



NANTWICH PRIMARY ACADEMY & NURSERY

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Safe Touch and Intimate Care Policy for EYFS



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<p>Approved by:</p>

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Nantwich Primary Academy and Nursery Safe Touch and Intimate Care Policy for EYFS

**This policy should be read in conjunction
with the SBMAT Intimate Care Policy.**

Nantwich Primary Academy and Nursery is responsible for the care of all children, whatever their needs or difficulties, including children with learning and physical difficulties who have an increased dependency and require practical support with their intimate care needs at school.

We have defined Intimate Care as direct care of the child in terms of any personal care activity a child would normally be able to do for themselves. These needs are no different to the needs of a child who is not disabled but there are differences in the nature, method and principles of fulfilling those needs.

Intimate care is a high risk activity in terms of abuse and it is particularly important that there are guidelines on Intimate Care, both to protect those being cared for and the staff who care for the children's needs. We take the view that everyone is safer if expectations are clear and approaches are as consistent as possible.

Staff at Nantwich Primary Academy and Nursery have recognised the need to design guidelines that encompass all aspects of procedures in line with those devised by Cheshire East disability and Physical Impairments Consultancy and the Children's Act 2004 for all and the Disability and Discriminations Act 2006 (Appendix 2) for those who are eligible. They apply to every member of staff involved in the intimate care of the children and they aim to support good practice.

Therefore, our guidelines have the following goals:

- To outline good practice during intimate care tasks so we can distinguish between good and poor care practice
- To protect the children and the staff who are asked to carry out intimate care tasks
- To outline a system that works effectively for the child, ensuring a consistent approach is undertaken and that approaches to intimate care are not markedly different between individuals

Guidelines

1. Children and their parents should have confidence in the staff

All staff involved in Intimate Care routines will have a valid DBS check and will receive appropriate training to carry out this aspect of their work. Students and volunteers will not change children. Parents will have access to a copy of the School's Intimate Care policy

and will be offered an opportunity to discuss their child's needs with an appropriate member of staff whenever they feel it is necessary. An intimate care plan will be made for each child using the format from the SBMAT intimate care policy.

2. Safeguarding for Children and Adults

Wherever possible, the child's key person or teacher will change the child. All members of staff must inform the class teacher that they are going to change a child. There is no requirement that two adults must be present unless there are specific circumstances that require this. The times and reasons for intimate care procedures will be monitored and logged and reported to parent's along with any concerns or marks or soreness noticed and if the child become distressed during changing.

3. Carers should be aware of the abilities of the child and play an active part in their child's toileting needs

Issues around toileting will be discussed before a child starts school so that appropriate arrangements can be put in place to support the child.

Parents are asked to send the child to school in a clean nappy and provide the setting with nappies, wipes, cream (if necessary) and spare clothes.

Parents are also asked to inform staff of any changes in medication or routine as well as make staff aware of any marks or rashes that the child may have.

Parents will agree to how often their child is to be routinely changed and agree to promote independence and continue to promote toileting routines at home. The child should be enabled and encouraged, as far as is reasonably possible, to contribute to his/her own intimate care.

The school and parents will work together to implement using a potty/toilet at an agreed date that is in the best interests of the child's development. This may require parents to work with the health visitor. Nappy changes and wetting or soiling incidents will be reported to the child's parents (Appendices 4 and 5). School will seek parental views on practices at home and preferred materials will be used.

4. Ensure privacy, appropriate to the child's age and gender

The school takes the view that the issue of privacy is important. All children will be changed in the disabled toilet area with all of the necessary equipment to hand (changing mat, protective apron, protective gloves, wipes, clean nappies, nappy sacks, change of clothes etc.)

Children's privacy and dignity will be respected.

5. Children have the right to be respected

Respect of the child's body and integrity should be included in all care procedures. Ideally, someone who has a positive long-term relationship with the child should carry out intimate care tasks i.e. their key worker or class teacher. New members of staff should get to know the children in the classroom context before getting involved in Intimate Care tasks.

6. A strong focus should be evident on choice and decision making skills

Wherever appropriate, decision making should be an integral part of the process – e.g. Do you want to go to the toilet or not? Should we wash your hands or face first? Can I help fasten your trousers?

7. Pupils will be prepared and involved in what is going to happen

Staff will raise the child's awareness of the process. Objects of reference, symbols, signs, gesture and verbal explanation will be given as appropriate.

8. Intimate Care tasks are not an interruption to the timetable

These practices should be valued as part of each child's essential curriculum. They are an opportunity to develop independent and age-appropriate skills, increase dignity and to raise self-esteem. Staff should take care to ensure that the child is never made to feel that they are being a nuisance.

9. If you are concerned – report it

Intimate Care tasks should never be approached light heartedly. If, during intimate care, there is a cause for concern (including but not limited to children becoming distressed, marks or rashes) then staff will follow the school's safeguarding procedures.

