

Guidance

Promoting personal development in foundation and key stage 1 – continence

A3 PROMOTING PERSONAL DEVELOPMENT IN FOUNDATION AND KEY STAGE 1 – CONTINENCE

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 setting/school's 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 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 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 in DDA

The DDA 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. 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 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 pre-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.

Schools and settings should consider the following issues:

Health and Safety

Schools and all other settings registered to provide education will already have Hygiene or Infection Control policies as part of their Health and Safety policy. This is a necessary 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.

This is likely to include:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled nappies to be double wrapped, or placed in a hygienic disposal unit if the number produced each week exceeds that allowed by Health and Safety Executive's limit.
- 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 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 for any length of time pending the return of the parent is a form of abuse.

Facilities

Playgroups and schools are now admitting younger children, some of whom who, by virtue of their immaturity, are likely to have occasional accidents, especially in the first few months after admission. Current DfES 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 setting's/school's Access Plan. The Department of Health recommends that 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 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. Clean, fresh water drinking facilities should be available at all times.

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 settings/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.

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 will follow should their child need changing during school time.

Your written guidelines will specify:

- 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 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

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.

Resources

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 target, and of course, the time spent changing the child can be a positive, learning time.

However, if several children wearing nappies enter foundation stage provision of a setting/school there could be clear resource implications. Within a school, the foundation stage teacher or co-ordinator should 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. With the enhanced staffing levels of provision within the private, voluntary or independent sector, allocating staff to change the children should not be such an issue, although there may be circumstances

within an individual setting that merit an application for additional funding being made through the Early Years Support Link Teacher.

Job Descriptions

It is likely that most of the personal care will be undertaken by one of the teaching assistants on staff. There are some schools where teachers also take a turn with this task, but we recognise that this does not often happen. 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 we would recommend that this be included at the next review. 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 not helpful to assume that the child has failed to achieve full continence because the parent hasn't 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.

There are other professionals who can help with advice and support. The School Nurse or Family Health Visitors have 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. The Specialist Community Child Health Services has produced a helpful publication 'Toileting Issues for Schools and Nurseries' which you may send for (See Further Information and Guidance) to get additional information on continence issues.

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.

Partnership Working

In some circumstances it may be appropriate for the setting/school to set up a home-setting/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 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.

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.yearssupport@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

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