



Policy and Practical Guidance to Promote Personal Development in relation to Toileting/Contenance

November 2016

Introduction

A number of young children entering nurseries and settings will not have independent toileting skills. This may be because the setting or nursery admits very young children who are not physically able, or aware enough, to develop independent toileting skills. Children who do not develop independent toileting skills at the expected age may not do so due to a number of reasons:

- Immaturity in skill development due to a general developmental delay;
- A specific medical problem, transient or long term;
- A specific psychological problem, e.g. some children find a 'change in their life' is enough to cause a delay/relapse.
- Part of a range of difficulties attributable to an identified disability;
- Ineffective toilet training – routines not established.

When young children start school but are not yet toilet trained it can cause concern and some practical difficulties for practitioners; this should not lead to a delay in starting school for any Sandwell child, because this disadvantages the child and means their difficulties are not being assessed in the light of Early Years Foundation Stage principles and the requirements of the Equalities Act 2010. The advice below is designed to help practitioners manage any issues that arise.

This document considers the issue of continence within the context of a child's personal development and suggests practical guidelines that should be helpful to schools /settings and supportive to parents/carers. Non-maintained settings may also find this good practice guidance helpful.

The development of continence is placed in the context of the Early Years Foundation Stage (EYFS) principles and practice, the Equalities Act 2010, and the 'Supporting pupils at school with medical conditions'-statutory guidance for governing bodies of maintained schools and proprietors of academies in England –September 2014. Schools will need to ensure that their policies (eg admission) do not discriminate; that they address the practicalities; and, promote partnership with parents/carers.

Schools may also find Sandwell's guide 'Supporting children with medical needs in mainstream schools (2016), a useful document to read alongside this guidance.

The following legislation or statutory guidance has implications for dealing with incontinence in schools/settings:

Early Years Foundation Stage Statutory Framework 2014

If schools or settings follow the principles and recommendations for practice in the EYFS statutory framework, they will ensure that children who develop more slowly than their peers in terms of their self-help skills, have their needs met.

Overarching principles

Four guiding principles should shape practice in early years settings. These are:

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- every child is a **unique child**, who is constantly learning and can be resilient, capable, confident and self-assured;
 - children learn to be strong and independent through **positive relationships**;
 - children learn and develop well in **enabling environments**, in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and/or carers; and
 - **children develop and learn in different ways and at different rates**. The framework covers the education and care of all children in early years provision, including children with special educational needs and disabilities.

The Early Years Foundation Stage (EYFS) seeks to provide:

- **quality and consistency** in all early years settings, so that every child makes good progress and no child gets left behind;
- **a secure foundation** through learning and development opportunities which are planned around the needs and interests of each individual child and are assessed and reviewed regularly;
- **partnership working** between practitioners and with parents and/or carers;
- **equality of opportunity** and anti-discriminatory practice, ensuring that every child is included and supported.

The EYFS specifies requirements for learning and development, and for safeguarding children and promoting their welfare. The **learning and development requirements** cover:

the areas of learning and development which must shape activities and experiences (*educational programmes*) for children in all early years settings;

the early learning goals that providers must help children work towards

the knowledge, skills and understanding children should have at the end of the academic year in which they turn five); and

assessment arrangements for measuring progress (and requirements for reporting to parents and/or carers).

Physical Development –Early Learning Goal

Health and self-care

‘Children know the importance for good health of physical exercise and a healthy diet and talk about ways to be healthy and safe. They manage their own basic hygiene and personal needs successfully including dressing and going to the toilet independently.’

The **safeguarding and welfare requirements** cover the steps that providers must take to keep children safe and promote their welfare.

- Practitioners must consider the individual needs, interests, and stage of development of each child in their care, and must use this information to plan a challenging and enjoyable experience for each child in all of the areas of learning and development.

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- Practitioners working with the youngest children are expected to focus strongly on the three prime areas, which are the basis for successful learning in the other four specific areas. The three prime areas reflect the key skills and capacities all children need to develop and learn effectively, and become ready for school. It is expected that the balance will shift towards a more equal focus on all areas of learning as children grow in confidence and ability within the three prime areas. But throughout the early years, if a child's progress in any prime area gives cause for concern:

-Practitioners must discuss this with the child's parents and/or carers and agree how to support the child.

-Practitioners must consider whether a child may have a special educational need or disability which requires specialist support. They should link with, and help families to access, relevant services from other agencies as appropriate.

