

Guidance on Promoting and Managing Continence: Self-Care at Early Years Foundation Stage (EYFS) and Key Stage 1

Introduction

This document provides guidance on continence and how to improve access for all children. It has been produced by a group of advisers and practitioners, and it aims to ensure that what is provided meets legislation and best practice.

There are more children entering pre-school/nurseries and schools that will need support with continence. Many more children with developmental delay or more complex needs now attend a mainstream setting.

Delayed continence is not necessarily linked with learning difficulties. By virtue of their immaturity, health or personal development, some children may still be in nappies or have occasional accidents, especially in the first few months after admission.

The Equality Act 2010

The Equalities Act 2010 which encompasses the Disability Discrimination Act (DDA) requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. In light of historical practices that no longer comply with new legislation, changes will particularly be required wherever blanket rules about continence have been a feature of a setting/school's admissions policy. Settings and schools will also need to set in motion action that ensures they provide an accessible toileting facility if this has not previously been available. The Department of Health has issued clear guidance about the facilities that should be available in each school or nursery. (Good Practice in Continence Services, 2000 page 22 and 23)

Achieving continence is one of numerous developmental milestones usually reached within the context of learning in the home before the child transfers to learning in a setting/school. In some cases, this one developmental area has assumed significance beyond all others. Parents are sometimes made to feel guilty that this aspect of learning has not been achieved whereas other delayed learning is not so stigmatising.

1. Definition of Disability in the Equalities Act 2010

The Equalities Act provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on their ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear therefore, that anyone with a named condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties. However, children with developmental

delay which may not have been identified by the time they enter a setting/ school are likely to be later coming out of nappies.

Education providers have an obligation to meet the needs of children with delayed self-care in the same way as they would meet the individual needs of children with delayed language or any other kind of delayed development. Children should not be excluded from normal early years activities solely because of incontinence.

2. Inclusion

The Children and Families Act 2014 places a statutory duty on schools to support pupils with medical conditions, including bladder and bowel problems.

Schools cannot turn away children who have not yet learned to control their bladders or bowels, but must work to support those children in the setting/environment so they can play an active role in school life, remain healthy and achieve their academic potential.

School governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure the needs of children that are not toilet trained are effectively supported.

Asking parent/carers of a child to come and change a child is likely to be a direct contravention of the Equalities Act and leaving a child in a soiled nappy or pad for any length of time pending the return of a parent is a form of abuse. For more detail on this and other unacceptable practice, see the statutory Guidance on implementing the Children and Families Act.

Excerpt –

Unacceptable practice 43. Governing bodies should ensure that the school's policy is explicit about what practice is unacceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to: require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.

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 Act. All such issues have to be dealt with on an individual basis and settings/schools are expected to make reasonable adjustments to meet the needs of each child to ensure they are included. A suitable place for changing children therefore, should have a high priority in any setting/school's Access Plan.

3. Facilities

Department for Education recommends for that one extended cubicle with wash basin should be provided in each school for children with disabilities. If this is not possible then a changing mat and the child can be changed on the floor standing up

or lying down. A “do not enter” sign (visually illustrated) can be placed on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child. Clean, fresh water drinking facilities should be available at all times. Also nappy bins/sacks must be provided for all soiled nappies.

4. Routines

4.1 Infection control

Settings and schools registered to deliver the EYFS will already have Hygiene or Infection Control policies as part of their Health and Safety policies. These state what the school/nursery must do if a child accidentally wets or soils themselves, or is sick while on the premises.

Guidelines for the Control of Infection and Communicable Disease in Nurseries and Other Institutional Early Years Settings can be found at www.publichealth.hscni.net/publications

It contains detailed information that is a useful resource in this context for settings and schools.

4.2 Changing arrangements

The recommended nappy or pad changing procedure, set below, is adapted from the above guidelines and should be used in conjunction with a child’s care plan. It should be remembered that it is quite possible to change a child when they are standing up. All settings and schools should have clear written guidelines for the staff to follow when changing a child’s nappy. They may also need to consider that special circumstances may occur if a child with complex continence needs is admitted. If so, the appropriate health care professional will need to be closely involved in forward planning.

