

Early Start Ealing: Guidance on Specialist Toileting Needs in Early Years Provision & Schools



Contents:

Introduction

Working in Partnership with Families

Principles

Starting Nursery & School

Getting Ready – Assess, Plan Do Review

Equality Act & Other legislation

Supporting Children with SEN & Disability

Listening to Children

Staffing & Contractual Issues

Record Keeping

Health & Safety Considerations

Risk Assessment

Supporting Staff

Intimate care & Safeguarding Children

Useful documents and links

Appendix 1

Appendix 2

Acknowledgments:

A big thank you to colleagues in Warwickshire County Council for sharing their guidance which enabled us to develop this document for Ealing early years provisions and schools.

Leaders and Managers

This guidance has been produced to assist leaders and managers 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.

Introduction

Many children are accessing early years provision in settings and schools at a much younger age, with a year on year increase in the universal take up of early years entitlements, including the two-year-old entitlement and extended early years entitlement (30 hours). Although most children will have been toilet trained by this time, 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 high 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)¹ 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

¹ Early Years Foundation Stage



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 Act². 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 and nursery class age pupils who, for a variety of medical, emotional or social reasons, require toilet training or special arrangements with toileting in school.

This guidance:

- sets out some guiding principles
- provides practical advice for settings and schools;
- clarifies the implications of Special Educational Needs and Disability legislation;
- sets out guidance for children with SEN, medical needs and /or a disability;
- advises on contractual issues for staff;
- emphasises the duties of settings and schools to safeguard the health and safety of pupils and staff;
- advises on risk assessment;
- advises on issues related to safeguarding children
- can assist schools and settings develop policies in relation to children's toileting needs.

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

² Equalities Act 2010



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 well-being and overall development of the child.

Early Help is crucial in ensuring that a family has the appropriate advice and guidance in supporting their child and in accessing the most appropriate services that can assist. Early Start Ealing works in partnership with families and settings to support the development of a child's skills at home and onto an educational provision.³

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.

3



- 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. Early years providers should seek support from Early Start Ealing for the family and/or the setting.

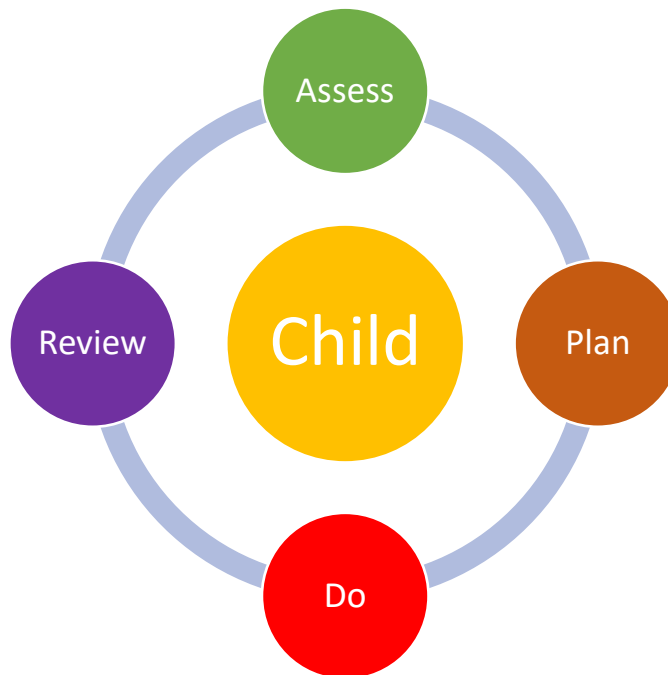
A Right to Go - Toilet Training and Starting Nursery and School

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 and the setting or 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.



Each child and situation is, of course, unique. However, settings may find the following guidance helpful in deciding which reasonable steps should be taken to support children who require assistance with intimate care and toileting.

Prior to the child starting it is important to plan and anticipate what needs to be in place:



Assess & Plan

- Assess the child's development through your home visit **prior** to starting at the setting.
- 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).
- Review the Early Help Assessment Plan **prior** to starting and convene a Team Around the Family meeting and liaise with all other professionals involved.
- Offer advice and support to the family **prior** to starting, including referral to any services e.g. Early Start Inclusion Team/Early Start Ealing.



