

Intimate Care Policy

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Intention

The intention of this policy is to safeguard both children and staff by establishing clear, respectful, and consistent procedures for all intimate care tasks, such as nappy changing, toileting, and dressing. The policy aims to ensure the dignity and well-being of each child while recognising their individual needs and preferences. Additionally, it provides staff with explicit guidelines and training to maintain the highest standards of hygiene and child protection, fostering a safe and supportive environment

Legislative context

Legal guidelines and frameworks

- Early Years Foundation Stage Statutory Framework, 2025 (EYFS)
- Working Together to Safeguard Children, 2025
- Keeping Children Safe in Education, 2025 (KCSiE)
- Data Protection Act, 2018

Legal duties

The nursery has a legal duty to safeguard the welfare, dignity, and rights of all children during intimate care. Care practices must protect children from harm, promote their wellbeing, and respect their individual needs, including making reasonable adjustments for children with additional requirements. Staff must also handle information in line with data protection laws. Failure to meet these duties may compromise children's safety and lead to disciplinary or legal consequences.

Acronyms used in this policy

- PPE: Personal Protective Equipment

Definition of terms used in this policy

Intimate Care

Intimate care refers to the personal care tasks that involve close physical contact and support for young children who are unable to manage these tasks independently. Examples of intimate care in a nursery setting include:

- Nappy changing
- Toileting support
- Dressing and undressing
- Washing and cleaning
- Medical care

Respectful care

Respectful care is an approach that prioritises the dignity, feelings, and autonomy of each child. It moves away from a task-focused approach towards a relationship-

centred approach, seeing care routines as opportunities for interaction, cooperation, and mutual enjoyment. It is also about recognising the child's competence and agency and supporting their growing self-confidence and independence.

Toilet training

Toilet training refers to the planned and developmentally appropriate process through which a child is supported to recognise their body's signals and appropriately use a toilet or potty for urination and bowel movements. This process includes the establishment of consistent routines, the use of age-appropriate equipment such as potties or child-sized toilet seats, and the provision of supervision, encouragement, and assistance by practitioners.

Guiding principles

This section outlines the core values and principles that underpin our approach to intimate care, ensuring the safety, dignity, and well-being of every child. These principles are informed by a commitment to respectful care practices, and a recognition of each child as a competent individual.

- Respectful care: we are dedicated to treating every child with respect and valuing their individuality
- Consent and participation: we acknowledge that children have the right to participate in decisions about their own care, to the extent that they are able
- Independence: we aim to support children's developing sense of independence and autonomy, understanding that this is important for their self-confidence and overall development. Children, when able, are given the opportunity to participate in their intimate care routines and encouraged to practice good hygiene to support their overall self-care needs. Practitioners should remain available to support as required
- Hygiene: we are committed to maintaining the highest standards of hygiene
- Collaboration and communication: we understand that strong partnerships between staff, children, and parent/carers are essential for providing the best possible care

Updates to this policy

This policy may be unilaterally updated at any time with immediate effect to ensure clarity, reflect the nursery's current operational practices, and maintain compliance with the latest government legislation and guidance. Please refer to the 'More Information' section on the website.

Use of language

Using specific and clear language during children's intimate care tasks helps ensure staff are giving instructions accurately and consistently, supporting the child's

understanding, comfort and dignity. Additionally, precise language can help children develop body awareness and appropriate communication about their own needs.

Terminology for what comes out the body

To describe what is coming out of the body, we use the commonly used terms such as "wee" and "poo." These are everyday words that are easily understood by children and adults alike. Using these terms consistently helps children understand and communicate their needs clearly and without confusion.

Terminology for the private parts of the body

We use the terms "vagina," "penis," and "bottom" at the nursery.

We strive to find the right balance between using language that feels comfortable for both parents/carers and staff with language that allows for clear communication to ensure any concerns can be understood and addressed promptly.

While anatomically correct terms like "anus" and "vulva" might be more specific, we choose the more commonly used terms "bottom" and "vagina" for ease of understanding, cultural appropriateness, and to align with the language typically used at home and in early years settings.

