

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



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Introduction

Achieving continence is one of hundreds of developmental milestones usually reached within the context of learning in the home before a child transfers to learning in a nursery / school setting. When young children start school but are not yet toilet trained it can cause concern and some practical difficulties for practitioners. 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.

National guidelines have prompted many local authorities to produce policy and guidance materials for their own local areas. This document draws upon Leicester City Council's policy on continence in Foundation and Key Stage 1 and material from Walsall, Leeds and Bedfordshire.

The development of continence is placed in the context of the Disability Discrimination Act (DDA) together with the general developmental milestones and acquisition of independence in young children. Schools will need to ensure that their policies (eg admission) do not discriminate, that they address the practicalities and also promote partnership with parents/carers.

The following documents/legislation have implications for dealing with incontinence in schools/settings:

The Disability Discrimination Act (DDA) 2005 requires all education providers to re-examine **all** policies, consider the implications of the Act for practice and revise their current arrangements.

The DDA provides protection for anyone who has a disability (physical, sensory or mental impairment) that has an adverse effect on his/her ability to carry out normal day-to day activities. The effect must be substantial and long-term.

This means that anyone who has a disability that affects aspects of personal development, eg. incontinence, must not be discriminated against in relation to admission to school. **It is also unacceptable to refuse admission to other children who are delayed in achieving continence for whatever reason.** Schools have an obligation to meet the needs of children with delayed personal development in the same way as they would meet the needs of children with delayed language or any other kind of delayed development. Any admission policy that sets a blanket standard of continence, or any other aspect of development, for all children, is discriminatory and therefore unlawful under the DDA. Any issues have to be dealt with on an individual basis, and schools are expected to make reasonable adjustments to meet the needs of each child as an individual.

The Special Educational Needs and Disability Act (2001) covers admissions to schools. It requires schools to make reasonable adjustments in order that they do not offer less favourable treatment to a child with a disability. Inclusive education means that parents of children with more complex needs will often request a place

for their child in their local mainstream school. A suitable place for changing children therefore requires due consideration when writing a school's Accessibility Plan.

The "**Every Child Matters**" framework includes 'Enjoy and Achieve' as one of the five outcomes. Two of the aims are to:

- "be ready for school" and
- "achieve personal and social development and enjoy recreation".

The related inspection judgements are that:

- "Early Years provision promotes children's development and well-being and helps them meet early learning goals" and
- "children with learning difficulties and/or disabilities are helped to enjoy and achieve."

The Early Years Foundation Stage of the National Curriculum includes Personal, Social and Emotional Development as a curriculum strand and this specifies planning for "the development of independence skills, particularly for children who are highly dependent upon adult support for personal care". The Stepping Stones include reference to children being able to "dress and undress independently and manage their own personal hygiene". As with other Stepping Stones, if children do not enter the Foundation Stage with the described skill, then they have to be taught.

It is expected that a small number of children entering the Foundation Stage will not have independent toileting skills. This may arise from a number of causes, including:

- Immaturity in skill development due to a general developmental delay;
- A specific medical problem, transient or long term;
- A specific psychological problem, eg 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.

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.

1. **Health and Safety**

Schools should already have procedures in place for dealing with spillages of bodily fluids, eg. 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 changing. This could include:

- Staff to wear aprons and disposable gloves while changing a child;
- Soiled nappies to be double wrapped and disposed of appropriately;
- Changing area/toilet cubicle to be cleaned after use;

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- Hot water and soap available to wash hands as soon as changing is done;
 - Hot air dryer or paper towels available to dry hands.

Please refer to the LA's document 'Policy and Guidelines for Moving and Handling Children and Young People with Physical Disabilities' (This document will be available on the Virtual Office in the academic year 2007 – 2008)

Asking or telling parents 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. A suggested process is outlined in Appendices 1 and 2.

2. Facilities

Schools and settings are now admitting younger children, some of whom, because of their young age, are likely to have occasional accidents, especially in the first few months after admission. Current DfES recommendations for purpose built foundation stage units include an area for changing and showering children in order to meet the personal development needs of young children.

A suitable place for changing children, including the provision of the necessary resources (see Health and Safety section on page 2)) should have a high priority in a school's/setting's Access Plan. The Department of Health recommends that one extended cubicle with a washbasin should be provided in each school for children with disabilities. If this is not possible then the following is recommended:

- a changing mat used on a suitable surface (not the toilet floor);
- changing should not take place behind locked doors but a process should be agreed to ensure that privacy and dignity are maintained during this time.