The setting or school must:

- Make sure that a nappy changing area is designated and suitable for that use, preferably in the toilet or assigned area and NOT near play, kitchen or rest areas. These arrangements should maintain privacy and dignity.
- Risk assess that the correct and appropriate equipment is used for nappy or pad changing.
- Make sure soiled nappies are placed in a “nappy sack “or appropriate “nappy bin.”
- Make sure that all necessary changing equipment is kept in the nappy changing area (gloves, aprons, wipes, bags).
- Make sure there is a specific area to wash hands before and after changing. This should be close to any nappy changing areas, at an appropriate height for adult use, and have hot and cold running water.
- Make sure that hands are washed thoroughly with liquid soap and water before and after each nappy change, including after nappy disposal and

removal of gloves and aprons. Dry hands thoroughly with disposable paper towels.

- Always wear a disposable apron and gloves (low non-powered latex or non-powdered vinyl to CE standard.) please check that there is no latex allergy among the staff or children and use non-latex gloves accordingly. Polythene gloves are not acceptable for use when dealing with blood or body fluids.
- Make sure any changing mat is waterproof and not cracked or dirty.
- Make sure disposable towels are used on the top of the mat for added protection. These should be changed between each child's nappy change.
- Make sure that any creams used are ideally in a pump dispenser. Each child should have all their own creams labelled and they should be supplied by parents or carers and must not be shared between children. Always use a gloved finger to remove cream from containers. Check the expiry date and storage instructions.
- Clean changing mat/area and any other environmental surface that is soiled, or has been touched during nappy changing. Clean surfaces by using hot water and detergent, followed by disinfectant (using paper towels) and then dry thoroughly.
- Dispose of nappies, pads and used gloves and wipes safely, by double bagging them. If dealing with small quantities, these can be disposed of as household waste. Large quantities of nappies or pads (more than one refuse bag a day) should be handled as offensive (clinical) waste requiring specific disposal via a registered waste company. Please contact the Environmental Health Department for details of companies. These arrangements should maintain dignity and privacy.

5. Safeguarding

The normal process of changing a nappy should not raise child protection concerns, and there are no regulations that indicate a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. Disclosure Barring Service (DBS) checks are carried out to ensure the safety of children with all staff employed in schools and settings. If you know there is a risk of false allegation by a child, then a person should not change nappies alone. A student on placement should not change nappies alone.

All staff are encouraged to look out for any signs or symptoms of improper practice, as they do for all activities carried out on site. Managers must make sure all staff follow correct procedures and are not worried about false accusations of abuse. Staff should report any concerns to their line managers. Regular safeguarding training should be attended. All staff should be aware of the keeping Safe in Education Document.

6. Resources

Depending on the accessibility and convenience of a school or nursery's facilities, it could take 10 minutes or more to change an individual child. This is similar to the time that might be allocated to work with a child on an individual learning target. Also, the time spent changing the child can be a positive, learning process.

However, if several children wearing nappies enter a school or nursery, there could be clear resource or staffing implications. The foundation stage, or key stage 1 teacher, or coordinator, should speak to the headteacher, or a special educational needs coordinator (SENCo) to make sure that additional funds from the school's budget are allocated to meet the children's individual needs.

7. Job descriptions

Most personal care will be undertaken by one of the support staff. There are some settings and schools where the teachers also take a turn with this task. Occasionally, a setting or school will say that offering personal care is not in the job descriptions of their support staff. This is not a useful approach and it is recommended that this should be looked at during the next review. Any new posts should include supporting personal care to promote independent toileting and other self-care skills.

8. Keys to success

It is not helpful to assume that a child has failed to achieve full continence because the parent has not attempted to try. Therefore, if this is the only reason why the child has not become continent then continence should easily be achieved when a positive and structured approach is used.

