St. Mary's Catholic Primary School
Continence Policy 2009

Principles and Guidance for Promoting and Supporting Children’s Personal Development

This Continence Policy: Principles and Guidance for promoting and Supporting Children’s Personal Development is modelled on Leicester City’s policy as recommended by Sure Start in the DCSF document ‘Implementing the DDA: improving access: early years’.

It places the development of continence firmly in the context of:
- the DDA and the risk that blanket policies on toilet training may discriminate;
- general developmental milestones and the wider development of independence in young children.

This policy therefore supports schools in:
- ensuring that policies do not discriminate
- addressing the practicalities
- endorsing and promoting the principle of partnership with parents

From September 2008 it is the legal responsibility of these providers to ensure that their provision meets the learning and development requirements, and complies with the welfare regulations, as required by Section 40 of the Act.” Statutory Framework for the Early Years Foundation Stage 1.6

The SEN and Disability Act 2001 made changes to Part 4 of the DDA. Chapter 1 of the new Part 4 brought in requirements on those providing school education.

Part 4 of the DDA says that it is unlawful for schools to discriminate against disabled pupils and prospective pupils. A school discriminates if:
- it treats a disabled pupil or prospective pupil less favourably than another for the reason related to their disability and without justification (the ‘less favourable treatment duty’);
- it fails without justification, to take reasonable steps to avoid placing disabled pupils at a substantial disadvantage (‘the reasonable adjustments duty’).

The duties apply to:
- Admissions
- Exclusions
- Education and associated services (a broad term covering the whole life of the school).

When a parent considers that their disabled child may have been discriminated against, they can make a claim of disability discrimination. Most claims are made to the SEN and Disability Tribunal.

LEGISLATIVE FRAMEWORK
Early Years Foundation Stage
Context and legal responsibilities

1.3 The EYFS is a central part of the ten year childcare strategy and the Childcare Act 2006. The Act provides the context for the delivery of the EYFS and taken together with the other elements of the strategy, the EYFS will be central to the delivery of the new duties on improving outcomes and reducing inequalities.

1.5 The EYFS is given legal force through an Order and Regulations made under the Act. From September 2008 it will be mandatory for all schools and early years providers in Ofsted registered settings attended by young children – that is children from birth to the end of the academic year in which they are five. EYFS Statutory Guidance Pg. 7

The Disability Discrimination Act
The Disability Discrimination Act (DDA) requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. In the light of historical practices that no longer comply with new legislation, changes will particularly be required wherever blanket rules about continence have been a feature of a school's /settings admissions policy. Schools and settings will also need to set in motion action that ensures they provide an accessible toileting facility if this has not previously been available.

The Department of Health has issued clear guidance about the facilities that should be available in each school. (Good Practice in Continence Services, 2000). Achieving continence is one of many developmental milestones usually reached within the context of learning before the child transfers to a nursery or school in the maintained sector. In some cases this one developmental area is given significance beyond all others and parents may be made to feel guilty that this aspect of learning has not been achieved. Whilst there may be children with longer-term continence issues for whom an individual health care plan will be put in place. There will also be children at various points of developing their independence in toileting who will need short term support in this important area of self-care.

Definition of Disability in DDA

The DDA provides protection for anyone who has a physical, sensory or a learning difficulty that has an adverse effect on his/her 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. 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 nursery or school are likely to be late coming out of nappies.

Education providers have a legal 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 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 schools and settings are expected to make reasonable adjustments to meet the needs of each child.

Health and Safety
The school has Hygiene and Infection Control advice as part of their Health and Safety policy. This is a statement of the procedures the school will follow in case a child accidentally wets or soils themselves, or is sick while on the premises. The same precautions will apply for nappy changing.

Each individual case of incontinence must be judged on its own merits. Children may wet themselves or soil themselves in very different circumstances either on

- an irregular basis due to being unable to hold the bladder or bowel, infection: in these circumstances if a child is distressed or ill then parents will be asked to take their child home
- a regular basis due to a health condition or continence not being achieved: in these circumstances the school will request extra resources to meet this child’s special needs and will cater for their needs in school

The school had decided

- Designated changing area is the disabled toilet
- Resources will be provided and kept in cupboard in disabled toilet specifically for continence items
- Staff must wear disposable gloves and aprons and follow health and safety guidelines
- Wet or soiled disposable pants or nappies must be double wrapped and disposed of via the normal domestic waste route.
- Soiled clothing must be stored in a suitable place for collection by parent / carer at end of the day.
- The changing area must be cleaned after use
- Hot water and liquid soap should be used to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands.

