Guidance Document

PROMOTING PERSONAL CARE IN THE FOUNDATION STAGE

CONTINENCE

Issued: 17 November 2011
FOREWORD

Director of Access and Inclusion, Children's Services:

Every Child Matters gives a clear mandate to schools to support the development of the whole child, including in the area of personal care. This guidance document has been developed by professionals across Bradford Council and our local NHS services. It seeks to provide a model of good practice to schools and to support them in bringing both their policies and working arrangements in line with current legislation. The document has been agreed by with the relevant local unions.

Ann Manns Early Childhood Services Lead Officer:

The development of continence is just one of many skills that children need to learn in the early years. As with any other area of development, children will need varying levels of support at different times to achieve this skill. This guidance provides clear direction for settings to ensure that they are delivering best practice in this area. Education Bradford and the Department of Services to Children and Young People have commissioned training which will be available to staff, to support them in this endeavour.

Many thanks to members of the working group:

Dr Ruth Dennis – Specialist Snr Educational Psychologist (Early Years), Bradford Council
Ruth Emery – Children’s Continence Nurse Specialist, Bradford and Airedale TPCT
Rachel Ward - Paediatric Continence Advisor, Bradford and Airedale TPCT
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Marie Stamp, Specialist Nursery Teacher, Barkerend Resourced nursery
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CONTENTS

1 Introduction
2 Promoting Personal Care In The Foundation Stage
3 Legal Principles
4 Principles Of Good Practice
5 Adopting A Proactive Approach To Continence
6 Agreeing Guidelines For Personal Care
7 Developing A Toilet Training Programme
8 Job Descriptions
9 Staff Protection
10 Child Protection
11 Children With Special Educational Needs
12 Children With Medical Needs
13 Where To Find Help
14 Further Information And Guidance

Appendix 1 – Health and Safety
Appendix 2 – Safe Hand Washing Technique
Appendix 3 – Example Risk Assessment
Appendix 4 – Example of Personal care guidelines
Appendix 5 – Photocopiable guide to toilet training for parents
1 INTRODUCTION

Between the age of two and three, most children (unless there are particular medical or developmental needs) are ready to begin toilet training. As such, non-maintained early years settings who take children from birth until statutory school age have a long history of managing this stage of development.

Due to the age at which children join school based nursery and reception classes, the majority of children admitted will have already achieved this developmental milestone, either at home with their family or in their previous early years setting. Indeed it is not unreasonable to expect that children will have been encouraged to manage their own personal care needs prior to nursery or school entry.

Unfortunately this has sometimes been interpreted to mean that children can be refused admission to either nursery or reception classes due to them not yet having achieved full independence in toileting.

The department of children’s services with child health services, believe that children should not be denied admission to their chosen setting alongside their peers solely because they have not achieved continence.

This guidance has been produced by a multi agency team in order to address these issues. The guidance brings together current legislation in relation to continence issues for young children and provides a framework to ensure good practice in this area.

2 PROMOTING PERSONAL CARE IN THE EARLY YEARS FOUNDATION STAGE

The Early Years Foundation Stage (EYFS) establishes the development of continence and self care skills as part of the framework that should be delivered by schools and early years settings, should children still need to develop their skills in this area.

Within the area of Personal Social and Emotional Development there is an explicit Early Learning Goal relating to continence. The practice guidance elaborates on this, describing how at the most early stages this will include children showing “some awareness of bladder and bowel urges “ and “taking pleasure in personal care including toileting”, through to the Early Learning Goal, where children are expected to “dress and undress independently and manage their own personal hygiene”.

Whereas delays in other aspects of learning are not so stigmatising, this one developmental area often assumes significance beyond all others sometimes resulting in young children being unreasonably refused admission to their chosen school or setting.

The Early Years Foundation Stage is clear that:
 ‘No child should be excluded or disadvantaged because of ethnicity, culture or religion, home language, family background, special educational needs, disability, gender or ability’.

