

Hartford Infant and Pre School



Intimate Care for Pre School Children Policy March 2021

Lead person: Mrs Rae Lee
Adopted by Governors: Spring 2021
Reviewed: Every 2 years

Introduction

This policy is solely for the use of **Hartford Infant Pre School**. For intimate care relating to children in the infant school please read Hartford Infant and Pre School's 'Intimate Care Policy' September 2020.

We are committed to ensuring that all staff will undertake any intimate care duties in a consistently professional manner. We fully recognise that there is a need to treat all children with respect and dignity when intimate care is provided.

What is Intimate Care?

Intimate care is any personal care that most people usually carry out for themselves. Intimate care is any care which involves washing, touching or carrying out an invasive procedure that children are unable to carry out for themselves e.g. nappy/pads changing, cleansing after using the toilet, washing and dressing. Help may also be needed with changing colostomy bags and other such equipment. It may also require the administration of rectal medication.

In most cases intimate care will involve procedures to do with personal hygiene and the cleaning of equipment associated with the process. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure*.

Our Approach to Best Practice

The management of children's welfare and dignity are of paramount importance with intimate care needs. Intimate care will be carefully planned and should be a positive experience for all involved.

Staff who provide this care are trained to do so (including adhering to the 'Safeguarding and Child Protection Policy' and Moving and Handling Training where appropriate) and are fully aware of best practice, including having read the Department of Education Guidance for 'Safer Working Practice for Adults who work with children and young people in Education Settings'.

Staff are also aware of and respond to the Equality's Act of 2010 and the pre school's 'Equality Policy'.

Suitable equipment and facilities can be clearly identified to assist with children/young people who need special arrangements by an assessment from an Occupational Therapist. (OT).

Intimate care will always be discussed and agreed with parents and carers. The needs and wishes of the child are taken into consideration at all times.

Nappy/pad changing is recorded including the date and time that it was carried out.

It is the school's responsibility to support staff that are carrying out intimate care procedures. Advice can be obtained by contacting the occupational therapy service, school nurse or the Education Child Protection Service as required.

Each child's right to privacy will be respected. Careful consideration will be given to each situation to determine how many staff need to be present when the child is being cared for. This will need to be discussed with staff involved to make sure all staff members agree. However, where possible one child will be catered for by one adult unless there is a reason for having more adults present for example if a child is heavily soiled. In this case, the reasons may be clearly documented on the intimate care plan and two adults will provide intimate care.

Wherever reasonable and practical staff should only care intimately for an individual of the same sex. At Hartford Infant Pre School this principle will be waived because female staff are supporting boys as there are no male staff. This will be made explicit to parents of male pupils.

Intimate Care - Safeguarding Children

Cambridgeshire Local Safeguarding Children Board's (LSCB) safeguarding procedures will be adhered to alongside the setting's safeguarding and child protection policy and procedures.

Recruitment and selection of all candidates for posts follows the DBS procedure, equal opportunities and employment rights legislation, as detailed in Safeguarding Children and Safer Recruitment in Education.

All children will be taught personal safety skills as part of Personal Social and Health Education (PSHE) relative to their age, ability and understanding. Research indicates that children with an awareness of personal safety and the ability to be assertive are more resilient to abuse.

If a child is displaying inappropriate sexual behaviour/language in the first instance, our online encrypted system for recording all safeguarding and wellbeing concerns will be used. Guidance from the Brooks Behaviour Traffic Light Tool [see appendix 1] will be used. Advice should be sought from the appropriate source (e.g. In schools this might be: Designated Person for Child Protection, School Nurse, Social Care, Education Child Protection Service, Cambridgeshire Sexual Behaviour Service)

If a member of staff has any concerns about physical or behavioural changes in a child/young person's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the Designated Person for child protection in their school/setting and complete a record on My Concern.

Adults need to be vigilant about their own behaviour, ensure they follow agreed guidelines and be aware of the needs of the children with whom they work.

