



# Intimate Care Policy



**Cherry Tree Academy**  
**2025-2026**

## **Introduction**

Cherry Tree Academy is committed to ensuring that all staff responsible for the intimate care of children undertake their duties in a professional manner. We recognize the need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment, or pain.

## **Definition**

Intimate care refers to any care that involves toileting, washing, changing, touching, or carrying out an invasive procedure to children's intimate personal areas. This includes personal hygiene and the cleaning of equipment associated with the process.

## **Legislation and Statutory Guidance**

This policy complies with statutory safeguarding guidance, including

- Children Act 1989 & 2004
- Keeping Children Safe in Education (KCSIE) (2025)
- Equality Act 2010
- The Education Act 1996
- The UN Convention on the Rights of the Child (1989)
- The Data Protection Act 2018 (UK GDPR)
- Working Together to Safeguard Children (2023)
- Waterton Academy Trust - Administration of Medicines & Supporting Pupils with Medical Conditions (2025)
- First Aid Policy (2025)
- Positive Handling Policy (2025)

## **Aims**

- Ensure intimate care is carried out properly by staff, in line with agreed plans.
- Safeguard the dignity, rights, and wellbeing of children.
- Prevent discrimination against pupils who require intimate care.
- Assure parents/carers that staff are knowledgeable about intimate care and that their children's needs are considered.
- Protect staff and pupils involved by adhering to health and safety, manual handling, and safeguarding protocols.

### **Intimate care is any care which involves one of the following:**

- Assisting a child to change their clothes
- Changing or washing a child who has soiled/wet themselves
- Assisting a child to apply sun cream
- Providing first aid assistance
- Providing comfort to an upset or distressed child
- Assisting a child who requires a specific medical procedure and who is not able to carry this out unaided.

Those children with an identified need for daily intimate care will have an individual care plan in place which has been agreed and signed by parents and carers.

## **Principles**

The following are the fundamental principles of intimate care upon which our policy guidelines are based:

- Every child has a 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;
- All children have the right to be involved and consulted in their own intimate care to the best of their abilities;
- All children have the right to express their views on their own intimate care and to have their views considered; and
- Every child has the right to have levels of intimate care that are appropriate and consistent.

## Toileting Expectations in the Early Years

We support children in developing **independence in self-care**, including toileting. While we acknowledge that children develop at different rates, we encourage them to build confidence in managing their own toileting needs.

### **Early Years Toileting Expectations:**

We expect that most children will:

- Recognise when they need to use the toilet.
- Be able to use the toilet independently.
- Be reasonably effective in cleaning themselves after toileting.
- Access the toilets freely when needed and be encouraged to do so independently.
- Be reminded at regular times to use the toilet (e.g., before/after lunch, before outdoor play, before home time).
- Wash their hands properly using soap and water and dry them with a paper towel or hand dryer.

### **Safeguarding & Duty of Care**

- Staff will ensure that no child is left in soiled or wet clothing, as this could be considered neglect under safeguarding guidelines.
- If a child has an accident, staff will follow the school's Intimate Care Policy, ensuring they are changed quickly, hygienically, and with dignity.
- Parents will be informed of any toileting incidents.
- Two members of staff will assist at all times.

### **Understanding Children's Individual Needs in Intimate Care**

At Cherry Tree Academy we recognise that children develop self-care skills at different rates, and some may need additional support when they start school. Staff will ensure that all children are treated with sensitivity, respect, and patience when addressing their toileting needs.

#### **Developmental Differences in Self-Care**

- Some children may still be developing toileting independence when they begin school.
- Others may have had limited practice using school facilities due to cultural differences in self-care expectations.
- Temporary Toileting Setbacks
- It is common for children to experience occasional accidents after starting school.

Some children may begin wetting or soiling themselves due to factors such as:

- Anxiety (e.g., adjusting to school routines)
- Family changes (e.g., new sibling, separation, moving house)
- Mild illness (e.g., stomach bugs, constipation)
- In such cases, the class teacher will sensitively discuss concerns with parents/carers to determine whether the issue is temporary or requires additional support.

### **Medical or Physical Needs**

Some children may have ongoing medical or physical conditions affecting their toileting, such as:

- Urinary tract infections (UTIs)
- Chronic constipation
- Soiling difficulties (encopresis)
- Neurodevelopmental conditions (e.g., autism, ADHD)
- Physical disabilities affecting mobility or continence

If a child has a medical diagnosis that impacts their toileting, the school will:

- Work with parents/carers and healthcare professionals to create a Medical Care Plan.
- Follow Local Authority policies on child protection and managing medical needs in school.

- Make reasonable adjustments (as required under the Equality Act 2010) to ensure the child can access learning comfortably.