If a child lacks ‘ability’ in the area of personal care, this is not a reason to refuse them admission to a school / setting. Declining to support their development in this area is to deny them access to a key area of the EYFS framework. Education providers have an obligation to meet the needs of children with delayed personal development in the same way that they would meet the individual needs of children with any other developmental delay. This includes differentiating the curriculum, returning to earlier curriculum targets and using the monies delegated to schools for SEN purposes.
3 LEGAL PRINCIPLES

Every setting must have an admission policy and the criteria for admission in the policy must be reasonable. It would not be reasonable to have admission criteria that all children must have achieved continence. For community schools, admission policies are set by the Local Authority and most aided and foundation schools normally follow the same principles as this policy. Treating any child less favourably based on continence would be difficult to justify, particularly for organisations that identify themselves as being committed to equal opportunities.

Children with medical conditions or disabilities that indicate the need for special toileting arrangements are covered by the Disability Discrimination Act (DDA, 2005) or Special Educational Needs and Disability Act (SENDA, 2001). Any admission policy that sets a blanket standard of continence for all children without exemption, is likely to place some groups of children, namely those whose incontinence is related to a disability issue at an unjustifiable and unlawful disadvantage.

Under the DDA there is a need to make reasonable adjustment to ensure that children with disabilities are not placed at an unjustified disadvantage. Failing to make adjustments that are reasonable can be challenged in the courts. Previously common responses such as asking parents to come into a setting and change their child may give rise to challenges if this is related to reasons prohibited by the DDA/SENDA. Similarly, leaving a child soiled or excessively wet for any length of time pending the return of the parent may be detrimental to the child's health and may be considered a form of neglect.

The duties under the DDA are anticipatory. This means that schools / settings must consider in advance the possibility of a child being admitted who is still in nappies. This may extend to those children who are not toilet trained and whom as yet are not known to have a disability.

4 PRINCIPLES OF GOOD PRACTICE

Current practice in relation to children with toileting difficulties is varied. The following principles underpin best practice for children with additional toileting needs:

• Children or young people who need assistance with toilet training or special toileting arrangements should be treated with respect, dignity and sensitivity at all times.

• The setting, in partnership with parents or carers and any other professionals involved should make plans to work towards the earliest possible or the maximum possible independence with toileting.

• Head teachers, governors and senior managers in the setting have a special responsibility to set the tone for the way in which this issue is addressed.

• School staff supporting children with toileting difficulties should be provided with access to appropriate resources and facilities and supported by clear plans and appropriate guidance.

• Head teachers and managers should be aware of, and ensure implementation of, appropriate health and safety procedures and risk assessments (See Appendix 1 and Appendix 3).

• Head teachers, governors and senior managers should be aware of their duties to comply with the SENDA and the DDA.
Schools must give careful consideration to;

- Where there is limited staff in a Foundation Stage setting, schools may need to have a contingency plan to allocate staff other areas of the school from time to time.

- The need for communication between FS and school office to ensure appropriate response to children’s care needs, including for drawing on additional support.

- The number of children, at any one time, in a Foundation Stage setting requiring support with personal care.

- Maximising limited building space and facilities to provide safe, dignified changing of children.

- Admission procedures and transition arrangements for all children prior to admission.

- Protecting staff; through the use of consent and personal care plans.

5 ADOPTING A PROACTIVE APPROACH TO CONTINENCE

It is proposed that schools adopt a proactive, non stigmatising approach to promoting continence for pre school children. The ‘Tips for Toilet Training’ (Appendix 5) leaflet accompanying this guidance should be given to parents on allocation of either nursery or reception class places and advice given on other good practice taking place across the city including joint initiatives such as school nurse / health visitor talks or ‘potty parties' offering advice and support to parents, in order to encourage them to begin toilet training.

6 AGREEING GUIDELINES FOR PERSONAL CARE

Where a child is still in nappies, settings and schools should have clear written guidelines for managing that particular child’s toileting needs. Parents and children should be aware of the procedures the school will follow should the need for changing arise during school time. This will also ensure that staff follow correct procedures and are not unduly worried about litigation or accusations.

Where a child is in nappies when visiting the setting or school prior to entry it is appropriate to discuss the issue with the parents / carers in a sensitive and positive manner. In some circumstances it may be appropriate for the setting/school to set up an agreement that defines the responsibilities that each partner has and the expectations each has of the other (See Appendix 4 – Care Plan).

Discussion around the following topics may be useful:

The parent:
- Agreeing to follow any agreed programme at home;
- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school;
- Providing the setting/school with spare nappies and a change of clothing;
- Understanding and agreeing the procedures that will be followed when their child is changed at school –including the use of any cleanser or the application of any cream;
- Agreeing to inform the setting/school should the child have any marks/rash;
- Agreeing to review arrangements should this be necessary.