Consistency of terminology used within the setting

Within the nursery, we consistently use the same terminology to describe intimate body parts or bodily functions to support clear communication and avoid confusion. Using different words for the same concept can lead to misunderstandings, particularly when informal or colloquial terms vary between families, cultures, or communities.

Nevertheless, we recognise and respect that families may use colloquial expressions or different languages at home. To support children's understanding and ensure clarity, staff will acknowledge and, where appropriate, use the terms children use at home alongside the agreed terminology used within the nursery. For example, staff may say 'Do you need a poo? A caca?' when speaking to a child who uses Spanish at home. This approach supports children make clear connections between familiar language and shared terms used in the nursery.

Consistent and clear language is especially important for safeguarding, as it enables children to express their needs, concerns, or experiences confidently and accurately. Using agreed terminology alongside familiar home language reduces ambiguity, supports understanding, and helps ensure the safety and wellbeing of every child

Consent and participation

Consent and active participation are essential during intimate care routines, as they uphold the child's autonomy and respect personal boundaries, fostering a sense of safety and dignity. Facilitating the child's involvement also encourages the

development of independence, self-confidence, and essential self-care skills. The guidelines below highlight how consent may be gathered for different age groups¹.

Age range	How consent can be gained
0-12 months	<ul style="list-style-type: none"> • Focus on reading children’s non-verbal cues like facial expressions, body movements, and vocalisations e.g. crying as a way to communicate needs • Before any action, such as a nappy change, feeding or picking up, tell the baby what is about to happen, using simple language and a calm tone e.g. ‘Can I change your nappy please?’. Then wait for a response, even a slight shift in body language, before proceeding • Acknowledge the baby’s refusal cues, such as turning away, fussing, or crying, and respect their decisions to pause or stop an activity • If an action is essential for hygiene such as a nappy change, it may be necessary to proceed even if the baby is unhappy, but it's important to do this respectfully, calmly, and gently, acknowledging their feelings. This demonstrates that their feelings are valid, even when a task needs to be completed
12-24 months	<ul style="list-style-type: none"> • As children begin to develop their independence, give them more opportunities to initiate and participate in routines • Offer children simple choices whenever possible, and respect their decisions - even if this slows down a process
24-36 months	<ul style="list-style-type: none"> • Encourage children to express their consent or refusal using their preferred communication method • Clearly explain actions and the reasons behind them, giving children more understanding of the daily routines and care processes • Encourage children to take more responsibility for their self-care, such as washing their hands, choosing their clothing, or helping to locate their own nappy

¹ Please note, we recognise that every child is unique and may develop at their own pace and therefore this guide should be viewed flexibly and may not apply for every child.

Age range	How consent can be gained
3-5 years	<ul style="list-style-type: none"> • Promote children’s active participation in planning their daily routines and activities • Help children understand the choices they are making, providing age-appropriate explanations and information • Support children in developing their self-discipline and decision-making skills • Encourage children to reflect on the impact of their actions on themselves and others • Ensure that children know their bodies are their own and they have the right to decline intimate care from an adult, unless it is essential for their safety or well-being

Key person led intimate care routines

Whenever possible, the child’s designated key person should lead intimate care tasks, fostering trust and familiarity to help the child feel secure and comfortable. If the key person is unavailable, the next most familiar practitioner should take the lead. If a child requests a different practitioner to assist them, their preference should be respected wherever possible, ensuring their comfort and autonomy are prioritised.

Supervising intimate care routines

Staff must not carry out intimate care routines while lone working. When supporting a child with toileting or other intimate care needs, staff must remain within sight or hearing of another member of staff at all times. This is to safeguard both the child and the staff member by promoting safe working practices, ensuring transparency, and reducing the risk of misunderstandings or allegations.

Guidance for staff on nappy changing

Nappy changing is a regular and core part of many children’s routines whilst at nursery. It is key to ensure that each nappy change is conducted safely and with respect to the child’s needs and preferences.

