

# The Grange Primary School Toileting & Continenence Policy

## Introduction

*Some comments in the news:*

*'...report this week revealed that teachers lose more than a million hours every year teaching children basic hygiene and how to use the toilet.'*

*'The average age for starting to potty train is anywhere between 18 months and two and a half years.'*

*'We can't teach children properly unless parents send them to school with the basic life skills. We are teachers.'*

The Grange Primary School is committed to safeguarding and promoting the welfare of children and young people. We are committed to ensuring that all staff responsible for intimate care of children will undertake their duties in a professional manner at all times.

It is generally expected that most children will be toilet trained and out of nappies before they begin at school or nursery. However, it is inevitable that from time to time, some children will have accidents and need to be attended to.

Starting school or nursery has always been an important and potentially challenging time for both children and the schools that admit them. It is also a time of growth and very rapid developmental change for all children. As with all developmental milestones in the foundation stage, there is wide variation in the time at which children master the skills involved in being fully toilet trained.

Children in the Foundation Stage may:

- be fully toilet trained across all settings
- have been fully toilet trained but regress for a little while in response to the stress and excitement of beginning the Foundation Stage
- be fully toilet trained at home but prone to accidents in new settings
- be on the point of being toilet trained but require reminders and encouragement
- not be toilet trained at all but likely to respond quickly to a well-structured toilet training programme
- be fully toilet trained but have serious disabilities or learning difficulties
- have delayed onset of full toilet training in line with other development delays but will probably master these skills during the Foundation Stage
- have SEN-D that makes it unlikely that they will be toilet trained during the Foundation Stage.

Admitting children who have continence problems into Foundation Stage and Key Stage 1 provision can present a challenge to schools. The purpose of this policy and guidelines is to identify best practice to achieve the full inclusion of such children.

Whenever possible it is recommended that:

- mobile children are changed standing up
- children in the Foundation Stage may be changed on a mat on a suitable surface
- Children in year 1 and above should only be changed in a toilet cubicle standing up.

## Resources

Changing time can be a positive learning time and an opportunity to promote independence and self-worth.

School ensures:

- hot running water and soap
- paper towels
- aprons and gloves
- cleaning equipment
- bin
- a supply of spare nappies and wipes (provided by the child's parent/carer)
- spare clothes.

It could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target, and of course, the time spent changing the child can be a positive, learning time.

However, if several children with continence needs enter Foundation Stage, there are clear resource implications. Within our school, the Foundation Stage teachers should speak to the SENCo and/or Head of Pastoral Care and Inclusion to ensure the additional resources from the school's resources are allocated to the Foundation Stage to ensure that the children's individual needs are met. ***This conversation needs to take place as soon as the staff member is made aware of continence needs of a child; ideally this information should be relayed to the staff member by the family member they meet with, during the FIRST home visit and certainly NO LATER than the first day the child starts officially at this school.***

## Staff Responsibilities

It is likely that one or more of the learning assistants/early years' practitioners will undertake most of the personal care. School needs to ensure that this issue is addressed as appropriate within overall staffing.

Teachers are responsible for facilitating, supporting and releasing teaching assistants to fulfil this role.

In the interests of Health & Safety, it is unreasonable for staff to be expected to change a child who regularly soils **unless the child has a medical condition as an underlying cause (parents/carers will be expected to present proof of this to the school). School does not have staffing levels to accommodate support teachers regularly leaving the class to attend to an individual's hygiene.**

## **What the school expects of parents/carers:**

- Parents/carers will ensure that their child is continent before admission to school **(unless the child has additional needs)**
- Parents/carers will discuss any specific concerns with staff about their child's toileting needs
- Parents/carers must inform the school if a child is not fully toilet trained before starting school, after which a meeting will then be arranged to discuss the child's needs
- Parents/carers accept that on occasions their child may need to be collected from school.

***We expect parents/carers to have used the summer holidays prior to their child starting here in September to toilet train their child if they are not already toilet trained.***

## **Special educational needs and child protection issues**

The school recognises that some children with SEN-D and other children's home circumstances may result in children arriving at school with under developed toilet training skills.

If a child's toileting needs are substantially different than those expected of a child his/her age, then the child's needs may be managed through an Individual Health Plan or alternatively they may be considered to be at the SEN-D support stage in the SEN Code of Practice due to a medical need or global developmental delay in their self care skills. A toileting program would be agreed with parents/carers as advised by a Health Professional. Arrangements will be discussed with parents/carers on a regular basis and recorded on the toileting plan. If there is no progress over a long period of time, e.g. half a term, the SEND Co-ordinator, teaching staff and parents would seek further support, e.g. G.P's referral of child for specialist assessment.

