

Hartford Infant and Preschool & Hartford Junior School



Intimate Care Policy September 2020

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Introduction

At Hartford Infant and Preschool & Hartford Junior School we understand that children have different rates of development and needs during their time at school. Our aim is to support children to become fully independent regarding their personal care needs.

Hartford Infant and Preschool & Hartford Junior School are committed to ensuring that all staff responsible for the intimate care of children or young people will always undertake their duties in a professional manner. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Aims

The aims of this document and associated guidance are:

- to provide guidance and reassurance to staff;
- to safeguard the dignity, rights and wellbeing of children and young people;
- to assure parents that staff are knowledgeable about intimate care and that their individual needs and concerns are considered.

What is Intimate Care?

Intimate care is any personal care that most people usually carry out for themselves. This care may involve help with drinking, eating and toileting.

Our Approach to Best Practice

The management of all children with intimate care needs will be carefully planned and should be a positive experience for all involved. The child who requires intimate care is always treated with respect; the child's welfare and dignity are of paramount importance.

Staff who provide this care are trained to do so (including Safeguarding and Child Protection and Moving and Handling Training where appropriate) and are fully aware of best practice, including having read the Department of Education Guidance (DfE) guidance, '**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 school's **Equality Policy**. Suitable equipment and facilities can be identified to assist with children/young people who need special arrangements by an assessment from an Occupational Therapist. (OT).

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

Children will be supported to achieve the highest level of autonomy possible given their age and abilities. The expectation is that staff will work within a culture of 'limited touch' and that if physical contact is made with a child this will be in response to the child's needs at the time and of limited duration. Staff will ensure each child does as much for themselves as they can. This may mean, for example, giving the child responsibility for wiping themselves or washing their hands afterwards. Individual Intimate Care Plans will be created as appropriate and shared and agreed by the child and their parents/carers. When writing Intimate Care Plans the school will take advice from medical professionals as applicable to ensure the plan is bespoke to the child.

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 and Preschool this principle will be waived because female staff are supporting boys as there are no male staff.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the plan. The needs and wishes of children and parents will be considered wherever possible within the constraints of staffing and equal opportunities legislation. Terminology used at home will also be used at school.

Written Intimate Care Plans [ICP] (appendix 1) will include:

- who can change the child including back up arrangements in case of staff absence or turnover;
- where the changing will take place and how this will be recorded and shared with parents;
- what resourcing is needed and who will supply these;
- the infection control measures in place;
- arrangements for school trips;
- a home school agreement over agreed expectations to avoid potential misunderstandings which might arise, and to help parents feel confident that the school is taking a holistic view of the child's needs;
- advice and guidance provided by medical professionals.

Safeguarding Children

Cambridgeshire Local Safeguarding Children Board (LSCB) Safeguarding Interagency Procedures will be adhered to alongside the school'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, and about guidance and legislation 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. These skills will be discussed with parents/carers when drawing up care plans.

If a member of staff has any concerns about physical or behavioral 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. If a member of staff needs to raise any concerns about the content of the intimate care plan itself, s/he will contact the SENCO.

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 is displaying inappropriate sexual behaviour/language, in the first instance a concern log will be made using our online encrypted system [My Concern] and guidance from the Cambridgeshire & Peterborough Safeguarding Children Partnership Board 'Child Sexual Behaviour Assessment Tool' [see appendix 2] will be used. Following this, advice should be sought from the appropriate source (e.g. within school this might be: Designated Person for Child

Protection, School Nurse, Social Care, Education Child Protection Service, Cambridgeshire Sexual Behaviour Service).

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 interagency procedures will be taken from outside agencies as necessary.

Signed notes will be kept by members of staff involved in intimate care and recorded in the Hartford Infant and Preschool & Hartford Junior School & Hartford Junior School Intimate Care Log situated in the Hygiene Room/Disabled toilet. Teachers will be told when a TA [Teaching Assistant] is going to provide intimate care. Toileting breaks will be scheduled in for some children and timetables will show timings.

Only permanent staff members will be involved in the intimate care, supporting staff will not include supply teachers or volunteer helpers.

