

Charter.

**Better futures
for children &
young people.**

The Charter Schools Educational Trust

Intimate Care Policy

Author:	Head of Compliance	Original Date: March 2022
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Approved by:	CEO	Date: July 2026
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Reviewed by:	Trust Executive (July 2026)
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Next review due by:	July 2028
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1. Statement of Intent

The Charter Schools Educational Trust (the 'Trust') is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff in our schools responsible for intimate care of children will undertake their duties in a professional manner at all times. The Intimate Care Policy and Guidelines regarding children have been developed to safeguard children and staff and to protect the dignity and privacy of any pupil regardless of age. They apply to everyone involved in the intimate care of children.

Definition of intimate care:

Intimate care refers to any care which involves washing, touching or carrying out an invasive procedure to children's intimate personal areas, 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 pupil's stage of development. These tasks will likely involve:

- Toileting and personal hygiene
- Changing clothes or managing continence
- Menstrual care
- Support with medical devices or equipment related to personal care

2. Aims and Objectives

The aim of this policy is to ensure that:

- Intimate care is carried out properly by staff, in line with any agreed plans
- The dignity, rights and wellbeing of children are safeguarded
- Pupils with intimate care difficulties are not discriminated against, in line with the Equalities Act 2010
- Parents are assured that staff are knowledgeable about intimate care and that the needs of their children are taken into account
- Staff carrying out intimate care work do so within guidelines (i.e. health and safety, manual handling, safeguarding protocols awareness) that protect themselves and the pupils involved
- Pupils understand that they have the right to feel safe and comfortable with the adults providing their care
- Children know that they can engage in the care procedure, know what is happening and give permission at each stage (dependent on their age and stage)
- Adults understand that pupils have feelings about the care they receive and these feelings should be recognised and respected
- Pupils know that we are working towards independence where possible

3. Legislation and statutory guidance

This policy complies with statutory safeguarding guidance.

These guidelines should be read in conjunction with the following Trust and/or school policies including:

- Accessibility Policy
- Child Protection/Safeguarding Policy
- Infection Control Guidelines for Schools
- Health & Safety Policy
- Supporting Children with Medical Needs Policy

It also complies with our funding agreement and articles of association.

4. Seeking parental permission

For children who need routine or occasional intimate care (e.g. for nursery age children who will need support with toileting or toileting accidents), parents will be asked to sign a consent form. For children whose needs are more complex or who need particular support outside of what's covered in the permission form (if used), an intimate care plan will be created in discussion with parents (see section 3.2 below).

Where there isn't an intimate care plan or parental consent for routine care in place, parental permission will be sought before providing any intimate care.

If the school is unable to get in touch with parents and intimate care is urgently required, support will be provided to ensure the pupil is comfortable, and the school will immediately inform parents afterwards.

5. Toileting and the Foundation Stage Profile

Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the pupil's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. 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 successfully, including dressing and undressing and going to the toilet independently".

6. Intimate Care in Key Stage 1 and Key Stage 2

What the schools expect of parents:

- Parents/carers will endeavour to ensure that their child is continent before starting in reception (unless the child has additional 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 occasions their child may need to be collected from school.

Key Stage 1 - Prior to a child starting school, we will inform all parents of the current toileting policy highlighting that we will change children for odd 'accidents' but not routinely as part of day-to-day personal care. This is different if a child has a disability or medical reason for needing support in this area.

Key Stage 2 – Any pupil that soils or wets (including menstruation accidents) will not be changed by any member of staff. However, we will provide a private, safe space where the pupil

may change on their own. We will supply warm water and tissue/cotton wool, clean clothes (to the best of our ability out of the 'spares box') and a plastic bag for any soiled clothes.

7. Intimate Care in Key stage 3 and above

Any pupil that soils or wets themselves (including menstruation accidents) will not be changed by any member of staff. However, the school will provide a private, safe space where the pupil may change on their own. School staff will supply where requested warm water, tissues/cotton wool, and sanitary protection products if needed. School staff will also provide a change of clothes to the best of their ability out of the 'spares box', and a plastic bag for any soiled clothing.

