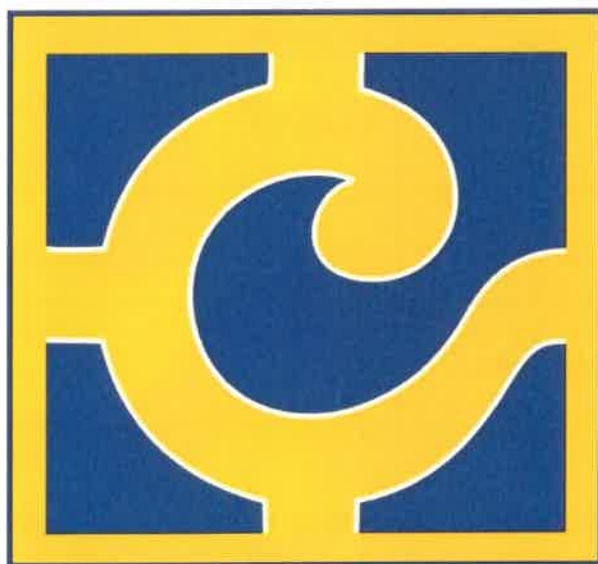


# Intimate Care & Toileting Policy

*Academic Year 2024/2025*



THE COURT SCHOOL

J. Wt 14.2.25

*Approved by Governing Body – February '25  
Review – Spring term '27*

***To be completed by the school:***

|                       |   |
|-----------------------|---|
| Name of school        | The Court Special School                  |
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|   |                                    |
|---|------------------------------------|
| Name of policy                                  | Intimate Care and Toileting Policy |
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| Date Policy formally approved by Governing Body | 11/02/25                           |
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| Review Date                                     | 11/02/27                           |
| Signed (head teacher)                           |                                    |
| Signed (chair of governing body)                |                                    |

\* For the purposes of this policy, the term 'setting' refers to all early years settings and schools

## 1. Overview

### 1.1 Definition of intimate care

#### 1.1.1 In this policy 'intimate care' is defined as:

*"Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children/ young people are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of children/ young people involved in intimate self-care."*

*Taken from Welsh Government,  
['Supporting Learners with Healthcare Needs' \(215/2017\)](#) p16*

1.1.2 Further examples include medical interventions such as catheterisation and colostomy bags. Guidance should be sought from relevant health professionals and included in the child's Individual Healthcare Plan.

1.1.3 Intimate care (which includes toileting) can be undertaken on a regular basis or during a one-off incident.

### 1.2 Development of the policy

This policy was created as a result of: 'A Good Practice Guide to Managing Continence Needs in Settings & Settings in Cardiff'. The good practice guide was written by The Early Years Inclusion & Disability Team as part of a working group consisting of representative from health, education, and the third sector.

1.2.1. This policy has been developed in conjunction with Cathryn Giles, Transition Inclusion Worker.

### 1.3 Related policies

- Managing healthcare needs policy
- Safeguarding policy
- Health and safety policy including manual handling
- Additional learning needs policy
- Strategic equality plan
- Staff code of conduct

### 1.4 Promotion of policy

1.4.1 This policy will be shared with parents through the school website.

## 2. Legal perspective / context

### 2.1 Legislation

- 2.1.1 The legislation that this policy has been issued under is documented in Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017  
(<http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>).
- 2.1.2 It is also guided by the Equality Act 2010.

