GUIDANCE TOILETING AND INTIMATE CARE

RATIFYING COMMITTEE	Educational Standards & Achievement Committee
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GUIDANCE FOR SCHOOLS AND SETTINGS

Supporting children who are not yet fully independent in using the toilet and/or require intimate care

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WARRINGTON BOROUGH COUNCIL

Children's Information Service 01925 443131

Warrington SureStart Partnership

This guidance is to support staff at Ravenbank in making appropriate provision for those few children who need support to help them become independent in their toileting in the Foundation Stage.

The principles of the Foundation Stage curriculum state that 'Effective learning and development for young children requires high-quality care and education by practitioners'. It also notes that 'Parents and practitioners should work together in an atmosphere of mutual respect within which children can have security and confidence'. (FSCG p12)

- Under the published Criteria for primary school/setting admissions the only reason a pupil can be refused admission to a school/setting is that they have reached their admission number. Is it not acceptable to refuse a child admission because he/she is not toilet trained, where the published admission number has not been reached. Nor is it acceptable to offer a child a different placement to another child because he/she is not toilet trained. For instance, if the normal placement is fulltime then a child should not be offered a reduced placement for this reason alone. If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the Equality Act 2010. See also Disability Rights Commission: "Code of Practice for School/settings" (2002).

Ravenbank will review their Admissions Policy and Intimate Care/Close Personal Contact Policy in the light of the above.

If a parent / carer approaches Ravenbank, we will carefully and sensitively ascertain whether the reason for the child not being continent is due to a disability and/or medical condition. We will also contact Health Care professionals for advice, where parental permission for this granted.

If the reason for the incontinence is due to a disability and/or medical condition, we will then: -

- Recognise the child's needs at Early Years Action.
- Develop an Individual Toilet Protocol for the child.
- Decide who will implement the protocol.
  The school has 'loco parentis' and has suitably qualified staff in their Early Years. It is part of a Classroom/Welfare Assistants Job Description, to meet the hygiene needs of children. Staff will be offered training in fulfilling the role. Ravenbank will support staff with a written toilet training and changing routine. This will be discussed with the parents.
- It is undesirable for a school or setting to ask a parent/carer to come to school/setting to change a child, or for a child to have to wait a period of time before they are changed.
- The school may also liaise with the child's Health Visitor (where the child is under five) or their nominated School Nurse (for over 5's), and SENCO for advice, and follow the normal referral procedures.

If the reason for the incontinence is not due to a disability and/or medical condition, we will look at meeting the child's needs, liaising with Health Care professionals and parent/carer to develop a strategy regarding toilet training and successful admission of the child.

Agreement with Parents

It is essential that parents/carers are involved in establishing the training and changing routine for their child. Children and parents will both have views which need to be considered if routines are to be successful. Although there may be some exceptions, the vast majority of parents need to feel supported and relaxed in the knowledge that they will be fully involved in this aspect of their child's development.

Guidance for settings in supporting children in becoming independent in their toileting

Aims

- For children to feel safe and secure if and when they need to be changed.
- For children to develop self-help skills when using the toilet.
- For adults to feel safe and secure when changing children.
- For children's privacy to be protected.
- For parents to be informed of a) changing procedures in advance and b) when their child has been changed and why.
- To record any incidences of changing.
- To consider health and safety implications.

Provision

- An area where children can be encouraged to undress, clean, dry and redress themselves if able. An area that is warm, dry, comfortable, secure which offers privacy for the child but also protection for the adult in that it is observable by other adults where possible.
- Gloves and aprons should be worn by adults to protect against cross-contamination of bodily fluids. Baby wipes should be available. These should be disposed of appropriately and safely ie in an outdoor bin.
- Children's own spare clothes and/or nappies should be brought from home to change into or as a secondary measure, appropriate, spare dry clothes should be made available by the setting.
- Bags or other methods to contain wet clothes, which are then returned to parent/carer at end of session.
- Staff will have training on lifting and handling children if nappy changing is necessary (see The Professional Development Programme).

