

Intimate Care Policy

Miss Daisy's Nursery Schools

Applies to:

Miss Daisy's Belgravia (Ofsted ID: EY2690683)

Miss Daisy's Brook Green (Ofsted ID: EY458477)

Miss Daisy's Chelsea (Ofsted ID: EY401950)

Miss Daisy's Hyde Park (Ofsted ID: EY2597851)

Miss Daisy's Knightsbridge (Ofsted ID: EY477460)

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Adopted:	June 2026
Last review:	June 2026
Next review due:	September 2026

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1. Scope and Application

1.1 This policy applies to: Miss Daisy's Belgravia (Ofsted ID: EY2690683)

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1.2 This policy applies to all employees, including directors, apprentices, casual workers, whether on permanent or temporary contracts (collectively referred to as 'staff'). This policy does not form part of any contract of employment or consultancy agreement, and Miss Daisy's Nursery Schools may amend it at any time. This policy does not include agency workers, consultants or contractors, except where otherwise stated.

2. Policy Aims

2.1 The aim of this policy is to ensure that all staff responsible for providing intimate care to children understand their duties, undertake them in a professional manner and always treat children with sensitivity and respect, without exception.

2.2 Miss Daisy's Nursery Schools understands the importance of its responsibility to safeguard and promote the welfare of children. Children may require assistance with intimate care because of their age, or because they have a special educational need and/or a disability. As such, it is of paramount importance that effective safeguarding procedures are followed when providing intimate care.

2.3 This policy must be read in conjunction with the Safeguarding and Child Protection Policy and Whistleblowing Policy.

3. What is Intimate Care?

3.1 The [NSPCC](#) defines intimate care as "*activities involved in meeting the personal care needs of a child. It includes providing care which requires direct or indirect contact with, or exposure of, private parts of the body*".

3.2 Examples of such activities can include:

- 3.2.1 Changing nappies, underwear, continence pads or sanitary wear;
- 3.2.2 helping a child use the toilet;
- 3.2.3 bathing, showering or washing a child; or
- 3.2.4 providing some forms of specialist medical care (such as inserting suppositories or pessaries).

3.3 Intimate care can also involve other forms of physical care, sometimes referred to as "personal care", including:

- 3.3.1 feeding;
- 3.3.2 changing outer layers of clothing;
- 3.3.3 applying or administering external or oral medication;
- 3.3.4 hair care;
- 3.3.5 washing non-intimate body parts; or
- 3.3.6 prompting children to go to the toilet.

4. Miss Daisy's Nursery Schools Responsibilities

4.1 The Head of Nursery and SENDCo (where necessary) must ensure that:

- 4.1.1 all staff provide intimate care professionally and safely;
- 4.1.2 the care is carefully planned to meet a child's needs;
- 4.1.3 Miss Daisy's Nursery Schools collaborates with parents about the provision of intimate care; and
- 4.1.4 any complaints are dealt with appropriately and in line with the Parent and Carer Complaints Policy.

4.2 All staff who provide intimate care must undergo training for the provision of intimate care prior to joining Miss Daisy's Nursery Schools and at regular intervals and an annual refresher and must adhere to the procedures in this policy at all times.

5. Parental Responsibilities

5.1 Prior to a child enrolling at Miss Daisy's Nursery Schools, parents must:

- 5.1.1 communicate their wishes about their child's intimate care; and
- 5.1.2 provide consent to Miss Daisy's Nursery Schools' provision of intimate care.

This can all be accessed and carried out via the Family App.

5.2 Once the child is enrolled at Miss Daisy's Nursery Schools, the nursery will liaise closely with parents to establish an individual intimate care plan during the "settling in" sessions. These sessions will be used to discuss the following:

- 5.2.1 what care is required;
- 5.2.2 any extra equipment needed;
- 5.2.3 how the child prefers to communicate, e.g. visual/verbal, and the words they prefer for parts of the body and bodily functions;
- 5.2.4 the child's level of ability, i.e., what procedures of intimate care the child can do themselves; and
- 5.2.5 any adjustments necessary in respect to cultural or religious views.

5.3 Once the individual intimate care plan has been established, parents are required to sign the Intimate Care Parental Permission form on the Family app, which will give their agreement to the plan. No intimate care will be carried out without prior parental consent. If urgent care is required in the absence of a signed form, Miss Daisy's Nursery Schools will contact parents by phone to gain consent if necessary and request that they sign the form as soon as practicable.

