



Intimate Care and Toileting Policy

St. Andrew's C of E Primary School

March 2017

Introduction

St Andrew's CE Primary School is committed to ensuring that all staff responsible for the intimate care of children or young people will undertake their duties in a professional manner at all times. We recognize that there is a need to treat all children/young people with respect when intimate care is given. No child/young person should be attended to in a way that causes distress, embarrassment or pain.

Guiding Principles

The following fundamental guiding principles are paramount and should be evident whenever intimate care involving children or young people is considered

1st Principle: The exchange between all those involved in any intimate care procedures must be one of mutual respect.

2nd Principle: Every plan supporting intimate care must demonstrate how the child/young person can be enabled to develop their autonomy.

3rd Principle: The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of child/young people and staff.

What is Intimate Care?

Intimate care is any personal care that most people usually carry out for themselves.

Our Approach to Best Practice

The management of all children/young people with intimate care needs will be carefully planned and should be a positive experience for all involved. The child/young person who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide this care are trained to do so (including Safeguarding and Child Protection and Moving and Handling Training) and are fully aware of best practice. Suitable equipment and facilities will be provided to assist with children/young people who need special arrangements following assessment from a physiotherapist/ occupational therapist.

Staff will be supported to adapt their practice in relation to the needs of individual children/young people taking into account developmental changes such as puberty e.g. menstruation. Whenever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationships education to the children/young people in their care as an additional safeguard to both staff and children involved. If staff are involved care should be taken to ensure that resource materials cannot be misinterpreted and clearly relate to the learning outcomes identified by the lesson plan. This plan should highlight particular areas of risk and sensitivity.

Children/young people will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will ensure each child/young person does as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up as appropriate and shared and agreed by the child/young person and their parents/carers.

Each child/young person's right to privacy will be respected. Careful consideration will be given to each situation to determine how many carers need to be present when the child/young person is being cared for. Where possible, one child will be catered for by one adult unless there is a sound reason for having more adults present. In this case, the reasons should be clearly documented and reassessed regularly.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence, for example female staff supporting boys when there is no male staff.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan. The needs and wishes of children/young people and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

Safeguarding Children

Cambridgeshire LSCB Safeguarding Interagency Procedures and Safeguarding and Child Protection Procedures for Education will be adhered to alongside the school/setting's policy and procedures.

All children/young people will be taught personal safety skills relative to their age, ability and understanding. These skills will be shared with parents/carers to enable them to be consolidated within the home/community.

If a member of staff has any concerns about physical or behavioral changes in a child/young person's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places/people etc. s/he will immediately pass their concerns to the designated person for child protection in their school/setting.

If a child/young person is displaying inappropriate sexual behaviour, advice should be sought from the appropriate source (e.g. In schools this might be: Designated Person for Child Protection, School Nurse, Social Care, Education Child Protection Service, Cambridgeshire Sexual Behaviour Service)

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/ carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue/s are resolved so that the child/young person's needs remain paramount. Further advice, following the Interagency Procedures will be taken from outside agencies as necessary.

If a child makes an allegation against a member of staff the procedures for Allegations Against Staff, in the Safeguarding and Inter-Agency Procedures will be followed. All staff will be required to confirm that they have read the Cambridgeshire Model Policy and Guidance for Intimate Care and be aware of the need to refer to other policies the school/setting may have in place for clarification of practices and procedures.

Pupil Toileting Policy

This policy has been written using guidance from CAIST, our school nurse and nationally established written advice.

Aim of policy

School admissions procedures dictate that it is not acceptable to refuse a child admission because s/he is not toilet trained, where the published admission number has not been reached.

The school recognises that some children with SEN and other children's home circumstances may result in children arriving at school with under developed toilet training skills. The aim of this policy is to ensure that appropriate provision is made for such children.

SEN and inclusion

If a child is not toilet trained because of a disability his/her rights to inclusion are additionally supported by the SEN & disability act 2001 & part 1V of the disability Discrimination act 1995

Toileting and the Foundation Stage Profile

Curriculum guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, particularly their Personal, Social and Emotional development including supporting the transition between settings. One of the Early Learning Goals for children to achieve by the end of the Foundation Stage is to "Dress and undress independently and manage their own personal hygiene".

Parental responsibility

Prior to starting school, prospective parents will be reminded of the schools' expectation that pupils should be toilet trained before they start school. It will also include a sharing of this policy during school home visits as well as during parent's induction meetings in school.

Measures such as asking parents to come in and change children should only be a temporary measure as it is not good inclusive practice and can put unreasonable pressure on both the parent and the child.

It is essential that parents / carers are involved in establishing any training / changing routines for their child.