- 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.

Please note, however, delaying admission unnecessarily or unduly may result in parents claiming of potential discrimination if the child were unable to start alongside his/her peers.

- Clothing: consider manageability (Velcro/elastic waists etc) for the child to be as independent as possible. In school this 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.
 - ✓ Risk assessment if required



Implement (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 have been introduced to these at home and setting.
- Use agreed cues consistently and discreetly to remind e.g. visuals /signing – 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.
- Use backward and forward chaining to encourage as much participation and involvement by the child as possible
- 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
- Offer attendance at any specific workshops for parents as appropriate and or referrals to any outreach services (Early Start) that can support (e.g. *'Successful toileting for children with social and communication differences'*)

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 or setting
- Review and monitor the success of reaching full independence over time
- Make any amendments to the plan and carry on.



Remember that independent toileting is the ultimate aim and may take some time to achieve but there will be many small steps and successes to reward along the way. Where difficulties persist, there may be more complex issues to consider and further guidance and support may be needed from other professionals. It is important to discuss your continuing concerns with parents and seek their agreement before involving further professional guidance and support. The Early Start Ealing /Inclusion team may be able to support the family with practical ideas and tools at home and help to coordinate any further services or support needed.

A child is considered to be toilet trained if they can remain clean and dry during the day and can use the toilet fairly independently. This means they know when they want to go and are able to go. Toileting accidents can occur if a child knows they need to go to the toilet but doesn't get there in time e.g. because the child isn't allowed or able to leave the classroom. Wetting and soiling accidents can also occur if a child has a continence problem (such as constipation which can cause soiling). The child cannot control these leakages.⁴

The Equality Act 2010

Equalities Act⁵ applies to all early year's settings, to schools and preschools, to mainstream and to special, to children's centres, to private, voluntary, independent and state-maintained settings, to individual child-minders and to networks of accredited childminders. The duties cover all providers of early education and childcare whether or not they are in receipt of government funding. However, there are differences in the way the duties apply to schools and to other settings.

The practicalities of which settings are covered by which part of Equality Act can be found in booklets produced by the Council for Disabled Children-Equality Act Early Years and Equality Act schools.

The specific legal obligations of the Act for Settings and Schools:

- Must not directly or indirectly discriminate against, harass or victimise disabled children and young people.
- Must not discriminate for a reason arising in consequence of a child or young person's disability.
- Must make reasonable adjustments, including the provision of auxiliary aids and services, to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers (anticipatory).

⁴ eric- The Children's Bowel and Bladder Charity

⁵ Disabled Children and the Equality Act Schools 2010



The Equality Act defines a disabled person as someone who has “*a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to- day activities*”. ‘Substantial’ means more than ‘minor or trivial’ and ‘long-term’ is defined as 12 months or more. Continence is one of the normal day to day activities covered by the Equality Act.

It is possible, therefore, that a child whose continence is “impaired” for longer than 12 months may be protected by the Equality Act, even though the underlying cause may not yet be understood or explained (such as still under assessment). Where the Equality Act applies, settings and schools are required to make “reasonable adjustments” to ensure that children with a disability are not treated less favourably.

Settings and schools must be careful, therefore, not to discriminate or provide less favourable treatment for such a child. Arrangements for admission to school or nursery, including the hours and sessions attended, must be the same as for other non-disabled peers. Provision for enabling a wet or soiled child to be made clean and comfortable must be safely, discreetly and quickly implemented to avoid placing the child at a substantial disadvantage relative to others.

The Equality Act also requires education providers to re-examine all policies and practices, to consider their impact on children and young people with disabilities. In particular, changes will be required wherever blanket rules apply to all children.

Examples of “blanket policies” which might potentially be discriminatory:

- Children must be toilet trained prior to starting provision in the setting or school.
- Children are refused permission to go to the toilet other than at scheduled break times.

The Children and Families’ Act 2014

Under section 100 of the Children and Families Act 2014, schools “must make arrangements for supporting pupils at the school with medical conditions”. The statutory guidance interprets this as meaning that schools “should ensure that such children can access and enjoy the same opportunities at school as any other child”, and this would include children with toileting difficulties and needs. Every school should have a policy on supporting children with medical needs, and we would recommend that all schools read the guidance in full at [Supporting Pupils at school with medical conditions](#) as well as ‘Ealing’s Local Policy on Supporting Pupils at School with Medical Conditions’ and take this into account when developing appropriate strategies for supporting children with toileting needs.



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.

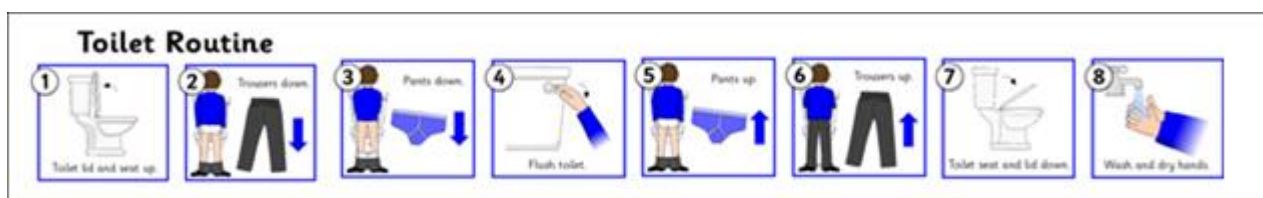
Children with Speech and Language and Communication Needs

Children who have speech language needs and who may be nonverbal 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. There are examples of visuals and how to use these on the Ealing Grid for Learning or you can attend a SENCO network meeting or cluster meeting to learn how to develop and use the tools effectively. Investing in the software where you can create your own is beneficial. Packages such as widget or board maker are widely used.

<http://www.inclusive.co.uk/boardmaker>

<https://widgitonline.com>

Example



The Bladder & Bowel UK website has many child friendly leaflets, as well as ones for children with additional needs

<http://www.bladderandboweluk.co.uk/children-young-people/children-resources>

<http://www.bladderandboweluk.co.uk/children-young-people/children-schools>

The Children Bowel and Bladder Charity also have free downloadable resource that can support parents and professionals.

<https://www.eric.org.uk/poo-and-wee>



Children with Social and Communication Difficulties and Autism.

Teaching a child to use the toilet correctly can be a difficult task, whether they are on the autism spectrum or not. But if a child is autistic, the process of developing a toilet routine can take longer, and involve its own particular challenges. Children with autism may not always be self-aware and recognise the internal body signals that tell you what you need to do to manage this. For example, when you are hungry or thirsty or when you need to go to the bathroom. It is therefore important to remain calm and consistent and ask everyone who cares for and supports the child to follow the same routines. The good news is that children on the autism spectrum often like routine. You can build upon this desire for predictability to develop a successful toilet training routine.

Close working with parents and carers is vital to agree on the routine to be followed both at home and setting or school and when you intend to start. Using the same visual cues and sequences can also help to support the routine, making it easier for the child to understand expectations. You will need to decide whether or not and how to praise the child for successfully following the toileting routine. Some children enjoy and respond to praise, others respond better to special object or toy as a reward.

Some children find praise difficult so a preferred activity after toileting may work better. Writing a toileting action plan may help to ensure consistency.

It's important to remember that all children are different and they will not all respond to the same approach, like many strategies- what works for one child may not work for another.

Do not be disheartened, careful planning and patience makes it all the more rewarding when it happens!

Remember to ask parents if there is any specialist 'preferred' toileting equipment that will make it easier (such as toilet seat/step used at home) so it can be duplicated or shared with the setting.



Example



There are some additional suggestions below that may help:

Children find it easier to understand what is expected of them if you use a social story about going to the toilet. (Your setting or school SENCO or Early Start SEND Team may be able to help with this) To start with, any new story should be used at a time when your child is relaxed. Once they are used to the story, it can be used just before you take them to the toilet.

There are some good examples on the Do to Learn Website, where you can create your own story.

http://do2learn.com/picturecards/printcards/selfhelp_toileting.htm

Additional resources that are useful

<https://youtu.be/LH7KPTVuc6M>

Children with medical needs and /or disabilities

Some children will have complex or long-term medical conditions which indicate the need for special toileting arrangements. These children will usually be known to colleagues in Ealing Services for Children with Additional Needs (ESCAN). It is important for key staff in the setting or school to meet with parents and other professionals involved to draw up a written healthcare plan before the child starts

The Plan will need to identify:

- Setting and school staff responsibilities
- Staff training needs, including any lifting and handling training – e.g. using a hoist
- Parental responsibilities; (e.g. keep provision up to date, provide any resources such as spare clothes)
- The child's strengths and needs e.g. what can be done independently, what needs support and monitoring, how able the child is to indicate their needs etc; a communication passport is helpful (**see Appendix 2**)



- Support required from other professionals e.g. school nurse, occupational therapy, community paediatric nursing team
- Risks which need to be assessed (see section on risk assessment);
- Any allergies;
- Adaptations and specialist equipment needed;
- Issues for PE and swimming (e.g. accessible and private changing facilities, variations to PE kit to conceal a colostomy pouch etc);
- Seating/positioning arrangements in the provision; (e.g. close to toilet)

Issues related to off-site visits, day trips, (e.g. location of accessible toilets, whether a RADAR key is needed to unlock accessible toilets, items which will need to be taken such as gloves and aprons etc

(<https://www.bluebadgecompany.co.uk/blog/radar-keys-locked-disabled-toilets-explained/>)

- Strategies for dealing with vulnerability to bullying and teasing;
- Regular monitoring and review of strategies.

The setting or school should also consider how the plan will be communicated to all staff who need to know (including supply staff), whilst bearing in mind confidentiality.

One to one support for older children can often be minimised using a “bleeper” or a walkie-talkie to summon assistance only when required.

Do two members of staff need to be present to change a child?

There is no legal requirement for two members of staff to be present, so settings and schools should not refuse to clean a child if only one member of staff is available to leave the room.

For safeguarding reasons, staff who help with intimate care should make sure another member of staff is aware they are going to change a child and is in the vicinity and visible or audible ('Guidance for safer working practice for those working with children and young people in education settings', p14 2015)⁶.

The guidance also states that *'intimate or personal care procedures should not involve more than one member of staff unless the pupil's care plan specifies the reason for this.'* So not only is there no need for two members of staff to be present, it is in fact discouraged unless the child needs two members of staff.

⁶



Listening to Children

It is vitally important to listen to children's voices and preferences when it comes to their intimate personal care. Children should, as much as they are able to have a say in how their care is carried out. This should take into account the child's ability and means of communication. For example, this could include children indicating the ways that they feel comfortable being lifted, being helped on the toilet or even choosing which cubicle they want to use. It is important that children feel comfortable at toileting time, and that they are still in control, this will help to reduce any anxieties. Always ask permission from a child before you undertake any personal care and follow up on any changes in their behaviour. For example, if they suddenly are reluctant to go to the toilet or begin wetting more often than usual; extended periods of not going regularly through the day can have an impact on a child's health. Children who do not use spoken language to communicate often use alternative methods of communication (signs/symbols/objects) or will communicate in their unique way by gesture, body signing or non-verbal behaviour. Successful communication with more complex children around choices and decision making is often dependent on getting to know the child and tuning as your relationship develops, rather than on specific techniques. Therefore, it is important that the adults supporting are consistent to enable this relationship to develop and grow. Ideally within the Early Years this should be the child's keyperson. Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them.⁷

Staffing and Contractual Issues

Settings and Schools should ensure that they have sufficient members of staff who are employed and appropriately trained to manage personal care as part of their duties. It should be clear within the role profile that support with a child's personal care needs is expected and that any contracts of employment for new staff could include a clause that specifies that the new post holder takes on this responsibility with a commitment that training and guidance will be provided by health and/or other support service staff as necessary. Leaders and Managers who require further guidance on contractual issues should contact their HR departments. Even if a setting or school does not have a child with such needs currently, equality legislation requires provision to anticipate future needs. Given the statistics cited in the introduction to this guidance (approximately three quarters of a million children in the UK aged between 5 and 16 will need some toileting support, i.e. two or three pupils in every primary class and one pupil in every two classes at secondary), leaders are advised to anticipate that they will require support staff who are employed and trained to take on these responsibilities.

⁷ Statutory Framework for the Early Years Foundation Stage 3:1



It is important that all staff involved in supporting children with continence needs have received appropriate guidance and training. For example, staff should receive training in good working practices, which comply with health and safety regulations, such as good hand washing, manual handling, the wearing of gloves for certain procedures and the procedures for dealing with body fluid spillages, as well as Safeguarding training.

Professional development activities on personal care will depend very much on the circumstances of that school or setting and individual child. It is, however, important to anticipate on a whole setting basis the full range of needs that children present with, as well as considering specific training for those staff who provide care to individual children. All professional development activities undertaken should be monitored and recorded to consider the impact such activities have had on the inclusive provision offered.

Record Keeping

It is within good and safe working practice guidelines for intimate and personal care to be open and transparent and accompanied by appropriate recording systems. ([Guidance for Safer Working Practice 2015 p15](#)). A signed record should be kept of all intimate and personal care tasks and should normally be undertaken by one member of staff (ideally the child's keyperson), however, you should try to ensure that another appropriate adult is in the vicinity who is aware of the task to be undertaken and that, wherever possible, they are visible and/or audible (keeping in mind the dignity of the child at all times). Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies and providers should ensure that an adequate supply of clean clothes (provided by the parents), towels, and any other necessary items is always available (EYFS 3:60).

A signed record should be kept of all intimate and personal care tasks undertaken and, where these have been carried out in another room, should include times left and returned. ([Guidance for Safer Working Practice 2015 p15](#)).

Please note it is unacceptable to refuse placement for a child if there is no separate 'hygiene room', alternative reasonable arrangements can be planned for. Potentially this could be unlawful under the Equality Act.

Health and Safety considerations

Personal hygiene

Hygiene procedures are important in protecting children and staff from the spread of diseases. Staff should be made aware of correct hand-washing techniques.

The following should be provided for staff use:

- soap /hand cleanser



- warm water
- antibacterial wipes or spray for surfaces
- appropriate disposable wipes
- disposable gloves
- protective disposable aprons
- a covered bin (preferably operated by a foot pedal) with a disposable liner
- paper towels
- disposable paper roll can be helpful
- a floor mop specifically for this area, which is regularly disinfected

Bathing children

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, ask the child to help if possible. Check access to warm water and soap and use a bowl purely for that purpose.

If using wipes check with parents for allergies. It may be appropriate to ask parents to send in labelled wipes or cream for their child. If using towels consider procedures for laundry and include information in your plan.

Location

Whenever possible use the existing bathroom areas or the accessible toilet to protect the dignity of the child without putting staff at unreasonable risk. Do not change children in shared (class) 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. Best practice would be to plan well before a child with specialist toileting needs start at a setting or school, staff should identify areas where tasks will be varied out safely and discreetly.

Disposal

Whenever possible use the usual toilet facilities to flush contents of nappies and waste water.

Please note the usual health and safety regulations which apply to disposable nappies. It is not necessary for nappy waste to be regarded as clinical waste; it is not, therefore, necessary to use the yellow waste sacks or to arrange specialist waste disposal. Double wrapping the waste should be sufficient.

Dirty clothes should be placed in a plastic bag for parents to collect at home time. These soiled clothes must be stored in a designated place other than the usual coat area.



Dealing with Spillages

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

Specialist training

When pupils with physical disabilities require specific lifting and handling to support their toileting needs, all staff undertaking these duties must have received appropriate training. The child's health professionals (e.g. physiotherapists or occupational therapists) will be able to advise on the lifting and handling plan for individual children and on who can provide more generic training /guidance. Where moving and handling requires 2 people, it is good practice for the 2nd person to leave the room once the manual handling task has been completed and return once the task is completed and the child re clothed.

Risk Assessments

The setting or school should complete a risk assessment anticipating and addressing any concerns raised by staff, parents and the child.

Training staff in risk management is about training staff to think 'safety' rather than training staff to complete risk assessment forms.⁸

The purpose of risk management for staff is to ensure that:

- Tasks are carried out in the safest possible way
- Any risk to staff is minimised.

The purpose of risk management for children is to ensure that:

- They are not exposed to any unacceptable risk
- They can take part and enjoy all other activities that other children do

Supporting staff

Some staff may have concerns and be anxious about taking responsibility for supporting children with their personal care needs, perhaps due to the fear something could go wrong or if they are blamed. These concerns can be minimised if staff assess all relevant elements of risk, take adequate steps to minimise them and ensure that their actions are reasonably practicable. It is also important to bear in mind that it is the employer who is responsible and staff are only held responsible

⁸ Dignity and Inclusion – Council for Disabled Children



if they have not carried out the task in accordance with any risk assessment and training.

Intimate care and safeguarding children

The intimate care of children may involve certain activities that can leave some staff feeling vulnerable to accusations of abuse (*lifting and handling, personal care at an age beyond where most children can do for themselves*). It is unrealistic to expect that all risk will be eliminated, no matter what level of vigilance is adopted, but it is hoped that staff following this guidance will feel less fearful. The process of changing a nappy or toileting a child should not normally raise child protection concerns, and there are no regulations that require two members of staff to be available. As mentioned earlier in the guidance children should always be encouraged to act as independently as possible and to undertake as much of their own personal care as is possible and practicable.

Personal care should only be undertaken by staff known to the child and employed by the school/setting with a satisfactory enhanced DBS (Disclosure & Barring service).

As stated in section above, in line with good safeguarding practice staff who help with intimate care should make sure another member of staff is aware they are going to change a child and is in the vicinity and visible or audible (['Guidance for safer working practice for those working with children and young people in education settings', p14 2015](#)).

It is well established that children with disabilities may be particularly vulnerable to abuse and one of the factors that increases this vulnerability is that they need support with their intimate and personal care. Some reasons being:

- They may not be able to communicate what is happening;
- Dependent on others for their most important needs, such as feeding, taking medication or their toileting needs.
- Due to hospitalisation, fostering, residential / short break care they may have had multiple carers

Settings and Schools must consult Social Care colleagues whenever planning an approach to toilet training or special toileting arrangements for children with a Child Protection Plan. A clear toileting plan should be set out.

All staff have a responsibility to be aware of processes within their setting and school which support the safeguarding of children and these should be explained to them as part of staff induction and in regular staff training sessions.

All staff should be aware of their settings safeguarding procedures, including the procedures for dealing with allegations against staff and volunteers.



In the event of an allegation being made, by any person, or incident being witnessed, the relevant information should be immediately recorded and reported to the Nominated Safeguarding Person.



Useful Resources and Links

1. *Dignity & Inclusion: Making it work for children with complex health care need*, Council for Disabled Children, 2014

2. *Supporting Pupils at School with medical condition*, DfE, 2014:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions>

3. Medical Conditions at School website, which has lots of templates for schools to download and customise:

<http://medicalconditionsatschool.org.uk/>

4. For a wide range of resources and information see:

<http://www.eric.org.uk>

<http://www.bladderandboweluk.co.uk/children-young-people/children-resources>

<http://www.bladderandboweluk.co.uk/children-young-people/children-schools>

5. *Guidance for Safer Working Practice* 2015

<https://www.safeguardingschools.co.uk/wp-content/uploads/2015/10/Guidance-for-Safer-Working-Practices-2015-final1.pdf>

6. Equality Act Schools

<https://councilfordisabledchildren.org.uk/help-resources/resources/disabled-children-and-equality-act-2010-schools>

7. Equality Act Early Years

<https://councilfordisabledchildren.org.uk/help-resources/resources/disabled-children-and-equality-act-2010-early-years>



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 ...



Appendix 2		Directorate: xxxx		Team: xxxx			Location: xxx		
Activity or Work Area Assessed:		Assessors:			Date of Assessment:		Date for Review:		
Toileting/Personal care		xxx			xxxx		xxxx		
Hazard <i>What are the hazards – what can cause harm?</i>	Who could be harmed and how?	Control measures already in place <i>(what re you already doing)</i>	L – Likelihood (1 – 4)	S – Severity (1 – 4)	Risk rating – Lx S = R (1 – 16)	Date of completion	Additional control measures If risk rating is 6 or above	Person responsible for implementing further controls	Date of completion
Manual handling / lifting and physically supporting children	Minor /major injury/harm to staff /child	Staff trained (including additional back up staff to cover absence) Risk assessments and manual handling plan in place for all named children. Hoist and adjustable height hygiene tables as required. Existing lifting and handling policy	2	2	4	xx	All staff Manual handling training kept up to date Individual manual handling care plans reviewed and updated	xx	xx
Health risks Cross infections	Infection – risk to staff /children	Single use of disposable gloves provided and used by staff Good hygiene practice observed, handwashing advice followed	2	2	4	xx	Additional specialist training for named children vulnerable to infection		



		<p>Waste is double wrapped, bin emptied at least once daily</p> <p>Infections policy in place and made available to all staff</p> <p>Staff aware of health /infection risks to named children</p> <p>Health care plan in place for children with long term needs</p> <p>Changes of clothing available as required</p> <p>Arrangements with parents for supply of clean clothing and dealing with soiled clothing</p>							
Personal safety (lone working)	<p>Allegations of abuse against staff</p> <p>Injury if child has additional or unpredictable behaviours</p>	<p>Staff trained and aware of safe practice</p> <p>Ensure parents understand procedures</p> <p>Staff have enhanced DBS. Alarm cord or bleeper available to summon help (if not far to call)</p> <p>Staff always within sight or hearing</p>					2 nd member of staff involved if known risk of allegation or risk of challenging behaviour	xx	



		All staff accessed safeguarding training and adhere of safer working practices.							
		Records kept of all personal car and subject to management oversight.							
Inadequate/ unhygienic facilities or equipment failure	Minor /major injury/harm to staff/child	<p>Cleaning protocol in place</p> <p>Bin emptied at least daily</p> <p>Equipment (hoist, changing beds etc) serviced regularly according to manufacturer's instructions</p> <p>Inspection records in place</p> <p>Staff trained on use of hoist in accordance with manufacturer's instructions</p> <p>Staff regularly check equipment and report faults</p> <p>Act upon advice of any information from companies of faulty equipment notifications (e.g. remove, stop using)</p>	2	2	4	xx			



Nonverbal children/ children with communication needs	Injury/harm if child unable communicate and becomes frustrated	Establish visual routines in place using signing, photos symbols, objects etc Key person or familiar adult to undertake care	2	2	4	xx			
Allergies	Harm to staff /child: allergic reaction, soreness, broken skin which is vulnerable to infection	Liaise with parents re known allergies, record and plan for these. Use of gloves (sensitive for skin) All creams /lotions labelled with child's name and only use for that child. Allergies policy in place and all adhere to this. Policy reviewed regularly.	2	2	4	xx	Communication with parents – review and update as appropriate any changes		

Assessor Name	xxxxxxx
Assessor Signature	xxxxxxx

Manager/Head of Setting/School Name	Xxxxxxx
Manager/Head of Setting/school Signature	



	XXXXXX
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This assessment must be shared with, and communicated to, all staff who conduct this activity and/or work in the area assessed

Risk Rating:

		Severity			
Likelihood		1-Trivial	2-Minor	3.Serious	4.Major
	4-Very Likely	4 L	8 M	12 H	16 C
	3-Likely	3 L	6 M	9 H	12 H
	2-Possible	2 L	4 L	6 M	8 M
	1-Remote	1 L	2 L	3 L	4 L

Critical (16)	Immediate	Stop. Do not undertake the activity-critical risk, too high and unacceptable. Controls need to be implemented and the risk rating reduced to an acceptable level before the activity can recommence
High (9 -12)	1 week	Require immediate attention to bring the risk down to an acceptable level
Medium (6 - 8)	1 month	Review existing controls and consider additional ones. Regular monitoring required
Low (1 – 4)	3 months	Continue with the existing controls, operations requires monitoring



Hazard: Something that has the potential to cause harm

Likelihood: The likelihood of the hazard causing harm

Risk rating is calculated by multiplying the likelihood by the severity:

e.g. a likely chance of an accident resulting in a major injury = $3 \times 4 = 12$

therefore, a medium risk – within 1 month - review existing controls and consider additional ones. Regular monitoring required