Some children may have an Education and Health Care Plan before entering school. The plan will outline the child's needs and objectives and the educational provision to meet these needs and objectives. The EHCP will identify delayed self-help skills and recommend a program to develop these skills. Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.

The normal process of assisting with personal care, such as 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 our school.

Section 18 in the Government guidance 'Safe Practice in Education' states that:

**'Staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken.'**

It is recommended that the adult who is going to change the child informs the teacher that they are going to do this. There is no written legal requirement that two adults must be present and schools will need to make their own judgement based on their knowledge of the child/ family.

Asking or telling parents/carers to come and change their child (unless the parents have expressed a preference for this) or wanting an older sibling to change their sister/ brother is likely to be a direct contravention of the DDA, as is leaving a child soiled, which could be considered to be a form of abuse since it places the child at risk of significant harm. The process for the management of a child's personal care needs may need to be further clarified through a 'Personal Care Plan'. For example, where the school has concerns about parental support, for children transferring to FS2 or above who are not toilet trained and for children with SEN-D.

## **Legislative Framework**

All settings and Schools must adhere to

- The Equality Act 2010
- Children and Families Act 2014
- The Special Educational Needs and Disability Code of Practice: 0 to 25 years (January 2015)
- Early Years Foundation Stage 2017
- Supporting pupils at school with medical conditions (December 2015)
- Keeping Children Safe in Education 2014
- Excellence in continence care: Practical guidance for commissioners, providers, health and social care staff and information for the public 2015

Reference should also be made to the North Lincolnshire: Supporting pupils at school with medical conditions- policy and procedure

The Equality Act 2010 which superseded the Disability Discrimination Act (DDA) requires all providers to ensure policies are in place and consideration should be given to the implications the Act has on procedures and practice. NHS England has issued NICE guidance Excellence in continence care: Practical guidance for commissioners, providers, health and social care staff and information for the public. Achieving continence is one of developmental milestones usually reached at home before the child starts a maintained education provision. In some cases this one developmental area has assumed significance beyond all others. Parents are sometimes made to feel pressured to have their child or young person toilet trained.

## **Definition of disability under the Equality Act 2010**

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

The condition must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to children and young people who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties, however children and young people with global developmental delay may be delayed in self cares. Education providers have an obligation to meet the needs of all children and young people. Children should not be excluded from activities because of incontinence. Admission policies which give(s) a blanket standard or statement of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis and providers are expected to make REASONABLE adjustments to meet the needs of each child.

### **Where appropriate, parents/carers and school will need to agree a toilet training programme.**

In the very small number of cases where parents do not co-operate or where there are concerns that:

- the child is regularly coming to school/nursery in very wet or very soiled nappies/clothes
- there is evidence of excessive soreness that is not being treated
- the parents/carers are not seeking or following advice,

there should be discussions with the school's designated safeguarding lead about the appropriate action to take to safeguard the welfare of the child.

*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.*

Should a child with complex continence needs be admitted, the child's medical practitioners will need to be closely involved and a separate, individual toilet-management plan may be required.

### **School and Parents Working in Partnership**

The Grange Primary School works in partnership with parents/carers when a child enters school in a nappy or pull-ups or with continence problems. This agreement helps to avoid misunderstandings and also helps parents/ carers feel confident that the school will meet their child's needs.

### **Further Information and Guidance**

Enuresis Resource & Information Centre (ERIC) 34 Old School House, Britannia Road, Kinswood, Bristol, BS15 8BD Telephone: 0117 960 3060 Website: [www.eric.org.uk](http://www.eric.org.uk)

Good Practise in Continence Services, 2000. Available to download free from Department of Health, PO BOX 77, London, SE1 6XH or [www.doh.gov.uk/continenceservices.htm](http://www.doh.gov.uk/continenceservices.htm)

Managing a child with bladder and bowel problems in school – a resource pack.  
[www.promocon.co.uk](http://www.promocon.co.uk)

Early Years and the Disability Discrimination Act 1995 [www.surestart.gov.uk/publications](http://www.surestart.gov.uk/publications)

**Appendix 1: Home/School Management Agreement**

**Appendix 2: Procedure for Changing a Nappy/Soiled or Wet Pants (child lying down)**

**Appendix 2: Personal Care Plan**

**Appendix 3: Intimate Care Policy**

**Appendix 4: Risk Assessment Template**

**Appendix 5: Record of Intimate Care Intervention**

**Appendix 6: Working Towards Independence Record**

**Appendix 7: Toilet Management Plan**

**Appendix 8: Agreement between child and teaching assistant**

**Appendix 9: Permission for schools to provide intimate care.**

## **Appendix 1**

### **The Grange Primary School Home/School Management Agreement**

#### **Parents/Carers:**

- agreeing to change the child at the latest possible time before coming to school
- providing spare nappies, wet wipes and a change of clothes
- 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 day and who will do the changing
- agreeing to review the arrangements, in discussion with the school, should this be necessary
- agreeing to encourage the child's participation in toileting procedures wherever possible.