Remember that delayed continence may be linked to delays in other aspects of the child's development and the child will benefit from a planned programme worked out in partnership with the child's parents/carers.

There are other professionals/ organisations who can help with advice and support. These include:

- **Continence Advisers - community paediatric nursing team:** based at Woodfield Road Health Centre (0207 2668840) are able to offer further assessment where the child has more complex health needs and especially when the standard continence products are proving to be insufficient.
- **Health visitors:** all children 0-5 should have an allocated Health visiting team, who will be able to offer initial advice on toilet training (normally discussed at the child's 2-year review appointment). If the parent is unsure of the Health visitors contact details then further assistance can be sought from contacting the Child Health hub who will be able to provide contact details for the appropriate Health visiting team: 0208 2002500.

For Children with a registered disability who are not yet successfully toilet trained, the Health visitor should offer a further assessment at age 3 plus when the child should be eligible for a free supply of nappies. The Health

visitor will order these and reassess every 6 months. This request for nappies continues to remain with the Health visiting team even when the child is of school age.

- **School nursing team:** in the first instance they should be able to offer advice and support or signpost parents to the appropriate support. In general, as previously, stated the order for nappies is likely to remain with the Health visiting team. Where the toileting problem is highlighted as a new problem there is available support though the school nursing enuresis pathway (the enuresis nurse can be contacted on 0208 1024005). This offers continence advice to children aged 6 plus and is mainly accessed were the child has no disability. If after intervention there is no success, then the child or young person can be referred for further medical assessment. Children with developmental difficulties will be offered support from occupational therapy.
- **Occupational therapy:** were the child or young person has a disability, occupational therapy may offer further toileting advice, by the local child development service or by the school occupational therapy service if the child or young person has an education, health and care plan and were toileting has been addressed in their plan. Child development clinical psychologists can offer guidance, typically when there is no physical disability, as they apply a behavioural approach. Occupational therapists and child development team psychologists are able to provide more detailed guidance for parents, as too are specialist nurse (Health visitors within child development services, (Cheyne and Woodfield Road). There are some instances where the child or young person is receiving ongoing support from a specialist team eg the nueromuscular team at Great Ormond Street Hospital. Further guidance should be sought from the relevant teams, as required.
 - Clincial psychology, Cheyne Child Development Service: 0203 315 1632
 - Cheyne specialist nurse: 0203 315 6470
 - Woodfield Road Child Development Service: 0207 2668840
 - ERIC: The Children's Bowel and Bladder Charity

Parents are more likely to be open about their child's development and seek help, if there is a supportive and welcoming approach.

9. Partnership working

In some circumstances it may be appropriate for the setting or school to set up an agreement with the child's parents/carers. The agreement would define the responsibilities that each partner has and the expectations for both parties. This agreement might include:

The parents/carers agreeing:

- to make sure their child is changed at the latest possible time before being brought to the setting or school

- to providing the setting or school with nappies/pants, spare clothes, possible cleansers and creams
- to the procedures that will be followed when their child is changed, including the use of any cleanser or the application of any cream
- to inform the setting or school if their child has any marks or a rash
- to review the arrangements when necessary

The setting or school agreeing:

- to change the child when the child soils themselves or becomes noticeably wet
- to monitor the number of times the child is changed in order to identify progress when a toilet training programme has been implemented in the home and placement
- to report if the child is distressed or marks/a rash are noticed
- to review the arrangements when necessary

This kind of agreement should help avoid misunderstandings that might otherwise occur and help parents/carers feel confident that the setting or school is taking a holistic view of their child's needs. See Appendix 2.

10. Further information and contacts

ERIC: The Children's Bowel and Bladder Charity (was PromoCon)

- the only charity dedicated to the bowel and bladder health of all children and teenagers in the UK.

They provide support, information and understanding to children and teenagers and enable parents, carers and professionals to help them establish good bowel and bladder health.

ERIC produces expertly written leaflets, guides, booklets, factsheets and charts to help with children's bowel and bladder problems. These materials are available to download at no cost. They also have a shop selling continence products.