-Providers must ensure that there are an adequate number of toilets and hand basins available, except in child minding settings there should usually be separate toilet facilities for adults.

Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and any other necessary items is always available.

Access to hygiene products, such as toilet paper, must be easy for young children and, if not located in the toilet for any reason, somewhere discrete and accessible for a young child; requiring children to go to the office to be issued with toilet paper is inappropriate and has led directly to toileting issues.

Special educational needs

Providers must have arrangements in place to support children with SEN or disabilities. Maintained nursery schools and other providers who are funded by the local authority to deliver early education places must have regard to the Special Educational Needs (SEN) Code of Practice (2014). Maintained nursery schools must identify a member of staff to act as Special Educational Needs Co-ordinator and other providers (in group provision) are expected to identify a SENCO

Equality Act

The Equality Act 2010 sets out the legal obligations that schools, early years providers, post-16 institutions, local authorities and others have towards disabled children and young people:

- They **must not** directly or indirectly discriminate against, harass or victimise disabled children and young people
- They **must not** discriminate for a reason arising in consequence of a child or young person's disability

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- They **must** make reasonable adjustments, including the provision of auxiliary aids and services, to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory; it requires thought to be given in advance to what disabled children and young people might require and need.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies **must** comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice for children with SEN and disabilities 2014.

For pupils who have medical conditions that require EHC plans, following the statutory guidance within the SEND Code of Practice (2014) will ensure compliance.

Supporting pupils at school with medical conditions

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England –September 2014

What legislation is this guidance issued under?

Section 100 of the **Children and Families Act 2014 places a duty on** governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section. This guidance came into effect on 1 September 2014.

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Unacceptable practice

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with

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toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life,

The guidelines suggested in this document aim to support schools in the implementation of a comprehensive toilet-management policy in relation to each of the following areas.

Health and safety

For full information on dealing with spillages of blood or body fluids see **Body Fluids and Needlestick Injuries Guidance** in the Health and Safety Section of the Virtual Office..

Infection control

Spillage of bodily fluid

Where there is a likelihood of coming into contact with bodily fluids, the following minimum precautions must be adopted, regardless of whether a risk of infection has been identified:

- Disposable non-seamed powder-free latex or vinyl gloves and a disposable apron must be worn. **N.B. For nappy changing it is best to use either Nitrile or Vinyl, single use gloves, as even powder free latex can trigger asthma or other allergic reaction.**
- Open wounds on anyone handling spillage must be covered with a waterproof dressing (without visible air holes).
- Generally a body fluids spill should be soaked up first with paper towels or some other absorbent paper. The used paper towels (and other items used to clear up the spill) should be placed in an airtight plastic bag (or clinical waste sack/container if one is available) and the top knotted to seal it.

The area should then be cleaned using appropriate cleaning tools and substances. It may be appropriate to dispose of or clean the tools used afterwards

- Single application body spills kits are available across the council through a central contract (The Supply of Cleaning Chemicals, Janitorial Hardware and Paper) and are included in the purchasing catalogue.
- Splashes of blood or body fluid on the skin should be washed off immediately with soap and water. Splashes in the mouth, nose and eyes should also be rinsed out.

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- If clothing becomes contaminated with blood or other body fluids, it should be sponged with cold water, then laundered separately in a hot wash. The sponge should be disposed of in a sealed airtight plastic bag (or clinical waste container).
 - Clean up spillage with an approved cleansing product. Schools should follow health and safety procedures for different types of spillage. Soiled paper towels, protective clothing, gloves etc should be discarded into a yellow bag (used for clinical waste).

Schools should already have procedures in place for dealing with spillages of bodily fluids, as above the same precautions will apply for nappy changing. This could include:

- Staff to wear aprons and single use disposable gloves, either Nitrile or Vinyl, while changing a child;
- Soiled nappies to be double wrapped and disposed of appropriately;
- Changing area/toilet cubicle to be cleaned after use;
- Hot water and soap available to wash hands as soon as changing is done;
- Hot air dryer or paper towels available to dry hands.
- The changing mat should be cleaned with an anti-bacterial spray or wipe after changing a child's nappy.

Practical issues

Resources

It could take around ten minutes to change an individual child. This is not dissimilar to the amount of time allocated to work with a child on an individual learning target; changing time can be a positive learning time and an opportunity to promote independence and self-worth.

For a child with a disability, the Head Teacher will need to ensure that, where necessary and appropriate, additional resources from the SEN notional budget are allocated to ensure that children's individual toileting needs are met.

