Blue Windmill Nursery

Safe Touch and Respectful Intimate Care Policy

Policy statement

Blue Windmill Nursery recognises that young children need warm, responsive relationships with familiar adults. Appropriate physical contact can provide comfort, reassurance, safety and a sense of belonging.

We also recognise that children may require intimate personal care, including nappy changing, toileting support and changing wet or soiled clothing.

All touch and intimate care will be:

- appropriate to the child's age, development and individual needs;
- respectful of the child's dignity and privacy;
- responsive to the child's communication and wishes;
- carried out within clear professional boundaries;
- open to appropriate observation and accountability;
- provided in a way that safeguards both children and staff.

Appropriate touch and affection

Appropriate touch may include:

- comforting a distressed child;
- offering or returning a cuddle;
- holding a baby;
- helping a child who is injured, tired or unwell;
- holding hands for reassurance or safety;
- supporting physical play and movement;
- assisting with dressing, personal care or first aid.

Adults may offer comfort, but physical contact will never be forced. Staff will pay attention to the child's words, facial expressions, body language and behaviour.

Where a child moves away, resists, becomes uncomfortable or indicates that contact is not welcome, this will be respected unless physical action is immediately necessary to keep the child or another person safe.

Babies and children who cannot communicate verbally may show their preferences through gestures, movement, expression or behaviour.

Professional boundaries

Staff will ensure that physical contact is appropriate to their role and the circumstances.

Staff must not:

- force a child to give or receive affection;
- ask a child to say that they love a member of staff;
- encourage secrecy about physical contact;
- engage in play-fighting or overly boisterous physical play;
- tickle a child excessively or continue when the child indicates they want it to stop;
- kiss children on the lips;
- touch a child in a way that is unnecessary, intrusive or could reasonably be misunderstood;
- use physical contact for the adult's own emotional needs;
- photograph or record intimate-care routines.

Wherever reasonably possible, physical affection and personal care will take place in an environment where staff practice is open and accountable.

This does not mean that another adult must directly observe every interaction or intimate-care routine.

What is intimate care?

Intimate care includes care involving a child's private areas, bodily functions or personal hygiene. It may include:

- nappy changing;
- supporting toileting and wiping;
- changing wet, soiled or contaminated clothing;
- washing a child following a toileting accident;
- applying prescribed or agreed creams;
- supporting a child with continence needs;

- some first aid or medical procedures;
- specialist care connected with disability or medical needs.

Ordinary intimate care will normally be provided by one suitable member of staff.

Children's dignity and involvement

Children will be treated with dignity, sensitivity and respect throughout intimate care.

Staff will:

- explain what they are going to do in language the child can understand;
- seek the child's cooperation and agreement wherever possible;
- encourage the child to do as much for themselves as they are able;
- provide reassurance and avoid rushing;
- use respectful language for body parts and bodily functions;
- avoid discussing the child's personal care where others can hear;
- ensure the child is appropriately covered;
- take account of the child's communication, culture, religion, disability and previous experiences.

A child will not be left in wet or soiled clothing because they are reluctant to receive care. Staff will respond calmly, explain why support is needed and seek assistance or advice where necessary.

Nappy changing and toileting

Nappy changing and toileting support will be carried out by staff who:

- have received an appropriate induction;
- understand safeguarding and hygiene procedures;
- have undergone the required suitability checks;
- are familiar with the child's needs where possible.

Where practicable, care will be provided by a familiar member of staff. However, the nursery cannot guarantee that the child's key person will always be available.

During nappy changing and toileting:

- children will remain appropriately supervised;
- staff will use suitable protective equipment;

- changing surfaces will be cleaned between children;
- nappies and waste will be disposed of safely;
- staff and children will wash their hands;
- creams will only be used with parental agreement and in accordance with nursery procedures;
- privacy will be respected without making the care unnecessarily hidden from colleagues.

Children will never be shamed, punished or criticised for accidents, soiling, wetting or difficulties with toileting.

Privacy and safeguarding

Intimate care will be carried out in an appropriate designated area.

The environment will balance:

- the child's right to privacy and dignity;
- the need for staff practice to remain accountable;
- the safety of the child and adult.

Doors do not need to be left fully open during every intimate-care routine. The arrangement should allow suitable privacy while ensuring that staff are not placed in unnecessarily isolated or concealed situations.

Staff should make colleagues aware when they are undertaking intimate care where this is not already apparent through normal room practice.

Two members of staff are not routinely required. A second adult may be appropriate where:

- the child's care plan identifies this need;
- specialist moving or handling is required;
- there is a significant risk to the child or adult;
- the child is distressed and additional support is needed;
- a particular procedure requires two trained adults.

Individual and specialist care

Where a child requires care beyond ordinary nursery routines, an individual care plan may be agreed with parents and relevant professionals.

The plan may include:

- the child's communication and preferences;
- the care required;
- agreed procedures;
- equipment and environmental adaptations;
- staff training;
- moving and handling arrangements;
- infection-control measures;
- recording requirements;
- emergency action;
- any need for more than one adult.

Only staff who have received the necessary information, instruction or training will undertake specialist medical or intimate-care procedures.

The nursery will consider reasonable adjustments for children with SEND or medical needs. The child's safety, dignity and participation will remain central to all arrangements.

Recording and communication with parents

Routine nappy changes and ordinary toileting support will be recorded in accordance with nursery room procedures.

Parents will be informed of:

- significant toileting accidents;
- unusual or repeated concerns;
- changes in continence or personal-care needs;
- marks, soreness, bleeding or injury;
- refusal or distress that affects the child's care;
- any intimate-care incident outside the child's usual arrangements;
- any concern that may require medical or safeguarding action.

Records will be factual, respectful and confidential.

Safeguarding concerns

Staff must remain alert to any concern arising during touch or intimate care, including unexplained injuries, unusual distress, changes in behaviour or inappropriate conduct by an adult.

Concerns must be recorded and reported immediately through the nursery's safeguarding procedures. Staff must not investigate concerns themselves or ask leading questions.

Any concern about the conduct of a staff member, student, volunteer, manager or other adult must be reported without delay using the appropriate internal or whistleblowing route.

Physical intervention

Physical intervention is not part of routine intimate care and will only be used where necessary to prevent injury or serious damage, in accordance with the nursery's procedures.

Students, volunteers and agency staff

Students and volunteers will not undertake intimate care unless this has been specifically authorised, is appropriate to their role, and suitable supervision and checks are in place.

Agency and temporary staff may provide intimate care where management is satisfied that they:

- have the required suitability checks;
- understand nursery procedures;
- have received an appropriate induction;
- are competent to undertake the care safely.

Responsibilities

The nursery manager is responsible for ensuring that:

- staff understand this policy;
- appropriate facilities, equipment and hygiene arrangements are in place;
- staff receive suitable induction, training and supervision;
- individual care plans are prepared where required;
- concerns about practice are addressed promptly.

Room supervisors are responsible for monitoring everyday practice and ensuring that children's dignity and safety are maintained.

All staff are responsible for:

- maintaining professional boundaries;
- respecting children's communication and preferences;
- carrying out care safely and sensitively;
- reporting concerns;
- seeking advice where they are unsure.