



INTIMATE CARE POLICY 2017-2020

Adopted by Symphony Learning Trust on	Spring 2017
Next Review Due	Spring 2020

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Principles

Schools in Symphony will act in accordance with Leicestershire County Council's Code of Practice No.18 'Management of Children's Toileting Needs' January 2005 and 'Guidance for Safe Working Practice in Education Settings 2006' to safeguard and promote the welfare of pupils in Symphony school.

The Governing Body and Headteacher will act in accordance with the supplementary DfES guidance: 'Safeguarding children and Safer Recruitment in Education' (2007) and 'Dealing with Allegations of Abuse against Teachers and other Staff' (2005).

This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care and to reduce any possibility of allegations of abuse towards staff.

The Governing Body recognises its duties and responsibilities in relation to the Disability Discrimination Act which requires that any child with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

Staff who agree to assist children do so on a voluntary basis (unless it is specifically written into an employee's job description), and in agreement with the Headteacher and parents of the child concerned. Symphony Learning Trust is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust. We also recognise that there is a need to treat all children, whatever their age, gender, disability, religion or ethnicity, with respect when intimate care is given. The child's welfare and dignity is of paramount importance. Staff will work in close partnership with parent/carers to share information and provide continuity of care.

Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children are unable to do because of their young age,



physical difficulties or other special needs. Examples include care associated with continence, as well as more ordinary tasks such as help with washing, toileting or dressing.

Best Practice

Staff who provide intimate care in our schools are familiar with child protection and health and safety procedures and are fully aware of best practice regarding infection control, including the need to wear disposable gloves and aprons where appropriate.

All children will be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible.

Children who require regular assistance with intimate care will have either a written Individual Education Plans (IEP) or a Care Plan agreed by staff, parents/carers and any other professionals actively involved, such as school nurses. These plans include a risk assessment to address issues such as moving and handling, personal safety of the child and the carer. Where a care plan or IEP is not in place, parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg: has had an 'accident' and soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person, by telephone or by sealed letter.

Every child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Wherever possible, two members of staff should be present when attending to a child's toileting needs. However, it must be noted that due to staffing resources, this is not always possible. Adults who assist children one-to-one should be employees of the school, be CRB checked and ensure that another appropriate adult is in the vicinity and is aware of the task being undertaken.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

Child Protection

The school's child protection policy and inter-agency child protection procedures will be accessible to staff and adhered to. From a child protection perspective it is



acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a child's body. It may be unrealistic to expect to eliminate these risks completely but in this school best practice will be promoted and all adults will be encouraged to be vigilant at all times.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. unexplained marks, bruises, soreness, etc s/he will immediately report concerns to the Headteacher who is the Designated Senior Person for child protection. A clear written record of the concern will be completed and a referral made to Children's Services Social Care if necessary, in accordance with inter-agency procedures. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless it is considered that to do so will place the child at risk of harm.

If a child makes an allegation against an adult working at the school, this will be investigated by the Headteacher (or by the Local Chair of Governors if the concern is about the Headteacher) in accordance with the agreed procedures.

Any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors if the concern is about the Headteacher.

Medical Procedures

Children with disabilities might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the IEP or care plan and will only be carried out by staff who have been trained to do so.

Any members of staff who administer first aid should be appropriately trained. If an examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Record Keeping

IEP and Care Plans will be regularly reviewed. It is good practice for a written record to be kept in an agreed format every time a child requires assistance with intimate care, including date, times and any comments such as changes in the child's behaviour. It should be clear who was present.



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These records will be kept in the child's file and available to parents/carers on request.



INTIMATE CARE PLAN

School.....

Name of Child:	Staff involved:
Risk Assessment:	
Details of Agreed Plan:	
Signatures of Staff:	Signature of Parents/Carers:
Date of Plan:	Review of Plan: