

# Continence Intimate Care Guidance

Academic Year 2025-2028



This guidance is to be read in conjunction with the London Borough of Enfield's Continence Guidance for Schools and Early Years Settings.

### **Introduction**

The Connect Education Trust is now admitting younger children than before and more children with developmental delay or complex needs. Some children, by virtue of their immaturity or their complex needs, are likely to be in nappies or have occasional accidents, especially in the first few months after admission. Many parents ask about the admission and support of children who have varying degrees of continence. This guidance clarifies the situation for staff and parent/carers.

### **The Disability Discrimination Act (DDA)**

The DDA 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.

### **Admissions**

The Connect Education Trust has 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. The Connect Education Trust will not refuse admission to children who are delayed in achieving continence.

### **Reasonable Adjustments**

The Connect Education Trust will make necessary adjustments to meet the individual needs of each child. Children will not be stigmatised, excluded or treated less favourably because of their incontinence. The Connect Education Trust will not ask the parents/carers of a child to come in to school and change a child. Leaving a child in a soiled or very wet nappy for any length of time pending the return of the parent is a form of abuse and will not be tolerated.

### **Facilities**

The Connect Education Trust will provide an accessible toileting facility in accordance with The Department of Health's guidance.

Current DCSF recommendations for purpose-built foundation stage units include an area for changing and showering children in order to meet the personal development needs of young children. One extended cubicle with a wash basin should be provided in each school for children with disabilities. If it is not possible to provide a purpose-built changing area then a changing mat will be purchased and the child will be changed on the floor or on another suitable surface. A 'Do Not Enter' sign (visually illustrated) will be placed on the toilet door to ensure that privacy and dignity are maintained during the time taken to change the child.

### **Health and Safety Changing Procedures**

Should a child be in nappies or should a child accidentally wet or soil him/herself while on the premises, the school will follow the procedures below.

1. Tell the child to go and get ready.
2. Sign to be placed on door to say toilet is in use.
3. Toilet door must not be locked.
4. One adult to go into the toilet with the child.
5. Staff to wear disposable gloves, and an apron if necessary.
6. Both gloves and apron to be disposed of and replaced if another child is to then be changed.

7. Ensuring hygiene procedures are followed appropriately, e.g. hands washed before and after nappies are changed and changing mats cleaned before and after each use.
8. To ensure that no child is ever left unattended during the nappy changing time.
9. Soiled clothing or nappy to be double wrapped and placed in a hygienic disposal unit or yellow bag.
10. Staff to encourage child to follow 'Wipe, wipe, check,' routine (visual support if necessary).
11. Adult to make final check that the child is completely clean and wipe if necessary.
12. Clean underwear/ pull-up/ pad to be provided and child to be encouraged to dress themselves. Changing area to be cleaned after use.
13. Hot water and liquid soap available to wash hands as soon as the task is completed.
14. Hot air dryer or paper towels available for drying hands.
15. Adult to complete changing log.
16. Making sure staff do not change nappies whilst pregnant until a risk assessment has been discussed and conducted; and that students only change nappies with the support and close supervision of a qualified member of staff.
17. When inducting new staff, ensure they are fully aware of all procedures relating to nappy changing.
18. Following up procedures through supervision meetings or appraisals to identify any areas for development or further training if required.
19. Conduct working practice observations of all aspects of nappy changing operations to ensure that procedures are working in practice and all children are supported fully by the staff. This includes all intimate care routines.

The child will be encouraged to be as independent as possible, e.g. when undressing and given support where appropriate. The adult must explain all stages of the procedure, even if it is already familiar to the child.

### **Child Protection**

The normal process of changing a nappy or a child's clothing if he/she has a toileting accident in school, should not raise child protection concerns. DBS checks are carried out on all staff employed in childcare and education to ensure the safety of children, and all staff have received Safeguarding and Child Protection training. There are no regulations that indicate that a second member of staff must be available to supervise the nappy/clothing changing process to ensure that abuse does not take place. Therefore, a single adult may change nappies/clothes without the need for a second member of staff observing. The Connect Education Trust will only provide two members of staff for nappy/clothing changing if there is a known risk of false allegation by a child. In these circumstances, a single practitioner should **not** undertake nappy changing. A student on placement should not change a nappy unsupervised. Managers are encouraged to remain highly vigilant for any signs or symptoms of improper practice, as they do for all activities carried out on site.

### **Promoting Personal Development in Foundation and Key Stage 1 – Continence**

Delayed continence is not necessarily linked with learning difficulties. However, children with global developmental delay, that has not been identified by the time the child enters nursery or school, are likely to be late coming out of nappies.