8. Intimate care for pupils with specific medical conditions or SEND

For any children whose needs are more complex or who need particular support including support with intimate care, for example due to specific medical conditions or disabilities, an intimate care plan will be agreed in discussion between the school, parents, the pupil (when possible) and any relevant health professionals.

The school will work with parents and take their preferences on board to make the process of intimate care as comfortable as possible, dealing with needs sensitively and appropriately. This will include involvement with Individual Education Plans (I.E.Ps), Health Care plans, Pupil Profiles and any other plans which identify the support of intimate care where appropriate.

Subject to their age and understanding, the preferences of the pupil will also be considered. If there is any doubt whether the pupil is able to make an informed choice, their parents will be consulted. The plan will be reviewed as often as is needed, in consultation with the pupil and the parent/carer

The school will share information with parents as needed to ensure a consistent approach. It will expect parents to also share relevant information regarding any intimate matters as needed.

For pupils needing routine intimate care, the school expects parents to provide, when necessary, a good stock (at least a week's worth in advance) of necessary resources, such as nappies, underwear and/or a spare set of clothing.

9. Pupil who may be gender questioning/transgender:

We follow the guidance laid out in [KCSIE 2026](#) and in line with the Trust's Child Protection and Safeguarding policy.

10. Intimate Care in an emergency

In a medical emergency, and where there isn't an intimate care plan in place, parental permission will be sought before performing any intimate care procedure. If the school is unable to get in touch with parents and intimate care urgently needs to be carried out, for example in a medical emergency, the support will be carried out to ensure the pupil is comfortable, and the school will inform parents immediately afterwards.

11. Staff responsibilities

Any staff roles where intimate care may be part of their day-to-day work, should have this set out in their job description. This may include but is not limited to Nursery Teachers, Teaching Assistants, Learning Support Assistants, First aid staff. Nobody can be required to provide intimate care unless it is stated in their job description, however staff members are responsible for the welfare and safety of all children in their care. Therefore, if a child requires changing by an adult, or support from an adult to change and clean themselves, because they have soiled themselves, a member of staff cannot do nothing. They must ensure that the child is clean and comfortable and that their welfare is at the heart of any action.

All staff at the school who carry out intimate care will have been subject to an enhanced Disclosure and Barring Service (DBS) with a barred list check before appointment, as well as other checks on their employment history.

Staff will receive:

- Training in the specific types of intimate care they undertake
- Regular safeguarding training
- If necessary, manual handling training that enables them to remain safe and for the pupil to have as much participation as is possible

They will be familiar with:

- The control measures set out in risk assessments carried out by the school
- Hygiene and health and safety procedures, including those related to COVID-19

They will also be encouraged to seek further advice as needed.

The following steps will be taken to ensure health and safety of both staff and pupils where intimate care support is required:

- Alerting another member of staff
- Escorting the pupil to a changing area i.e. designated toilet area
- Collect equipment and clothes
- Adult to wear gloves
- Pupil to undress as appropriate and clean themselves as much as possible under the verbal guidance of an adult.
- Soiled clothes to be placed inside plastic bags (double wrapped), clearly labelled and to be given discretely to parents at the end of the day, or sent home with the pupil.
- Plastic aprons and gloves should be disposed of in designated bins.
- Older Children are expected to dress themselves in clean clothing, wash their hands and return to class unless there is a medical incident which prevents this.
- Adult should wash their hands thoroughly after the procedure.
- Area to be cleaned and disinfected by adult before leaving the designated area.

Intimate care incidents must be recorded including date, time, name of pupil, adult(s) in attendance, nature of the incident, action taken and concerns or issues. This will also monitor progress made.

Parents/Carers are to be informed as soon as possible either verbally or using a Record of Intimate Care Intervention Slip. (see appendix 1)

In the interests of Health & Safety, it is unreasonable for staff to be expected to change a pupil who regularly soils unless the pupil has a medical condition/SEND need as an underlying cause.