Job Descriptions

It is likely that most of the personal care will be undertaken by one or more of the teaching assistants. Schools will need to ensure that this issue is addressed as appropriate within their overall staffing.

The job descriptions in Sandwell for Learning Support Assistants (Level 1 and Level 2) and Learning Support Practitioners (Level 3 and Level 4) all contain the following statements in relation to support for pupils:

- 'To assist pupils with dress/changing for activities/personal hygiene' and,
- 'The care and welfare of pupils to include toileting and feeding as required'.

5. Child Protection

The normal process of assisting with personal care, e.g. changing a nappy should not raise child protection concerns. There are no regulations that state that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place.

DBS checks are rigorous and are carried out to ensure the safety of children with staff employed in schools and settings.

The government produced guidance “Safe Practice in Education” in 2009 and this forms the basis for advice issued by the commercial organisation, ‘the Safer Recruitment Consortium’, 2015. The intimate/personal care section of the guidance is reproduced below as schools may find it helpful. It is not statutory guidance.

Intimate / personal care

Schools and settings should have clear nappy or pad changing and intimate / personal care policies which ensure that the health, safety, independence and welfare of children is promoted and their dignity and privacy are respected. Arrangements for intimate and personal care should be open and transparent and accompanied by recording systems.

- Pupils should be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable.
- When assistance is required, this should normally be undertaken by one member of staff, however, they should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible.
- Intimate or personal care procedures should not involve more than one member of staff unless the pupil’s care plan specifies the reason for this.
- A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned.
- Any vulnerability, including those that may arise from a physical or learning difficulty should be considered when formulating the individual pupil’s care plan. The views of parents, carers and the pupil, regardless of their age and understanding, should be actively sought in formulating the plan and in the necessary regular reviews of these

This means that education settings should:

- *have written care plans in place for any pupil who could be expected to require intimate care*
- *ensure that pupils are actively consulted about their own care plan*

This means that staff should:

- *adhere to their organisation’s intimate and personal care and nappy changing policies*
- *make other staff aware of the task being undertaken*
- *always explain to the pupil what is happening before a care procedure begins*
- *consult with colleagues where any variation from agreed procedure/care plan is necessary*
- *record the justification for any variations to the agreed procedure/care plan and share this information with the pupil and their parents/carers*

avoid any visually intrusive behaviour and where there are changing rooms announce their intention of entering

- *always consider the supervision needs of the pupils and only remain in the room where their needs require this*

This means that adults should not:

- *change or toilet in the presence or sight of pupils*
- *shower with pupils*
- *assist with intimate or personal care tasks which the pupil is able to undertake independently*

arrangements.

- Pupils are entitled to respect and privacy at all times and especially when in a state of undress, including, for example, when changing, toileting and showering.

‘Guidance for safer working practice for adults who work with children and young people 2015’ (Safer Recruitment Consortium)

6. **Partnership Working**

Arrangements for meeting toileting needs should be discussed at a meeting with the parents/carers prior to admission into the school/setting if individual arrangements are needed. This meeting will also provide an opportunity to involve other agencies as appropriate eg Health Visitor.

In some circumstances it may be appropriate for the school to set up a home/school agreement that defines the responsibilities that each partner has. This might include:

The Parents / Carers:

- Agreeing to change the child at the latest possible time before coming to school;
- Providing spare nappies and a change of clothing;
- Understanding and agreeing the procedures to be followed during changing at school;
- Agreeing to inform school should the child have any marks/rash;
- Agreeing how often the child should be routinely changed if the child is in school for the full day and who will be do the changing;
- Agreeing to review arrangements, in discussion with the school, should this be necessary.

The School:

- Agreeing to change the child should they soil themselves or become wet;
- Agreeing how often the child should be routinely changed if the child is in school for the full day and who would be changing them;
- Agreeing to report to the HT or SENCO should the child be distressed or if marks/rashes are seen;
- Agreeing to review arrangements, in discussion with parents/carers, should this be necessary.

Such an agreement may not be necessary in all cases, but it would help to avoid misunderstandings and also help parents/carers to feel confident that the school will meet their child's needs.

Where appropriate, parents and school will need to agree a toilet training programme. (Appendices 1, 2, and 5).

