South Farnham Educational Trust

The Continual Pursuit of Excellence

INTIMATE CARE POLICY

REVIEW DATE:	SPRING 2026
NEXT REVIEW DATE:	SPRING 2028

1. Introduction and aims

This policy applies to all schools and settings within South Farnham Educational Trust ("the Trust" / SFET), spanning early years, primary and secondary provision.

The Trust recognises that some children and young people require support with intimate or personal care - occasionally, routinely, or as part of a long-term plan agreed with parents, carers and health professionals. The provision of this care is a legitimate and necessary part of school life and, where required, constitutes a reasonable adjustment under the Equality Act 2010.

The aims of this policy are to:

- Safeguard the rights, welfare and dignity of children and young people across the Trust.
- Provide clear guidance and reassurance to staff who may be required to provide intimate or personal care.
- Provide clarity and assurance to parents and carers about how care will be delivered, including the safeguarding controls in place.
- Ensure consistency of practice across all SFET settings while allowing for age-appropriate and setting-appropriate adaptation.
- Promote independence, choice and participation for every child and young person, in line with their stage of development and individual care plan.

2. Statutory and policy framework

This policy has been written with reference to the following statutory and best-practice guidance:

- **Equality Act 2010** - the duty to make reasonable adjustments for disabled pupils, including those with delayed continence or other intimate care needs.
- **Children and Families Act 2014** - duty to support pupils with Education, Health and Care (EHC) Plans.
- **Keeping Children Safe in Education (KCSIE)** (DfE, current version) - including the requirement that anyone providing intimate care is in regulated activity and must hold an enhanced DBS check with barred list information, even if the activity occurs only once.
- **Working Together to Safeguard Children** (HM Government, current version).
- **SEND Code of Practice 0–25 Years** (DfE, 2015).
- **Statutory Framework for the Early Years Foundation Stage (EYFS)** (DfE, current version) - for early years settings.
- **Supporting Pupils at School with Medical Conditions** (DfE, statutory guidance).
- **Guidance for Safer Working Practice for those working with children and young people in education settings** (Safer Recruitment Consortium, current version) - in particular Section 15 on intimate and personal care.
- **The School Premises (England) Regulations 2012** - facilities standards.
- **Health and Safety at Work etc. Act 1974** and the **Manual Handling Operations Regulations 1992**.
- **Surrey County Council** local guidance on intimate and toileting care, applied to the relevant setting.

- **NSPCC** guidance on the intimate care of children.

3. Definitions

Intimate care

Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which require direct or indirect contact with, or exposure of, intimate parts of the body. For the purposes of this policy, intimate care includes:

- Helping a child or young person dress or undress where this involves underwear.
- Supporting a child to use a potty or toilet.
- Changing nappies, pull-ups or continence products.
- Cleaning, wiping or washing intimate parts of the body.
- Supporting menstrual care, including the changing of sanitary products.
- Supporting a child or young person following a wetting or soiling accident.
- Catheter or stoma care, where required and clinically directed.

Personal care

Care that involves contact with the child or young person but does not involve intimate parts of the body. It includes:

- Supporting eating and drinking.
- Administering oral medication.
- Hair care.
- Dressing and undressing of outer clothing.
- Washing non-intimate body parts (e.g. hands, face).
- Prompting a child or young person to use the toilet.

Regulated activity

Has the meaning set out in Keeping Children Safe in Education and the Safeguarding Vulnerable Groups Act 2006. Anyone providing intimate or personal care to a child is engaged in regulated activity, even if the activity occurs only once.

Intimate Care Plan

An agreed written record of the intimate care arrangements for an individual pupil, drawn up between the school, parents/carers, the pupil (where appropriate to age and understanding) and any relevant health professionals.

4. Principles underpinning practice

Children and young people across all SFET settings have:

- The right to feel safe, secure and respected.
- The right to access an education, with reasonable adjustments made to remove barriers to learning.
- The right to privacy and dignity, with care delivered professionally and sensitively.
- The right to information, communication and support to enable informed choice.

- The right to be treated as individuals, without discrimination on the grounds of age, gender, gender identity, ability, disability, race, religion, culture or belief.
- The right to express their views and have them listened to.
- Where care needs are ongoing, the right to a care plan that promotes participation and progressive independence.

Children and young people are encouraged to undertake as much of their own personal care as is reasonably possible, with adult support reduced gradually as independence develops. This principle applies equally to pupils with SEND, with progress recognised as incremental and supported by specialist input.

The cultural and religious values of the family will be taken into account in the planning and delivery of intimate care, including the language used to describe body parts and bodily functions, the gender of staff providing care, and any specific practices observed by the family.