Staff responsibilities

Support staff will sometimes be expected to undertake tasks associated with changing children who are incontinent and this is reflected in their job descriptions.

All staff are encouraged to contact their respective GP's to arrange for the administering of a hepatitis A injection.

Procedures for changing children in school

The school is fortunate enough to have a purpose built wet room in the main entrance where all children should be changed. Any soiled clothing should be placed in a sealed plastic bag ready for parents to collect. Waste disposable nappies should be placed in the red tub in the ladies staff toilet where it will be disposed of by the cleaning staff at the end of the school day.

Older children who have an occasional accident and who don't need washing are likely to be able to change themselves without adult supervision. **Younger children who need support either washing down or changing into clean, dry clothes should be supervised, wherever possible, by two adults.** On entry to the school, all parents/guardians with children in the Early Years phase are asked to sign a form to agree to their child being supported when they require washing down or changing.

Staff training

Training will be provided for any staff who require training / support for such tasks.

Toilet training

Advice regarding the development of toileting skills is contained in appendix 1

Appendix 1:

TOILET TRAINING – AN INCLUSION ISSUE

The information in this leaflet is to provide guidance for schools in the successful inclusion of children who are not yet fully independent in using the toilet.

The first section clarifies schools' responsibilities and the second section provides advice. Finally, the appendix provides some useful information around the development of toileting skills written by Fran Parker, School Psychological Service.

SECTION 1

- *Under the published Criteria for primary school admissions the only reason a pupil can be refused admission to a school is that they have reached their admission number. It is 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 SEN and Disability Act 2001 and Part IV of the Disability Discrimination Act 1995. See also Disability Rights Commission: "Code of Practice for Schools" (2002).*

N.B. See Section 7 "Admissions and Transition" on the Salford Early Years Toolkit for excellent guidance for the successful admission of all children - in particular pages 7.4 and 7.11

- *The Curriculum Guidance for the Foundation Stage is clear that the role of the adult involves supporting the child's whole development, in particular their Personal, Social and Emotional Development. The first aim in the Curriculum Guidance is to do with children's 'personal, social and emotional well being, in particular by supporting the transition to and between settings, promoting an inclusive ethos and providing for each child to become a valued member of that group and community so that a strong self image and self-esteem are promoted.'*
- ***One of the early learning goals for children to achieve by the end of the Foundation Stage is "Dress and undress independently and manage their own personal hygiene".***

SECTION 2

All primary schools are used to dealing with the occasional 'accident', but some feel ill equipped to deal with children who need a toileting programme, who wear nappies or who regularly soil or wet. It is important that they plan to meet this eventuality.

Who

Often there will be staff in school who are able and prepared to take on this task. Long term planning can take the form of ensuring that dealing with toileting issues is in people's job descriptions. Such staff should be offered training in fulfilling the role (see Sources of Help). Measures such as asking parents to come in and change children should only be temporary as it is not good inclusive practice and can put unacceptable

pressure on both the parent and the child. Schools should support staff with a written toilet training and changing routine. This should be discussed with the parent (see Agreement with Parents).

Where

Children's toilet areas should be attractive and non-threatening, so that all children are happy to use them.

For changing there needs to be an area which offers privacy for the child but also protection for the adult in that it is observable by other adults. In some circumstances it may be appropriate to have two adults present when a child is changed.

Normally facilities do not need to be complicated and are often available in the school nursery. Children can be successfully changed with a simple changing mat, disposable gloves and a bin for the disposal of nappy/pads. In the longer term schools should consider the Primary Accommodation Guidelines for nursery provision, which say that - a deep sink, bath or shower tray is required to clean accidentally soiled pupils or clothes. A laundry or utility room with a washing machine may also be useful for this and other purposes. A changing table or height adjustable trolley may be necessary for some children with particular disabilities.

Agreement with Parents

It is essential that parents/carers are involved in the establishing of 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.

Sources of help

In dealing with these issues schools should first seek advice from their school nurse. The school nurse can offer advice around general toileting issues and around more complex issues linked to disability. In addition schools can ask for support from their nearest Early Years Centre, or from Springwood School all of which have staff with considerable experience in dealing with children who are not toilet trained. Children entering schools from Early Years Centres can be supported by a gradual transition program, tailored to meet the needs of the child. Children entering school from other early years settings can also be supported by a gradual transition and schools should discuss this with the setting or with the Early Years Consultant/Area SENCO team

ADVICE AROUND THE DEVELOPMENT OF TOILET SKILLS

By Fran Parker, Educational 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 year olds 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 than usual when being toilet trained.

Developmental 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 of 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.

Behavioural Assessment

The most important areas of behavioural 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-of-fact emotionally neutral manner while directing the child through developmentally appropriate clean-up activities.

Relaxed little children find toileting easiest.