#### **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 a minimum number of changes
- agreeing to report to the designated safeguarding lead 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
- agreeing to encourage the child's participation in toileting procedures wherever possible
- discussing and taking the appropriate action to respect the cultural practices of the family.

## **Appendix 2**

### **Procedure for Changing a Nappy/Soiled or Wet Pants (child lying down)**

1. Consider whether the child can be changed in a toilet cubicle (standing up).
2. Wash your hands.
3. Assemble the equipment.
4. Place the infant/ child upon the changing mat/ table.
5. Put on gloves.
6. Remove wet/ soiled nappy/clothes.
7. Flush away fecal waste from undergarments and fold the nappy/clothes inwards to cover fecal material and place into bin. (Any clothes to be recovered at the end of the day and handed to the parent/carer.)
8. Used wipes and gloves are to be disposed of in a bin with a disposable liner.
9. The bin should be emptied at least once a day and the liner replaced.
10. Once the child has been changed and returned safely to their class, clean the changing area with a detergent spray or soap and water.
11. Hands should be washed thoroughly whether gloves have been used or not.



**Appendix 3**  
**Personal Care Plan for children wearing nappies/ pull-ups in school**

Child's name: .....

DOB: \_\_\_\_\_

Question	Responses
Who will change the child?	
How will the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor	
Who will provide the resources? e.g. wipes, nappies, disposable gloves	
How will wet / soiled clothes be dealt with?	
Minimum number of changes agreed	
How will the child be encouraged to participate in the procedure?	
Any other relevant information	

Completed by \_\_\_\_\_ (member of staff)

Date of Plan \_\_\_\_\_ Date to review Plan: \_\_\_\_\_

**Parent/Carer**

This plan has been discussed with me and I have contributed to it. I agree to change my child at the last possible moment before he/she comes to school, provide the resources indicated above and encourage my child's participation in toileting procedures at home as appropriate and where possible.

Signed \_\_\_\_\_

Date .....

Parent/ Carer's Full Name: \_\_\_\_\_

## **Appendix 4**

### **Intimate Care Policy: The Grange Primary School**

#### **Introduction**

The Grange Primary is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect and dignity when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain.

Children's dignity will be preserved and a high level of privacy, choice and control will be provided to them. Staff that provide intimate care to children have a high awareness of child protection issues. Staff will work in partnership with parents/carers to provide continuity of care.

#### **Definition**

Intimate care is any care which involves washing, touching or carrying out an invasive procedure to intimate personal areas. In most cases such care will involve procedures to do with personal hygiene and the cleaning of associated equipment as part of the staff member's duty of care. In the case of specific procedures only the staff suitably trained and assessed as competent should undertake the procedure (e.g. the administration of rectal diazepam).

#### **Our Approach to Best Practice**

The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty or menstruation. Wherever possible, staff involved in intimate care will not be involved in the delivery of sex education to the children in their care as an extra safeguard to both staff and children involved. The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as they are able. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many staff members will need to be present when the child is toileted. Wherever possible the child should be cared for by an adult of the same sex. However, in certain circumstances this principle may need to be waived where the failure to provide appropriate care would result in negligence for example, female staff supporting boys in our school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's personal care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

### **The Protection of Children**

Child Protection Procedures and Multi-Agency Protection procedures will be adhered to. If any member of staff has concerns about physical changes to a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of the process in order to reach a resolution; staffing schedules will be altered until the issue(s) are resolved.

### **Monitoring and Review**

This policy is monitored on a regular basis by the Head Teacher, Head of School/SENCo and Designated Safeguarding Lead who reports to governors on request about the effectiveness of the policy.

**Signed:** \_\_\_\_\_ (on behalf of the staff)

**Signed:** \_\_\_\_\_ (on behalf of the governors)

**Date:** \_\_\_\_\_

## Appendix 5

### Permission for school to provide intimate care

Child's Full Name \_\_\_\_\_

Male/ Female (delete as appropriate)

Date of Birth \_\_\_\_\_

Parent/ Carer's Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

I understand that:

I give permission to the school to provide appropriate intimate care support to my child e.g. changing soiled clothing, washing and toileting.

I will advise the Head Teacher or Head of School or The Designated Safeguarding Lead of any medical complaint my child may have which affects issues of intimate care.

Signed \_\_\_\_\_

Full Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_