In order to deal with a situation where a child accidentally wets or soils themselves, or is sick while on the premises

- The EYFS practitioner or the class TA or the first available TA will look after the child
- Changing will take place in the disabled toilet.
- Resources will be provided and kept in a cupboard in the disabled toilet
- Resources to be provided by the school: disposable aprons and gloves, sealable plastic bags for contaminated clothing, cleansing wipes, soap, towels, paper towels available for drying hands
- A child will have an individual health care plan if accidents occur frequently.
- The use of any anti-allergic creams according to specific needs of individual child will be provided by parents. Parents must check to see creams supplied are not out of date. Creams must be clearly labelled by the parent with the child’s name. These creams will be kept in the disabled toilet cupboard.
- Wet or soiled disposable nappies or disposable pants should be double wrapped and disposed of directly to the outside bin, the normal domestic waste route.
- Soiled clothing will be wrapped and sealed and stored in a suitable place and sent home to be dealt with by parents the same day.
- Hygiene measures are set out in the school safety policy
- Staff have a duty of care and would report concerns to the CPC if they notice marks or injuries or suspect improper practice
- Staff will maintain confidence and dignity of pupils while they are being cared for.
- The teacher will review arrangements with parents if accidents are frequent
Asking parents of a child to come and change a child is likely to be a direct contravention of the DDA, and leaving a child in a soiled nappy, wet or soiled clothing for any length of time pending the return of the parent is a form of abuse.

Facilities

Schools are now admitting younger children, some of whom, by virtue of their immaturity, are likely to have accidents, especially in the first few months after admission. There are a number of sensitivities with regard to children who have toileting / continence difficulties, not the least of which concerns the child’s and family’s self-esteem, the need for privacy and confidentiality, and the potential for name-calling/bullying owing to body odour. The emotional well-being and the dignity of the child is paramount when dealing with such intimate and personal needs.

Current DCFS 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. There is also evidence that there is a trend for the parents of children with more complex needs to request a place for their child in a mainstream school.

A suitable place for changing children therefore, should have a high priority in any 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 the floor or on another suitable surface. A ‘Do not enter’ 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.

The Accessibility Plan is part of the Schools Disability Equality Scheme – either an integral part of, or as an appendix – which all Secondary Schools should have had in place since December 2006 and Primary Schools from December 2007.

Safeguarding

The normal process of changing a nappy should not raise safeguarding 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 schools will have the staffing resources to provide two members of staff for nappy changing and personnel checks (including CRB) are carried out to ensure the safety of children with staff employed. If there is perceived risk of allegation by a child then a single practitioner should not undertake nappy changing or other personal care needs. A student on placement should not change a nappy unsupervised.

Due consideration should also be given to supporting older pupils with their personal care needs.

All members of staff are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they would for all activities carried out on site.

Consultation with parents should enable a mutual agreement to be reached to clearly define the expectations of both parties. Parents would therefore be fully aware of the procedures the school will follow should their child need changing during school time.

Schools / settings may also need to consider the possibility of special circumstances arising, should a child with complex continence needs be admitted. In such circumstances the Continence Team will need to be closely involved in forward planning and specific training for the individual child.
Resources

Changing an individual child could take up to ten minutes, possibly longer in some circumstances. Generally this would not be dissimilar to the amount of time that could be spent with a child on any activity, and of course the time spent changing the child can be a positive, learning time. Consideration will need to be given to the implication of a member of staff leaving the room / area in order to change an individual child. A system of cover therefore needs to be in place in order to maintain an appropriate adult presence. This will not entail additional staff, it may be re-organising rooms and activities or re-deploying staff.

However, if several children not yet independent with toileting enter foundation stage there may be resource implications. The school management team should be fully aware of the possible implications in order to ensure that resources are available to meet both group and individual needs appropriately.

Where a child is likely to have longer term needs the school SENCO should ensure that additional resources from the school’s delegated SEN budget are allocated to the foundation stage to enable the children’s individual needs to be met.

Where there are children with complex care / continuing care needs funding may be available from Commissioners at the PCT. Refer to NLPCT – Single Agency Request for Additional Health Services Updated June 2008. Children’s Complex Care/Continuing Care.