### 2.2 Context

- 2.21 The City of Cardiff Council is committed to the provision of high quality care that meets the individual needs of all children and young people in Cardiff. As a local authority we embrace the **Every Child Matters** document, the **United Nations Convention on the Rights of the Child, 1992** and we adhere to the **Equality Act 2010**.
- 2.22 '**Meeting the Health Care Needs of Children and Young People in Cardiff- A Good practice guide 2018**' should be used in the first instance for children and young people with healthcare needs. The statutory guidance says that *'education settings should have an intimate care policy, and that it should be followed, unless alternative arrangements have been agreed, and recorded in the child/ young person's Individual Healthcare Plan.'*
- 2.23 There is an expectation that children entering nursery or Reception class will be independent in meeting their own continence needs, however, for various reasons, this is not always the case. It is important that any continence need is managed sensitively and effectively in setting and is in line with the child or young person's development. It must also be understood that delayed continence is not necessarily linked with learning difficulties or disabilities. For children and young people with continence needs, it can have an impact on their ability to take part in everyday school life. However, when needs are managed appropriately, children and young people should not be disadvantaged in any way.
- 2.24 In line with the **Code of Practice for Wales (2002)** and the **Equality Act (2010)** children and young people cannot be refused entry into settings on the grounds that they have continence needs. Any admissions practice that sets a blanket standard of continence would be discriminatory and therefore unlawful. Settings must make adjustments in order to include children and young people with continence needs and should not exclude or treat them differently because of this.
- 2.25 This policy has been written to support learners' continence needs whilst at setting. The policy has been designed in line with the Welsh Government guidance; **School Toilets: Good Practice Guidance for Settings in Wales (2012)**<sup>1</sup> and **ERIC – The Children's Bowel and Bladder Charity**<sup>2</sup>. It has also been developed in response to the Statutory Welsh Government guidance, **Supporting Learners with Healthcare Needs (215/2017)**<sup>3</sup> and the '**Meeting the Health Care Needs of Children and Young People in Cardiff- A Good practice guide 2018**'<sup>4</sup>.

<sup>1</sup> [dera.ioe.ac.uk/13643/7/120124schooltoiletsen\\_Redacted.pdf](http://dera.ioe.ac.uk/13643/7/120124schooltoiletsen_Redacted.pdf)

<sup>2</sup> <https://www.eric.org.uk>

<sup>3</sup> <http://learning.gov.wales/docs/learningwales/publications/170330-healthcare-needs-en.pdf>

### **3. Key policy statements**

- 3.1.1 Children/ Young People with a healthcare need will be supported by our managing healthcare needs policy and the development of an individual healthcare plan.
- 3.1.2 We understand that toileting accidents sometimes occur, and will have a procedure in place to safeguard staff and children/ young people.

### **4. Policy aims and principles**

#### **4.1 The aims of this policy are:**

- 4.1.1 To safeguard the rights and dignity of children/ young people and promote their welfare.
- 4.1.2 To safeguard staff and provide guidance and reassurance to staff whose role includes providing intimate care.
- 4.1.3 To assure parents/carers that staff are knowledgeable about intimate care and that their individual concerns are taken into account.
- 4.1.4 To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children/ young people.
- 4.1.5 To raise awareness of the duty of care of head teachers, staff and governors.

#### **4.2 The basic principles of the policy are:**

- 4.2.1 Children and young people's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate care should therefore be part of a general approach towards facilitating participation in daily life.
- 4.2.2 Intimate care can take time but it is essential that every child is treated as an individual, and that care is given as gently and as sensitively as possible.
- 4.2.3 The following are the fundamental intimate care principles upon which this policy is based:
- 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 on 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 (note: from a safeguarding perspective staff might have to change a nappy against a child's wishes).
  - Every child has the right to have levels of intimate care that are appropriate and consistent.

### **5. Roles and responsibilities (inc. training needs)**

#### **5.1 The head teacher and governing body are responsible for:**

- 5.1.1 Ensuring that all adults assisting with intimate care are employees of the school or local authority. This aspect of their work will be reflected in their job descriptions. Visitors,

volunteers or students must not undertake activities associated with intimate care or toileting.

- 5.1.2 Ensuring that staff (and candidates applying for a job) are made aware of this aspect of the post.
- 5.1.3 Ensuring that all staff are appropriately trained and supported and that it is part of the job description of the member of staff. The requirement for training will vary greatly between settings and will largely be influenced by the needs of the child. Consideration should be given, however, to the need for training on a whole school or setting basis and for individual staff who may be required to provide specific care for an individual child/young person or small number of children/young people; or providing toileting/changing on an ad-hoc basis.
- 5.1.4 Ensuring that the school has a managing healthcare needs policy.
- 5.1.5 Ensuring that all staff are aware and are familiar with the Graduated Response to Intervention
- 5.1.6 Providing Personal Protective Equipment (PPE) which should include: disposable gloves and aprons, and bin and liners to dispose of waste. Staff should always wear PPE when dealing with any child who is bleeding, wet or when changing a soiled nappy / clothing.