10. Health and Safety Issues

Barrier materials will always be used e.g. disposable gloves and protective aprons. Staff will wash and dry their hands prior to and after changing a child and new gloves and aprons will be used for each nappy change. Soiled and wet nappies will be placed in the nappy bin and wet or soiled clothes will be bagged and sent home or machine washed in school. Children will be supported to wash and dry their hands after being changed. The nappy changing area will be cleaned and kept tidy. Appropriate Lifting and Handling Procedures will be followed when necessary.

All children

We recognise that all children may experience continence problems throughout their time in school. The same principals above would apply where a member of staff need to support a child if they soil their underwear.

As a school we promote bladder and bowel health in line with National Guidance. This includes:

- Children drinking 3 drinks during the school day particularly after playing sports or in hot weather.
- All classes are reminded to go to the toilet during key times of the day.
- We provide good quality toilets that are clean and regularly checked by staff.
- Children have access to school toilets whenever they need to go.
- Liquid soap is provided and hand dryers are used to dry hands although paper towels can be used as an alternative.

Safe Touch

Background

In recent years a wide variety of issues have influenced the approach to touch and intimate personal care in nursery and school settings, not least child protection concerns and the experience/fear of allegations. Therefore it is essential that staff are given, and follow, guidance on appropriate touch and intimate personal care.

At Nantwich Primary Academy and Nursery we believe that touch is a very important part of our work with children. The importance of touch should not be underestimated as it can: -

Demonstrate affection

-Show Acceptance

-Emphasise the spoken word

- Provide reassurance

-Offer an alternative to spoken communication

However staff should feel confident and pupils should feel secure with all forms of appropriate safe touch. Staff must always be particularly sensitive to pupils who are demonstrating that they are not comfortable with touch even if it appears to be appropriate to the member of staff. This will be a major factor in avoiding any misunderstandings about experiences of touch e.g. a child who moves away, when being comforted after a fall must be allowed their space.

Given that touch is not the same for everyone and that we all have different experiences of positive and negative touch, we need to consider three main issues to ensure that any use of touch or experience of intimate personal care is appropriate and safe:

WHO – It is vital for a member of staff to think about what they represent to a particular child. Personal likes and dislikes will play a part in any relationship but we must ensure that all such contacts are based on what is appropriate. Staff should also consider the power influences involved in relationships such as gender, race, disability, age, sexual identity and role status e.g. older pupils are less likely to need close supervision for personal care, or gender difference may make individuals feel uncomfortable. A child's history may also influence who represents a 'safe' adult to them. Additionally some children may be used to experiencing different levels or types of touch as part of their cultural upbringing.

WHERE – Staff should always ensure that any form of touch is an open act and that other staff are aware of the circumstances, such as where you are and who you are with. Staff must always consider very carefully what constitutes intimate parts of the body for children. A child may still be developing a sense of what is intimate and less intimate, particularly if they have experienced damaging or inappropriate behaviour from other people. Generally touching an arm, shoulder or hand is more appropriate and feels less intimate than a child's legs or torso. Staff should always encourage children to say when they feel uncomfortable in any area of life, this is especially important in the area of touch and personal care.

WHEN – The context or environment, in which touch takes place between members of staff and children, is the decisive factor determining the emotional and physical safety of both parties. Staff should always be aware of where they are and who they are with. Where possible touch should be avoided in an isolated one to one situation with a child. The best way to protect both yourself and the child is to ensure that all forms of touch are open to the scrutiny and observation of others. It is also important for staff to recognise the different messages which can be given in physical intervention situations. Always ensure that other staff are present to observe/assist.

Staff should always consider and abide by the following points when carrying out their duties: Where a pupil requires intimate personal care, staff should ensure that the pupil is comfortable with the staff member attending to their needs. Other staff should always be around to monitor events and the child's privacy and dignity should always be preserved. Appropriate physical contact is made in response to the child's needs at the time, of limited duration and appropriate to

their age, stage of development, gender, ethnicity and background. Appropriate physical contact will occur most often with younger pupils.

Where physical contact occurs regularly with an individual child it must be part of an agreed plan (for example in relation to pupils with SEN or physical disabilities). Where feasible, staff should seek the child's permission before initiating contact.

Privacy issues are always to be considered. A safe environment which respects privacy and shows regard for personal boundaries should be encouraged. Thought also needs to be given to how staff present themselves, (e.g. how they dress), and how they show professional respect when relating to each other and to children.

Where a member of staff feels that it would be inappropriate to respond to a child seeking physical comfort, outward rejection should always be avoided in favour of diversion or some other such tactic and the reason, where appropriate, for avoiding physical contact should be given to the child.

Unwelcome touch, where a child indicates that touch from an adult is not welcome, perhaps by moving away or flinching to avoid, the staff member should consider apologising to demonstrate a respect for personal boundaries.

Where a child presents a danger to themselves or to others it will at times be necessary for staff to use means of physical intervention. At such times staff should always take care to explain what they are doing and that the actions taken are for safety reasons. As the situation deescalates, touch can be appropriately used to move from a situation of control to one of care.

Clarity should always be our aim. A child should never be left in any doubt about the member of staff's intention behind any physical contact. All staff have a responsibility to ensure that all practice at School is safe and appropriate. We should all expect to be observed by others and be prepared to discuss any concerns we have in a professional manner. Any member of staff who is concerned about another member of staff's practice should discuss their concerns with the safeguarding lead or designated staff member as detailed in the school's Safeguarding policy.

