Continence Guidance



Guidance

Promoting Personal Development in the Foundation Stage - Continence

The Disability Discrimination Act 2005 (DDA) is now incorporated into the Single Equality Act (2010) however the requirements detailed below remain appropriate.

The Disability Discrimination Act 2005 (DDA) requires all education providers to reexamine all policies, consider the implications of the Act for practice and revise their current arrangements. Schools and settings must make sure that they provide an accessible toileting facility if this has not previously been available.

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

Definition of Disability

The Equality Act provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on his/her ability to carry out normal day-to-day activities. In 2002 the SEN and Disability Act extended disability discrimination duties to schools. If the need for nappies were linked to a child's disability then excluding a child would be discriminatory practice.

It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. However, 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 global developmental delay which may not have been identified by the time they enter a setting or school are likely to be late coming out of nappies.

Early education providers have an obligation to meet the needs of children with delayed personal development 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 setting or school activities solely because of incontinence.

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.

Settings and Schools should consider the following issues:

Health and Safety

All settings and schools should have a statement of the procedures the setting/school will follow in case a child accidentally wets or soils him/herself, or is sick while on the premises. The same precautions will apply for nappy changing.

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This is likely to include:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled nappies to be double wrapped and placed in a bin with a lid
- Changing area to be cleaned after use
- Hot water and liquid soap available to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands.

Asking the parent/carer of a child to come and change a child is likely to be a direct contravention of the DDA. Leaving a child in a soiled or wet nappy for any length of time pending the return of the parent is a form of abuse.

Facilities

Settings and schools are now admitting younger children, some of whom, by virtue of their immaturity, are likely to have occasional accidents, especially in the first few months after admission. 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 the floor or on another suitable surface. A 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.

Page 28 of the EYFS Statutory framework states 'There should be suitable hygienic changing facilities for changing any children who are in nappies'. OFSTED interprets this to include the disposal of soiled nappies. It is the settings responsibility to make appropriate arrangements for the safe and hygienic disposal of soiled nappies. It is not acceptable practice to return soiled nappies to the parent/carer at the end of the session as this could be seen as being both unhygienic and discriminatory.

Safeguarding Children (Child Protection)

The normal process of changing a nappy should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. Few setting/schools will have the staffing resources to provide two members of staff for nappy changing and CRB checks are carried out to ensure the safety of children with staff employed in childcare and education settings. If there is known risk of false allegation by a child then a single practitioner should not undertake nappy changing. A student on placement should not change a nappy unsupervised.

Setting/school managers are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they do for all activities carried out on site. All staff should be aware of the procedures to follow if a complaint is made against a member of staff.

Agreeing a procedure for personal care in your setting/school

Settings/schools should have clear written guidelines for staff to follow when changing a child, to ensure that staff follow correct procedures and are not worried about false accusations of abuse. Parents should be aware of the procedures the school/setting will follow should their child need changing during their time at the setting/school

Your written guidelines will specify:

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- Who will change the nappy
- Where nappy changing will take place
- What resources will be used (and who will supply them)
- · How the nappy will be disposed of
- What infection control measures are in place
- What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries

All settings/schools may also need to consider the possibility of special circumstances arising, should a child with complex continence needs be admitted. In such circumstances the appropriate health care professional will need to be closely involved in forward planning including the setting up of an appropriate Care Plan.

Staffing

It may be necessary to consider the deployment of staff and the introduction of routines for a child who needs changing on a regular basis. Settings/schools will be used to organising staff to deal with the occasional toileting mishap so these procedures can be adapted to accommodate changing a child with a soiled or wet nappy.

Job Descriptions

Occasionally a setting/school will say that offering personal care is not in the job descriptions of their teaching assistants. It is hard to believe how this could be the case for any assistant working with young children, and this should be included at the next review. Roles of existing staff may need to be clarified with regard to personal care. Certainly any new posts should have offering personal care to promote independent toileting and other self-care skills as one of the tasks.

Keys to Success

It is important that the setting/school positively supports the development of independence in toileting, alongside the development of other independence skills.

It is not helpful to assume that the child has failed to achieve full continence because the parent/carer has not bothered to try. There are very few parents/carers for whom this would be true. In the unlikely event this is the only reason why the child has not become continent then continence achievement should be uncomplicated if a positive and structured approach is used.

Delayed continence may be linked with delays in other aspects of the child's development, and will benefit from a planned programme worked out in partnership with the child's parents/carer, possibly also involving the Health Visitor.

Partnership Working

An early meeting with parents/carers, the health visitor if possible, and the settings/school staff, is essential. At this meeting it will be helpful to discuss with parents:

- The nature of the child's needs and possible causes
- How the parent/carer manages the situation at home
- Preference in terms of practical care e.g. use of water or baby wipes
- Preferred method of toilet training

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 How to develop a consistent approach at home and in the setting/school

The setting/school will have a paragraph on intimate handling in their Safeguarding Children policy. Parents/carers need to understand that changing a child's nappy will involve intimate handling.

In some circumstances it may be appropriate for the setting/school to set up a homesetting/school agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This might include:

The parent:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the setting/school
- Providing the setting/school with spare nappies and a change of clothing
- Understanding and agreeing the procedures that will be followed when their child is changed at school -including the use of any cleanser or the application of any cream
- Agreeing to inform the setting/school should the child have any marks/rash
- Agreeing to a 'minimum change' policy i.e. the setting/school would not undertake to change the child more frequently than if s/he were at home.
- Agreeing to review arrangements should this be necessary

The setting/school:

- Agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agreeing how often the child would be changed should the child be staying for the full day
- Agreeing to monitor the number of times the child is changed in order to identify progress made
- Agreeing to report should the child be distressed, or if marks/rashes are seen
- Agreeing to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the setting/school is taking a holistic view of the child's needs.

Useful publication/contact information

- Good Practice in Continence Services, 2000. www.doh.gov.uk/continenceservice.htm
- Enuresis Resources and Information Centre (ERIC), 34, Old School House, Britannia Road, Kingswood, Bristol BS15 8BD
 Telephone 0117 960 3060

 www.eric.org.uk