## **5.2 Staff:**

- 5.2.1 It is likely that most intimate care within a school will be undertaken by teaching assistants.
- 5.2.2 Practitioners have a responsibility to promote the inclusion and acceptance of all child/ young persons as well as a duty of care, which includes attending to the child/ young person's personal needs and implementing related personal programmes. These guidelines are stated in Cardiff County Council TA Job Descriptions.
- 5.2.3 Staff attitude to a child/ young person's intimate care is also important; keeping in mind the child/ young person's age and routine care, keeping it both efficient and relaxed.
- 5.2.4 It is the responsibility of all staff caring for a child/ young person to ensure that they are aware of the child/ young person's method and level of communication, and the healthcare/intimate care need. To ensure effective communication, staff should:
  - Make eye contact at the child's level
  - Use simple language and repeat if necessary
  - Wait for response
  - Continue to explain to the child what is happening even if there is no response
  - Treat the child as an individual with dignity and respect.
- 5.2.5 Staff should encourage each child/ young person to do as much for themselves as they are able to.
- 5.2.6 Where a situation renders a child/ young person fully dependent; the member of staff should talk about what is going to be done and provide choices where possible. The member of staff should ensure they are aware of any preferences for the intimate care from the child/ young person and/or parent/carer.

- 5.2.7. Children with additional learning needs (ALN) can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.
- 5.2.8 Some procedures must only be carried out by members of staff who have been formally trained and assessed. There should be more than one member of staff assigned within a plan to allow for any illness absence or leave.
- 5.2.9 Only in the event of an emergency would staff undertake any aspect of intimate care that has not been agreed by parents/carers and school. Parents/carers would then be contacted immediately.
- 5.2.10 Staff should receive training in good working practices which comply with the health and safety policy and the safeguarding policy.

### **5.3 Parents/carers:**

- 5.3.1 Parents/carers will be made aware of the school's intimate care and toileting policy and are encouraged to work with the school to ensure their child's needs are met.
- 5.3.2 Parents/carers have a responsibility to advise the school of any known intimate care or toileting needs relating to their child.
- 5.3.3 Where a child/young person has a recognised need with regards to intimate care procedures need to be agreed between the school and the parents/carers so that there is clarity over expectations, roles and responsibilities.
- 5.3.4 Records should also reflect arrangements for ongoing and emergency communication between home and school or setting, monitoring and review.
- 5.3.5 Parents/carers have a responsibility to work in partnership with school staff and other professionals to share information and provide continuity of care.
- 5.3.6 It is also important that the procedure for dealing with concerns arising from intimate care processes is clearly stated and understood by parents/carers and all those involved.
- 5.3.7 It is the parents/carers responsibility to provide supplies such as continence products or wipes. For children who regularly soil or wet parents/carers should ensure that spare clothing is kept in school.

## **6. Safeguarding**

- 6.1.1 The governing body and head teacher ensures that all staff are familiar with the safeguarding policy, and if there are any concerns, they should be recorded and discussed with the settings Designated Safeguarding Lead (DSL).
- 6.1.2 All staff (including students and volunteers) working within the school setting will be subject to the usual safer recruitment procedures, which includes a DBS check.
- 6.1.3 Visitors, volunteers or students must not undertake activities associated with intimate care or toileting.
- 6.1.4 A child's dignity must be maintained at all times.

### **6.2 Staff ratios:**

- 6.2.1 For the majority of children/young people only one member of staff is required to support a child with continence needs. They will inform another member of staff and a record of continence care will be signed by both members of staff. This is to ensure the child/young person is treated with dignity and respect.
- 6.2.2 However, the number of staff required to undertake procedures will depend upon individual child/ young person's circumstances and should be discussed with all concerned with the child/ young person's privacy and dignity at the forefront. The individual child/ young person's needs should be used to help assess the risk; a risk assessment should determine if one or two members of staff (or more) are required (see **appendix 8**).
- 6.2.3 Where there are concerns around child protection, previous allegations, or moving and handling issues, two adults may be required to provide care.
- 6.2.4 Consideration should be given to the management of staffing levels in the classroom when undertaking duties outlined in this document.

### **6.3 Location of intimate care / changing facilities:**

- 6.3.1 Intimate care will take place in the pupil toilet in Gwdihw.

### **6.4 Working with children/ young people of the opposite gender:**

- 6.4.1 In certain circumstances it may be appropriate / necessary to have a person of the same gender as the child care for the child/ young person. For example, for cultural or family reasons. However, the current ratio of female to male staff in many settings, means that assistance will more often be given by a female. As stated in 'Supporting learners with healthcare Needs (2017):

*'Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting. This should be agreed and reflected in the individual healthcare plan (IHP) and risk assessment'.*

- 6.4.2 We will work to ensure the needs of the child/ young person and family are met. If this is not possible we will discuss with the child/ young person and family and other professionals.

