

ST MONICA'S CATHOLIC PRIMARY SCHOOL

Intimate Care Policy



'Strive to succeed in the presence of God'

Together – as a Catholic community
Everyone - children, staff, parents, carers and parish
Achieves – in their unique way and tries to be
More – like Jesus

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1. Aim

This guidance has been produced to assist school staff in fulfilling their legal responsibilities with regards to meeting the needs of children who require additional toileting support and to ensure they are fully included within the provision. You will find some guidance and clarification on Special Educational Needs and Disability legislation (Equality Act 2010), as well as some detailed and practical advice to assist staff in their practice and leadership teams in developing and reviewing policies on children's toileting needs.

2. Roles and responsibilities

Although most children will have been toilet trained by the time they start school, there will still be a small number who will still have to master this developmental milestone; in managing their own intimate care and self-care skills.

This may result in some children having occasional mishaps along the way, whilst others will be in the initial stages of toilet training. In addition, there will be children and young people across the age range of 2-19, who for many reasons are either delayed in attaining this skill or, who long-term, will need support and intervention throughout the day to manage their intimate care as they go through their educational journey. To put this into context, approximately three quarters of a million children in the UK aged between five and 16 will need some toileting support. This equates to two or three pupils in every primary class and one pupil in every two classes in secondary school.

Intimate care, or self-care skills encompass areas of personal care that people usually carry out for themselves. Such skills are referred to in the Early Years Foundation Stage (EYFS) as a developmental milestone in a child's physical development. The EYFS is based on a set of guiding principles and, amongst other objectives, seeks to provide: 'equality of opportunity and anti-discriminatory practices, ensuring that every child is included and supported.' Incontinence is not uncommon in the early years. It is, therefore, unacceptable for any setting to delay or refuse admission to children who have not achieved this milestone or who may have a physical condition preventing continence. Childcare and education providers have a duty to meet the needs of children with delayed personal development, in particular with self-care skills in the same way as a child with delayed language or any other delay.

Admission policies and practices that require a child to be toilet trained are discriminatory and potentially unlawful; under the Equality Act 2010. Issues should be dealt with on an individual basis and settings must make reasonable adjustments to ensure that children's intimate care is planned for and that their placement is not disrupted in any way, either through a delay in starting or a reduced timetable. Since the passing of the Children and Families Act in 2014, education settings have a statutory duty to support children with health conditions, including bowel and bladder problems. If a child has an identified continence issue which won't be resolved before they start school (whether related to toilet training or not), the school cannot refuse entry. This guidance applies to all staff in early years settings and schools working with:

- children who have not yet achieved full independence in using the toilet
- school age children who, for a variety of medical, emotional or social reasons, require toilet training or special arrangements with toileting in school.

3. Working In partnership with Families

Parents and carers have a key role to play in supporting effective toilet training in their children. Parents may feel worried and responsible when their child has not yet achieved this developmental stage. It is important to build up their confidence especially if they have already experienced difficulties in trying to support their child in reaching this milestone. Some parents feel judged or blamed that their child has not yet achieved independence, having tried very hard to help their child become continent. The stress that comes with dealing with a child's wetting or soiling problems can be considerable for families; with disrupted sleep, constant washing of clothing or bedding, reluctance to leave the house, reluctance to access services and provision; placing a heavy burden on family life. There may be specific reasons linked to their child's development or disability that is impacting on their child reaching this milestone, such as a diagnosis of Autism (or likelihood of a diagnosis). There may also be wider social and emotional reasons as to why a child has not yet been able to reach independence. For example, if the family have never had a permanent home which would impact on the emotional wellbeing and overall development of the child.

4. Guiding Principles

Children who have difficulties in controlling their bladder and/or bowels often would have had a difficult start developing personal independence. It is sometimes possible to understand why this skill has not yet been achieved or early training has been missed (as examples show above), or attempts have proved ineffective or are not yet possible. Family circumstances must be taken into consideration when considering a support plan for each individual child.