5. Equality Act 2010 and reasonable adjustments

Under the Equality Act 2010, schools must make reasonable adjustments for disabled pupils. A child who is not yet toilet trained, who has delayed continence, or who has a medical or developmental condition affecting continence, may be considered disabled within the meaning of the Act. Refusing admission, or refusing to provide the support necessary for continence, may amount to disability discrimination.

It is therefore the position of the Trust that:

- No child will be refused admission to a Trust school on the grounds that they are not toilet trained.
- Reasonable adjustments will be made to support children with continence and other intimate care needs.
- Adjustments will be agreed in partnership with parents/carers, the pupil where appropriate and any relevant professionals.
- Adjustments will be reviewed regularly to support the child's progression towards independence.

6. Roles and responsibilities

Headteachers

Responsible for:

- Ensuring this policy is followed in their school.
- Ensuring staff required to provide intimate care are appropriately trained, supported and DBS-checked.
- Ensuring Intimate Care Plans are in place where required and reviewed at appropriate intervals.
- Liaising with parents/carers, the SENDCo, the DSL and external agencies as required.
- Reporting safeguarding concerns and allegations in line with the Trust's Safeguarding and Child Protection Policy.

Designated Safeguarding Lead (DSL)
In each school, the DSL is responsible for:

- Overseeing safeguarding considerations relating to intimate care.
- Receiving and acting on any concerns or allegations arising from intimate care.
- Liaising with the Local Authority Designated Officer (LADO) as required.

SENDCo
Responsible for:

- Coordinating Intimate Care Plans for pupils with SEND.
- Liaising with external agencies (e.g. the school nursing service, paediatric continence services, occupational therapy).
- Ensuring staff supporting pupils with complex needs receive appropriate specialist training.

Staff providing intimate care
Must:

- Hold a current enhanced DBS check with barred list information.
- Have completed safeguarding training and any specialist training relevant to the pupils they support.
- Follow this policy and any individual Intimate Care Plan in place.
- Record care provided in line with this policy.
- Report any concern, accident or incident immediately to the DSL or Headteacher.

Teachers are not contractually required to provide intimate care; however, no adult should refuse to provide urgent care to a distressed child where welfare requires it, in which case the matter should be referred immediately to the Headteacher and a parent/carer contacted.

Volunteers, trainees, students on placement and visitors
Volunteers, trainees, students on placement (including SCITT trainees) and visiting staff must not undertake intimate care for any pupil. Where intimate care arises during a SCITT placement, the responsibility lies with the substantive employed staff of the placement school.

If a pupil requires intimate care while in the care of a volunteer, trainee or student (for example, during a wetting or soiling accident), the volunteer or student must immediately seek support from a qualified member of staff. The qualified staff member will provide the intimate care in line with this policy.

7. Staff training
Staff providing intimate care will receive:

- Induction training on this policy and the Trust's Safeguarding and Child Protection Policy.
- Specific training on the type of intimate care they undertake (relating to intimate care plan).
- Annual safeguarding refresher training in line with KCSIE.
- Manual handling training where relevant to the support being provided.

- Specialist training (e.g. catheter care, stoma care) where required, delivered or commissioned through health professionals.
- Training on the Trust's hygiene, infection control and risk assessment procedures.

Staff are encouraged to seek further advice from the Headteacher, SENDCo, DSL or external professionals as needed. No member of staff will be expected to undertake care for which they have not received appropriate training.

8. Working with parents and carers

The Trust works in active partnership with parents and carers in respect of intimate care.
Specifically:

- Where a child requires routine or regular intimate care, the school will meet with parents/carers (and the pupil where appropriate) before the child starts at the school, or as soon as the need becomes known, to agree an Intimate Care Plan.
- Parents/carers will be asked to sign a consent form (see Appendices 1 and 2).
- Parents/carers will be informed if their child has a wetting or soiling accident at school.
- Parents/carers' preferences will be taken into account, including in respect of the gender of staff, cultural and religious considerations, and the terminology used.
- Parents/carers will be expected to share relevant information, including any medical conditions, signs to look out for, or changes at home.
- Where necessary, advice will be sought from the school nursing service, paediatric continence services or other professionals, with parental consent.

Where a parent/carer declines or withdraws consent for intimate care, the school will work with the family to agree an alternative arrangement (for example, a parent/carer being contacted to attend). However, in welfare emergencies the school will provide the care necessary to maintain the child's dignity and comfort and inform parents/carers as soon as possible afterwards.

