Intimate care and toileting policy
Early Years and Childcare Service
Surrey Early Years and Childcare Service have written this document to help you write an intimate care and toileting policy. This document is for reference only and you must adapt it to reflect the service your setting offers. To download guidance on other policies and procedures go to www.surreycc.gov.uk/eycpractitioners or ask your improvement advisor or childminding advisor to email you a copy.

Whenever we say parents in this document we mean parents and carers and whenever we say child we mean children and young people aged 0 to 19 years old (up to 25 years old for young people with special educational needs and disability (SEND)).

These guidelines are designed to promote good practice and therefore safeguard children and practitioners; they apply to everyone involved with the intimate care of children.

**Aims:**
- to safeguard the rights and promote the welfare of children
- to provide guidance and reassurance to staff whose role includes intimate care
- to assure parents that staff are knowledgeable about personal care and that their individual concerns are taken into account.

**Definition of Intimate Care:**

‘Care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demands direct or indirect contact with, or exposure of, the sexual parts of the body’

Intimate care tasks specifically identified as relevant include:
- dressing and undressing (underwear)
- helping someone use a potty or toilet
- changing nappies
- cleaning / wiping / washing intimate parts of the body.

**Definition of Personal Care:**

‘Although it may involve touching another person, it is less intimate and usually has the function of helping with personnel presentation’

Personal care tasks specifically identified as relevant include:
- feeding
- administering oral medication
- hair care
- dressing and undressing (clothing)
- washing non-intimate body parts
- prompting to go to the toilet.

Children’s intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.
All children have the right to be safe and to be treated with dignity and respect. Disabled children can be especially vulnerable. Staff involved with their intimate care need to be sensitive to their individual needs. Staff also need to be aware that some adults may use intimate care, as an opportunity to abuse children. It is important to bear in mind that some care tasks / treatments can be open to misinterpretation. Adhering to the settings policy and procedure guidelines should safeguard children and practitioners.

Points to consider:
- do you have an intimate care and toileting policy in place? how often is it reviewed?
- have all staff, students and volunteers read and signed to say they understand the policy?
- how do you share your intimate care and toileting policy and procedures with parents?
- does your policy recognise the needs of children from minority ethnic groups and disabled children and the barriers they may face, especially around communication?

Toilet Training:
Starting at an early years setting is always an important and potentially challenging time for both children and their parents, it is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the Early Years Foundation Stage (EYFS), there is wide variation in the time at which children master the skills involved in being fully toilet trained. For a variety of reasons children may:
- be fully toilet trained
- have been fully toilet trained but regressed for a little while due to the excitement and stress of starting at a setting
- may be fully toilet trained at home but have accidents in the setting, or visa versa
- may be nearly there but needs some reminders and encouragement
- not toilet trained, but responds well to a structured toilet training process
- be fully toilet trained but has a serious disability or learning difficulty
- may have development delays but with additional support will master these skills
- have SEND and might require help with some or all aspects of personal care.

Do you have a section in your policy about how you work with the children, parents and other staff to ensure consistency of care and comply with parental wishes with regards to toilet training?

Safeguarding:
Historically, we now recognise that abuse of children has and can still happen in not only early years settings but also schools and other child related activities. Therefore, it is crucial that you are not only alert to this but also consider how you can prevent your staff from having allegations made against them. Having a policy and procedure in place that all staff and parents are aware of will explain your expectations on all parties. There is no written legal requirement that two adults must be present when providing intimate care.
- ensure that staff are suitably checked (DBS) and that safer recruitment processes have been adhered to
- are aware of the recording requirements if changing nappies and/or toileting
- following setting procedures/guideline for intimate care
- carry out a risk assessment of the toileting process and areas used
• consider if a child soils themselves then what additional support may the child and staff need
• involve the child as far as possible in his or her own intimate care
• where do you record this and how do you inform parents
• ensure other staff are aware of the task being undertaken
• ensure staff are familiar with the settings safeguarding policy including the section on allegations against staff
• it is essential that the adult who is going to change the child informs another member of staff that they are going to do this
• ensure all staff are up to date with their safeguarding training

Health and Safety:
You should already have procedures in place for dealing with spillages of bodily fluids such as the process to be followed when a child accidentally wets or soils himself, or is sick while on the premises. The same precautions will apply for nappy/pull ups/changing. This should include:
• staff to wear fresh disposable aprons and gloves while changing a child
• soiled nappies/pull ups securely wrapped and disposed of appropriately
• changing area/toilet to be left clean
• hot water and soap available to wash hands as soon as changing is done
• paper towels to be available to dry hands.

Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child and for their parents. It is essential that every child is treated as an individual and that care is given as gently and as sensitively as possible. Children should be treated with dignity and respect and given privacy appropriate to the child’s age and situation. The child should be encouraged to express choice and to have a positive image of his/her body. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse.

Intimate care arrangements must be agreed by the setting, parents and child (if appropriate), and be recorded in the child’s personal file and consent forms signed by the parents and child (if appropriate). Practitioners should not undertake any aspect of intimate care that has not been agreed between the setting, parents and child (if appropriate). Settings need to make provisions for emergencies i.e. a key person on sick leave. Intimate care arrangements should be reviewed at least six monthly. The views of all relevant parties, including the child (if appropriate), should be sought and considered to inform future arrangements.

Intimate care may involve touching the private parts of the child body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures. Have you risk assessed your toileting area? By giving a child privacy are you placing members of staff in a vulnerable position i.e. is your member of staff in an enclosed area alone with a child. Do you have a toileting as well as a nappy changing chart so it is easy to evidence who changed/helped with which child?

If a staff member has concerns about a colleague’s intimate care practice they must report this following the settings whistleblowing policy.
If you observe any unusual markings, discolourations or swelling including the genital area, report immediately following your settings policy and procedures.
If during the intimate care of a child you accidentally hurt them, misunderstands or misinterprets something, reassure the child, ensure their safety and report the incident immediately following your settings policy and procedures. Report and record any unusual emotional or behavioural response by the child. A written record of concerns must be made and kept in the child's personal file.

The normal process of changing a nappy or supporting toileting should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. However, in some instances it may be appropriate for two members of staff to change/support a child, i.e. if a child gets very distressed or has made an allegation previously.

**Useful resources and websites:**

The following are available at eycspractitioners@surreycc.gov.uk
Safeguarding Children Policy
Allegations Against a Member of Staff
Safe Working Practice guidance
Code of conduct guidance

Working Together to Safeguard Children 2013
Available to download from www.education.gov.uk search DCSF-00305-210

Surrey Safeguarding Children Board manual of child protection guidelines
Available online at http://sscb.proceduresonline.com/index.html

Surrey Safeguarding Children Board
www.surreycc.gov.uk/safeguarding

Advisory, Conciliation and Arbitration Service (ACAS)
www.acas.org.uk

NSPCC
www.nspcc.org.uk