The school:
- Written guidelines should specify:
• Which designated members of staff will change a child and appropriate contingencies should that member of staff be absent
• How progress will be monitored and review arrangements;
• Where changing will take place and what facilities will be provided;
• What resources will be used (cleansing agents to be used or cream to be applied);
• How waste will be disposed of and how to deal with soiled or wet clothes;
• What hygiene measures are in place to protect staff and children from cross infection;
• What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries.
• This discussion should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child’s needs.
• An example of Personal Care Guidelines can be found in Appendix 4.

7 DEVELOPING A TOILET TRAINING PROGRAMME

Agreement should be reached with parents regarding when it might be appropriate to begin toilet training and how this should be done. Wherever possible this should be approached jointly.

It is important that any routine established is maintained and that it is a positive experience for the child.

Health visitors and school nurses are able to offer advice to both parents and settings about developing toilet training programmes and training is available both through the Department of Services to Children and Young People. The guidance in Appendix 5 outlines the key points of setting up a toilet training programme.

8 JOB DESCRIPTIONS

Toilet training is not part of a teacher’s (or student teacher’s) job description but some may choose to do so voluntarily. It is likely that most personal care and toileting will be undertaken by one of the teaching assistants, support assistants or nursery nurses on the staff.

The range of duties for all support staff (revised as a result of Remodelling the Workforce) list ‘attending to personal development and hygiene needs’ amongst the duties at levels 1, 2 and 3. Any job descriptions not complying with this should be revised following the usual procedures for changes to contracts including union consultation and all new posts should include ‘promoting personal care’ and ‘support with continence needs’ in the job description.

9 STAFF PROTECTION

If there is nothing in a job description or contract of employment about administering personal care, then there should not be an assumption that a member of staff will undertake such duties.

If there is a contractual requirement or someone agrees to help a pupil voluntarily then there are a number of things that schools are required to do:

• for pupils with special educational needs where more general development delay and learning difficulties maybe involved, schools should take into account the specific needs of individual pupils and ensure that staff are aware of these;
• obtain written permission from all parents that they accept such procedure;
• have a clear policy, understood and accepted by staff, parents and pupils, that provides an agreed basis for ensuring pupils receive proper personal care and support when at school;
• provide appropriate information and training for staff on issues such as personal hygiene and provide clear written guidelines on how pupils should be assisted at such times;
• be aware of, and comply with, appropriate health and safety procedures and risk assessment;
• provide protective clothing e.g. plastic gloves/aprons;
• provide hygiene facilities appropriate to the age of the child.
• ensure that insurance policies provide appropriate cover;
• consult with Social Services departments before changing pupils who are on the child protection register or whenever any Social Services Children’s Teams are involved.

If there is known risk of allegation by a child then a single practitioner should not undertake nappy changing. Although there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process it is part of the risk assessment procedure to evaluate this. A student on placement should not change a nappy unsupervised. Under no circumstances must this task be performed by a person without a current enhanced CRB check.

Risk assessment requires that you:

i) Identify the hazards,
ii) Decide who may be harmed and how,
iii) Evaluate the risks and decide on precautions
iv) Record your findings and implement them,
v) Review your risk assessment and update if necessary.

Any risk assessment needs to be tailored to fit the particular needs of your setting.

10 CHILD PROTECTION

Criminal Records Bureau (CRB) checks are carried out to ensure the safety of children with staff employed in childcare and education settings.

Schools should inform Social Services whenever planning toilet training or special toileting arrangements for a child on the child protection register. Schools should invoke their routine child protection procedures whenever there are indications that a child is at risk of significant harm.

11 CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

For some children difficulty in achieving continence may be one aspect of more general developmental delay or learning difficulty (the latter being covered by the Equality Act). Careful consideration needs to be given to the child’s developmental level and the appropriateness of toilet training at any set time. When toilet training is initiated, the usual good practice for toilet training as outlined in this document should be followed.

Depending on the nature of the child’s needs, some additional management techniques may be necessary for example a child with an autistic spectrum disorder may benefit from the use of visual cues and signals or sequencing cards.