9. Intimate Care Plans

For any pupil requiring routine or ongoing intimate care, an Intimate Care Plan will be drawn up. The plan will be agreed between the school, parents/carers, the pupil (where appropriate) and any relevant health professionals.

Each Intimate Care Plan will set out:

- The pupil's specific care needs.
- The named staff who will provide care, and arrangements for cover during absence.
- The location, timing and frequency of care.
- The level of independence the pupil can or should exercise.
- Communication needs, including communication aids and signs of distress.
- Manual handling requirements and any equipment to be used.
- Hygiene and infection control measures.
- Cultural, religious or family preferences, including agreed terminology for body parts and bodily functions.

- Arrangements during off-site activities, school trips and residential visits.
- Review date and review process.

Plans will be reviewed at least annually, or sooner if circumstances change. A copy of the Intimate Care Plan template is included at Appendix 3.

10. Toilet training (EYFS and primary settings)

Starting school is a significant transition for children and families. The Trust recognises that there is wide developmental variation in the time at which children become fully continent, in line with the EYFS Statutory Framework. A child may, for example:

- Be fully toilet trained.
- Have been fully toilet trained but regress temporarily as a result of starting at a new setting.
- Be toilet trained at home but have accidents at the setting, or vice versa.
- Be approaching independence but still need reminders, encouragement or support.
- Respond well to a structured toilet training approach.
- Have a developmental delay, learning difficulty or disability that affects continence.

Where a child has occasional accidents, the school will provide care in line with this policy and inform the child's class teacher and parents/carers. Where the need is more frequent, an Intimate Care Plan will be put in place.

Staff supporting children during toileting or changing will:

- Wear appropriate personal protective equipment, including gloves and apron where indicated.
- Inform a colleague before beginning the care procedure, including location and expected duration.
- Maintain the child's privacy and dignity throughout.
- Use language that is reassuring, age-appropriate and consistent with what has been agreed with the family.
- Record the care in line with this policy (see Appendices 4 and 5).

The Trust's primary settings will work proactively with parents/carers to support toilet training, including signposting to ERIC (Education and Resources for Improving Childhood Continence) and the school nursing service where appropriate.

11. Continence support and menstrual care (upper KS2 primary, secondary and SEND settings)

Some pupils in secondary settings (and upper KS2 primary settings), including those with SEND, will require ongoing intimate care or support. This may include:

- Continence support where pupils have medical conditions, disabilities or developmental needs affecting bladder or bowel control.
- Catheter or stoma care.
- Menstrual management, including support with sanitary products, particularly where pupils have communication, cognitive or physical needs that require adult support.

Trust schools provide free period products in line with the Department for Education's Period Products Scheme. Where a pupil requires support with menstrual care, this will be addressed within their Intimate Care Plan, with same-gender support as the working preference and cultural and religious considerations actively factored in.

All intimate care for secondary-age pupils will be planned, recorded and delivered with particular sensitivity to the pupil's age, dignity and emerging autonomy, with the goal of maximising independence wherever possible.

12. Same-gender and cross-gender care

The gender of the member of staff providing intimate care is one factor in delivering safe, dignified care, and its weight increases as children grow older and develop a stronger sense of privacy. The Trust's expectations therefore differ by age and key stage. In all settings, the primary safeguards are that care is delivered by a known, named, trained and DBS-checked member of staff, in line with the pupil's Intimate Care Plan, with parental consent and full respect for cultural and religious preferences.

Early Years and KS1 settings (children aged 0–7)

In line with the EYFS Statutory Framework and current NSPCC guidance, the Trust does not require intimate care in EYFS or KS1 to be delivered by a member of staff of the same gender as the child. The emphasis at this age is on consistency of care, dignity, hygiene and the use of trained, DBS-checked staff who are familiar to the child. Cross-gender care is a normal feature of practice in these settings, reflecting the staffing profile of primary education.

- Intimate care will, wherever possible, be delivered by the child's key person (in EYFS) or a named, familiar member of staff who is part of the child's day-to-day care, with a second named person available to cover absence.
- Parents/carers may request that staff of a particular gender provide care for cultural, religious or personal reasons. The school will accommodate such requests where reasonably possible. Where it is not possible, the school will discuss alternative arrangements with the family.
- All care will be recorded in line with this policy, and where care is provided in another room a colleague will be informed beforehand and the time the staff member leaves and returns will be recorded.
- A second member of staff will be in the vicinity, visible or audible, but will not normally be present during care unless the child's needs require it.

