and parents would seek further support, e.g. G.P's referral of the child for specialist assessment/pastoral team involvement.

8. Child Protection

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. If the risk assessment/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.

The member of staff will always inform another member of staff if they are undertaking intimate care procedures. The needs and wishes of children and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation. For good practice another professional would be in close proximity.

No staff member will carry personal phones or recording devices while carrying out their duties as described in the Staff Behaviour Policy.

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 must be immediately reported to the DSL (Designated Safeguarding Lead) and child protection procedures followed.

APPENDIX 1 - Record of Intimate Care Intervention

(A central record to be held with the school's medical team and shared with PLT for monitoring as required)

Child's Name:

DOB:

Name of Support Staff involved:
.....

Date	Time	Reason Urine or Bowel	Procedure Staff Signature Second Signature	Parent/Carer informed?

APPENDIX 2 - Risk Assessment / Toilet Management Plan to Implement from Y1 - Y6
(if needed)

Child's Name: DOB:

Name of Support Staff involved:

Area of need:

Does weight/size/shape of pupil present a risk?

Does communication present a risk?

Does comprehension present a risk?

Are there any medical considerations?

Are there any risks concerning individual pupil?

Equipment required: .

Location of suitable toilet facilities:

Does moving/handling present a risk?

Does behaviour present a risk?

Support required:

Is staff capacity at risk? (back injury/pregnancy)

Frequency of support

Is there a history of child protection concerns?

Have there ever been any allegations made by the child or family?

Working towards Independence

Child will try to:

Personal Assistant will do:

Target Achieved: Date: .

Parents/Carer: Child (if appropriate):

Personal Assistant:.

SLT/SENDCo: Date:

APPENDIX 3 - Permission for School to Provide Intimate Care

[Felsted Pre-Prep & EYFS Intimate Care & Personal Hygiene Consent Form - Google Forms](#)

At Felsted School, we are committed to ensuring your child's safety, dignity and comfort at all times. In line with our **Intimate Care Policy and Practice**, staff provide personal care sensitively, maintaining the child's privacy while encouraging self-care and independence wherever possible.

As Parent / Carer, I agree to:

- Work in partnership with the school to review care arrangements or support toilet management plans if required.

The School agrees to:

- Ensure personal care is carried out by vetted staff, maintaining privacy and dignity at all times.
- Keep appropriate records and communicate confidentially with parents/carers

APPENDIX 4

Email to parents:

Dear [Mr and Mrs]

I am writing to let you know that your child needed support with their personal care today whilst at school. [NAME] was supported by a member of staff in line with our school's intimate care procedures.

Following this, [NAME] was comfortable and able to return to activities.

If you have any questions or concerns, please do not hesitate to contact school.

Kind regards,

[STAFF NAME]