

Personal Care Policy

Based on OCC Guidance

This document applies to all academies and operations of Cambrian Learning Trust.

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Document Control			
Author	Inclusion and EYFS Teams	Approved By	Trust Board
Last Reviewed	October 2025	Next Review	October 2027
Review Cycle	2 years	Version	1.2

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Promoting Inclusion – Supporting the Personal Care of Children and Young People

This guidance sets out procedures and arrangements for toileting, personal care and sleep & rest. Procedures will be carried out with professionalism, dignity and respect for the child and the maintenance of the highest health and safety standards possible.

The aim of the guidance is to safeguard children, parents, staff and the educational setting by providing a consistent approach within a framework which recognises the rights and responsibilities of everyone involved.

Introduction

The majority of children entering school will be toilet trained and able to manage their own personal care needs competently before they start. However, some children may not be at that stage due to several reasons including: developmental delay, medical needs, behavioural issues, physical or learning disabilities. Some children may be continent, but still have personal care needs due to difficulties accessing toileting facilities or dealing with personal care/cleaning tasks independently. All children have an educational entitlement irrespective of their difficulties with toileting, personal care and sleep needs.

Personal Care

Personal care can be defined as any care which involves washing, touching, carrying out an agreed procedure to personal areas in order to care for another person. This may be due to their young age, physical difficulties, medical needs or special educational needs. Examples include continence and menstrual management as well as rest and sleeping, washing, toileting or dressing.

Personal care tasks are associated with bodily functions, body products and personal hygiene that demands direct or indirect contact with, or exposure of the genitals. It also includes supervision of children and young people involved in personal self-care.

SEND Code of Practice 2015

The Code of Practice provides statutory guidance on duties, policies and procedures relating to children and young people with special educational needs and disabled children and young people. All schools and early years settings must have regard to the Code of Practice.

1.26 As part of its commitments under articles 7 and 24 of the United Nations Convention of the Rights of Persons with Disabilities the UK government is committed to inclusive

education of disabled children and young people and the progressive removal of barriers to learning and participation in mainstream education.

1.34 In practical situations in everyday settings, the best early years settings, schools and colleges do what is necessary to enable children and young people to develop, learn, participate and achieve the best possible outcomes irrespective of whether that is through reasonable adjustments for a disabled child or young person or special educational provision for a child or young person with SEN.

Principles of the Code

Colleges, Schools and Early Years settings must have regard to:

- the views, wishes and feelings of the child or young person, and the child's parents
- the importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
- the need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood
- Supporting children with personal care contributes to the statutory Early Learning Goals in Personal, Social and Emotional Development (Managing Self) and Physical Development (Gross/Fine Motor Skills), helping children to build independence and self-care skills.

Equality Act 2010

The Equality Act provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal activities of daily living. Anyone with a condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to children who have toileting/personal care needs.

Educational providers have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the needs of children with any other developmental delay. Children should not be excluded from any normal pre-school or school activities because of incontinence and personal care needs.

Any admission policy that sets a blanket standard for toileting, or any other aspect of development is discriminatory and therefore unlawful under the Act. All such issues must be dealt with on an individual basis and educational establishments are expected to make reasonable adjustments to meet the needs of each pupil.

It is essential to note that asking parents to come into the school or educational setting to change their child is a direct contravention of the Equality Act, as is leaving the child in a soiled/wet nappy/pad for any length of time pending the return of a parent a form of abuse/neglect.

Supporting Children with Medical Conditions – statutory guidance DfE 2015

In September 2014, a new duty was introduced for schools to plan to support children with medical conditions. It is intended to help schools/governing committees meet their legal responsibilities and sets out the arrangements expected based on good practice. The aim is to ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Inclusive Culture

It requires commitment from everyone involved in the education and care of children to develop attitudes which support inclusive practice. Children with toileting or personal care needs who receive support and understanding from those acting in loco parentis are more likely to achieve their full potential across the range of activities within the school.

Aims of this document:

- Provide guidance and advice to ensure children are not excluded, or treated less favourably, because they have toileting or personal care needs, whether it is the occasional accident or on-going support.
- Ensure that regardless of their care needs, every child and young person can access care, play and learning experiences in our schools, preschools, day nurseries, out of school settings and other childcare settings.
- Provide guidance and advice to ensure staff in educational settings are informed of their responsibilities towards children with care needs in line with current legislation and that they are adequately supported so they can confidently and competently carry out their duties in meeting each child's individual needs.
- To support educational settings to write their own personal care policy.