As the EYFS requires the introduction of a key person for each child, it is likely that any member of the foundation stage staff could be called upon to change an individual child. It is recommended that schools determine a preferred procedure around their own staffing arrangements.

Keys to Success

A successful transition to independence in this area of self-care is more likely to be achieved where practitioners and parents work together with a positive approach to supporting the child in this aspect of their development.

It is therefore not helpful to assume that the child has failed to achieve full continence because this has not been attempted in the home. There are very few children for whom this would be true. Where this may be the case a positive and structured approach developed in partnership with parents and carers is likely to be successful.

“Providers must promote equality of opportunity and anti-discriminatory practice and must ensure that every child is included and not disadvantaged because of ethnicity, culture or religion, home language, family background, learning difficulties or disabilities, gender or ability.” EYFS Statutory Guidance pg.37

Where staff become concerned that delayed continence may be linked with delays in other aspects of the child’s development, this should be sensitively discussed with parents and carers and a specifically planned programme be jointly developed and agreed.

There are other professionals who can help with advice and support. The family Health Visitor or appropriate nurse will have knowledge of who can be contacted to offer support and advice in this area. Health care professionals can also carry out a full health assessment in order to rule out any medical cause of continence problems.
Partnership Working

Parents of new pupils will be given information about how the school will deal with toilet accidents.

In order to achieve a clear understanding of the responsibilities of each partner, staff and parent / carers in cases where a child has not achieved continence and is liable to have more than one accident a week the school will draw up a continence plan in conjunction with the parents careers of the child which will define each others expectations.

Roles and responsibilities
The parent / carer:

- Agreeing to ensure that the child is changed at the latest possible time before being brought to school
- Providing the school with spare disposable nappies, underwear, a change of clothing and any prescribed creams
- 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 prescribed cream
- Agreeing to inform the school should the child have any marks / rash
- Agreeing to a ‘minimum change’ policy i.e. the school would not undertake to change the child more frequently than if they were at home.
- Agreeing to review arrangements should this be necessary

The school will

- Identifying the key person and staff engaged in the child’s personal care.
- Agree the child’s care routines with the parents/carers
- Agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agree how often the child would be changed should the child be staying for the full day
- Agree to monitor the number of times the child is changed in order to identify progress made
- Agree to discuss any marks or rashes seen
- Agree to review arrangements.

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

Useful North Lincolnshire contacts:
### Health Visiting
Clinical Lead  
Monarch House  
Off Arkwright Way  
Queensway Business Park  
Scunthorpe  
North Lincolnshire  
DN16 1AL  
Tel. No: 01724

### School Nursing
Clinical Lead  
Monarch House  
Off Arkwright Way  
Queensway Business Park  
Scunthorpe  
North Lincolnshire  
DN16 1AL  
Tel. No: 01724

### Continence Advisory Service
Horkstow House  
Brumby Resource Centre  
East Common Lane  
Scunthorpe  
DN16 1QQ  
Tel. No: 01724 298325

### Learning Disability Team
Barton House  
Brumby Resource Centre,  
East Common Lane  
Scunthorpe  
DN16 1QQ  
Tel. No: 01724 298222

### Early Years Advisory Officer
SEN/Inclusion  
Ashby Turn Children’s Centre  
Ashby High Street  
Scunthorpe  
DN16 2RY  
Tel. No: 01724 846729

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**Further Information and guidance**

**Toileting Issues for Schools and Nurseries** (Leicester, Leicestershire and Rutland Specialist Community Child Health Services) Available from Early Years Co-ordinator (SEN), Early Years Support Team, New Parks House, Pindar Road, Leicester, LE3 9RN or e-mail early.years.support@leicester.gov.uk

**Enureris Resource & Information Centre (ERIC)**, 34 Old School House, Britannia Road, Kinswood, Bristo, BS15 8BD. Telephone: 0117 960 3060  
Website [www.eric.org.uk](http://www.eric.org.uk)


**Managing Bowel and Bladder problems in Schools and Early Years Settings** (Guidelines for good practice), PromoCon, Disabled Living, Red Bank House, 4 St Chad’s Street, Manchester M8 8QA. Telephone: 0870 777 4714.
Email: promocon@disabledliving.co.uk  
Website: [www.promocon.co.uk](http://www.promocon.co.uk)

**Keep it clean and healthy, Infection Control Guidance for Nurseries, Playgroups and other Childcare settings**. Published by Pat Cole, Hartford Cottage, 1 Longstaff Way, Hartford, Huntingdon, Cambridge, PE29 1XT.
Email: pat@cole-hartford.fsnet.co.uk

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**APPENDIX 1**

**Promoting the Continence of Children in North Lincolnshire**

**Preface**

This document promoting the continence of children has been put together by a group of professionals including health service practitioners, LEA officers, teaching staff from St Luke’s and St Hugh’s Special Schools and colleagues from the voluntary sector.