Using nappy changes as a learning and bonding opportunity

Nappy changing times are viewed as meaningful opportunities to strengthen relationships and support early learning. During these moments of close, attentive care, staff build secure attachments by offering warm, responsive interactions, consistent routines, and reassurance. Talking through the process, singing, or responding to the child’s sounds and expressions supports early communication, language development, and turn-taking skills.

Staff also use this time to observe the child’s interests, preferences, and developmental progress, helping them feel understood and valued. By slowing down

and giving focused attention, nappy changes become positive shared experiences that promote trust, emotional security, and a sense of wellbeing.

Frequency of nappy changes

Nappies should be checked and changed as needed but must not be left unchanged for more than three hours. Regular checks help ensure the comfort and hygiene of the children.

Staff must also ensure that all children are adequately checked prior to any routine transition where they may be seated, lying down, or engaged in group activities for an extended period. This includes but is not limited to: Transitions before and after sleep or rest periods, mealtimes and upon arriving at the setting.

End-of-day check

Before children leave the nursery, their nappies must always be checked to ensure they are clean and dry. This ensures no child departs the nursery in discomfort or with a nappy that requires changing.

Nappy changing provisions

As part of the standard space offer, the nursery maintains a selection of different sized nappies and pull ups, as well as wipes and nappy cream for children to use whilst they are in the nursery. Families who prefer to bring in their own products, including cloth and reusable options, can do so to be either stored on site in a labelled location, or brought in daily.

Staff must also encourage communications with parents/carers regarding any changes in the type or size of nappy or pull-ups being used so that these changes can be replicated in the nursery and the child remains comfortable.

Recording nappy changes

All nappy changes should be recorded on Famly for parents/carers to see, including the time this occurred, what type of movement the child had and whether nappy cream was applied. For guidance on how to record a nappy change on Famly please see the [Further Reading](#) section of this policy.

Guidance for parents/carers and staff regarding toilet training

Working in collaboration with parents/carers throughout toilet training

Effective toilet training relies on a strong partnership between parents/carers and the setting. Working together ensures a consistent, supportive approach that helps children feel secure and confident as they develop independence.

Practitioners will communicate openly with parents/carers about toileting routines, expectations, and progress, and will share guidance² on preparation and next steps. Parents/carers are encouraged to inform the nursery of approaches used at home, changes in routine, or any concerns, so that support can be adapted accordingly.

By maintaining regular communication and a shared understanding, unnecessary delays can be avoided, and children can be supported to progress in a calm, positive, and developmentally appropriate way.

Rejecting the "Readiness" standard when toilet training

There is no fixed age or universal checklist that determines when a child is “ready” to begin toilet training. Readiness varies between children and should be understood as a process, not a single moment or milestone. Many of the skills commonly associated with “readiness” (such as recognising the need to go, communicating this, or staying dry for longer periods) are developed through the toilet training process itself, rather than being prerequisites. Therefore, waiting for a complete set of “readiness signs” can lead to unnecessary delay, which may make toilet training more difficult later.

The importance of not delaying toilet training

Whilst there is no set age for when a child should begin toilet training, [guidance](#) suggests that the optimum time for children’s bladder and bowel health to transition out of nappies is between 18 and 30 months.

Many children, especially those with additional needs, will never give any signs that they are ready to train and delaying this process can:

- Lead to increased incidences of incontinence and urinary tract infections
- Make it harder for children to learn this new skill and accept not wearing a nappy
- Disadvantage children with additional needs or delayed speech
- Increase resistance or anxiety around toileting

Preparing children to toilet train

Once a child is developmentally able to sit up unaided, they can begin learning basic toilet training skills so that when it comes to stopping wearing nappies, they already have a basic understanding of this process, making the transition easier.

² Please see Further Reading guidance resources used by the setting.