Principles of Good Practice

- Children who have difficulties in controlling their bladder/bowels or those who have not developed toileting skills have sometimes had a difficult start on the road to personal independence. Therefore, these children must be treated with respect,

dignity and sensitivity. They should be offered choice and control in every way possible.

- Sensitive arrangements need to be put in place to allow children to toilet themselves at intervals to suit their needs and not at the demands of school routine or class requirements.
- It is important to take into consideration a child's preferences. If the child indicates a preference for a particular sequence, then this should be followed rather than a sequence imposed by a member of staff. As long as all the necessary tasks are completed for the comfort and wellbeing of the child, the order in which they are completed is not important.
- Staff should encourage and promote independence and self-help skills as much as possible and give the child sufficient time to achieve them. If handled correctly this can be one of the most important self-help skills achieved, improving the child's quality of life, independence and self-esteem. If handled incorrectly it can severely inhibit an individual's inclusion in school and community.
- Children should be encouraged and supported to achieve the highest levels of independence and autonomy that are possible, e.g. in cleaning, toileting, undressing and dressing themselves.
- A positive body image should be encouraged; routine care should be relaxed, enjoyable and fun, with lots of praise and rewards for when the child has achieved goals.
- The carer's behaviour should be appropriate to the pupil's age. It is important to develop a consistent approach between home and school. Therefore parents, schools and other professionals (such as school nurses and the child's health visiting team) need to work together in partnership. In some circumstances, it may be appropriate to set up a home to school agreement or management plan that defines the responsibilities for each partner. The aim should be to work towards the earliest possible or the maximum levels of independence with toileting.
- There also needs to be a consistency of approach between school staff with necessary information being communicated to appropriate staff members. It is important that everyone feels part of a team as this ensures continuity and consistency of practice between staff. At least 2 members of staff need to be trained in the procedures/routine required so that if the key worker is absent for any reason the child is not compromised with regards to their care.
- Confidentiality and the child's dignity should be respected at all times with regards to sharing of information between staff.
- Staff should be well supported with access to appropriate resources and facilities. Specialist advisory teachers in SENSS can offer advice on the likely need for specialist equipment and adaptations for children with physical needs and signpost to Occupational Therapists or other appropriate professionals as needed. An

agreement needs to be in place for parents to provide spare nappies, cleaning wipes, underwear and clothing.

- Educational settings should be aware of and implement appropriate health and safety procedures and risk assessments.

Practical Advice

- Educational settings should ensure that when staff are recruited their job descriptions clearly state that offering personal care, promoting independent toileting and self-care skills could be one of the tasks they undertake.
- A suitable place for changing and carrying out personal care with children should have high priority in any educational establishment's access plan. Appropriate toileting and changing facilities are an essential part of learning to be independent. It should be situated in close proximity to hand washing facilities.
- The designated area should not compromise the safety of the child or member of staff.
- The designated area should be hygienic and warm. It should be accessible and easy to reach.
- Consider a height adjustable changing bench which would eliminate the need for staff to change the child on the floor and reduce the need for staff to lift the child up onto a fixed-height bench. The bench can be raised to an appropriate safe working height for the staff.
- In circumstances when a child with highly complex needs is admitted to the school, the appropriate health team members, SEN casework team, Occupational Therapist, SENSS PD team, building and access team and school SENCO need to be involved in the planning; as there may be resource implications with regards to staffing and facilities. If specialist equipment or adaptations are required; additional resources from the school's delegated SEN budget or LA funds may need to be allocated (see [Schools Accessibility Strategy](#)).

Safeguarding Children and Staff

- Safeguarding children is everyone's responsibility
- The normal process of changing a child who has wet/soiled should not raise child protection concerns and there are no regulations that indicate that two members of staff must be present to supervise the changing process to ensure abuse does not take place. Few educational establishments have the staffing resources to provide two members of staff for this; therefore, one member of staff is adequate to carry out the straightforward task of changing a child. The exception to the rule needs to be when there is a known risk of false allegation by a child, then a single practitioner should not undertake the changing task.