The document is written in the context of an increasing number of children with continence problems being admitted into mainstream schools and nurseries and concerns about the financial and environmental impact of providing continence products to children, potentially for their lifetime.

Practitioners have been working together to develop a pathway which will promote continence for children, wherever possible. The provision of information and advice and multi-agency based training programmes are seen as the keys to promoting continence for children. Support and commitment from a number of practitioners from different agencies is needed, but all are agreed that active parental involvement is essential and forms the cornerstone of any effective approach.

**Purpose of Policy**

Achievement of continence has a number of benefits:
- Greater dignity for the children – particularly important as they become older
• Everyday routines/activities of family life are not compromised – e.g. being able to go swimming; not having to rely on there being appropriate changing facilities when accessing other activities, children being able to stay overnight with friends and family
• Reduced costs for the NHS and families in supplying continence products – for the NHS, this saving will have long term consequences as products won’t need to be provided on a long term basis
• Reduced environmental impact as less continence products are sent to landfill sites
• Reduced risk to family/other carers as not having to change children will reduce the potential for injuries through moving and handling
• Reduced costs/resolution of practical issues for mainstream schools/settings where additional arrangements have to be put in place when children are not continent

The purpose of this document is to set out an agreed approach to be taken by the various agencies working with children in North Lincolnshire to achieve continence on an individual basis wherever possible and at the right time for the child. Adopting a consistent approach, which is based on a well understood pathway, will be essential to supporting parents and children in this matter.

Background Information

Becoming continent is the result of the interaction of two processes:
• Socialisation of the child
• Maturation of the nervous system

Normally, continence is achieved by the time a child reaches three years of age, with most children achieving full control by the age of four years, albeit that “accidents” may still occur.

Children with a general delay in acquiring bowel and bladder control can often remain clean and dry if they are reminded to go to the toilet and given the opportunity for regular and frequent breaks throughout the day. Clothing which is easily removed is obviously important but so is fluid intake.

Inadequate fluid intake can result in concentrated urine which can irritate the bladder and actually create continence problems. Likewise, inadequate fluid intake can also contribute to the development of constipation. A minimum recommendation is for children to drink at least 3-4 full drinks per school day (one full drink = 200 mls).

The underlying premise of this policy is that for many children, a consistent approach to toileting can yield positive results.

It is worth noting, that in the period September 2006 to September 2007 there were 66 children in the age group 5 – 11 years who were in receipt of continence products funded by the PCT but this figure increased to 33 children in the age bracket 12 – 16 years. This pattern reflects, in part, the increased demands on the Continence Service.

Common Conditions/Symptoms

(i) Daytime Wetting

(a) Frequency
The child may feel the need to pass urine at frequent intervals, which can be as often as every 15 minutes or so. This can obviously be very distressing for the child and also disruptive if the child has to leave class frequently to go to the toilet. However, it is wise to check with the parents as to whether or not the child may have an infection which is causing these symptoms.

Children in this category will normally require a more formal type of intervention, which could include medication in some cases in order to help achieve normal bladder control. Treatment usually involves a bladder re-training programme (i.e. teaching the bladder to “hold on”), necessitating ready access to a toilet and to drinks.

A typical toileting programme may involve the child going to the toilet “by the clock” at 1-2 hourly intervals initially. The child will also require extra drinks during the school day.

(b) Urgency
With urgency the child feels the need to pass urine straight away, without the ability to “hold on”. Urgency is commonly seen in conjunction with frequency although it can occur on its own or as a result of an infection. Unless the child has immediate access to a toilet there will be a problem in continence.
A child with urgency problems will need to undergo a bladder re-training programme established in collaboration with parents/carers and the School Health service in order for the child to learn to recognise and respond appropriately to signals from their bladder.