## **Supporting Families with Toileting and Continence Issues**

We recognise that some children may require additional support with toileting due to developmental, medical, or emotional factors. We aim to work in partnership with families to provide a supportive and non-judgmental approach.

### **Professional Support Available**

- Family Health Visitors and the School Nurse – These professionals have expertise in toilet training and can support parents/carers in implementing effective routines at home.
- Health Care Professionals – If toileting difficulties persist, a GP or paediatrician can conduct a full health assessment to rule out any underlying medical causes (e.g., constipation, bladder issues, or neurodevelopmental conditions).

### **Creating a Supportive Environment**

- Parents/carers are more likely to seek support when they feel listened to and reassured that their child's developmental progress will not be judged.
- We encourage open communication between school staff and families to discuss any concerns related to learning, development, or continence.

This collaborative approach ensures that children receive the support they need, both at home and in school, to develop confidence and independence in toileting.

## **Sensitivity and Respect**

- Children receiving intimate care must be treated with dignity, respect, and sensitivity at all times.
- They should be addressed by name and given clear, age-appropriate explanations about the procedures being undertaken.
- Privacy must be ensured in a way that is appropriate to the child's age and circumstances, while also maintaining safeguarding best practices.
- Wherever possible, children should be encouraged to manage their own care to promote independence.
- Staff must remain attentive to the child's reactions and respond accordingly to ensure their comfort and well-being.
- Clean, appropriately sized spare clothing should be readily available and provided by parents or carers.
- If a child is unwilling or reluctant to receive care from a staff member, alternative arrangements can be considered, including allowing a family member to attend the school if necessary. Confidentiality should be maintained between the child, the school, and the parents to the fullest extent possible, ensuring that the child feels safe, supported, and respected.

## **Assisting a child to apply sun cream**

- Parents and carers are encouraged to apply sun cream to their child before school on particularly hot days.
- During the school day, it may be necessary to reapply sun cream.
- Children should bring their own sun cream in a bottle labelled with their name.
- Sharing sun cream between children is not allowed. If a child does not have sun cream and it is deemed necessary, we will contact parents or carers.
- We recommend children bring spray sun cream, as it can be applied easily with minimal physical contact.
- Staff can spray the cream onto the child's arms or hands, allowing the child to apply it themselves.
- Time will be provided in class before playtimes and lunchtimes for children to apply sun cream with guidance.
- In extreme hot weather, children will be encouraged to stay in shaded areas or be brought indoors to avoid direct sunlight.

### **Duty of Care & Safeguarding in Intimate Care**

All staff working with children have a common law duty of care, meaning they must act as any prudent parent would to ensure the health, safety, and dignity of every child.

Staff Requirements:

- Only school employees who have undergone Enhanced DBS checks should provide intimate care.
- All staff must be familiar with and follow the school's intimate care policy and procedures.
- Staff will receive appropriate training and support when required.

### **Reporting & Record-Keeping:**

All toileting incidents must be reported immediately.

The minimum record-keeping should include:

- Date & time of the incident
- Name of the child
- Name(s) of staff in attendance
- Nature of the incident (e.g., wetting, soiling, medical issue)
- Actions taken (e.g., cleaning, change of clothing)

Parents/carers must be informed as soon as possible.

*Any concerns or issues (e.g., distress, rash, bruising) – Reported directly to the DSL/DDSL and logged on CPOMs*

### **Children's Welfare & Dignity:**

- Leaving a child in soiled or wet clothing for any length of time is unacceptable and could be seen as neglect or a safeguarding concern.
- The normal process of cleaning a child does not, in itself, raise child protection concerns.
- There is no legal requirement for a second adult to be present during toileting assistance. However, schools should risk assess situations and follow best practice to protect both children and staff.

### **Safeguarding Considerations for Intimate Care**

If there is a known risk of false allegations from a child or parent, a single member of staff must not provide intimate care unsupervised. In such cases, a second adult should always be present.

- Staff must never change or clean a child in a locked or fully closed room. Doors should be left slightly open (while maintaining the child's dignity).

Before assisting a child, staff must notify another staff member of:

- Their location
- The reason for providing care
- The expected duration of care

Where possible, intimate care should take place in a designated space (e.g., a medical or hygiene room) rather than isolated areas.

### **Health and Safety**

In the case of a child accidentally wetting, soiling or being sick whilst on the premises:

- Staff should wear disposable gloves and aprons (if necessary) to deal with the incident.
- Soiled clothing is double bagged and tied.
- Hot water and soap are available to wash hands as soon as the task is completed.