7. Agreeing a Procedure for Personal Care in School

Schools should have clear, written guidelines for staff to follow when changing a child, to ensure that staff follow correct procedures and also are not worried about false accusations of abuse. If there is a known risk of false allegation then a single practitioner should not undertake changing a child. A student on a 'placement' should not change a child without supervision. Parents should also be aware of the school's procedures and will need reassurance from school that all staff in school who may be involved in changing their child are DBS checked. Schools also need to be 'culture-sensitive' e.g. check with Asian parents if it is acceptable for a male member of staff to change a female pupil.

Your written guidelines, (see Appendix 1), should specify:

- Who will change the child (to include a second person to cover for absence etc);
- Where changing will take place;
- What resources will be used and who will provide them;
- How a nappy will be disposed of;
- How other wet or soiled clothing will be dealt with;
- What infection control measures are in place;
- What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed.

Note: Staff should take care (both verbally and in terms of their body-language) to ensure that the child is never made to feel as if they are being a nuisance.

Schools may also, as inclusive education providers, wish to consider the possibility of special circumstances arising, should a child with complex continence needs be admitted. In such circumstances the child's medical practitioners will need to be closely involved and a separate, individual toilet-management plan may be required. (see Appendix 3).

8. Keys to Success

- Be fully aware of the legislative framework;
- Recognise that for most children, achieving continence is one of many developmental milestones;
- Work in partnership with parents prior to and after admission into the school/setting;
- Agree a written procedure for personal care/toileting;
- Ensure clarity in job descriptions of the personnel involved in changing children;
- View 'changing' time as a positive learning experience (aiming to gradually increase the child's independence and self-worth).

Further Information and Guidance

Sandwell School Nurses

Tel - 0121 612 2974

E mail – BCHNTSHNSandwell@nhs.net

An Example of a Home/School Toilet – Management Agreement

Parental Responsibilities

1. To ensure that the child is changed/toileted at the latest possible time before coming to school.
2. To provide spare nappies and a change of clothing.
3. To inform the school of any marks or rashes.
4. To continue to implement timed toilet training programme at home.

School's Responsibilities

1. To change the child when soiled or wet following agreed procedures.
2. To follow a timed toilet training programme (see Appendix 5).
3. To report to the parent if the child becomes distressed or if mark/rashes are seen.
4. To ensure where possible that the child will be changed by agreed members of staff.
5. To discuss any proposed changes to toileting procedures with the parents/carers.

An Example of a Procedure for Personal Care in School

1. Agreed changing area to allow child privacy/dignity.
2. Designated member of staff identified to change child including another named person in case of illness/absence.
3. All named practitioners changing the child to agree on a consistent approach ie words to be used etc.
4. Staff to be provided with disposable gloves (not latex); a disposable apron, disposable cloths to wash the child and nappy bags.
5. Child to be encouraged to participate in the changing process as/if appropriate eg wiping himself, pulling up pants etc.
6. Child to be washed (water only) if necessary and changed.
7. Nappy to be placed in a nappy bag and disposed of safely.
8. Other clothing, if wet or soiled dealt with as agreed.
9. Changing area to be thoroughly cleaned.

Risk Assessments

A risk assessment is advisable when assisting pupils with personal care needs eg toileting, dressing, undressing etc. The risk assessment should consider the following factors:

1. Issues relating to the health / safety / welfare of the pupil.
2. Issues relating to the health / safety / welfare of the 'assistant'

Please refer also to the LA guidance document: Moving and Handling Guidelines- particularly the sections on risk assessment and training.

3. Actions that may impact on the health / safety / welfare of other pupils and anyone else who is on the school premises (for reasons of work or otherwise) eg appropriate disposal of items containing bodily fluids.
4. The need to have two people present when attending to a child's personal care needs where there is a previous history / possibility of false accusation.

Individual Toilet – Management Plan for Children with Complex Toileting Needs (eg catheters, stomas)

For children with complex continence needs, a separate individual plan should be devised by the school; in conjunction with the appropriate medical practitioners and the child's parents. In cases such as this, it is likely that the support staff assisting the child may need specific training from appropriate practitioners from Health. There may also be a need for specific equipment.

If the equipment is specific to the child, can be moved with them and child has an Education, Health and Care Plan, then the school, in discussion with Health staff, should apply to SEN at Oldbury Council House for funding from the High Needs Budget.

If the child does not have an Education, Health and Care Plan then the equipment should be funded from the SEN Notional Budget of up to £6,000.