- These children have an educational entitlement irrespective of their toileting needs. Leaders of settings and schools, Governors and Management Committees must be aware of and understand their duties under the Equality Act 2010 and how they plan to meet the obligations.
- Children or young people who need assistance with any intimate care or special toileting arrangements must be treated with respect, dignity and sensitivity. Staff should respect their need for privacy and confidentiality, being aware that these children may be vulnerable to ridicule and bullying due to their additional needs.
- Parents and carers have a key role to play in effective toilet training. It is crucial they have access to the appropriate advice and support that will achieve successful outcomes. It is important to plan a consistent approach across all settings and home.
- Children must be involved as much as possible in their own care wherever possible and staff must be aware and responsive to a child's reaction.
- As well as involving the child in all decisions about their care, staff should encourage and support them to help with the activities themselves, rather than increasing dependence by doing everything for them.
- Leaders of settings and schools have a responsibility to set the scene for the way in which the issue is addressed, appreciating and supporting the roles and responsibilities of all staff. All staff should be provided with access to appropriate resources and facilities, and be supported through clear planning, policy guidelines, and training.
- Leaders of settings and schools must be aware of, and adhere to the appropriate health and safety procedures and risk assessments, including any

lifting and handling guidance and plans for children and staff.

- Settings must liaise with other professionals including Social Care when a child who requires specialist toileting arrangements is subject to a statutory plan (Child in Need or Child Protection.)
- Settings must liaise with other professionals when adopting a plan where a child is being supported by health partners e.g. occupational therapy / physiotherapy.
- Duty of care. Anyone caring for children has a common law duty of care to act like any reasonable, responsible parent and make sure that children are healthy and safe.
- Settings and schools should take action if any attendance difficulties develop as a consequence of toileting issues.

5. Toilet training and starting school

At this early stage it is not possible to assume that failure to achieve independence with toileting is in itself an indication of special educational needs and/or a disability. However, there are some children who enter a setting or reception class with special educational needs and / or medical conditions which indicate the need for special toileting arrangements or toilet training. There are also children who are under assessment where a medical or developmental need is not yet confirmed. These children fall within the terms of the Equality Act 2010 and the school must take reasonable steps to support them. The duties of the Equalities Act are anticipatory, so it requires thought to be given in advance to what children may require and what adjustments might need to be made to prevent disadvantage.

6. Assess & Plan

Assess the child's development through your home visit prior to starting at the setting. If the child has attended nursery, school staff should speak to them to establish routines etc.

Speak with the family prior to a start date to assess where the child's skills are across all areas in particular PSED (Personal Social and emotional development) and (PD) Physical development (use the Early Years Outcomes document to support your observations and discussions).

Offer advice and support to the family prior to starting, including referral to any services.

- Explore whether toilet training has been introduced in the past with the family.
- What happens at home?
- What strategies are working if any?
- What established routines does the child have at home/setting, which could inform the setting?
- Liaise with any other setting the child has attended prior to start date and ensure you are aware of what strategies, tools and interventions are in place (e.g. visual sequence for toileting, social stories,)
- Review any specialist reports prior to starting – are there any particular anxieties / sensitivities / behaviours that can be addressed and planned for?
- Explore with parents if there are any trigger points that cause anxiety? And how together you plan to reduce these?

- Agree on terminology / signs / visual tools to be used for body parts and functions e.g. Makaton, picture cards / objects of reference (discuss with parents/ family what the toileting pattern /routine is for the child)
- Consider the health and safety implications, is there a moving and handling plan? Undertake a risk assessment (see model example Appendix 1) and arrange for any specialist training to be undertaken.
- Arrange for any professional resources required, to be in place before attendance.
- Clothing: consider manageability (Velcro/elastic waists etc) for the child to be as independent as possible. In school staff should be sympathetic with school uniform.
- Ask parents/carers to provide enough spare clothing for the child to be changed into. It is the responsibility of parents to then deal with wet or soiled clothes. Please note it is unacceptable to expect parents or carers to be asked to come into school to change their child after they've wet or soiled themselves. Potentially this could be unlawful under the Equality Act.