Adults' Role

- To deal with situation quietly, calmly and with sensitivity. To reassure the child.
- To ensure all aims are met.
- To encourage child to be independent in changing himself/herself within limitations.
- To protect own position by always remaining on view, to alert other members of staff to what you are going to do and by only doing what is appropriate to help the child. Wherever possible ensure the child is supported by a member of staff of the same sex.
- To record the incident including, date, name of child, reason for changing.
- To inform the parents and return the soiled items.
- To understand a child's developmental needs and limitations.
- To liaise with parents to ensure a consistent approach and to help children develop routines of going to the toilet which will, in time, stop further incidences.
- To encourage and support links with health professionals if this is felt to be appropriate.

Home-School/setting Liaison: Working with Parents

Much of the information required to make the process of intimate care as comfortable as possible for the pupil is available from the parent or guardian. Ravenbank, values parents

as partners and will have no difficulty in involving parents at every stage irrespective of the practical difficulties.

Parents of children with medical problems requiring possible emergency treatment in a public place should be asked about their own procedure for dealing with such an emergency. Where possible, the same routines should be followed to give consistency of approach and offer reassurance to the child in a potentially frightening situation.

It is also important that the parent is informed of the school routines for care both in school and on outings eg going to the swimming pool, where the facilities may require a change in the way staff carry out their duties.

When a child comes to Ravenbank for the first time, information about methods of care and the child's own preferences will be noted. This information forms the basis of a personal care programme for each child, which will change, as the pupil's own skills develop. The changes will be discussed with the family as an integral part of the pupil's educational programme.

Parents are entitled to information about Ravenbank's procedures both in and out of school. If they have any concerns, these will be treated seriously and discussed with parents. It may be that parents will choose to withdraw their child from an activity if they are unhappy about the care arrangements. Equally, the Parent may have already faced the same kind of difficulty and be able to suggest possible solutions.

Example

INTIMATE CARE/CLOSE PERSONAL CONTACT POLICY

Rationale

Intimate care/assistance and activities requiring close personal contact can be identified as any personal care/assistance that involves an individual's personal space.

In addition to care, safety and hygiene, the procedures must have due regard for dignity and privacy and take into account age, gender, culture and physical and developmental needs.

Purpose

The purpose of the policy at Ravenbank Primary School is to:

- Uphold pupils' rights to privacy and dignity.
- Identify situations, which have elements of close personal/intimate contact.
- Recognise the responsibilities of adults involved.
- Safeguard pupils and adults from any misinterpretation of action.
- Ensure consistency of action whilst being sensitive to individual need.
- Dispose of waste safely.

Guidelines

The guidelines cover a variety of activities and it must be accepted that there has to be a degree of flexibility and judgement within some situations. The guidelines must be followed in the context of Child Protection, Health & Safety and DBS Procedures.

Safeguarding Checks

All adults participating in any activities including intimate/close personal contact will have undergone statutory DBS checks.

(see section referring to student/volunteer helpers)

Child Protection

All child protection matters must be reported to the designated safeguarding lead in school/setting responsible for child protection. Procedures should follow the Child Protection Policy. The designated safeguarding lead is the head teacher.

Health and Safety

All staff should be aware of and adhere to the general health and safety guidelines as documented by the LA. Appropriate risk assessments should be carried out. Any health and safety concerns or queries should be taken up with health and safety officer who will act upon the information.

The roles of students/volunteer helpers

Students/volunteer helpers/parents…

1. Should not assist with toileting pupils.
2. May assist in helping pupils change for PE if supervised by a member of school/setting staff.
3. Must not assist with any feeding requiring medical training to give food or respond to an emergency situation.
4. May assist at the dining table in general situations.
5. Must be supervised and not put in a situation where they are alone with pupils except in extreme/emergency circumstances.