12 CHILDREN WITH MEDICAL NEEDS

Some children enter pre-school or school settings with complex or long-term medical conditions which indicate the need for special toileting arrangements. In such cases, the child’s health visitor,
the school nurse or other support agencies (see section 13) will be able to advise on appropriate toileting practice.

It is important to draw up a written care plan before the child attends pre-school or school so that the child, parents/carers and staff are aware of their roles and responsibilities. The plan should give careful consideration to choosing which adults should be involved in toileting care.

Some children may require disabled toilets and/or adaptations to current toilet facilities. Further guidance is available from the LA Buildings Officer. The LA appreciates early information and will always try to arrange appropriate adaptations or special facilities in time for the child to start school with their friends.

It is also important to anticipate toileting needs for these pupils before planning out of school trips or other events.

13 NOTE – OLDER CHILDREN

Although the guidance in this document is intended for use in the Foundation Stage, the principles may be applied for older children having due regard for the child’s dignity and his or her ability to deal with the situation personally.

14 WHERE TO FIND HELP

There are a number of professionals groups who can offer further advice and support in respect to toileting and continence development.

For general advice about toilet training and continence issues you should in the first instance contact your school nurse or the child’s health visitor.

For children with complex continence needs:
Janet Thompson- Paediatric Continence Nurse Advisor, Bradford and Airedale TPCT Eccleshill Clinic, Rillington Mead, Harrogate Road, Bradford. Contact: 01274 322181

Children with special educational needs:
Patricia Livesley – Pre 5 Strategic Manager, Bradford Council, Future House. Contact: 01274 385833

14 FURTHER INFORMATION AND GUIDANCE

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


Promocon, Redbank House, Cheetham, Manchester. Tel 0161 8342001
www.promocon.co.uk

http://www.babycentre.co.uk/refcap/4399.html
HEALTH AND SAFETY

The Local Authority, Head Teachers and Governors have a duty to safeguard the Health and Safety of pupils and staff. It is imperative to consider the following health and safety concerns before the pupil begins attending pre-school or school settings.

Personal Hygiene
Hygiene procedures are important in protecting pupils and staff from the spread of infectious diseases. Staff should be trained in correct hand-washing techniques and antibacterial wipes provided for staff use as appropriate (See Appendix 2).

Resources
Staff should use vinyl disposable gloves, which should be provided by the school. Protective and/or disposable aprons should be available should people want to use them. It may be helpful to have a disposal paper roll available. Latex should not be used.

Washing pupils
Always have an agreed, written and signed procedure with parents. Use sensitivity and discretion and wash only as necessary. Wherever possible avoid physical contact with the child especially in intimate areas. Check access to warm water and soap and use a bowl purely for that purpose. If using wipes check with parents for allergies and a disposal procedure. It may be appropriate to ask parents to send in labelled wipes for their child. If using towels consider procedures for laundry and include information in your plan.

Location
Whenever possible use the existing toilet areas. If these are inappropriate then try to choose a private location to protect the dignity of the child without putting staff at unreasonable risk. Do not change pupils in teaching or public areas or in any location used for the preparation of food and drinks. Do not use any location unless you are sure that it is safe. Consult the Health and Safety Officer for further advice.

Disposal
Soiled nappies to be double bagged and placed in a lidded bin used solely for that purpose. If the number produced each week exceeds that allowed by Health and Safety Executive’s limit, they should be placed in a hygienic disposal unit. Dirty clothes should be double bagged for parents to collect at home time. These soiled clothes must be stored in a designated place.

Dealing with Spillages
Spillages must be dealt with promptly. Good practice and personal hygiene are essential.

Lifting, moving and handling
When children require lifting or manual handling, all staff should receive approved training from the appropriate source.

Risk Assessments
It is important to anticipate and address any concerns reported by the pupil, parents and school staff. An example of a completed risk assessment can be found in Appendix 3. Further advice is available from the appropriate Health and Safety Officer.
Appendix 2

SAFE HANDWASHING TECHNIQUE

Hand washing technique

1. Palm to palm
2. Right palm over left dorsum and left palm over right dorsum
3. Palm to palm fingers interlaced
4. Backs of fingers to opposing palms with fingers interlocked
5. Rotational rubbing of right thumb clasped in left palm and vice versa
6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

Do not forget to include wrists and dry well using paper towels
### RISK ASSESSMENT