Staff will write any issues with equipment in the Health and Safety book for School Caretaker's attention and she will report pertinent issues to The Cam Academy Trust Property Manager.

If a child makes an allegation against a member of staff the procedures for Allegations Against Staff will be followed as outlined in the school's Safeguarding and Child Protection Policy. All staff involved in intimate care are required to have read the School's Policy and Guidance for Intimate Care and the DfE Guidance for Safer Working Practice as previously mentioned. They will be expected to be aware of the need to refer to other policies the school/setting may have in place for clarification of practices and procedures.

**Appendix 1
Intimate Care Plan**



**Hartford Infant and Preschool &
Hartford Junior School & Hartford Junior School
Intimate Care Plan**

Pupil information	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Date	
Review date	
Family Contact Information	
Name	
Relationship to child	
Mobile	
(home)	
Name	
Relationship to child	
Phone mobile	
(home)	
Clinic/Hospital Contact	
Name	
Consultant	
Phone no.	
G.P.	
Name	
Phone no.	
Adults responsible for providing support in school	
Background	
Intimate Care Plan	
Safeguarding	
Covid guidance – advice taken from the School Nurse Team	
Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision	
Specific support for the pupil's educational, social and emotional needs.	
Arrangements for school visits/trips etc	
Other information	
This Intimate Care Plan will be shared with any visiting teachers by the office staff. Regular staff	

will have access to the plan including MDS
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Form copied to (signed)

The parent:

- I will provide the school with a change of clothing.
- I will work in partnership with medical professionals and follow their guidance.
- I understand and agree the procedures which will be followed when my child is supported with their intimate care.
- I agree to inform the setting/school should the child have any marks/rash

Signed: (parent/carer)

Date:

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

Appendix 2

Cambridgeshire & Peterborough Safeguarding Children Partnership Board 'Child Sexual Behaviour Assessment Tool'

Cambridgeshire & Peterborough Safeguarding Children Partnership Board
Child Sexual Behaviour Assessment Tool

Child Sexual Behaviour Assessment Tool

	Healthy	Inappropriate, Problematic or concerning	Abusive and Violent
0 – 4 years: infant, toddler, pre-school	<ul style="list-style-type: none"> • Touching or rubbing their own genitals. • Enjoying being nude. • Showing others their genitals. • Playing 'mummies and daddies' or 'doctors and nurses'. • Touching or curious about other children's genitals • Touching or curious about breasts, bottoms or genitals of adults • Interest in body parts and what they do • Curiosity about the differences between boys and girls • Using slang words/dirty language for bathroom and sexual functions • Playing age appropriate games or videos on electronic devices, under supervision (low risk for sexually abusive behaviours) 	<ul style="list-style-type: none"> • Preoccupation with adult sexual behaviour • Pulling other children's pants down/skirts up/trousers down against their will • Talking about sex using adult slang or age inappropriate language • 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 • Persistent masturbation that does not cease when told to stop. • Forcing another child to engage in sexual play. • Sexualising play with dolls such as 'humping' a teddy bear. • Touching the private parts of adults not known to the child. • Chronic peeping behaviour • Spending a lot of time using technology and being upset when devices are removed (risk of inappropriate content and contacts)* 	<ul style="list-style-type: none"> • Persistently touching the genitals of other children or adults • Simulation of sexual activity in play • Sexual behaviour between young children involving penetration with objects • Forcing other children to engage in sexual play • Touching or rubbing themselves to the exclusion of normal childhood activities; hurting their own genitals by rubbing or touching. • Oral sex • Accessing sexual material online**

Cambridgeshire & Peterborough Safeguarding Children Partnership Board
Child Sexual Behaviour Assessment Tool