### **Agreeing a Procedure for Personal Care**

The Connect Education Trust 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 below should their child need changing during school time.

- Who will change the nappy?
- Where nappy changing will take place?

- What resources will be used (cleansing agents used or cream to be applied)?
- How the nappy will be disposed?
- 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 on the child?

The Connect Education Trust also considers 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.

### **Resources**

Depending on the accessibility and convenience of school/nursery facilities, it could take 10 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 target, and of course, the time spent changing the child can be a positive, learning time. If several children wearing nappies enter Foundation Stage provision, there could be clear resource implications. Within the school, the Foundation Stage Teacher would speak to the SENCO to ensure that additional resources from the school's delegated SEN budget are allocated to the Foundation Stage group to ensure that the children's individual needs are met.

### **Job Descriptions**

The personal care of any child will be undertaken by one of the teaching assistants, nursery assistants or other school staff. Occasionally some teachers also take a turn with this task, but we recognise that this does not often happen. Any new posts will offer personal care to promote independent toileting and other self-care skills as one of the tasks.

### **Keys to Success**

It is not helpful to assume that the child has failed to achieve full continence because the parent has not bothered to try. There are very few parents 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. Remember that 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.

Parents are more likely to be open about their concerns about their child's learning and development and seek help if they are confident that they and their child are not going to be judged for the child's delayed learning.

### **Advice and Support**

There are other professionals who can help with advice and support. The school welfare officer, PSA, SENCO or outreach worker has expertise in this area and can support parents to implement toilet training programmes in the home. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems. Education and Resources for Improving Childhood Continence (ERIC) has many helpful publications, which you may send for to get additional information on continence issues.

### **Partnership Working**

In some circumstances it may be appropriate for the Connect Education Trust to set up a home-school agreement that defines the responsibilities that each partner has, and the expectations each has for the other. This could include:

The Parent:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to the school/nursery
- Providing the school/nursery with spare nappies and a change of clothing
- Understanding and agreeing the procedures that will be followed when their child is changed, including the use of any cleanser or the application of any cream
- Agreeing to inform the school/nursery if the child has any marks/rash
- Agreeing to a 'minimum change' policy i.e. the school/nursery 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 School/Nursery:

- 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 let parents know should the child become 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 school/nursery is taking a holistic view of the child's needs.

## **Appendices**

### **1 Guidelines for Good Practice**

All children have the right to be safe and to be treated with dignity and respect. These guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Young children and children with special educational needs can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.

1. Involve the child in the intimate care.
2. Communicate with the child.
3. Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation.
4. Make sure practice in intimate care is consistent; as a child may have multiple carers, a consistent approach to care is essential.
5. Only carry out activities you understand and feel competent with. If in doubt, ask.
6. Promote positive self-esteem and body image.
7. If you have any concerns you must report them.

### **2 Working with Children of the Opposite Sex**

There is positive value in both male and female staff being involved with children. Ideally, every child should have the choice for intimate care but the current ratio of female to male staff means that assistance will more often be given by a woman. The intimate care of boys and girls can be carried out by a member of staff of the opposite sex with the following provisions:

- maintain dignity and privacy, ie the child should be appropriately covered, the door closed or screens/curtains put in place.
- if the child appears distressed or uncomfortable when personal tasks are being carried out, the care should stop immediately. Try to ascertain why the child is distressed and provide reassurance.
- report any concerns to the Designated Teacher for Child Protection and make a written record.
- parents must be informed about any concerns.

### **3 Risk Assessment**

See below.

## Intimate Care Risk Assessment

Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_ Date \_\_\_\_\_

Completed by: \_\_\_\_\_ Role: \_\_\_\_\_

Potential risk	Yes/No	Actions to Mitigate Risk
Does the weight/size/shape of a pupil present a risk?		
Does communication present a risk?		
Does comprehension present a risk?		
Is there a history of safeguarding concerns?		
Are there any medical considerations? Including pain/discomfort?		
Has there ever been allegations made by the child or family?		
Does moving and handling present a risk?		
Does behaviour present a risk?		
Is staff capability a risk? (e.g. back injury, pregnancy)		
Are there any risks concerning individual capability of the pupil to consider? <ul style="list-style-type: none"><li>• general fragility</li><li>• fragile bones</li><li>• head control</li><li>• epilepsy</li><li>• other</li></ul>		
Are there any environment risks? - Heat / Cold		

This risk assessment has been read and agreed by:

Lead Member of Staff Name/ Role: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_