Helpline: 0845 370 8008 (for any child or teenager with a bowel or bladder issue, or their parent or carer).

Website: www.eric.org.uk

Continence, National service Framework for Children, Young People and Maternity Services

Website: www.dh.gov.uk/publications

This exemplar describes a care pathway and the considerations which apply at each stage in supporting a child with continence issues relating to a learning difficulty.

Guidance on infection control in schools and other childcare settings 3rd April 2017

It contains detailed information that is a useful resource in this context for settings and schools.

Website: www.publichealth.hscni.net/publications

11. Related School Policies

Accessibility Policy
Admissions Policy
Child Protection Policy
Health and Safety Policy
Inclusion Policy
Intimate Care Policy
SEN Policy

Appendix 1

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

Child's Name:	DOB:
Name of School:	

Completed by: _____ (member of staff)

Date of Plan: _____ Date to review Plan:

Who will change the child?
How will the child be changed? e.g. standing up in a toilet cubicle, lying down on a mat on the floor
Copies of procedure for changing given to parent where available
Who will provide the resources? e.g. wipes, nappies, disposable gloves
How will the changing occasions be recorded and how this will be communicated to child's parent/ carer

Consider using a record of intimate care intervention table

How will wet/ soiled clothes be dealt with?

What the member of staff will do if the child is unduly distressed or if marks or injuries are noticed

Consider referring to the schools child protection policy and procedures

Agree a minimum number of changes

How will the child be encouraged to participate in the procedure?

Any other comments/ important information:
e.g. medical information

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

Signed: _____ Date: _____

Parent/ Carer's Full Name: _____

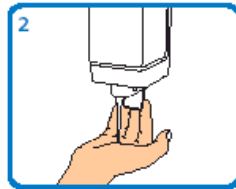
Appendix 2



Hand-washing technique with soap and water



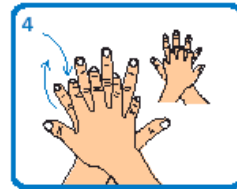
1 Wet hands with water



2 Apply enough soap to cover all hand surfaces



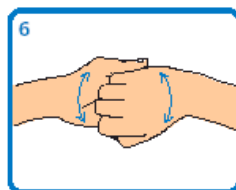
3 Rub hands palm to palm



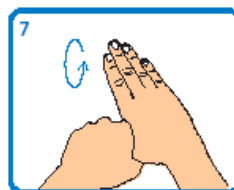
4 Rub back of each hand with palm of other hand with fingers interlaced



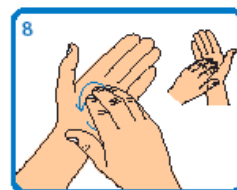
5 Rub palm to palm with fingers interlaced



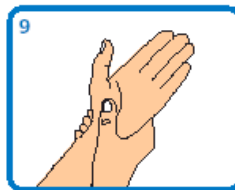
6 Rub with back of fingers to opposing palms with fingers interlocked



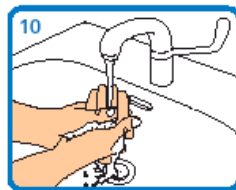
7 Rub each thumb clasped in opposite hand using a rotational movement



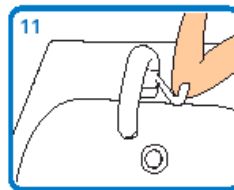
8 Rub tips of fingers in opposite palm in a circular motion



9 Rub each wrist with opposite hand



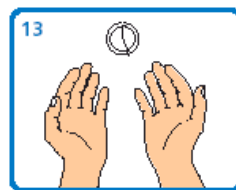
10 Rinse hands with water



11 Use elbow to turn off tap



12 Dry thoroughly with a single-use towel



13 Hand washing should take 15–30 seconds



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Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*

- Ideally liquid soap and paper towels. Fitted at a level that is accessible for smaller children
- Roller towels are not recommended, but if used should be inspected regularly. Changed as soon as wet or dirty
- Hand driers can be particularly disturbing for children with sensory issues