Guidance on Continence and Intimate Care in

Early Years Settings and Schools

The following guidance is based upon good practice and draws upon information contained within the Equality Act (2010) and the DfE document *"Supporting pupils at school with medical conditions"* which came into force in September 2014. Early Years settings and schools will need to develop their own policy based upon this guidance and any other appropriate guidance available to them, taking into account the individual needs/circumstances in their own setting.

Enuresis (wetting) is very common and incontinence fairly common amongst pre-school children and at school entry. “Typical” child development involves the gradual acquisition of faecal and urinary continence. The rate at which children develop bladder and bowel control varies and is influenced by cognitive ability and various family and socio-cultural factors. Although being late coming out of nappies is by no means necessarily associated with cognitive difficulties, it is likely that children with global developmental delay will be particularly late in this respect.

Children may have a physical condition that hinders continence, and some children may develop secondary enuresis or encopresis (soiling) as behavioural response to emotional difficulties. Schools and early years settings should be able to care effectively for children with these conditions and they must not be excluded from normal educational activities solely because of a manageable condition.

# The Equality Act 2010

The Equality Act requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. Where blanket rules about continence have been a feature of a setting/school’s admissions policy, changes will need to be made to comply with the Equality Act. Schools and settings will also need to develop an action plan which outlines how they are working towards providing an accessible toileting facility if this has not previously been available.

Achieving continence is just one of hundreds of developmental milestones, but 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 tends not to have the same stigma attached to it.

Education providers have an obligation to meet the needs of children with delayed personal development (including incontinence) in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. 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.

# ‘Accidents’

## In any educational setting that admits young children, occasional ‘accidents’ are to be expected, where children who are otherwise toilet-trained wet or soil themselves. There are many possible reasons for this – the child may be absorbed in an activity, may be anxious about asking to use the toilet, may have an upset stomach or may simply fail to get to the toilet and undo their clothing in time. As settings and schools are now admitting younger children, these accidents may increase in frequency, especially in the first few months after admission.

Where children have accidents, they should be changed in the same way as a child who is incontinent. Clearly, children should not be reprimanded or otherwise made to feel upset or embarrassed that they have had an accident. Asking parents of a child to come and change their child is unacceptable (unless parents have requested such an arrangement) and, in some cases, is likely to be a direct contravention of the Equality Act. Leaving a child in soiled clothing or a soiled nappy for any length of time pending the return of the parent can be considered to be neglect.

All children should have a spare set of clothes, supplied by parents, which are kept in the setting. Settings may have their own supply of spare clothes, but many children do not like being dressed in unfamiliar clothes, and some parents may object to their child being dressed in clothes which are not their own.

Older children may wish to change their own clothes, but they should always be supervised/assisted by a member of staff to ensure that they are clean and dry before putting on the new clothes. Wet or soiled clothing should be rinsed, securely wrapped and kept in an appropriate place until it can be given to parents at the end of the day.

# Staffing Issues

Depending on the accessibility and convenience of a setting/school’s facilities,

it could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning outcome, and of course, the time spent changing the child can be a positive, learning time.

However, if there are several children wearing nappies in a setting or school there could be clear resource implications. Within a school, the Early Years teacher or coordinator should speak to the Inclusion Coordinator/SENCO to ensure that additional resources from the school’s delegated SEN budget are allocated to the Early Years Foundation Stage group to ensure that the children’s individual needs are met. With the enhanced staffing levels in Children’s Centres and the private, voluntary and independent sectors, allocating staff to change the children should not be such an issue, although there may be circumstances within an individual setting that warrant additional support. In such cases, settings should contact their designated Early Years Area Inclusion Coordinator to discuss their needs.

# Job Descriptions

All childcare workers, with the exception of qualified teachers, should have nappy changing included in their job description, as personal care is one of the core duties of all those who work with young children. All prospective new staff should be made aware that this is an expectation during interview. While teachers cannot be required to change nappies, some may choose to do so at times if this is in the interests of the child and the efficient running of the class.

# Guidelines:

* Nurseries and other settings that care for babies and toddlers will already have a dedicated changing area. However, a suitable place for changing children should have a high priority in any setting’s/school’s Access Plan. If it is not possible to provide a purpose-built changing area, then it is possible to purchase a changing mat and change the child on a suitable surface. Ideally, the changing area should be carried out on a raised surface, as changing children on the floor may place strain upon staff’s backs.
* The Key person should be encouraged to change their key children where possible. This supports continuity for the child and enables their preferences in relation to changing to be followed.
* Staff should meet with parents/carers to discuss the child’s needs and their approach to nappy changing. Obviously, staff should be aware of cultural and religious practices and the wishes of the parents/carers. Wherever possible, to avoid distress or confusion to the child, practice should be the same at home and in the setting.
* Staff should be mindful of the need to preserve the dignity of the child.
* It is important that parents are aware that all staff have been through the DBS vetting and recruitment process which ensures that children are safeguarded.
* Each child should have his/her own named basket/container for nappies/spare clothes.
* When changing children staff should wash their hands with hot water and an appropriate soap/hand cleaner both before and after nappy changing. Gloves (and aprons where necessary) should be worn while nappy changing. The changing table should be cleaned after each use and the nappy should be disposed of hygienically in an appropriate container. Any spillages must be cleaned up immediately.
* Where needed staff should record times/frequencies of nappy changing and note any concerns (for example unusual bowel movement), which should be reported to parents/carers when the child is collected.
* An adequate supply of nappies must be kept on the premises at all times. Where parents/carers provide the nappies, staff should notify them well in advance when the stock is depleting.
* If barrier creams are used this should be discussed with the Key person, the cream labelled with child’s name, logged on their records and kept in a safe place.
* Settings should consider strategies for supporting children in developing independence through toilet training in partnership with parents when this is developmentally appropriate for the child.
* For advice and support in this area, staff in schools may contact Claudine Rausch Advisory Teacher SLS (020 7364 6444) who can offer advice on supporting children with physical impairments and complex medical needs. Staff in early years settings should contact their designated Early Years Area Inclusion Coordinator.
* Settings may wish to use this guidance to develop a continence/nappy changing policy. Such a policy should be approved by governors and/or management committee and made available to all parents.

# Further information and guidance

**Support for parents through Children’s Centres**

Educational Psychologists support families with toilet training through Children’s Centres when initial attempts have been particularly tricky for parents. They also run workshops on toilet training through Children’s Centres that all parents can access.

**Enuresis Resource & Information Centre** (ERIC), 34 Old School House, Britannia Road, Kingswood, Bristol, BS15 8BD. Telephone: 0117 960 3060

Website [www.eric.org.uk](http://www.eric.org.uk)

This organisation also provides: Guide to Managing Continence in Schools and Early Years Settings <https://www.eric.org.uk/Pages/Category/help-at-school>

**Good Practice in Continence Services**, 2000. Available free from Department of Health, PO Box 777, London SE1 6XH or [www.doh.gov.uk/continenceservices.htm](http://www.doh.gov.uk/continenceservices.htm)

**NHS guidance: How to potty train.**

<https://www.nhs.uk/conditions/pregnancy-and-baby/potty-training-tips/>

**Institute of Health Visiting: tips for parents**

<https://ihv.org.uk/for-health-visitors/resources-for-members/resource/ihv-tips-for-parents/health-wellbeing-and-development-of-the-child/toilet-training/>