Strategies to prepare children for toilet training	
Strategy	How to implement this is practice
Introducing the potty or toilet into early learning experiences	Place a potty in the bathroom or toileting area and allow the child to sit on it fully clothed, helping them become familiar with the equipment in a relaxed, non-pressured way.
Support physical readiness	Encourage sitting balance, standing with support, and simple movements such as pulling clothing up and down with assistance, as part of everyday play and care routines.
Encourage body awareness	Use simple language to name bodily functions (e.g. “wee,” “poo”) and acknowledge when the child has soiled their nappy, supporting early understanding of bodily sensations.
Using positive, consistent language	Talk about toileting in a calm, matter-of-fact way and avoid negative reactions to wet or dirty nappies, helping children develop a positive association with toileting.
Offering regular opportunities without expectation	Invite the child to sit on the potty at predictable times (such as after meals or before bathing) without expecting results, focusing on familiarity rather than success.

Adopting a child-led approach when toilet training

The nursery recognises that each child is unique and will approach toilet training at their own pace. Our approach is child-led, which means that we will observe and respond to each child's individual cues of readiness, rather than adhering to a strict timeline.

Offering choices e.g., which potty would they like to use, using prompts e.g., timers which children can turn off themselves when it is time to visit the bathroom, and encouraging children to pick what they want to wear if they have had an accident, are all ways in which children can be included within this learning journey and encouraged to take the lead. Similarly, if a child is showing significant distress or

preference to wear a nappy during their toileting journey then their autonomy is respected and staff will adapt their approach to ensure that the child remains comfortable.

Developmental awareness cues to toilet training

As children begin to become more familiar with toileting cues and their bodily functions, they may start to show developmentally aware cues which indicate the potential readiness to begin toilet training. These cues should be viewed as guidance, not requirements, and the absence of some cues should not delay preparation or early toilet training.

Cue	How this may present in a child's actions
Physical readiness: Demonstrating increased bladder control and bowel control, as well as showing an understanding of the physical sensations related to needing the toilet	<ul style="list-style-type: none"> • A child may begin pausing, squatting, or becoming still before passing urine or stool • A child may start to demonstrate discomfort with a wet or soiled nappy • A child may begin to assist with clothing, such as pulling trousers up or down with help • A child may start to have more predictable bowel movements • A child may have dry nappies for increasing lengths of time

Cue	How this may present in a child's actions
Cognitive readiness: Showing an awareness of what is expected during the toileting routine	<ul style="list-style-type: none"> • A child may begin to understand simple routines and sequences e.g. nappy change followed by handwashing • A child may recognise words or gestures related to toileting, such as “wee,” “poo,” or pointing to the bathroom • A child may start following simple instructions, such as sitting on the potty when invited • A child may show an interest in others using the toilet or resources relating to this e.g., potties or books on toileting • A child may start communicating their need to use the toilet (even if only by non-verbal cues)
Emotional readiness: Willing to try using the toilet or potty either independently or with support	<ul style="list-style-type: none"> • A child may comfortably sit for short periods on a potty or toilet • A child may accept adult support and reassurance during toileting routines • A child may show curiosity rather than distress about the potty or toilet • A child may recover quickly from accidents with calm adult support

How toilet training is supported within the nursery

To support toilet training at the nursery, practitioners should:

- Ask parents/carers not to use nappies (pull-ups or otherwise) once a child has begun toilet training. Using a mixture of these and toileting can lead to confusion and interfere with a child's ability to recognise their body signals³.
- Work in partnership with parents/carers and understand that the family's individual circumstances may impact upon the best time to start toilet training

³ We recognise each child is unique and exceptions may be made to this standard with agreement from parents/carers to better support individual children's needs or potential toileting challenges.