Guidelines

Toileting/changing

The following must be taken into consideration:

1. The need for privacy whilst being aware of the need to protect staff from allegations and pupils from possible inappropriate touching.
2. Consistency of approach with necessary information being communicated to all appropriate staff.
3. Encourage as much independence as possible using the progression of skills
   - opportunity
   - dependence
   - co-operation
   - participation
   - supervised independent action
   - independence
4. Be aware of assistants' own personal hygiene and use of appropriate aids – gloves, aprons etc.
5. Be aware of general hygiene and disposal of waste. (NB Soiled nappies, catheters etc are not clinical waste – double bagging is sufficient.
6. Give sufficient time for the pupil to achieve, to be aware of expectations and be familiar with the type and frequency of prompts.
7. Ensure females (and boys who catheterise) are cleaned front to back.
8. Creams etc only to be used with written permission from parents.
9. Appropriateness of male/female assistance with boy/girl pupils to be agreed upon.
10. Secure documented parental agreement to procedures.

Feeding/Eating

1. All procedures to be kept up to date with information from health professionals and parents.
2. Account must be taken of pupils likes and dislikes and normal routine.
3. Hygiene procedures to be adhered to.
4. Emergency procedures to be put in place if possible choking may be an issue.
5. The importance of social interaction at snack/lunchtime should not be underestimated.

Physical Assistance

1. Give verbal prompts/instructions before touching, moving or handling pupils.
2. Have due regard for instructions give by therapists regarding individual pupil movement/transfers etc.
3. Always use equipment recommended to assist with moving/transfers.

Pupils may have individual bathroom/feeding/physical assistance regimes, which will be reviewed and amended as required, following advice.

This policy will be reviewed in accordance with the school procedures for the review of all policies or sooner if national and/or local information impacts upon it.

CHILDREN WHO ARE NOT TOILET TRAINED

Individual Toilet Protocol

- Practitioner's need to:-

  - ask parents/carers if there is a medical reason for the child not being toilet trained.
  - devise a toilet training programme with the parents.
  - find a suitable area for changing.
  - ensure an employee who has a DBS check changes the child.
  - ensure that they have the relevant equipment.
  - advise parents to contact the health visitor for advice and support.

Example:

Toilet Training Protocol

Name of child: _____

Parent/carer will:

- Liaise with staff
- Provide pullups, wipes, towel, flannel, disposable bags

Practitioner's will:

- Take _____ to the toilet throughout the day

- Review procedures every six weeks

Example

Individual Toilet Protocol

Name _____

- TA to accompany _____ to the toilet just before/after first playtime.
- TA to accompany _____ to the toilet just before dinnertime.
- _____ to be cleaned and changed by the TA using the following equipment provided by home:

  Pull-ups
  Wet wipes
  Towel
  Flannel (sewed up along 3 sides)/soaps

- His bag should be checked each evening at home and dirty flannels/towel replaced.
- If soiled at other times Class teacher calls for TA to accompany to the toilet.
- It will be necessary for TA to see _____ undress and have contact with his anus, penis and testicles to ensure that he is thoroughly clean.
- TA will wear plastic gloves and an apron to be provided by the school/setting.
- TA to log amount of time spent changing _____ on a daily basis.
- Soiled pull-ups to be disposed of in the adult toilet bins.
- Changing procedures to be reviewed termly by the SENCO, Class teacher, TA, Head teacher, Special Needs Officer and parents.

Signed _____ Parent/Carer

Date _____

Advice around the development of toilet skills

By Fran Parker, Education Psychologist

Introduction

Becoming continent is the result of the interaction of two processes – socialisation of the child and maturation of the nervous system.

In toilet training development there is a great variation from child to child. Toilet learning is a process. As in all developmental processes, there may be spurts of growth followed by lags or even regression.

The average child will become night trained somewhere between 18 months and 8 years, most by the age of four.

At the age of three years, one in five children will be reported to have soiling and wetting problems.

One in ten of all average 5 years old still wet at night.

Most children develop the ability to use the toilet between the second and fourth birthdays.

Most children even those with severe learning disabilities can be toilet trained.

Developmental

Readiness signs for learning to use the toilet include all areas of development. Children need to be able to walk to the bathroom, pull their pants and nappy off and place themselves on the toilet. A child must first learn to sit on the toilet before he can learn to open his bowels on that toilet.