KS2, KS3 and KS4 settings (children and young people aged 7–16)

From KS2 onwards, the Trust's working preference is that intimate care is delivered by a member of staff of the same gender as the pupil, recognising the pupil's developing sense of privacy. In KS3 and KS4 this is the working default, and cross-gender care should only occur by exception, with explicit consent.

Where same-gender care is not reasonably possible:

- Parents/carers and the pupil (where appropriate to age and understanding) will be informed and consent obtained where possible.

- An emergency arrangement will be agreed in advance through the Intimate Care Plan.
- The arrangement will be reviewed and varied as soon as practicable.
- Pupils, parents and carers may also request same-gender care for cultural, religious or personal reasons at any age, and these requests will be respected wherever practicable.

Gender identity

Where a pupil's gender identity is relevant to their preferences for intimate care, the school will engage with the pupil and their family sensitively and individually and will refer to current statutory guidance.

13. Hygiene, PPE and infection control

All intimate care will be delivered in line with infection control good practice. Specifically:

- Staff will wash their hands before and after providing care.
- Disposable gloves and aprons will be worn and disposed of safely after each use.
- Surfaces and equipment will be cleaned in line with the Trust's infection control protocols.
- Soiled items will be bagged and either returned to parents/carers in a sealed bag or disposed of safely depending on the agreed arrangement.
- Spare clothing and continence products will be kept in a clean, accessible location.
- Appropriate ventilation, hand-washing and waste disposal will be available in the changing area.

14. Facilities and equipment

Each Trust school will provide intimate care in facilities that are:

- Private - to ensure dignity is maintained.
- Clean, warm and well-ventilated.
- Accessible to the child or young person concerned, including where mobility aids are required.
- Properly resourced with hand-washing facilities, soap, drying provision, gloves, aprons and waste disposal.
- Equipped with appropriate changing equipment where required (e.g. height-adjustable changing benches, hoists).

For new build or refurbishment projects, Trust facilities will be designed in line with Department for Education Building Bulletin 104 (Special Educational Needs and Disability) and Changing Places standards where appropriate.

15. Off-site activities and residential visits

Pupils with intimate care needs are entitled to participate in school trips, off-site activities and residential visits. Arrangements for intimate care during such activities will:

- Be agreed in advance with parents/carers.
- Be reflected in the relevant risk assessment for the visit.
- Be referenced in the pupil's Intimate Care Plan.

- Be undertaken by staff with the same DBS, training and experience as required during the school day.

Where the visit involves an overnight stay, additional consideration will be given to changing facilities, sleeping arrangements and staffing.

16. Photography and recording

Under no circumstances should photographs, video or audio recordings be made of a pupil during the provision of intimate care. Mobile phones and personal devices must not be present during care delivery. This is in line with the Guidance for Safer Working Practice and the Trust's Acceptable Use Policy.

17. Links with external agencies

Pupils with significant or specific intimate care needs are likely to be known to external agencies. The SENDCo, with parental consent, will liaise with such agencies, which may include:

- The school nursing service.
- Paediatric continence services.
- Occupational therapy and physiotherapy services.
- Specialist health professionals (e.g. continence advisors, urology nurses).
- Children's social care, where relevant.
- Local authority SEND teams (Surrey, or other relevant authorities).

18. Protection of children

The Trust's Safeguarding and Child Protection Policy applies in full to the provision of intimate care. In particular:

- If a member of staff providing intimate care notices any physical change in the child's appearance — including marks, bruises, soreness, rashes or signs of distress — they will report this immediately to the DSL in line with safeguarding procedures.
- If a child is hurt or distressed during the provision of intimate care, the matter will be reported to the DSL immediately and parents/carers informed.
- If a child makes an allegation against a member of staff, responsibility for that child's intimate care will be reassigned immediately and the matter referred in line with the Trust's allegation procedures (see Section 20).
- All concerns and incidents will be recorded in line with the Trust's safeguarding record-keeping standards.

19. Protection of staff

Staff providing intimate care are in a position of significant trust and responsibility.

- A second member of staff will, wherever possible, be aware that intimate care is taking place and will be in the vicinity, visible or audible, but will not normally be present during care unless required by the pupil's needs (e.g. for manual handling or behavioural support). Staff should never be alone with a pupil in a locked room when providing intimate care.

- Staff will follow this policy at all times to ensure their actions are consistent, professional and clearly understood.
- All care provided will be recorded, including times left and returned where care is provided in another room.
- Staff will receive appropriate training and ongoing support.
- Staff who feel uncomfortable, vulnerable or unsupported will be able to raise concerns immediately with the Headteacher, DSL or Trust HR, and arrangements will be reviewed.
- Where an allegation arises, the Trust will support the staff member through its Safeguarding, HR and statutory procedures, ensuring confidentiality, fairness and adherence to KCSIE Part 4.