If a child becomes distressed or unhappy about being cared for by a member of staff, the matter will be investigated, and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process to reach a resolution. Staffing schedules will be altered until the issue/s are resolved so that the child/young person's needs remain paramount. Further advice, following the Interagency Procedures will be taken from outside agencies as necessary.

In the event of an allegation being made against a member of staff the procedures for Allegations of Abuse (as per the LADO guidance and Safeguarding flow chart) will be followed. This flow chart is displayed in the Pre School. School will support the welfare of any staff who have an allegation made against them throughout the process.

Visits and Outings

The setting has procedures and plans in place for the day to day on site intimate care needs of children, but further consultation regarding alternative procedures with parents and carers will be taken in good time before a trip or outing.

Behaviours: age 0 to 5 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

Green behaviours

- holding or playing with own genitals
- attempting to touch or curiosity about other children's genitals
- attempting to touch or curiosity about breasts, bottoms or genitals of adults
- games e.g. mummies and daddies, doctors and nurses
- enjoying nakedness
- interest in body parts and what they do
- curiosity about the differences between boys and girls

Amber behaviours

- preoccupation with adult sexual behaviour
- pulling other children's pants down/skirts up/trousers down against their will
- talking about sex using adult slang
- preoccupation with touching the genitals of other people
- following others into toilets or changing rooms to look at them or touch them
- talking about sexual activities seen on TV/online

Red behaviours

- persistently touching the genitals of other children
- persistent attempts to touch the genitals of adults
- simulation of sexual activity in play
- sexual behaviour between young children involving penetration with objects
- forcing other children to engage in sexual play

What is green behaviour?

Green behaviours reflect safe and healthy sexual development. They are:

- displayed between children or young people of similar age or developmental ability
- reflective of natural curiosity, experimentation, consensual activities and positive choices

What can you do?

Green behaviours provide opportunities to give positive feedback and additional information.

What is amber behaviour?

Amber behaviours have the potential to be outside of safe and healthy behaviour. They may be:

- unusual for that particular child or young person
- of potential concern due to age, or developmental differences
- of potential concern due to activity type, frequency, duration or context in which they occur

What can you do?

Amber behaviours signal the need to take notice and gather information to assess the appropriate action.

What is red behaviour?

Red behaviours are outside of safe and healthy behaviour. They may be:

- excessive, secretive, compulsive, coercive, degrading or threatening
- involving significant age, developmental, or power differences
- of concern due to the activity type, frequency, duration or the context in which they occur

What can you do?

Red behaviours indicate a need for immediate intervention and action.

Brook has taken every care to ensure that the information contained in this publication is accurate and up-to-date at the time of being published. As information and knowledge is constantly changing, readers are strongly advised to use this information for up to one month from print date. Brook accepts no responsibility for difficulties that may arise as a result of an individual acting on the advice and recommendations it contains.

Brook Sexual Behaviours Traffic Light Tool adapted with permission from True Relationships & Reproductive Health. (2012). Traffic Lights guide to sexual behaviours in children and young people: identify, understand and respond. Brisbane: True Relationships & Reproductive Health, Australia.

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Behaviours: age 5 to 9 years

All green, amber and red behaviours require some form of attention and response. It is the level of intervention that will vary.

Green behaviours

- feeling and touching own genitals
- curiosity about other children's genitals
- curiosity about sex and relationships, e.g. differences between boys and girls, how sex happens, where babies come from, same-sex relationships
- sense of privacy about bodies
- telling stories or asking questions using swear and slang words for parts of the body

Amber behaviours

- questions about sexual activity which persist or are repeated frequently, despite an answer having been given
- sexual bullying face to face or through texts or online messaging
- engaging in mutual masturbation
- persistent sexual images and ideas in talk, play and art
- use of adult slang language to discuss sex

Red behaviours

- frequent masturbation in front of others
- sexual behaviour engaging significantly younger or less able children
- forcing other children to take part in sexual activities
- simulation of oral or penetrative sex
- sourcing pornographic material online

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