A child must know the difference between the feeling of wet and dry before he can be trained.

Child readiness is determined by the presence of the prerequisite physiological, developmental and cognitive/psychological skills to master the complexities of independent toileting.

Children with developmental delay will probably be older that usual when being toilet trained.

Development criteria include attainment of **major motor** skills such as being able to walk to the bathroom, sit on the toilet, lower and raise pants and flush the toilet. There is almost a two-year time span between the age when children can begin to recognise when they have wet and when they can actually wait to urinate.

For children to be successful they also need the ability to **understand instructions** and the willingness to **comply** with adults.

Emotional and Behavioural Issues

Children must want to use the toilet. They must have a desire to do something completely different with their body processes. Emotional readiness is often overlooked during the toileting learning process.

All children in the course of growing up encounter minor **stresses** including a move of school. Many things cause stress in children. Worrying about school, a divorce at home, or problems with friends can all cause stress. There are also physical causes of stress. Being hungry, sleepy or physically worn out can also lead to misbehaviour. Most children react to these stresses with temporary behaviour disorders. The two most frequent indicators that children are stressed are change in **behaviours** and **regression** in behaviours. Hence regression in toileting may appear.

Younger children have trouble pacing themselves when in large groups. They become too excited. Some may have toileting accidents because they don't pay attention to the signals their bodies are giving them.

Children who draw attention to themselves because they soil themselves can be children suffering from unrecognised, hidden stress and this is often aggravated by the adverse responses which their difficult behaviour elicits from other people.

Reactions to stress vary with the child's stage of development, ability to cope, the length of time the stressor continues, intensity of the stressor and degrees of support from family and friends and community.

Major stress factors

Delayed toileting can be the result of witnessing and or being in some way involved with domestic violence and abuse in the home. The nature and extent of the damage will primarily depend on two variables: The type of abusive control used by the abuser and the age, gender and developmental stage of the child.

Cognitive

The child's intellectual level determines how he experiences his environment. His social and emotional development has to do with what he experiences.

At four a child is egocentric and regards himself as the originator or everything that happens around him.

Children must understand the toileting process. There are three stages of awareness of elimination – child knows after s/he is wet or soiled their nappy, the child knows she is wetting or soiling right then, the child is aware that his body is signalling a need to go to the bathroom

A child uses his brain to decide whether he wishes to go to the toilet and then makes a deliberate attempt to oblige. This is a voluntary action and the child is in full control.

Language

Cognitive and psychological readiness criteria involve both **receptive language** adequate to understand toileting-related words such as ‘wet’, ‘dry’, ‘pants’, ‘bathroom’ and **instructional readiness** as indicated by a child who desires to imitate and please adults to follow simple instructions. Children need to be able to use words to indicate urination and bowel words.

It is critical that the child be co-operative and compliant with adult instructions.

Physical

Physiological readiness is demonstrated by sphincter control, which is usually present by the time the child crawls or walks and by bowel readiness, shown by the ability to remain dry for several hours at a time and to full empty the bladder on voiding.

Motor – Children must have the ability to hold their bowel movement or urine until they get to the toilet. Be aware that muscle development is an internal process.

Nonretentive encopresis refers to inappropriate soiling without evidence of faecal constipation and retention. An organic cause for this is rarely identified. It affects about 1 to 3 percent of children with higher rates in boys than in girls. The cause is behavioural and developmental and behavioural investigation should be followed to establish that a child is ready to cope with intervention.

Behaviour Assessment

The most important areas of behaviour assessment of toileting include ruling out the presence of disruptive behaviour problems such as aggression, oppositional behaviour, non-compliance and temper tantrums, establishing the child’s compliance with adult instructions and obtaining a daily diary of toileting habits. Coexisting behaviour problems are a predictor of poor outcome in toilet-training protocols.

Advice

One of the main keys to success is a consistent approach in all environments, home, nursery school, respite etc. Develop a standard clean-up procedure that is carried out in a matter-or-fact emotionally neutral manner while directing the child through developmentally appropriate clean-up activities. Relaxed little children find toileting easiest.