Other activities that require physical contact

Teaching in areas like sports, drama or outdoor activities or specific subjects such as PE or music may require initiating some physical contact with children. Such activities should be carried out in accordance with existing codes of practice, regulations and best practice.

Children and young people in distress

There may be occasions when a distressed child needs comfort and reassurance and this may involve physical contact, e.g. after a fall, separation from parent etc.

One to One Situations

It would be unrealistic to state that one to one situations should never take place. Every attempt should be made to ensure the safety and security of pupils and the adults who work with them. Certain procedures and explicit safeguards must be in place.

Behaviour Management

Where children display difficult or challenging behaviour, physical intervention can only be justified in exceptional circumstances and must be used as a last resort when other behaviour management strategies have failed. Where a child has specific needs in respect of particularly challenging behaviour, a positive handling plan may be drawn up and agreed by all parties.

Use of control and Physical Intervention

In cases when working with children with extreme behaviours associated with learning disability or autistic spectrum disorders. We have a policy on the uses on physical intervention. This **MUST** only occur when an individual care plan has been drawn up in consultation with parents/carers, should set out the strategies and techniques to be used and those which should be avoided. In all cases the incident should be documented and reported. This should include written and signed accounts of all those involved, including the child. The parents/carers should be informed the same day.

			– Soiled nappy
TP - Tried potty UP	TT - Tried toilet	UP - Used toilet	
– Used potty AC - Applied Cream SN	WU - Wet Underwear	S - Sore	WN – Wet nappy
	WB - Wipe Bottom	SU=Soiled Underwear	

Appendix 2

GUIDANCE ON INTIMATE CARE

Lack of toilet training should not be a barrier for children attending early year's settings.

The Disability Discrimination Act makes specific requirements regarding children with disabilities/additional needs, which has implications for our practice for all children.

The Disability Discrimination Act makes it clear that:

- If a child cannot be toilet trained in time for playgroup/nursery because of a disability/additional need, the setting has a duty to look into the situation and consider how they can make 'reasonable adjustments' to enable the child to attend. This means they have to think about what can be done within the setting to allow the child to be changed when necessary and for a toilet training programme to be supported as and when appropriate.
- The setting also has a legal duty to anticipate adjustments to accommodate disabilities/additional needs and not simply to respond to them on arrival.
- There must be no 'blanket policies' in any setting. For example, "We don't take children unless they are toilet trained/we don't take children in nappies".

Settings must anticipate having to make 'reasonable adjustments' to meet the needs of all children with disabilities/additional needs who may come into the setting in the future. The setting may make a decision regarding reasonable adjustments in consultation with the responsible body for that setting – governing body, LA, voluntary, private, independent group etc. Any decision about how reasonable adjustments are due to cost, health and safety or resource issues should be taken in the light of the Disability Discrimination Act. **There would have to be 'material and substantial' reasons not to make these adjustments.** Parents wanting their child to be educated in the setting would have the right to challenge this decision through the Special Educational Needs and Disability Tribunal (SENDAT).

Toileting and intimate care for all children

The Disability Discrimination Act can only make requirements of a setting in respect of children with disabilities/additional needs.

- All settings should be prepared to change nappies and support toilet training programmes for all children regardless of whether or not they have a specific diagnosis or disability.
- An intimate care policy should be in place in all early years' settings and schools and should be adhered to by all staff.
- In order to maintain high quality and inclusive childcare, practitioners will be expected to change nappies.
- Parents and carers should never feel under pressure to have their child toilet trained before they will be accepted into an early year's unit – it may leave them feeling anxious or inadequate.
- Practitioners should support and reassure parents and carers that their child will be welcomed into the group.

Every child is an individual and, therefore, will have a unique developmental pattern. Toilet training is a developmental stage that may create anxiety for the child and their parents and carers. Some children will be out of nappies between the ages of two and three – for others it will be later and for some it may never happen.

If 14% of 3 year olds sometimes wet their pants, this means that, for every one hundred 3 year olds who go through a setting, 14 will sometimes wet their pants. The term 'toilet training' suggests that children can somehow be taught to have control over their bladder and bowels. Early years practitioners with a sound knowledge of child development will know that bladder and bowel control is largely dependent on the maturity of the child's nervous system although anxiety may interrupt the emerging control.

Appendix 3

Date:

Dear Parent/Carer

Informing parents of an intimate care issue for

This is a courtesy letter to inform you that your child had a toileting accident today at school. The matter was dealt with swiftly and sensitively by in accordance with our Intimate Care policy.

We have returned the clothing for washing. Please wash and return any items borrowed from school at your earliest convenience.

Signed

Items that need to be returned:

Appendix 4

Name: Date:

Nappy changes

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TP - Tried potty

S - Sore

SN – Soiled nappy

TT - Tried toilet

AC - Applied Cream

WN – Wet nappy

UP - Used toilet

WB - Wipe Bottom

UP – Used potty

WU - Wet Underwear

SU=Soiled Underwear