(ii) Encopresis
Encopresis is nowadays generally used as a term to describe the passing of normally formed stools in a socially unacceptable place and is thought to be behavioural in origin. Children with encopresis may not have an underlying constipation, which causes the soiling. The involvement of one of the community nursing services may be appropriate in these cases.

(iii) Overflow Soiling
Overflow soiling, by contrast, is the uncontrolled passing of faecal matter into the underclothes as a direct result of chronic constipation, all of which remains totally outside the child’s voluntary control. Faecal matter may be liquid or solid. The child may be unaware that soiling has taken place and of the associated smell. Many children suffer from feelings of low self-esteem and shame because of the condition and treatment programmes can become protracted if no early solution is found. Easy access to appropriate toileting, changing and washing facilities is an essential part of any treatment programme. A referral to either the continence service or the School Nursing service should be considered.

(iv) Conditions/Disabilities
There are various medical conditions and disabilities which can have an effect on a child’s continence.

Some children with physical disabilities/long-term medical conditions may also have problems with bowel and/or bladder control:

- Crohn’s Disease an inflammatory bowel disease characterised by severe chronic inflammation of the intestinal wall or any portion of the gastrointestinal tract.
- Hirschsprung’s Disease a rare disorder of the bowel, the symptoms of which can include constipation, distension of the bowel and vomiting.
- Imperforate Anus a congenital abnormality in which the anus is not fully formed.
- Irritable Bowel Syndrome a bowel condition characterised by abdominal pain and by wide variations in the frequency and predictability of bowel movements.
- Spina Bifida the incomplete development of the spinal column which can cause difficulties with bladder and bowel control.

Other children with global developmental delay and/or disabilities of a neurological nature may either lack the cognitive ability to learn to become continent or have a insufficiently mature neurological system. Children with autism can experience problems with continence. For these children, establishing an appropriate toileting routine early in childhood is essential.

For most children, however, a consistent approach to toileting can yield positive results.

The Continence Advisory Service saw approximately 80 children in the enuretic clinic over a seven month period for bladder scanning and advice. Figures for children attending clinics via the school nursing service are not readily available at this stage.

A Consistent Multi-Agency Approach to Promoting Continence for Disabled Children

The approach which is being developed in North Lincolnshire involves the following elements:

- Advice and support – guidance and information for families is essential whether the child is in receipt of continence products or not. The pathway will set out information about how children can be referred, what options are available and will also include a mechanism for considering exceptional circumstances where a child may need something earlier/different to the standard provision.
- Toileting programmes – this element of the pathway will be based on a checklist assessment to identify when a child is ready to commence a toileting programme. This assessment will usually be undertaken by someone who knows the child well and will form the basis of the referral to the appropriate service. The key to a successful toileting programme will be commitment from families and others with whom the child is in regular contact – in particular, early years providers.
- Training/Awareness Raising – training will be provided for key people in order that they can promote the approach being taken locally and can identify when children are ready for a toileting programme. These key individuals have an essential role in encouraging parents to believe that their child can be continent and that reliance on products is not the answer for most children.
• Continence Products service - for those children with long term continence problems. This will include a range of products which should be considered as the needs/age of the child changes – e.g. reusable products and penile sheaths for older boys. Children receiving continence products will be invited to attend a regular review sessions (typically six monthly) to discuss their changing requirements and continue to promote achievement of continence in whatever ways possible. Attendance at the review session will be a requirement for ongoing provision of products.

**Expected Outcomes**

In adopting this consistent approach to continence management, the following outcomes should be delivered:

- Most children will be able to achieve an acceptable level of continence
- Children for whom continence is not currently achievable will have healthy bladder and bowels
- Any products supplied to a child will be appropriate to their needs as determined by an assessment and regularly reviewed
- Children with any underlying pathology will be identified and supported in being referred for further investigation and treatment
- Children’s continence will be actively promoted in a consistent manner and the level of understanding amongst children, parents and practitioners will be increased

**Acknowledgements**

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- Best Practice Guidelines of Paediatric Continence Assessment, Toilet Training Readiness and Provision of Continence Products – produced by June Rogers, PromoCon, Disabled Living, Manchester
- Toilet Training Presentation – produced by June Rogers
- Managing Bowel & Bladder Problems in Schools and Early Years Settings – guidelines for good practice – produced by PromoCon
- Lancashire Schools Guidance
- Promoting Personal Development in Foundation & Key Stage 1 – Continence – produced by Leicester City Council