- Two members of staff may be required for more complex type of care procedures, this will need to be assessed on an individual basis in joint consultation with health colleagues and other support professionals. However, it is important to note that no unnecessary staff should be present, and no other staff should interrupt the care procedure.
- All adults carrying out personal care or toileting tasks should be employees of the school and enhanced DBS checks should already be in place to ensure the safety of children. Staff employed in childcare and educational establishments must act in a professional manner at all times.
- Students on work placement, voluntary staff or other parents working at the school/setting should **not** attend to toileting or personal care tasks.
- Where the child is of an appropriate age and ability, their permission must be sought before any task is carried out.
- Staff carrying out the personal care/toileting should notify a colleague when they are taking the child out of the classroom for this purpose, this should be done discreetly and sensitively.
- Parents should be made aware of the personal care/toileting policy and must give consent for the child to be changed or the personal care procedure to be carried out when they are under the care of the school or setting. Parents must also be made aware of the fact that it may only be one member of staff carrying out the changing task and there should be a written, agreed and signed consent form in place. (Appendix 1)
- A written log should be kept of all personal and personal care interventions that take place. (See Appendix 2)
- The school or setting should remain highly vigilant for any signs of improper practice as they would for all activities carried out onsite.
- Any issues for concern, such as physical changes in the child's presentation, any bruising or marks or any comments made by the child, should be recorded and reported to the DSL immediately. All usual safeguarding procedures should be followed.
- Staff are reminded that safeguarding includes a duty to follow the setting's whistleblowing procedures and to escalate any concerns about unsafe practice, as stated in the Early Years Foundation Stage Statutory Framework 2025 (paragraphs 3.7-3.9).
- There should be careful communication between the child and key worker; the child should be made aware of the procedures according to their ability to understand. If the child becomes distressed or unhappy about being cared for by a particular member of staff, the matter should be looked into immediately and addressed with parents, appropriate agencies and all necessary procedures should be followed.
- Safeguarding training should be an ongoing part of staff training.

- When carrying out personal care in out-of-school premises, privacy and safety should be the main concern and part of the planning process.
- Sensitivity and discretion should be used, washing and physical contact especially in personal areas should be kept to a minimum and done only as necessary.
- There should be an agreed procedure in place for cleaning the child.
- Attendance and absences are also part of safeguarding (EYFS 2025, paragraph 3.67). Where toileting or personal care needs are linked to non-attendance, staff must follow the setting's procedures for reporting and following up absences.
- For further safeguarding information, please refer to the CLT Child Protection and Safeguarding Policy [Cambrian Learning Trust - Policies and Procedures](#)

Health and Safety

- Some children are more susceptible to infection due to the personal nature of their medical needs, in this instance hygiene procedures are crucial in protecting children and staff from the spread of infections. Staff involved with toileting and personal care should be trained in correct hand washing techniques and hygiene precautions. The educational setting should provide disposable vinyl gloves, aprons, liquid hand soap, disposable, paper towels and ensure there is access to hand washing facilities in close proximity to the changing area.
- Children should not be left alone or unattended during toileting or changing procedures. Great care must be taken if the changing unit is any distance off the floor.
- All bodily fluid/human waste or marked items should be disposed of correctly in sanitary bins if possible and all staff should be made aware of these procedures. Arrangements should be made with the parents for soiled clothing to be taken home and they should be stored in a designated place.
- Any changing mat or bench should be thoroughly cleaned between each use with appropriate cleaning materials and detergents.
- Any spillages or leakages should be cleaned immediately using the appropriate equipment and cleaning materials. All staff should aim for high standards of hygiene around the changing/medical facilities.
- Schools and other settings registered to provide education will also have hygiene and infection control policies which cover necessary procedures to follow in the case of any child accidentally soiling, wetting or vomiting whilst on the premises.
- Any damaged or torn equipment such as changing mats should be immediately discarded.
- Infection control, hygiene, and personal care will be delivered in line with *promoting good health* requirements in EYFS (2025).

Sleep and Rest

- Children have the right to rest and sleep in a safe, comfortable environment appropriate to their age and needs.
- Rest opportunities will be offered in line with each child's individual patterns and agreed with parents/carers.
- Children will never be forced to sleep. Alternative quiet activities will be offered where rest is not needed.
- Sleep environments must be: quiet, clean, well-ventilated, and safe. Individual bedding is used and washed weekly or immediately if soiled.
- All sleeping mats are in good condition, clean and fit for purpose and are compliant with British Standard Regulations.
- Any shoes, thick jumpers, bibs or dummy clips will be removed before sleeping.
- Infants' heads will remain uncovered during sleep time from hoods, hats, or blankets.
- Practitioners are mindful of changes to the child's skin colour, breathing, body temperature and restfulness.
- Infants can use comforters or dummies if provided by parents/carers.
- Children are always placed on their backs to sleep in line with NHS and Lullaby Trust guidance. [Home | The Lullaby Trust Safer sleep advice for babies - Start for Life - NHS](#)
- Staff are in the same room to supervise all sleeping children and record sleep checks every 10-15 minutes. Logs are maintained and monitored (Example log *Appendix 3*).
- Physical Contact During Sleep. Staff may provide limited physical comfort to children during rest periods, such as light patting or a gentle touch on the back, where this is necessary to help a child feel secure and settle to sleep. Such contact will always be respectful, age-appropriate, minimal, and carried out openly in line with the School's safeguarding and child protection policies. All interactions are to occur in an open environment, in view of other staff, and never in isolation. Families will be informed of the School's approach to safe sleep and the circumstances in which limited physical comfort may be provided.
- Safe sleep practices are reviewed with parents/carers and updated as children's needs change.
- For further safeguarding information, please refer to the CLT Child Protection and Safeguarding Policy [Cambrian Learning Trust - Policies and Procedures](#).
- For Managing Allegations and Low level concerns, please refer to the CLT Managing Allegations Policy.