5.4 If changes need to be made to a child's intimate care plan, this will always be discussed with parents first to gain consent. The change will then be recorded in the written intimate care plan in the notes section on the Family App.

5.5 Whilst a child is enrolled at Miss Daisy's Nursery Schools, their parents will be asked to supply the following items:

- 5.5.1 Spare clothes clearly labelled with the child's name; and
- 5.5.2 Spare underwear.

6. Procedure for Providing Intimate Care

6.1 The provision of intimate care should only be carried out by an adult that a child has a secure relationship with. This is the child's "key person" and will be the primary provider of intimate care. If a child's key person is absent, a secondary designated staff member will provide care to the child. In the case of emergencies or sickness, staff

members known to the child and with whom the child feels secure (including the Head of Nursery, SENDCo, or previous key people) may provide intimate care.

- 6.2 Staff who are still in their probationary period may only provide intimate care for children where they have been signed off as suitable by the Head of Nursery. Agency staff cannot provide intimate care for children.
 - 6.3 At all times, staff will respect a child's privacy and introduce the concepts of early consent. For example, staff will always let a child know what care action they would like to perform for the child using language such as "can I blow your nose," or "I would like to check your nappy".
 - 6.4 Staff providing intimate care will have allocated changing times for the children in their care. These times will be followed and shared with parents, however staff may provide intimate care outside of the agreed changing times if it is necessary, so that no child is left in wet/soiled clothing or nappies.
 - 6.5 Staff must only ever provide intimate care and change a child's nappy in a designated changing area. **In no circumstances should a staff member provide intimate care alone, or without another member of staff present.**
 - 6.6 Before changing a child's nappy, staff members will put on disposable gloves, and the changing area will be cleaned using appropriate cleaning products. Hot water, liquid soap and paper towels are available for staff members to wash their hands before and after changing a nappy. The changing area will also be cleaned appropriately afterwards and any bodily fluids that transfer onto the changing area will be cleaned appropriately in accordance with the nursery hygiene procedures. Older and more able children will be encouraged to use the toilet facilities and reminded at regular intervals to go to the toilet. This will not be recorded on Family.
 - 6.7 Where parents provide their own intimate care products, each child using nappies will have a clearly labelled bag/box allocated to them in which there will be clean nappies, wipes and any other individual changing equipment necessary.
 - 6.8 Any soiled clothing will be placed in a tied plastic bag in the child's personal space/locker/pegs to be returned to parents at the end of the day. Any used reusable nappies will be placed in a tied plastic bag and disposed of in accordance with the nursery hygiene procedures.
 - 6.9 If children require cream or other medicine, such as for a nappy rash, this will be provided in accordance with the Administering Medicine to Children Policy.
- 7. Toilet Introduction Procedure**
- 7.1 Miss Daisy's Nursery Schools aims to help children develop independent toileting skills. While children are learning to do this, a key person will work closely with parents to support a shared approach.

- 7.2 As children develop bladder control, they will pass through the following three stages:
- 7.2.1 Aware of having wet and/or soiled pants;
 - 7.2.2 Knowing that urination/defecation is taking place and being able to alert a member of staff; and
 - 7.2.3 Realising that they need to urinate/defecate and alerting a member of staff in advance.
- 7.3 During these stages, staff will assess the child over a period of time to learn if there is a pattern to when the child is soiled/wet and the indicators that the child shows when they need the toilet, e.g., facial expressions.
- 7.4 Staff members will use the following strategies to get children used to using the toilet and being independent:
- 7.4.1 Helping them get to know about the toilet, washing their hands, flushing the toilet and referring to other children as good role models for this practice;
 - 7.4.2 Encouraging them to use the toilet when they are using their personal indicators to show that they may need the toilet;
 - 7.4.3 Taking them to the toilet at a time when monitoring has shown that this is when they would usually need the toilet;
 - 7.4.4 Ensuring that the child can reach the toilet and is comfortable doing so;
 - 7.4.5 Staying with the child and talking to them to make them more relaxed about using the toilet;
 - 7.4.6 Dealing with any accidents discreetly, sensitively and without any unnecessary attention;
 - 7.4.7 Being patient with children when they are using the toilet, and using positive language and praise to encourage them;
 - 7.4.8 Ensuring they understand their soiled clothes are about to be removed before removing them.
- 7.5 Staff must encourage the child to use the toilet if they are reluctant, using positive language and praise.



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