- Understand that there is no standard timeframe for developing this skill and that it is important to be patient with children throughout their toilet-training journey
- Focus on praising effort rather than success, to encourage children and build their confidence, for example, by saying, 'I am proud of you for really trying hard.'
- Understand that accidents are a normal part of the learning process. Children will never be made to feel ashamed or embarrassed for having an accident and these will be addressed sensitively and discreetly
- If potties are being used to support children's toileting, these must remain in the designated toilet areas to ensure children's right to privacy and hygienic practices are maintained
- Encourage a structured environment in the nursery with a consistent daily routine, as routines can help children feel secure. Prompts including timers may be used to ensure children are encouraged to go to the bathroom regularly and add excitement into this experience
- Involve the children wherever possible, for example in choosing where the potty will be placed, to encourage them to take ownership of the process
- Ensure that all rooms where children are preparing to toilet train or beginning to start their journey are fully equipped with potties or child-sized toileting equipment
- Recognise that children have a sense of ownership over their toileting journey and encourage their independence whilst still offering them support where needed

Recording toilet visits using Famly

As standard practice toilet visits are not recorded on the Famly app, however exceptions can be made for this upon parental request or if the nursery deems this appropriate e.g., if a child's movements need to be monitored for medical purposes. For guidance on how to record toilet visits on Famly, please see the [Further Reading](#) section of this policy.

Supporting children who are not yet toilet trained

There may be cases where children are not yet toilet trained but within a room that is not equipped with a nappy-changing unit. In such instances, practitioners should ensure the following:

- The child is taken to a designated nappy-changing area that is private and allows for their dignity to be maintained at all times
- The chosen location should be hygienic, equipped with appropriate supplies, and easily accessible for staff and children
- Practitioners should approach the situation with sensitivity and reassurance, ensuring the child feels comfortable and secure throughout the process

- Staff must ensure that the safety of themselves and the child is maintained at all times e.g., not conduct unnecessary manual handling to change a child

Homemade creams and intimate care products

To align with our allergen and medication management procedures (as outlined in the Mealtime and Food Safety and Sickness and Medication Policies), homemade creams and intimate care products are not permitted within the nursery.

Administering first aid to intimate areas of a child's body

When providing first aid that involves intimate areas of a child's body⁴, staff must prioritise the child's safety, comfort, and dignity whilst not delaying the administration of necessary first-aid. To support this process, the below processes are in place to support staff to gain consent quickly prior to administering first aid to a child's intimate areas.

Gaining consent to administer first aid to intimate areas of the body	
Parent/carer consent	<p>As a condition of enrolment into the nursery, parents/carers consent to nursery employed practitioners supporting their child with care and hygiene routines, including completing intimate care tasks and non-emergency first aid. As such, secondary consent is not required before necessary non-emergency first aid is administered to a child's intimate areas.</p> <p>If a child requires emergency first aid to their intimate areas, staff must contact emergency services and follow their advice.</p> <p>In all instances, parents/carers must be informed via telephone as soon as reasonably possible of any accident or incident which resulted in an injury to an intimate care area of the body.</p>
Child consent	<p>If a child can understand and communicate their wishes, their consent should be obtained before proceeding with first aid or removing any clothing. If a child is unable to express this then the staff should follow the gaining consent guidance stipulated within this policy.</p>

Intimate care for children with additional needs

⁴ The intimate areas of a child's body include the genitals, the anus and the immediate surrounding areas.

Children with additional needs may experience a heightened response to various sensory inputs. This can affect how they experience the bathroom environment, including lighting, sounds, smells, and the textures of surfaces. Practitioners should adapt the environment to suit the child’s sensory preferences. Some examples of how this can be done are outlined below:

Sensory Sensitivity	Possible solution
A child who is distressed by strong smells	<ul style="list-style-type: none"> • Use non-perfumed toiletries and cleaning products • Ensure good ventilation
A child who struggles with bright lighting	<ul style="list-style-type: none"> • Have an alternate soft light available in the bathroom which still enables staff to see clearly but reduces the influence of a larger overhead light
A child who becomes distressed by the sounds within the bathroom	<ul style="list-style-type: none"> • Use noise cancelling headphones where appropriate • Restrict the number of noises happening at once e.g., wait until the toilet has flushed before turning on a tap
A child who becomes fearful or anxious around the toilet	<ul style="list-style-type: none"> • Offer reassurance and stay nearby without rushing • Allow gradual exposure and practise visits without pressure • Create predictable routines to reduce uncertainty
A child who has difficulties with clothing or independence	<ul style="list-style-type: none"> • Choose clothing options that are easy for the child to manage • Offer choices of clothing options for the child • Offer step-by-step guidance and encourage independence gradually • Use visual aids, such as toileting sequence cards

Adapting intimate care tasks for physical disabilities

When a child has a physical disability, intimate care processes may need to be adapted to meet their specific needs while ensuring their safety and dignity. A risk assessment must be carried out to identify potential hazards and determine appropriate adaptations.

If a child’s disabilities require specialised training or physical changes to the environment, the nursery should ensure these are completed prior to the child joining the nursery so that their needs can be supported effectively.

Maintaining good hygiene during intimate care tasks

Maintaining good hygiene during intimate care routines is essential to prevent the spread of germs. Key practices include:

Key practice	Why is this important?
Aprons	Both disposable and wipeable aprons are acceptable for use in the nursery. Disposable aprons should be discarded immediately after each task to prevent contamination. If wipeable aprons are used, they must be cleaned and disinfected after every use.
Gloves	Gloves are encouraged but not strictly required, provided proper hand hygiene is consistently practiced. If gloves are used, they must be disposable, single-use, and disposed of immediately after an intimate care task is completed. Hand washing both before and after intimate care must still be maintained, even when gloves are used.
Hand washing	<p>Handwashing is a vital part of maintaining hygiene for both practitioners and children. Even if hands do not appear visibly soiled – for example during a nappy change – handwashing must be completed following all intimate care tasks (even when gloves have been worn).</p> <p>As germs can easily transfer from one surface to another, as soon as children are developmentally ready, they are encouraged to wash their hands independently following intimate care tasks like nappy changing and toileting.</p>
Hair tied up	Keeping hair tied up during intimate care tasks prevents loose hair from falling forward or shedding and coming into contact with bodily fluids or clean surfaces increasing the risk of cross-contamination.
Cleaning down of surfaces	Following any intimate care task where there is a risk of contamination e.g., after a nappy change, staff must ensure they are disinfecting the area thoroughly using. All soiled cleaning equipment collated during this process should be disposed of in the appropriate bin or laundered to ensure the environment remains sanitary.

For more information on cleaning procedures and good hygiene practices, please see the Health and Safety Policy.

Appropriate environments for intimate care routines

To maintain a safe and respectful environment during intimate care routines at the nursery, the following guidelines must be followed:

Ensuring children’s privacy and dignity

- Children must have privacy during intimate care routines and practitioners must use designated changing areas or screens to shield the child from unnecessary exposure whilst remaining within sight or sound of other staff
- If an intimate care routine involves a child being undressed, only the necessary clothing should be removed, and staff should maintain communication with the child to minimise any discomfort

Open door policy for practitioners

- Doors must be sufficiently open to allow for visual or auditory monitoring by other staff members. This practice reduces the risk of misunderstandings or allegations and acts as a safeguard for both the child and the practitioner, ensuring that no one is left alone in a vulnerable situation.

Guidance on appropriate levels of affection for practitioners

The following guidelines outline the expectations for staff behaviour regarding appropriate professional boundaries and interactions with children, ensuring a safe, nurturing, and respectful environment for all:

Form of affection	Expectations for staff
Physical affection	<p>Physical affection can be a supporting factor for children’s emotional development, however it's crucial to do so appropriately.</p> <p>Practitioners should offer brief, comforting physical contact, including high-fives, side hugs, or short cuddles, to support children’s emotional wellbeing and confidence. All contact must be age-appropriate, purposeful, and responsive to the child’s cues, stopping immediately if the child shows discomfort.</p> <p>Physical affection should promote positive relationships, respect personal boundaries, and be consistent with safeguarding policies and professional practice.</p> <p>During intimate care tasks specifically, practitioners should opt for offering brief, purposeful physical reassurance to children, such as a light touch on the shoulder or holding a child’s hand, to support the child’s comfort and confidence. Contact must always be minimal, appropriate to the task, responsive to the child’s cues, and stop if the child shows discomfort.</p>
Maintaining boundaries	Practitioners must always respect a child’s boundaries and comfort levels, never force physical affection and be

	<p>attentive to cues indicating whether a child welcomes or resists physical contact.</p> <p>Practitioners should always be conscious of the cultural norms and practices of children from diverse backgrounds. As a guiding principle, physical affection should be limited to when it is required for comforting, or if the child requests it.</p>
Inappropriate behaviour	<p>Practitioners must never engage in behaviour that is, or could be interpreted as, abusive, harmful, or exploitative - including inappropriate physical contact, language, or actions.</p> <p>Any conduct that breaches professional boundaries, causes distress, or is unrelated to the child’s care or learning is unacceptable. Examples include, kissing, excessive tickling, overly boisterous play, or asking a child to express personal feelings like love for a staff member.</p>
Holding children ⁵	<p>Practitioners must avoid holding a child in inappropriate ways, including holding them:</p> <ul style="list-style-type: none"> • Too tightly or restricting their movement • Against their will • In a way that may be perceived as being inappropriate • As a form of punishment or control • For practitioner convenience rather than to address the child’s needs
Verbal expressions of affection from children	<p>Children may show affection towards practitioners through expressions such as “I love you.” Practitioners should respond warmly but professionally, acknowledging the child’s feelings without reciprocating language that implies a familial or romantic relationship.</p> <p>Practitioners’ responses should always:</p> <ul style="list-style-type: none"> • Acknowledge and value the child’s feelings • Be warm, supportive, and developmentally attuned • Maintain clear professional boundaries consistent with the setting’s safeguarding policies • Respect the child’s sense of security without creating confusion about the nature of the relationship.
Professional love	<p>Expressions of care should be managed within professional love—a supportive, nurturing approach that respects boundaries, safeguards both child and practitioner, and maintains the integrity of the</p>

⁵ Please see the Behaviour Policy for specific guidance on positive handling and physical intervention.

	professional relationship.
Respectful conduct	Staff should always maintain a respectful and professional demeanour towards each other, children, and families, both during work hours and breaks. This includes using appropriate language and refraining from any actions that could be perceived as unprofessional or inappropriate.

The importance of information sharing between practitioners and with parents/carers

Information sharing about intimate care routines between practitioners and with parents/carers is essential to ensuring consistent, safe, and high-quality care available to all children. Effective communication ensures everyone involved in supporting the child’s wellbeing remains informed about their specific needs, including toileting patterns, skin integrity, comfort levels, and any notable changes in behaviour or wellbeing. This helps promote transparency, continuity between home and the setting, and trusting care routines.

In addition, timely sharing of information contributes to safeguarding by ensuring that any concerns, unusual marks, or changes are promptly recognised and reported in accordance with the settings safeguarding procedures as outlined in the Child Protection and Safeguarding Policy.

Raising safeguarding concerns regarding intimate care practices

The nursery has set procedures in place for individuals to follow if they have concerns about the level of care or practices adopted by the nursery to ensure these are addressed promptly and effectively. Guidance on how concerns can be raised are detailed below:

Staff members with concerns	Parent/carers with concerns
Staff members have a legal and ethical duty to report any observed behaviours that may violate professional boundaries or raise concerns about the well-being of a child. Please review the Safeguarding and Child Protection policies for more details	If a parent/carer or staff member has concerns about intimate care routines, nursery practices, or a child’s well-being, they should speak with the DSL as soon as possible or follow the nurseries complaints procedures. Please refer to the Safeguarding and Child Protection and Compliment and Complaints policies for more details.

