

**PENRYN COLLEGE**

**Intimate and Personal Care Policy**

**Approved by:** FGB December 2020

**Responsible SLT member:** Fiona Williams

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## 1. Principles

1.1 The Governing Body will act in accordance with Section 175 of the Education Act 2002 and the Government guidance 'Safeguarding Children and Safer Recruitment in Education' (2006) to safeguard and promote the welfare of pupils<sup>1</sup> at this school.

1.2 This school takes seriously its responsibility to safeguard and promote the welfare of the children and young people in its care. Meeting a pupil's intimate care needs is one aspect of this safeguarding duty.

1.3 The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

1.4 This Intimate Care Policy should be read in conjunction with the school's policies as below:

- Child Protection and Safeguarding Policy;
- Code of Conduct for Penryn College Staff;
- Whistleblowing Policy;
- Health & Safety Policy;
- Special Educational Needs Policy; and □ Medical Conditions Policy.
- Cornwall County Council 'moving and handling people' – guidance note; and □ Managing Medicines Policy.

1.5 The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust and responsibility.

1.6 All pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation must be treated with respect and dignity when intimate care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively.

1.7 Staff will work in close partnership with parent/carers, the children involved, and other professionals to share information and provide continuity of care.

1.8 Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

1.9 Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

1.10 All staff undertaking intimate care will be given appropriate training.

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<sup>1</sup> References to 'pupils' throughout this policy includes all children and young people who receive education at this establishment.

1.11 This Intimate and Personal Care Policy has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.

## 2. **Child focused principles of intimate care**

The following are the fundamental principles upon which the Policy and guidelines are based:

- Every child has the 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;
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities;
- Every child has the right to express their views on their own intimate care and to have such views taken into account; and
- Every child has the right to have levels of intimate care that are as consistent as possible.

## 3. **Definition**

3.1 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 pupils are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting, dressing and some aspects of physiotherapy.

3.2 It also includes supervision of pupils involved in intimate self-care.

3.3 At the time of writing, the content of this policy is specifically relevant to seven students within the ARB and a further **one student** within the mainstream.

3.4 It is accepted that, due to the high level of need of some students, staff may at times need to be present whilst students are dressing or changing for specialist subjects e.g. PE. Whilst this is not necessarily deemed as 'Intimate Care', Penryn College expect staff to follow the same Best Practice guidelines laid out below.

## 4. **Best Practice**

4.1 Pupils who require regular assistance with intimate care have written Plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present. If needs are ongoing, these plans will be written as part of the transition process. Plans are written and carried out after appropriate 'hands-on' training. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips. Appropriate training will need to be in place for any new staff. This training can be provided by in-house staff or by professionals – whichever is more appropriate. Parents must be in agreement regarding all aspects of the plan.

- 4.2 Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan. Students should be talked through the delivery of the personal care so they are clear about what is happening e.g. "We're going to lift your right foot now."
- 4.3 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 wet or soiled him/herself).
- 4.4 In relation to record keeping, a written record should be kept in a format agreed by parents and staff every time a child has an invasive medical procedure, e.g. support with catheter usage.
- 4.5 Accurate records should also be kept when a child requires assistance with intimate care; these can be brief but should, as a minimum, include full date, times and any comments such as changes in the child's behaviour. It should be clear who was present in every case and confirm that any equipment used has been checked prior to use.
- 4.6 These records will be kept in the intimate care/ physio folder in the ARB office and available to parents/carers on request.
- 4.7 All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible.
- 4.8 Staff who provide intimate care are trained in personal care (eg health and safety training in moving and handling) according to the needs of the pupil. Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.
- 4.9 Staff will be supported to adapt their practice in relation to the needs of individual pupils taking into account developmental changes such as the onset of puberty and menstruation and also with regard to sensory needs.
- 4.10 There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding, permission should be sought before starting an intimate procedure.
- 4.11 Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages. All efforts must be made to ensure the care is delivered in a manner that reduces stress to children and to staff. This may include adjustments to the location (e.g. screens, music, artwork etc) to suit the child's preferences.
- 4.12 Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when she/he needs help with intimate care. SEN advice suggests that reducing the number of staff involved goes some way to preserving the child's privacy and dignity although this must be in keeping with Penryn College's Safeguarding Policy e.g. Two members of staff present for intimate care. Wherever possible, the pupil's wishes and feelings should be sought and taken into account.
- 4.13 Penryn College will endeavour to ensure that all intimate/personal care is provided by two staff members simultaneously in order to protect pupils and staff. If personal care involves lifting or

touching of intimate body parts, two staff members must be present. When necessary, Penryn College will employ specialist staff to lead and deliver personal care. Physiotherapy which only involves touching agreed areas above clothes may be provided by one specialist staff member in an open environment.

- 4.14 The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.
- 4.15 Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, there is research<sup>2</sup> which suggests there may be missed opportunities for children and young people due to over anxiety about risk factors; ideally, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom. Parents, and where appropriate children, should be fully informed regarding decisions.
- 4.16 Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.
- 4.17 All staff should be aware of the need for confidentiality. Sensitive information will be shared only with those who need to know. Staff conducting Personal/Intimate Care should have read and signed the policy.
- 4.18 Health & Safety guidelines should be adhered to regarding waste products.
- 4.19 No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

## **5. Child Protection**

- 5.1 The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.
- 5.2 The school's child protection procedures will be adhered to.
- 5.3 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 pupil's body. In Penryn College, best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.
- 5.4 Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.
- 5.5 If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc she/he will immediately report concerns to the SENCO (Fiona Williams) Designated Safeguarding Lead (John Harvey) or Headteacher (Paul Walker). A clear written record of the concern will be completed and a referral made to Children's Services Social

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<sup>2</sup> National Children's Bureau (2004) *The Dignity of Risk*

Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

- 5.6 If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the Designated Safeguarding Lead or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 5.7 If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's Whistleblowing Policy. It should not be discussed with any other members of staff or the member of staff the allegation relates to.
- 5.8 Similarly, 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, in accordance with the child protection procedures and 'whistle-blowing' policy.

## **6. Physiotherapy**

- 6.1 Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP, Physiotherapy Plan or Care Plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. *The physiotherapist should observe the member of staff applying the technique and this should be reviewed annually or with any new changes to condition.*
- 6.2 Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.
- 6.3 Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.
- 6.4 *Penryn College will endeavour to ensure that any Physiotherapy delivered is done so at a time and in a manner and location that suits the child's wishes; that is delivered for the appropriate length and quantity of times and wherever possible, that it does not detract from a pupil's learning.*

## **7. Medical Procedures**

- 7.1 *Pupils who are disabled 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 Health Care Plan or IEP and will only be carried out by staff who have been trained to do so. At the time of writing, no students at Penryn College are in receipt of this care. Should this situation change, it would need to be*

carefully prepared for as part of transition for the new student and supervised by professionals until staff are suitably confident.

7.2 It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

7.3 Any members of staff who administer first aid should be appropriately trained in accordance with LA guidance. 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.

## **8. Massage**

8.1 Massage is now commonly used with pupils who have complex needs and/or medical needs in order to develop sensory awareness, tolerance to touch and as a means of relaxation.

8.2 It is recommended that massage undertaken by school staff should be confined to parts of the body such as the hands, feet and face in order to safeguard the interest of both adults and pupils.

8.3 Any adult undertaking massage for pupils must be suitably qualified and/or demonstrate an appropriate level of competence.

8.4 Care plans should include specific information for those supporting children with bespoke medical needs.