### **6.5 ALL concerns/incidents must be reported immediately:**

- 6.5.1 If a member of staff has any concerns about physical changes in a child/ young person's presentation, e.g. unusual markings, discolouration's or swelling, including the genital area they must immediately report the concerns to the Designated Safeguarding Lead (DSL).
- 6.5.2 If a member of staff has any concerns about any unusual emotional and behavioural responses by the child/ young person; they must immediately report concerns to the DSL.
- 6.5.3 If a staff member has concerns about a colleague's continence care practice, they must immediately report concerns to the DSL.
- 6.5.4 If a young person or parent/carer makes an allegation against a member of staff, they must immediately report concerns to the DSL.



- 6.5.5. If a young person is accidentally hurt during continence care or misunderstands or misinterprets something, staff should reassure the children/ young people safety and report the incident immediately to the DSL.
- 6.5.6 If a staff member is accidentally hurt, they should report the incident immediately, seek medical assistance if needed and ensure an accurate written record of what happened is made.
- 6.5.7 If a young person becomes distressed or unhappy about being cared for by a particular member of staff, the parents/carers should be contacted at the earliest opportunity in order to reach a resolution and outcomes recorded. Staffing schedules could be altered until the issue(s) are resolved. Further advice can be taken from outside agencies if necessary.
- 6.5.8 **All concerns reported to the DSL will be immediately acted upon in line with the school Safeguarding Policy.**
- 6.5.9 **A written record of concerns must be made available to parents/carers and kept in the young person's personal file. Further advice will be taken from outside agencies as necessary. Unless this is of child protection nature where there is no automatic right for parents/carers to be notified of this concern.**

## **7. Health and safety, and facilities**

### **7.1 Environment:**

- 7.1.1 The school will identify a suitable area for children/ young people to receive intimate care, giving consideration to the needs of each individual child/ young person. Privacy for the child/ young person and safeguarding staff will be considered along with:
- Space
  - Heating and ventilation to ensure staff and child/ young person comfort
  - Running hot and cold water and liquid soap should be available
  - Protective clothing (disposable apron and gloves) should be provided in an accessible location
  - Supplies of nappies, wipes etc in an accessible location (provided by family)
  - Continence disposal bags
  - Labelled bins for the disposal of nappies (soiled items should be double bagged)
  - Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
  - Supplies of suitable cleaning materials – cloths, anti-bacterial sprays
  - Appropriate clean clothing (preferably the child's own), should be to hand to avoid leaving the child unattended to maintain dignity
  - Effective staff alert system for help in an emergency
  - Arrangements for menstruation when working with adolescent girls
- 7.1.2 Infection control procedures should always be followed.

### **7.2 Waste:**

- 7.2.1 The school is responsible for the disposal of all pads used by young people on school premises. It is not appropriate for the school to send used continence pads home at the end of the school session.

- 7.2.2 Up to 7kg of pads can be disposed of per school in general waste collection. Contract Waste Disposal will be considered for larger quantities.
- 7.2.3 Disposal of soiled pads/clothing should be discussed during admission meetings and noted on the Individual Healthcare Plan/Continence Management Plan.
- 7.2.4 Specialist provision / equipment i.e. catheterisation / diabetes / menstrual management / or any other intimate healthcare needs should be disposed of as agreed in the children/ young people Individual Healthcare Plan.

## **8. Provision of supplies**

- 8.1.1 Personal protective equipment for staff will be provided by the school. See 5.1.5.
- 8.1.2 Items such as continence pads and wipes will be provided by parents/carers. See 5.3.8.

## **9. Agreeing a procedure for intimate care or toileting**

### **9.1 Admissions and transition**

- 9.1.1 The school will ensure that there is a strong transition system in place between settings/settings, and that parents/carers are given the opportunity to discuss any intimate care or toileting needs during planned admission's meeting.
- 9.1.2 We will work with our e.g. Transition Inclusion Worker to identify children/ young people that may require intimate care or toileting support.
- 9.1.3 Providing opportunities for staff to meet with parents prior to entry to the setting. This can be arranged as a meeting at setting or a home visit. Explain the setting's continence policy and discuss with parents whether there are any physical/medical needs relating to their child's continence.
- 9.1.4 Settings to ensure that they have an inclusive approach to continence needs and toilets are well maintained and child/ young person friendly.
- 9.1.5 Settings to ensure that all children/ young people are introduced to their nearest toilet facilities prior to admission if possible or on their first day.
- 9.1.6 Parents to sign consent form for staff to provide continence care should the need arise.

### **9.2 Creating and agreeing a plan**

- 9.2.1 When a continence need is identified, the school will complete a toilet training plan or continence management plan with agreement with the parent/carer and child/ young person, and if necessary a healthcare professional. In some cases an Individual Healthcare Plan might be needed (see managing healthcare needs policy, appendix 3).
- 9.2.2 The agreements will detail what care is to be provided and by whom. There should be more than one named member of staff.

9.2.3 A risk assessment, **appendix 8**, will identify the support required for the plans, e.g. manual handling, risk of allegations.

9.2.4 It is vital that plans are prepared prior to admission, and where possible opportunities are made for the child/ young person and family to meet the staff who will be providing continence care.

9.2.5 Whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, school visits, swimming etc.
- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

### **9.3 Toileting – occasional incidents:**

9.3.1 School should ensure that they have arrangements in place for when a child occasionally wets or soils themselves.

9.3.2 Measures such as asking parents/carers to come in and change children are not good inclusive practice and can put unacceptable pressure on both the parent/carer and the child. It is also likely to be a direct contravention of the Equality Act 2010, and leaving a child in a soiled nappy or in wet or soiled clothing for any length of time pending the return of the parent/carer is not acceptable.

9.3.3 It is considered good practice for settings to obtain consent from parents/carers of all children entering the foundation phase for the school to provide emergency continence care i.e. helping or supervising a child to change their clothes if they have accidentally soiled themselves. Continence plans will be agreed and signed by Parent/Carer.

9.3.4 Parents/carers will be made aware of the procedures that the school should follow should their child need changing during school time. Where Continence support is required, Care plan will be shared with parents/guardians.

## **10. Sharing and recording information**

10.1.1 Any plans or risk assessments created will be kept on the young people file, given to the parent/carer, will be made available to the staff member(s) providing continence care and the healthcare professional (if involved).

10.1.2 Each intervention of continence care should be recorded using the Record of Continence Care. It should be signed by the staff member who supported the child/young person and counter signed by a second staff member.

## **11. Reviewing continence care and toileting arrangements**

- 11.1.1 Continence management plans must be reviewed at **least termly** or according to the developing needs of the child. This should be specified in the relevant plan and followed up by the named member of staff. The views of all relevant parties should be sought and considered to inform future arrangements. Staff members carrying out intimate care must be vigilant and ensure that they are following the current plan.

## **12. Complaints procedure**

- 12.1.1 If a young person or parent/carer is not satisfied with our continence care arrangements they are entitled to make a complaint. This is outlined in our complaints policy which is available from school reception.
- 12.1.2 Complaints can be escalated from teacher to head teacher, then to the governing body, and then to the local authority.
- 12.1.3 If the complaint is Equality Act 2010/disability related, then consideration of a challenge to the Special Education Needs Tribunal for Wales (SENTW) or Children's Commissioner can be made. However, we always advocate that all complaints go to the governing body in the first instance to try to resolve it at a local level.

## **13. Reviewing the policy**

- 13.1.1 We will review this policy alongside the Managing Healthcare Needs Policy, if any amendments occur in legislation, or in consideration of changes in working practices.

## **APPENDIX 4 - Development of Toileting Skills**

### **1. Developmental Factors**

Continence is achieved through the processes of socialisation and physiological / emotional / cognitive maturation. A child must know the difference between the feeling of wet and dry before training starts. The child also needs to be ready with regard to motor skills development. For example, she/he needs to be able to physically access the toilet area, sit on the toilet, remove garments, dress again, and flush the toilet. To be successful, the child also needs to be able to communicate toileting needs, to understand instructions and be willing to comply with adults. The child must also be emotionally ready. He/she must want to use the toilet and have the desire to move away from wearing nappies to doing something completely different with body waste. Some children experience fears around using the toilet. Emotional factors such as stress, anxiety, physical fatigue can lead to delay in achieving continence and, sometimes, regression. Young children can have accidents because they forget to pay attention to their own body signals when they are too busy or pre-occupied. Some children will have physiological reasons which explain a delay in toileting skills.

### **2. Problem Solving Strategies**

- With the Continence Management Plan we will look to include all strategies per pupil that require continence care.