No member of staff should undertake intimate care for which they have not been trained or feel unprepared.

20. Allegations and LADO referrals

Where an allegation is made against a member of staff arising from the provision of intimate care, the matter will be handled in line with the Safeguarding and Child Protection Policy. This will include immediate referral to the Local Authority Designated Officer (LADO) and reassignment of the pupil's care to another trained member of staff.

21. Records and confidentiality

The school maintains a record of intimate care provided. These records:

- Are completed at the time of care, or as soon as practicable afterwards.
- Include the date, time, duration, nature of care, staff involved, and any relevant observations.
- Are stored securely in line with GDPR Data Protection Policies.
- May be held electronically (e.g. via CPOMS) or on paper using the templates at Appendices 4 and 5.
- Are shared with parents/carers as agreed in the Intimate Care Plan.

Information about a pupil's intimate care needs is sensitive personal information and is shared on a need-to-know basis only. The Trust complies with the UK GDPR, the Data Protection Act 2018 and any associated statutory guidance.

22. Monitoring and review

This policy will be reviewed every two years, or sooner if statutory guidance changes. The Headteacher of each school is responsible for monitoring its implementation, supported by the SENDCo and DSL.

While this policy is formally reviewed every two years, the Headteacher and DSL will check annually (following the publication of the updated Keeping Children Safe in Education guidance each September) whether any changes to statutory guidance require updates to this policy before the scheduled review date.

Any concerns relating to intimate care should be raised in the first instance with the Headteacher.

23. Related policies

Related Trust policies:

- Child Protection and Safeguarding Policy.
- Code of Conduct / Staff Behaviour Policy.
- Concerns and Complaints Policy.
- First Aid Policy
- Health, Safety and Welfare Policy.
- Pupils with Medical Needs Policy.
- SEND Policy.

Appendix 1: Parent/Carer Consent - Occasional Wetting or Soiling Accidents

To be used where a pupil does not have ongoing intimate care needs but may, on occasion, require support following a wetting or soiling accident.

If my child has an occasional wetting or soiling accident at school, I give consent for the school to provide emergency intimate care in line with the Trust's Intimate and Personal Care Policy.

Pupil's name	
Date of birth	
Class / form group	
Parent/carer name	
Relationship to pupil	
Any specific notes for staff (e.g. preferred terminology, cultural considerations, sensitivities, signs of distress)	
Signed (parent/carer)	
Date	

Appendix 2: Parent/Carer Consent - Ongoing Intimate Care

To be used where a pupil has identified ongoing intimate care needs that require routine support.

I give consent for staff at South Farnham Educational Trust to provide intimate care to my child as set out in the agreed Intimate Care Plan.

Pupil's name	
Date of birth	
School / setting	
Class / form group	
Parent/carer name	
Relationship to pupil	
Date Intimate Care Plan agreed	
Useful notes for staff (e.g. preferences, terminology, cultural or religious considerations, signs of distress, communication needs)	
Signed (parent/carer)	
Date	

Appendix 3: Intimate Care Plan template

To be completed for any pupil requiring routine or ongoing intimate care. To be agreed between the school, parents/carers, the pupil where appropriate and any relevant health professionals.

Pupil's name	
Date of birth	
Year group	
School / setting	
Date plan agreed	
Date of next review	
Care needs (description and frequency)	
Named staff providing care (and cover arrangements)	
Location and timing of care	
Level of independence the pupil can / should exercise	
Communication needs (including aids and signs of distress)	
Manual handling requirements and equipment	
Hygiene and infection control measures	
Cultural, religious or family preferences (including agreed terminology)	

Same-gender / cross-gender care arrangement	
Off-site activities and residential visits arrangements	
Plan agreed by (parent/carer)	
Plan agreed by (school)	
Date	

Appendix 4: Record of Intimate Care Provided

To be completed each time intimate care is provided. May be maintained electronically (e.g. CPOMS) or on paper.

Pupil name	Date of birth	Date intimate care agreed	Class / Year group

Date / time (in / out)	Care provided	Staff involved	Comments / actions	Signature & printed name

Where care is provided in another room, please record the time the staff member left and returned.

Appendix 5: Nappy / Continence Changing Record

To be completed each time a nappy or continence product is changed. May be maintained electronically (e.g. CPOMS) or on paper.

Pupil name	Date of birth	Date intimate care agreed

Date / time	Wet	Soiled	Dry	Comments / actions	Signature & printed name	Reported to parents / CPOMS