Medication/Ointments

If requests are made by parents for application of medical ointments/creams, these should be prescribed by the GP and clearly labelled with the child's name. They should not be shared between other children and should be stored in a locked storage facility in line with the school's storage of medicines policy.

Manual Lifting & Handling/Specialist Training

- Some children with physical disabilities may require manual lifting and handling. All staff undertaking these duties should have appropriate training and instruction to ensure they are competent and confident in their role.
- Some children will enter the educational setting with complex difficulties and long or short-term medical conditions, which indicate the need for special procedures or personal care arrangements. In this instance, multi-disciplinary teams will need to be involved for the appropriate advice, training and any necessary equipment and adaptations. Parental consent and involvement will be required to ensure they agree with the plans that are put in place.
- For this level of input, it is important to draw up written care/management plans and risk assessments so that all staff involved are aware of their roles, responsibilities and all risks are considered and addressed.

What to include in the 'Personal Care and Toileting Consent form

(See template in Appendix 1)

As well as consent from parents, guidelines should specify:

- Type and level of care required.
- Advisory information regarding the procedures required.
- Who will change the child or carry out the toileting/personal care tasks?
- Where the care tasks will be carried out?
- What resources/equipment will be used?
- How the nappy/pad or other medical aids will be disposed of?
- What infection control measures are in place?
- What action will be taken if the child becomes distressed, or concerns arise?
- Agreement by parents to provide spare nappies, cleaning wipes, underwear or clothing. (Nursing staff are not able to provide nappies or wipes for use in an educational setting)

- Any School-Home-Professional agreement/toileting plan required?

This guidance covers a number of areas relating to the procedures required for toileting and personal of children in schools and other educational establishments. However, it must be accepted that there has to be a degree of flexibility and judgement within some situations.

This type of care may also involve some degree of risk; it may not be possible to eliminate all the risks. However, the balance should be on the side of safety. Every child is entitled to maximum safety, privacy and respect for dignity.

This guidance is written in consultation with colleagues from:

- Oxfordshire Early Years Team
- Oxfordshire EYSEN Team
- Oxford Health NHS Foundation Trust
- Oxfordshire Special Educational Needs Support Services (SENSS)
- Oxfordshire Schools' Health and Safety Team
- Oxfordshire Property Corporate Landlord Team
- LADO / Education Safeguarding Advisory Team (ESAT)

Appendix 1 – Personal Care and Toileting Parental Consent Form

(Form to be completed by Class Teacher/Manager/Key Person/SENCO)

Name of Child:		DOB:	
School:			
Name of staff member who carried out the tasks:		Signature:	
<i>(All staff need to be fully aware of toileting/personal care plan and school policies)</i>			
Advice/Information re: care/procedures required and how often during the school day:			
Where will the tasks be carried out and what equipment/resources will be required to safely carry out the procedures:			
Infection Control and Disposal procedures in place:			
Actions that will be taken if any concerns arise:			
Parent's responsibility to provide:			
Any School-Home agreement, care/management plan, risk assessment, or communication via school - home diary required:			
Other professionals involved in care/advisory role: (School Nurse, CBABS, CCN, Health Visitor, Specialist Nurse, OT/Physio, SEND support:			
Additional Information:			

(Delete as appropriate)

I/We have read the Personal Care/Toileting Policy provided by the educational setting that my child attends. I/We give permission for the named member(s) of staff to attend to the care needs of my/our child and agree with the procedures proposed.

Name of Parent/Carer		Date	
Signature			

Appendix 2 – Toileting and Personal Care Log

[illegible]

Appendix 3 – Sleep and Rest Monitoring Log

[illegible]