## Appendix 1: Good practice –toilet training

### Toilet Training

We look out for signs that a child is ready for potty/toilet training and we work with parents to implement an agreed programme. Some children will be late in achieving milestones and toilet training will be delayed accordingly. Incontinence can be part of a medical condition or part of global delay. A few children may never be totally continent and so the emphasis will be on management of the condition.

A child will pass through these 3 stages as they develop bowel/bladder control:

1. The child becomes aware of having wet or soiled underwear.
2. They know that urination/defecation is taking place and may indicate this.
3. The child realises that they need to urinate/defecate and may say so in advance.

Toilet training will be more successful if the child is at the last stage.

Assess the child over a period of 2 weeks to determine:

- If there is a pattern to when the child is soiled/wet.
- The indicators that the child is giving that they need the toilet (actions, facial expressions).
- Hourly visits to the toilet and monitoring of wet, soiled or dirty pants help to determine toileting behaviour and show an emerging pattern.

Some strategies to support the process:

- Familiarise the child with the toilets, use other children as good role-models (being sensitive to their privacy), flush toilets, wash hands etc.
- Encourage the child to use the toilet when they are indicating in some way that there is a need, but do not force the issue.
- Take the child to the toilet at a time when monitoring has indicated that they usually open their bowels.
- Ensure that they are able to reach and are comfortable on the toilet. Training seats may be provided by parents.
- Stay with the child and talk to them to make the experience more relaxed.
- Accept that the child may not use the toilet – it may take time to develop the idea of what is expected. Don't become anxious, praise the child when the toilet is used.
- There may be some setbacks (possibly an emotional reason), patiently continue.
- Accidents will occur, deal with them discreetly and without fuss.
- The process may take time – be patient and the reward will be very satisfying.
- Referrals to the School Nursing team, in instances where toilet training is impacting the child.

It is important to develop a home/school approach in order for the process to succeed.

Good practice in supporting children with SEND:

- The child's documentation (EHCP, My Plan) will outline their needs and objectives and the educational provision to meet those needs and objectives.
- When a child's independence and self-help skills are delayed these will be identified in the statement and programmes will be recommended to develop these skills.

## Appendix 2: Home/ School partnership

In some circumstances it may be appropriate for the school to set up a home/school agreement that defines the responsibilities that each party has, and the expectations that each has for the other. This might include:

The parent:

- Agreeing to ensure that the child is toileted at the latest possible time before being brought to school.
- Providing the school with a change of clothing, wipes etc.
- Understanding and agreeing the procedures that will be followed when their child is changed at school.
- Agreeing to inform the school should the child have any rashes or marks.
- Agreeing to a minimum change policy i.e. the school would not undertake to change a child more frequently than if they were at home.
- Agreeing to review arrangements should this be necessary.

The school:

- Agreeing to a minimum change policy i.e. the school would not undertake to change a child more frequently than if they were at home.
- Agreeing to monitor the number of times the child is changed in order to identify progress made.
- Agreeing to report should the child be distressed or if rashes or marks are seen.
- Agreeing to review arrangements should this be necessary.

### Procedure for Personal Care of an individual pupil – Appendix 3

The guidelines will specify:

- Who will change the child?
- Where changing will take place?
- What resources will be used (cleansing agents or cream to be applied in accordance with parent's wishes)?
- How the soiled clothing will be disposed of?
- What infection control measures are in place?
- What the staff member will do if a child is unduly distressed by the experience or if a staff member notices marks or injuries?
- How changing occasions will be recorded and how this will be communicated to parents (in confidence)?

### Appendix 3: Intimate Care Plan – Template

#### INTIMATE CARE PLAN

|   |  |
|---|--|
| Name  |  |
| Date of Birth                                 |  |
| Date of Plan                                  |  |
| Year group                                    |  |
| Relevant Background Information               |  |
| Persons who may be involved in changing child |  |
| Permission given by parent                    |  |
| Communication                                 |  |
| Step by step guide to what happens            |  |
| Facilities                                    |  |
| Equipment                                     |  |
| Frequency of procedure                        |  |
| Review date                                   |  |

I/we have read, understood and agree to the plan for Intimate Care

Signed .....

Name .....

Relation to child .....

Date .....



| Document Detail                                 |                |                      |                   |
|---|----------------|----------------------|-------------------|
| Document Name                                   |                | Intimate Care Policy |                   |
| Version<br>(versions tracked from 2022 onwards) |                | 2                    |                   |
| Effective from:                                 |                | February 2025        |                   |
| Approved by:                                    |                | Mr A Dawson          |                   |
| Next Review Date:                               |                | February 2026        |                   |
| Version Control                                 |                |                      |                   |
| Version   | Date           | Author               | Change /Reference |
| 1   | February 2025  | LS                   | Policy created    |
| 2   | September 2025 | LS                   | Policy Updated    |