If there is a need for a fixed piece of equipment that will remain in the school, then the school should fund this through their own budget planning for accessibility. The LA will offer advice and guidance on request. Contact Sue Moore (Programme Planning and Property Manager) 0121 569 8282

When writing an Individual Toilet Management Plan you may wish to consider the following:

1. That the changing area is suitable for both the child being changed and the adult lifting and handling the child.
2. That the strategies employed to assist the child throughout the school day are incorporated into the toileting plan eg use of a visual timetable; clearly defined areas for a child with a visual impairment.
3. That all of the agreed procedures for personal care in the school are followed.

Also refer to the following LA guidance documents:

Moving and Handling Guidelines (Available on the Virtual Office)

Management of Children with Medical Needs in Schools (Available on the Virtual Office)

Helpful Hints

1. Continue to use familiar classroom strategies in the toileting area. eg visual timetables.
2. Make the area as inviting as possible eg for very young children - pictures on the doors, footprints, bright colours etc.
3. Use child - friendly toilet paper (printed patterns for very young children).
4. Use praise and encouragement and if appropriate use tangible rewards eg stickers.

Appendix 5
(Continued)

An Example of a Record for a Toileting Training Programme

Date:												No of Nappy Changes
Times:												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Date:												No of Nappy Changes
Times:												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												

Key: **W = Wet** **S = Soiled** **P = Performed** *** = See Comments Box**

Comments:

Toilet Training - Case Study 1

When it was time for Martin to start nursery, he was already toilet trained and would use the toilet quite happily. But his Mum had noticed that he never used the toilet when they were out and would hold himself until the family got back home. This wasn't a problem at first at nursery because the nursery session was short enough for him to manage, but staff noticed that Martin never went into the toilet and backed away if it was suggested. Martin had difficulties with social and communication skills and the nursery had received some advice from Inclusion Support staff on meeting these needs.

As it came to planning for transfer to reception class, staff wondered how they were going to get Martin to use the toilet in school and they asked Jane, the Advisory Teacher for Complex Communication Difficulties for help. She did a home visit and talked to the family to find out more about when and where Martin would use the toilet. It seemed that he was only happy to use the toilet at home, so Jane talked to the family about what Martin might see as special and different about this toilet.

School staff and the family agreed that they would try to make the toilet in school more like the toilet at home. They introduced a small step to get up on to the toilet and added a border around one of the cubicles that was the same as the border in the toilet at home – Martin's Dad found some left over from when the family decorated the toilet.

Martin was also given a bit of the border to take in to the school toilet at first, to help him make the association. Soon Martin was happily going in to the toilet at school and using it by himself.

“What made for success with Martin, and it goes for other children with such difficulties “ said the Advisory Teacher “was looking for what particular small details Martin was associating with the toilet, like patterns or textures. To most of us these things are irrelevant because we can generalise the idea from one situation to another – but some youngsters find this very difficult and we need to help them to make associations by finding what it is about the particular situation that they are latching on to. In Martin's case it was the detail of the decoration and the physical stepping on to the step – but it could be something like the feel of the seat that they need to get used to”.

Toilet Training - Case Study 2

Leah's needs had been identified before starting school. She had support for her global delay through a development worker, who worked with her at home, following a referral from the health visitor.

When it was time for Leah to start school she was not toilet trained and still unable to tell staff or her parent that she needed the toilet.

Although the school were going through an application for an Education, Health and Care plan for Leah, they were keen to include her in their nursery provision as soon as possible. They knew that Leah's development was dependent on more stimulation and on relationships with other children.

A meeting was held with the nursery staff, SENCO, development worker and parent. The issues around Leah's toileting were discussed and plans were made to include:

- Having a structured consistent approach involving timed - toileting;
- Leah would be encouraged to go to the toilet every 15 minutes;
- A visual prompt displayed in the toilet with step by step directions;
- Some timed visits to the toilet involving other children going at the same time;
- Ensuring the toilet was a comfortable and welcoming environment;
- Mum would continue with this structure at home with a weekly visit by a family support worker from the local children's centre.

It was accepted that there would be times that Leah would need to be changed as she learns her new routine.

Parent and school staff agreed the plan and their responsibilities towards its success.

The development worker felt that the multi agency approach and commitment to Leah's toilet training was positive and had a practical outcome that everyone felt happy with.

Leah is now beginning to have more control with her toileting. Her mum also feels that she has learned new skills herself and knows how to help Leah at home.

The school have also reported that this sort of structured approach could be used in the future with children with similar needs.