

## **Intimate Care** (Previously named 'Nappy Changing')

Intimate care encompasses areas of personal care, such as nappy/pads changing, wiping, washing and dressing.

### **Policy Statement**

At Chestnut Playgroup, no child is excluded from participating in our playgroup who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents/carers towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time. We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults. We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained including providing children in the setting with potties and toilet training seats and we work in partnership with parents/carers to encourage toilet training whilst the child is at the setting.

### **Procedures**

Support for children/young people with intimate care needs will be carefully planned and the setting will ensure that:

- All staff are aware of children's individual needs for nappy changing and we follow the wishes of parents/carers in their choice of nappies, 'pull-ups' or training pants. We consult with parents/carers and advise them on the benefits of 'pull-ups' if their child is over two years and is wearing nappies.
- All staff adhere to the setting's Safeguarding and Child Protection policy and related procedures.
- Staff should always maintain appropriate professional boundaries and avoid behaviour which might be misinterpreted by others. They should report and record any incident with this potential.
- The setting will consider the appropriateness of any areas of the setting which may place staff or children in vulnerable situations and alternative areas will be strongly considered. This includes situations where staff carry out intimate care procedures in an unsupervised and/or isolated area(s).
- Mobile phones, cameras and technological devices are not used by children or staff in areas where intimate care is carried out.
- Staff should be aware of their own limitations, only carrying out procedures they understand and feel competent and confident to carry out, if in doubt staff should ask.
- Every intimate care procedure will be completed within an atmosphere of total respect and dignity both for the individual receiving care and for the person involved in giving the care.
- The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children/young people and staff.
- An appropriate plan for intimate personal care is discussed and agreed with the child's family, and reviewed regularly. Every plan supporting intimate care will take into account how the child/young person can be enabled to develop their independence as far as is reasonably practical.
- We use a designated area to change nappies and pull ups with suitable, hygienic equipment and facilities. The changing area is warm and there is a safe area to lay young children if they need to be changed.
- Each child has their own bag to hand with their nappies or 'pull ups' and changing wipes.
- Gloves and aprons are put on before changing starts and the areas are prepared.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Staff should ensure that the child's privacy is considered and balanced with safeguarding and support needs when changing nappies and toileting. Privacy and modesty are respected and protected at all times.
- Staff carrying out intimate care are appropriately supported and known to the child.
- Staff should speak to the child personally by name so that they are aware of being the focus of the activity and seek their consent, where possible, to the intimate care about to take place.
- Staff must always communicate in an age-appropriate way taking into account the child's developmental level and preferred communication method.
- Staff should enable the child to be prepared for or anticipate events while demonstrating respect for her/his body, e.g. by giving a strong sensory or verbal cue such as using a sponge or pad to signal intention to wash or change.
- Staff should have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account.
- Staff should agree with the child and their family appropriate terminology for private parts of the body and functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts.
- Staff are gentle when changing; they avoid pulling faces and making negative comments about 'nappy contents'.
- Staff do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, staff ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- All children are encouraged to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap is not used for children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children may need to develop their own natural resistance to infection.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and 'pull ups' are disposed of hygienically. The nappy or pull up is bagged and put in the nappy bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged for the parent/carer to take home.
- We have a 'duty of care' towards children's personal needs. If young children are left in wet or soiled nappies/'pull-ups' in the setting this may constitute neglect and will be a disciplinary matter.
- Intimate care is logged and recorded and records retained. The record will include the date and time the intimate care was carried out and by whom.
- Staff should keep records where relevant, of a child's responses to intimate care and any changes in behaviour.
- The setting has procedures and plans in place for the day-to-day intimate care needs of a child or young person, but further consideration and risk assessment will need to be taken in good time before a trip, outing or an activity.
- Equal opportunities legislation is taken into account.

## Intimate Care – Safeguarding Children

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, becoming watchful and wary, freezing, gaze aversion, they will immediately log and pass their concerns to the Designated Safeguarding Lead in their setting.

Children and young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes, bathing or undertaking any form of personal care. An appropriate level of supervision to safeguard children and young people and/or to satisfy health and safety considerations will be implemented. This supervision should be appropriate to the needs and age of the child or young person concerned and sensitive to the potential for embarrassment.

Research has shown that whilst all children are vulnerable to abuse, young children and children and young people with disabilities are especially vulnerable. It is important to remember that some individuals may choose this line of work to gain access to vulnerable children in order to abuse them. One to one situations have the potential to make children/ young people more vulnerable to harm by those who seek to exploit their position of trust. Adults working in one-to-one situations with children/young people may also be more vulnerable to unjust or unfounded allegations being made against them. Both possibilities should be recognised so that when one to one situations happen, reasonable and sensible precautions are taken. Every attempt should be made to ensure the safety and security of children and young people and the adults who work with them.

The setting will ensure that intimate care practices including risk assessments are reviewed annually and staff are supported with their implementation and understanding of these. Adults will be encouraged to be vigilant about their own behaviour at all times, ensuring they strictly follow agreed procedures and be mindful of the needs of the children and young people with whom they care for. In the event of an allegation being made against a member of staff, volunteer or student, the procedures for an Allegation of Abuse (as per the guidance and flow chart) will be followed.

Part of creating a protective ethos in settings involve raising awareness among staff and children as appropriate about the process of targeting and grooming used by sex offenders.

**Targeting** is the process offenders use to identify a victim. Children most likely to be targeted are those in groups identified as 'vulnerable'. They may fall into one or some of these categories: children with troubled or unsettled lives; with identified behavioural or emotional problems; who are separated from parents/carers; who are known to have been previously abused; who are insecure with low self-esteem; who are isolated, socially or geographically; with disabilities or SEN.

**Grooming** is the process by which an offender manipulates the environment to increase the likelihood of offending without being caught. Some areas to consider in relation to grooming are:

- It involves adults and children.
- The more protective adults a child has in their network the less likely they will be successfully targeted.
- It is subtle and it may be carried out in such a way as to have an 'innocent' explanation.
- It is manipulative and deliberate
- It may be seen as warmth and helpfulness making the person extremely plausible
- It can be a slow process
- Children become entrapped and feel responsible and guilty
- Children are coerced to keep secrets.
- Staff need to know that if they have concerns about the behaviour of a member of staff or volunteer within the setting they must report their concerns immediately to the Preschool Leader or DSL. If the concerns are about the Preschool Leader or DSL they should speak immediately to the Chair or another member of the Committee.

## Whistleblowing

Whistle blowing is the mechanism by which adults can voice their concerns, made in good faith, without fear of repercussion. Staff and volunteers who use the setting Whistle Blowing Policy should be made aware that their employment rights are protected.

Staff and volunteers should acknowledge their individual responsibilities to bring matters of concern to the attention of senior management and/or relevant external agencies. This is particularly important where the welfare of children may be at risk.

## Useful Contacts and References

Early Years' Service - [earlyyears.service@cambridgeshire.gov.uk](mailto:earlyyears.service@cambridgeshire.gov.uk)

Guidance for Safer Working Practice for those working with children and young people in education settings, Safer Recruitment Consortium, February 2022 Particularly: Part 13: Physical contact (page12), Part 14: Other activities that require physical contact-Intimate care (pages 14-15), Part 15: Intimate/Personal care

Early Years Foundation Stage statutory framework September 2025 Section 3.86; Toilets and intimate hygiene

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Signed: .....

Name: Caroline Wilson

Position: Chair