Write and agree a plan with the family, health professionals which documents:

- Who will support the child (keep number of adults to a minimum)
- Any additional resources required
- Dignity and privacy of the child
- Hygiene arrangements and management
- Communication: how will child indicate toileting need (use of visuals/signs/body signing?) Accessibility to the toilet/ positioning of the child and unrestricted access to the toilet (i.e. not having to wait till end of activity/ break time).

Do

Implement a routine with the support of the plan:

- Spend time observing patterns/signs related to needing the toilet as discussed with family previously (do they go and hide / fidget/hold themselves)
- Often linking toileting times to cues in daytime routines can help to develop a better pattern toilet use and control- although children must be allowed autonomy.
- Use visual timetables, social stories – personalise for the child and use them consistently at home and school.
- Use agreed cues consistently and discreetly to remind e.g. visuals /signing. It is good practice to use visuals with all children.
- Allow access to the toilet immediately. Children should be allowed to leave the activity to visit the toilet.
- Encourage working towards independence and use of self-care skills.
- Manage any 'mishaps' discreetly, calmly and sensitively. Any mishaps should be responded to neutrally – with no emotion. It is neither good nor bad – simply respond by 'you're wet, let's get changed.'
- Reward successes – use praise, affirmation, encouragement and confidence building – celebrate the small steps!
- Keep communication open with families
- Ensure families have copies of any visual tools /social stories you use for use at home

Review

- Review and monitor the effectiveness of the strategies and the child's response to these – are they working? Do they need changing? Are expectations too low/high?
- Review and monitor the progress with the family at home and in school
- Review and monitor the success of reaching full independence over time
- Make any amendments to the plan and carry on.

7. Supporting children with SEN and / or a Disability

For some children difficulty in achieving toilet training may be one aspect of more general developmental delay and/or learning difficulties. These children will benefit from the strategies contained earlier on in this guidance, but ultimately the setting or school may need support and guidance from external specialists to create a more person-centred plan that is supported by any specialist advice.

8. Children with Speech and Language and Communication Needs

Children who have speech and language needs and who may be non-verbal will benefit from the use of a range of visual tools (objects of reference photos, symbols, signs such as Makaton,) as well as bespoke sequencing cards to reinforce routines such as toileting. Using the toilet can be an anxious time for children so having a visual sequence of what you expect children to do can reduce the anxiety and support their understanding. Incorporating any other strategies that adults use with a child to support their communication throughout the day is helpful, and making sure that this is kept consistent at toilet time, such as using language at a level the child can access.

9. Changing arrangements

Nappy changing is always done in the assisted toilet next to the medical room with two adults present. The dignity of the child being changed is maintained at all times and good hygiene practice implemented by all staff.

- Parents must provide an adequate supply of nappies, nappy sacks and wipes for their child. It is also advisable for a full set of spare clothing to be provided in case of accidents.
- The changing area is warm and appropriately sited (next to the Medical Room)
- Children can be changed whilst lying or standing up, providing it is still possible to clean them effectively.
- Key persons do not make inappropriate comments about young children's genitals when changing their nappies.
- Wipes are used to clean the child. Soiled nappies and wipes are placed into a nappy sack in the designated bin.
- The procedure for dealing with sore bottoms is agreed with the parents beforehand. Creams and ointment to be used only when provided by parents and with written consent.

- Each young child has his/her own bag to hand with their nappies/pull ups and changing wipes.
- Adult to ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet in another cubicle.
- They are encouraged to wash their hands and have soap and paper towels to hand.
- Adults are gentle when changing and avoid pulling faces and making negative comments regarding the nappy contents.
- Older children use the toilet when needed and are encouraged to be independent.
- Members of staff do not wipe older children's bottoms unless there is a need, or unless the child has asked.
- If young children are left in extremely wet or soiled nappies in the setting, this may constitute neglect and will be a disciplinary matter.

Appendix 1

My strengths...

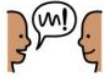


All about me...

My interests...



When you talk to me it helps if ...



A photo of me

What I don't like...



Sometimes I need help with ...



Discussions with parents...

Next steps ...