**RISK ASSESSMENT For Special Toileting Needs in Schools and Early Educational Settings**

<table>
<thead>
<tr>
<th>Activity/ Process/ Operation</th>
<th>What are the Hazards to Health and Safety?</th>
<th>What Risks do they pose and to whom?</th>
<th>Risk Level H/M/L</th>
<th>What precautions have been taken to reduce the risk?</th>
<th>Risk Level Achieved H/M/L</th>
<th>What further action is needed to reduce the risk?</th>
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<tbody>
<tr>
<td>Managing children with continence difficulties</td>
<td>Trips/Slips/Falls</td>
<td>Major/minor injury to staff and pupils</td>
<td></td>
<td>Spillage of urine and faeces dealt with promptly and appropriately. Close liaison with parents to eliminate the problem.</td>
<td></td>
<td>Spillage kit kept available</td>
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<tr>
<td>Health Risks</td>
<td>Staff and pupils infection, diarrhoea and vomiting</td>
<td></td>
<td></td>
<td>Disposable apron and gloves provided and used by staff. Good hygiene practice observed (washing exposed skin, etc). Staff aware health/infection risks associated with children concerned. Have plan in place for children with long-term medical needs. Changes of clothing available and used as required. Arrangements with parents for supply of clean clothing.</td>
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<tr>
<td>Manual handling</td>
<td>Major/minor injury</td>
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<td>Risk assessments in place. Staff trained.</td>
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<tr>
<td>Child protection</td>
<td>Allegations of abuse against staff</td>
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<td>Staff trained and aware of good practice. Staff are CRB checked. Liaison with parents to understand procedure.</td>
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<tr>
<td>Equipment failure</td>
<td>Pupils and staff</td>
<td></td>
<td></td>
<td>Equipment checked and maintained by a competent person. Regular checks by staff. Faults reported.</td>
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## EXAMPLE OF TOILETING PERSONAL CARE PLAN

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<tr>
<th>Name of Child:</th>
<th>DOB:</th>
<th>Male / Female</th>
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<th>Home Address:</th>
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<th>School / Setting:</th>
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<th>Any Other Information eg allergies:</th>
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<tr>
<th>Names of who can toilet or change the child:</th>
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<th>Resources to be used:</th>
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<th>How wet / soiled clothes will be dealt with:</th>
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<th>Any other arrangements:</th>
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*This form should be completed by the parent / carer and a member of staff and a copy given to both.*

I agree that my child should be assisted with toileting or changing as described above:

<table>
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<th>Signed (Parent / Carer):</th>
<th>Date:</th>
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<tr>
<th>Signed (Staff member):</th>
<th>Date:</th>
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**Office Use Only**

Unique Pupil Number:
Tips for Toilet Training

How do I know when my child is ready?

When children are ready to be toilet trained you might notice certain things. They might go quiet when they are doing something or pull at their nappies. They might comment if they wee without a nappy on, or have a puzzled expression. Generally, if children can go for up to an hour without wetting then they are ready to be toilet trained.

What do I do next?

Make sure that the time is right for you and your child. For example, if you are due to move house or a new baby is due, you may want to wait a while.

What Will I Need?

If your child prefers to use the toilet make sure that a toilet seat and foot stool are used so your child feels safe and is sitting correctly. If you prefer to use a potty make sure that it has a firm base to prevent spillage and also to ensure your child feels comfortable and secure.

How do I do it?

1. The first step is to remove your child’s nappy and put him or her into normal underwear. You may want to put waterproof pants over the top of pants if you are worried about accidents. Make sure you dress your child in clothes which can easily be removed eg elasticated waist bands.

2. Encourage your child to drink plenty of water or diluted juice. The more they drink the more they can practice on the potty / toilet!

3. Take your child to the potty at least hourly. Keep the potty in the same place so that your child knows where to find it. Bowel movements often occur following a meal, so always try and sit your child on the potty or toilet after each meal.

4. Praise your child for sitting on the toilet or potty, especially if they use it. You may want to introduce a star chart to help with this.

What about other people?

Talk to your child’s school or early years setting about what you are doing. Working together will help your child become trained much more quickly.

Is there anything else I need to know?

If you follow these guidelines, your child should hopefully be toilet trained within a couple of weeks. If your child does not make progress, try not to express frustration or disappointment. Your child may not be quite ready and you may wish to wait and try again in a few months time.