3. 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. The Head Teacher will need to ensure that, where necessary, additional resources from the SEN budget are allocated to ensure that children's individual toileting needs are met.

4. 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, eg. 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. CRB checks are rigorous and are carried out to ensure the safety of children with staff employed in schools and settings. All schools /sections have a duty to ensure staff are not employed without a CRB check. This should be checked before allowing staff to change children. 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". 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.

6. **Partnership Working**

Issues around toileting should be discussed at a meeting with the parents/carers prior to admission into the school/setting. 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 staff changing their child are CRB checked. Schools also need to be 'culture-sensitive' eg 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

Childrens' Contenance Advisor (Sandwell) Tel: 0121-507 2636

Toileting Issues for Schools and Nurseries (Leicester, Leicestershire and Rutland Specialist Community Child Health Services) available from Early Years Co-ordinator (SEN), Early Years Support Team, New Parks House, Pindar Road, Leicester, LE3 9RN.

Good Practice in Contenance Services, 2000. Available from Department of Health, PO Box 777, London, SE1 6XH.

Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings, 2005. IRSC/safeppracticeguidance/february2005-11-0

Enuresis Resource & Information Centre (ERIC) 34 Old School House, Britannia Road, Kingswood, Bristol, BS15 8BD. www.eric.org.uk

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.
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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 themselves, pulling up their 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'

For points 1 and 2 above, please refer also to the LA guidance document: 'Policy and Guidelines for Moving and Handling Children and Young People (Pupils) with Physical Disabilities' - 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.
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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. Schools are able to request funding from the Schools Access Initiative (on a match-fund basis) for large items of equipment, such as hoists / changing beds, which have the potential to benefit many children.

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:

Policy and Guidelines for Moving and Handling Children and Young People (Pupils) with Physical Disabilities (Available on the Virtual Office in the academic year 2007 – 2008).

Management of Children with Medical Needs in Schools (Available now in schools and from 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

Staff at a primary school in Wednesbury worked closely from the beginning with Craig's parents to make sure that Craig was able to have his toileting needs met at the school.

Craig was born with a recognised medical condition that meant that he would not be able to achieve bladder and bowel control in the typical way and would need to be in pull ups and changed regularly, probably throughout Primary School.

Craig's parents made the Head Teacher fully aware of Craig's needs as soon as his name was put on the list for a Nursery place and the Health Visitor and Clinical Nurse Specialist were involved in joint discussions about his medical needs, before he went in to Nursery. Craig's mother asked if she could come in and change Craig during the Nursery session and school staff were happy to agree to this.

When it was time to move on to full-time Reception Class, the Head Teacher held a full discussion with Craig's parents and the School Nurse and decided that they would need to ask for some additional help from the Local Authority. Because Craig's incontinence was due to a complex medical condition and the school was unable to meet his particular toileting needs from within its own budget, a request for additional funding was made to the Pupil Allocation Panel. A height – adjustable changing bed was also purchased, funded partly through the Schools Access Initiative money. At the same time the school had a new toilet built, with disabled access.

The School Nurse helped to draw up an agreement to set out what was going to happen and this named the person who would have responsibility for changing Craig each day, when and where he would be changed, who would be responsible for providing nappies and wipes and how nappies would be disposed of.

The school is also sensitive to Craig's need for privacy. Changing is carried out in the medical room, which was moved to provide more private facilities and to accommodate the changing bed. On PE days Craig wears his shorts under his trousers ready to change for PE.

The school's Head Teacher said that she feels that the experience has been very positive for Craig, his parents and school staff. "One of the most important things was working with the parents, who were very supportive of what we did. It was helpful that Craig's mum came in to school at first and worked alongside us to build up trust, and was then able to hand over to the person she knew was going to take responsibility. We have been very lucky that the same person has been able to keep the responsibility right through to Year One and Craig has built up a good relationship with her. There is no awkwardness and none of the other children have ever commented about it."

Craig's parents say that they are really grateful with the way that such a delicate situation has progressed, and that such care, sensitivity and respect has developed for Craig's privacy. "We would like to thank the Head Teacher, the staff and the lady who changes him."

Toilet Training - Case Study 2

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 3

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 the process of accessing funding for support 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.