	Healthy	Inappropriate, Problematic or concerning	Abusive and Violent
5 – 9 years: early school years	<ul style="list-style-type: none"> • 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 • Self-touching including masturbating • 'Show me yours/!l show you mine' with same age children • Hearing and telling age appropriate 'dirty' jokes • Playing mummies and daddies • Kissing, holding hands • Mimicking or practicing observed behaviours such as pinching a bottom • Increased curiosity in adult sexual behaviour ('where do babies come from?' etc) • Using slang words/dirty language for bathroom and sexual functions, talking about 'sex' 	<ul style="list-style-type: none"> • 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 • Continually rubbing/touching their own genitals in public • Persistent use of dirty words • Wanting to play sex games with much older or younger children • Continually wanting to touch the private parts of other children • Chronic peeping behaviour • Wanting to play sex games with much older or younger children • Sending/receiving "dick" pics (exploitation risk) • Accessing pornography and playing violent or sexual video games (risks: grooming, lowers inhibitions) • Having own social media accounts and spending a lot of time online (risks: grooming, less time with peers, inappropriate posts) 	<ul style="list-style-type: none"> • 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 • Accessing pornographic material online • Exposing other children to pornography online • Touching or rubbing themselves persistently in private or public to the exclusion of normal childhood activities • Rubbing their genitals on other people • Forcing other children to play sexual games • Sexual knowledge too advanced for their age • Talking about sex and sexual acts habitually • Posting sexual images or videos online • Cyber bullying others using intimate images to extort other children • Grooming other children • Meeting online 'friends' face to face (risk of sexual assault)

	Healthy	Inappropriate, Problematic or concerning	Abusive and Violent
	<ul style="list-style-type: none"> Using photos, videos to record their life, Accidental access to pornography (risk for sexually abusive behaviours) 		
10 – 13 years: pre-adolescence	<ul style="list-style-type: none"> Solitary masturbation Use of sexual language including swear and slang words Having girl/boyfriends who are of the same, opposite or any gender Interest in popular culture, e.g. fashion, music, media, online games, chatting online Need for privacy Consensual kissing, hugging, holding hands with peers Occasional masturbation 'Show me yours/I'll show you mine' with peers Kissing and flirting Genital or reproduction conversations with peers 'Dirty' words or jokes with their peer group Having own social media accounts that are monitored by parents/carers Using photos, videos to record their life (low risk) 	<ul style="list-style-type: none"> Uncharacteristic and risk-related behaviour, e.g. sudden and/or provocative changes in dress, withdrawal from friends, mixing with new or older people, having more or less money than usual, going missing Verbal, physical or cyber/virtual sexual bullying involving sexual aggression LGBT (lesbian, gay, bisexual, transgender) targeted bullying Exhibitionism, e.g. flashing or mooning Giving out contact details online Viewing pornographic material Attempting to expose others' genitals Sexual knowledge too advanced for their age once context is considered Pre-occupation with masturbation Mutual masturbation/group masturbation 	<ul style="list-style-type: none"> Exposing genitals or masturbating in public Distributing naked or sexually provocative images of self or others - Sexting Sexually explicit talk with younger children Sexual harassment Arranging to meet with an online acquaintance in secret Genital injury to self or others Forcing other children of same age, younger or less able to take part in sexual activities Sexual activity e.g. oral sex or intercourse Compulsive masturbation, including task interruption to masturbate Repeated or chronic peeping, exposing or using obscenities Chronic pornographic interest including child pornography (sources include the internet, pay TV, videos, DVDs and magazines)

	Healthy	Inappropriate, Problematic or concerning	Abusive and Violent
	<ul style="list-style-type: none"> Playing age appropriate games online (low risk) Access to pornography (low risk) 	<ul style="list-style-type: none"> Single occurrence of peeping, exposing, obscenities, pornographic interest (sources include the internet, pay TV, videos, DVDs and magazines) Simulating foreplay or intercourse with peers with their clothes on Taking nude, sexual images of themselves Secretive about using the internet/social media (risk of being groomed or exploited) 	<ul style="list-style-type: none"> Degradation/humiliation of themselves or others using sexual themes Touching the genitals of others without permission Sexually explicit threats - written or verbal Forced exposure of others' genitals Simulating intercourse with peers with clothes off Penetration of dolls, children or animals Taking/sharing nude sexual images of others Sharing nude sexual images of themselves Having suggestive avatars (online characters) or usernames (risk of grooming) Meeting online 'friends' face to face