Essential knowledge for staff from this policy

Key learning	Level
Explain what is meant by respectful care	L1
Explain what is meant by professional love	L1
Explain the importance of consistent language being used during intimate care routines	L1
Explain how to use terminology used at home alongside that used within the setting	L1
Explain how consent can be gained from children of different ages regarding intimate care tasks	L1
Explain the role of the key person in regards to intimate care tasks	L1
Explain how nappy changing should be used as an opportunity to learn and bond with children	L1
Explain the nappy changing procedure including frequency of changes and when to check children's nappies	L1
Show how to log nappy changes and toilet visits onto Family	L1
Explain the importance of parent partnership during toilet training	L1
Explain why the setting does not follow a 'readiness standard' for toilet training	L1
Explain how children can be supported in preparing to toilet train within the setting	L1
Explain what are the developmental awareness cues that indicate a child may be ready to start toilet training	L1
Explain how toilet training can be supported within the nursery	L1
Explain the process for gaining consent to administer first aid to intimate areas of a child's body	L1
Explain ways to support children with sensory sensitivities during intimate care routines	L1
Explain how and what PPE is required during intimate care tasks	L1
Explain how children's privacy and dignity is maintained during intimate care tasks	L1

Key learning	Level
Explain the open-door policy regarding intimate care tasks	L1
Explain how staff can demonstrate appropriate levels of affection to children	L1

Training requirements

There are no additional training requirements associated with this policy. However, if the management team identify a need for specific targeted training, it will be arranged as necessary.

Monitoring and review

Review	<ul style="list-style-type: none"> • Review how staff members are ensuring children have privacy and dignity during intimate care tasks • Review how staff members ensure an open-door policy during intimate care tasks • Review how the nursery shares information with parents regarding intimate care tasks
Confirm	<ul style="list-style-type: none"> • Confirm that nappy changes and toilet visits are being recorded accurately on Famly and within the correct frequency time-frame • Confirm the complaints procedure is available for parents • Confirm all rooms are equipped to support children who are preparing to, or currently, toilet training • Confirm suitable learning opportunities are available for children learning how to toilet train • Confirm facilities are available and sufficient for older children who have not yet transitioned out of nappies • Confirm whether rooms set up to support children with sensory sensitivities which may influence their comfort during intimate care routines • Confirm whether discussions on toilet training have taken place with parents for children aged over 18 months
Observe	<ul style="list-style-type: none"> • Observe staff talking to children during an intimate care task, paying attention to terminology used and sensitivities to approaches used outside of the setting • Observe staff members gain consent to complete an intimate care task for children of differing age groups • Observe a staff member changing a nappy, ensuring this is both safe and hygienic as well as being used as a learning and bonding opportunity • Observe how staff members demonstrate appropriate levels of

Review	<ul style="list-style-type: none"> • Review how staff members are ensuring children have privacy and dignity during intimate care tasks • Review how staff members ensure an open-door policy during intimate care tasks • Review how the nursery shares information with parents regarding intimate care tasks
	<p>affection when supporting children</p> <ul style="list-style-type: none"> • Observe how a staff member encourages child-led approaches during toilet training • Observe a staff member use PPE during an intimate care task • Observe a team to determine whether the key person lead is being used consistently
Ask	<ul style="list-style-type: none"> • Ask staff what signs may indicate a child is ready to prepare for toilet training • Ask staff what developmental cues may indicate a child is ready to start toilet training

Further reading

Name	Summary of content	Source	Link
Why children need professional love	Overview of Dr Jools Page's theory of professional love and how this can be applied within the nursery setting	Famly	Link
Recording nappy changes and toilet visits	Guidance on how nappy changes and toilet visits can be recorded on Famly	Famly	Link
How to wash your hands	Guidance on how to effectively wash your hands	NHS	Link
A guide to toileting	Parent guidance resource on supporting children to begin toileting	NHS	Link
Potty training, how to support children	Parent guidance resource on potty/toilet training children and strategies to support this process	ERIC	Link
Toilet anxiety and toilet phobia in children	Parent guidance resource on toilet anxiety and how to support children who are worried about using the toilet	ERIC	Link