12. Special educational needs and pupil protection issues

The Trust recognises that some children with special educational needs or physical disabilities, and other children's home circumstances may result in them arriving at school with underdeveloped toilet training skills. If a child is not toilet trained because of a disability their rights to inclusion are additionally supported by the SEN & Disability Act 2001 & Part 1V of the Disability Discrimination Act 1995.

If a pupil's toileting needs are substantially different than those expected of a pupil their age, then the pupil's needs may be managed through an Individual Health Plan or alternatively they may be considered to be at the Early Years Action Plus/School Action Plus in the SEN Code of Practice. A toileting program 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 toileting plan. If there is no progress over a long period of time, e.g. half a term, the SEN Co-ordinator, teaching staff and parents would seek further support, e.g. GP's referral of pupil for specialist assessment.

Some children may have an Education Health Care Plan (EHCP) before entering school. The EHCP will outline the child's needs and objectives and the educational provision to meet these needs and objectives. The EHCP will identify any delayed self-help skills and recommend a program to develop these skills. The management of all children with intimate care needs will be carefully planned. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

13. Child Protection

Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. If the Intimate care management plan (See Appendix 3) has been agreed and signed by parents, pupils 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 pupil. The needs and wishes of pupils and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation.

If a member of staff has any concerns about physical changes in a pupil's presentation (unexplained injuries, bruises or soreness for example) the recognised child protection procedures should be followed. If a member of staff notices any changes to a pupil either physically or emotionally following an episode of intimate care, the matter will be investigated at an appropriate level and outcomes recorded. Parents/carers will be contacted at the earliest opportunity. Local Child Protection procedures will be adhered to.

APPENDIX 1

Record of intimate care intervention (to be completed when intimate care has been provided)		
Name of pupil		
Date of birth		
Does the pupil have an intimate care plan? (please put the date of the plan)		
Was this an emergency intervention	YES	NO
Why was intimate care necessary	<i>e.g. (be brief no details expected) needed to wash themselves and change underwear</i>	
Where in the building did the intimate care take place?	<i>If on an outing, say where you were – e.g. at the swimming pool in the changing room toilets</i>	
Which adult/s was/were present?	<i>NB if there is a care plan signed by all then 2 adults present is not necessary</i>	
Were parents/carers informed? (who informed them and how)	<i>e.g. Mr X in the office called Dad on the phone and left a message</i>	
Staff member/s signature/s		
Date		

Appendix 2: template parent/carer consent form

PERMISSION FOR SCHOOL TO PROVIDE INTIMATE CARE	
Name of child	
Date of birth	
Name of parent/carer	
Address	
I give permission for the school to provide appropriate intimate care to my child (e.g. changing soiled clothing, washing and toileting)	☐
I will advise the school of anything that may affect my child's personal care (e.g. if medication changes or if my child has an infection)	☐
I understand the procedures that will be carried out and will contact the school immediately if I have any concerns	☐
I do not give consent for my child to be given intimate care (e.g. to be washed and changed if they have a toileting accident). Instead, the school will contact me or my emergency contact and I will organise for my child to be given intimate care (e.g. be washed and changed). I understand that if the school cannot reach me or my emergency contact if my child needs urgent intimate care, staff will need to provide this for my child, following the school's intimate care policy, to make them comfortable and remove barriers to learning.	☐
Parent/carer signature	
Name of parent/carer	
Relationship to child	
Date	

Appendix 3: template intimate care plan

PARENTS/CARERS	
Name of child and DOB	
Type of intimate care needed (typically)	
How often care will be given	
What training staff will be given	
Where care will take place	
What resources and equipment will be used, and who will provide them	
How procedures will differ if taking place on a trip or outing	
Name of senior member of staff responsible for ensuring care is carried out according to the intimate care plan	
Name of parent or carer	
Relationship to child	
Signature of parent or carer	
Date	
CHILD	
How many members of staff would you like to help? (do you have a preference for who)	
Is there anything else you would like to include in this plan?	
Signature of child (where possible)	
Date of initial plan:	<i>Please add subsequent dates of review as you do them</i>