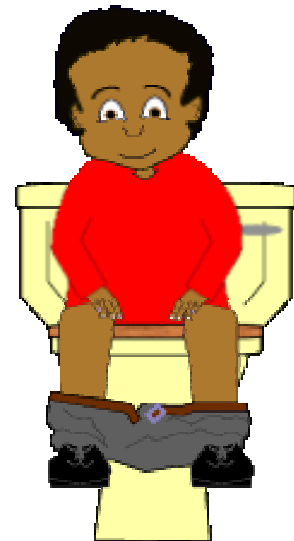
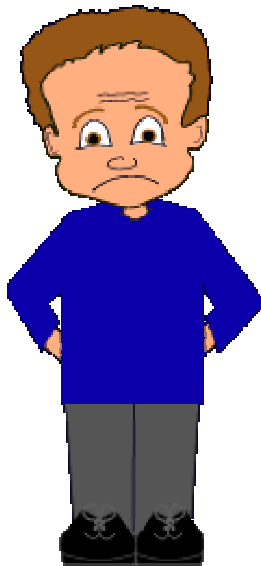


# Guidance on Special Toileting

## Needs in Schools and

## Early Years' Settings

Updated April 2008



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With thanks to George Timlin, Integrated Disability Service (Teaching & Learning) for his illustrations.

## Introduction

Early Years' Settings and Schools now admit younger children, many of these will have occasional accidents, whilst others will be in the early stages of toilet training. In addition, there will be children and young people across the age range of 2-19, who for a number of reasons are either delayed in attaining this skill or, who long-term, will need support and intervention throughout the day to manage their individual needs. To put this in context, approximately three quarters of a million children in the UK aged between 5 and 16 will need some toileting support, this equates to two or three pupils in every primary class and one pupil in every two classes at secondary. Incontinence is not uncommon. It is, therefore, unacceptable for any Setting or School to delay or refuse admission to children who have not achieved this milestone. Childcare and Education Providers have a duty to meet the needs of children with delayed personal development in the same way as a child with delayed language or any other delay.

Admission policies and practices that require a child to be toilet trained are discriminatory and unlawful under the Disability Discrimination Act (see page 7). Issues should be dealt with on an individual basis and Settings and Schools must make "reasonable adjustments" accordingly.

This guidance:

- sets out some guiding principles;
- provides practical advice for Settings and Schools;
- clarifies the implications of Special Educational Needs and Disability legislation;
- sets out guidance for children with SEN, medical needs and /or a disability;
- advises on contractual issues for staff;
- emphasises the duties of Settings and Schools to safeguard the health and safety of pupils and staff;
- advises on risk assessment;
- advises on issues related to Safeguarding Children.

This guidance applies to:

- children who have not yet achieved full independence in using the toilet before attending pre-school or school settings;
- school age pupils who, for a variety of medical, emotional or social reasons, require toilet training or special arrangements with toileting in school.

## Partnership with Parents

Parents and carers have a key role to play in supporting effective toilet training. Parents may feel anxious and responsible when their child has not yet achieved this developmental stage. It is important to build up their confidence especially if they have already experienced difficulties in trying to toilet train their child. Some parents feel judged or blamed that their child has not reached this milestone, having tried very hard to help their child become continent.

## Guiding Principles

Children who have difficulties in controlling their bladder and/or bowels have often had a difficult start developing personal independence. It is sometimes possible to understand why early training has been missed, has proved ineffective or is not yet possible. These children have an educational entitlement irrespective of their difficulties with toileting.

- Children or young people who need assistance with toilet training or special toileting arrangements must be treated with respect, dignity and sensitivity. Staff should respect their need for privacy and confidentiality, being aware that these children may be vulnerable to ridicule and bullying on account of their additional needs.
- Parents and carers have a key role to play in effective toilet training. It is important to plan consistent approaches across different settings.
- Settings and Schools, in partnership with parents or carers and any other professionals involved, should make plans to work towards the earliest possible, or the optimal possible, independence with toileting.
- Heads of Settings and Schools have a responsibility to set the tone for the way in which the issue is addressed, appreciating and supporting the extra demands placed on staff.
- All staff should be provided with access to appropriate resources and facilities, and be supported through clear planning, policy guidelines, and training.
- Heads of Settings and Schools must be aware of, and ensure implementation of, appropriate health and safety procedures and risk assessments.
- Heads of Settings and Schools, Governors and Management Committees must be aware of their duties under the Disability Discrimination Act.
- Schools must consult Social Care staff whenever planning toilet training or special toileting arrangements for children on the Child Protection Register.
- Schools should alert the Educational Social Work Service if any attendance difficulties develop as a consequence of toileting issues. Early Years' Settings should seek advice from the Integrated Disability Service (Teaching & Learning) Pre-school Team.

### **Pre-school and starting school**

At this stage it is not possible to assume that failure to achieve independence with toileting is in itself an indication of special educational needs and/or a disability. However, there are some children who enter pre-school or reception with special educational needs and / or medical conditions which indicate the need for special toileting arrangements or toilet training. These children fall within the terms of Disability Discrimination Act and the pre-school or school setting must take "reasonable steps" to support them.

Each child and situation is of course unique. However, Settings and Schools may find the following guidance helpful in deciding what "reasonable steps" should be taken to support pupils who require toilet training.

Before the child begins attendance it is important to:

- gather as much information as possible from the parents and carers. How have they or previous settings tried to introduce toilet training? What happens at home? Has the child any regular routines or daily patterns which could inform the arrangements in school? Have the parents noticed any particular difficulties, behaviours or phobias? Can the parents suggest possible strategies?

- find out from parents any religious and/or cultural sensitivities related to aspects of intimate personal care and take account of these in planning a programme. Staff and parents should also agree the terms to be used for parts of the body and bodily functions;
- gather information and talk to any professionals involved e.g. staff from previous settings, the Integrated Disability Service (Teaching and Learning) Pre-school Team, the Health Visitor, the School Nurse, Physiotherapist, Occupational Therapist;
- focus on any health and safety implications and undertake a risk assessment (see "model" example of risk assessment - Appendix 2);
- decide, in consultation with parents, whether you need further advice from Health, the Integrated Disability Service, the Local Authority's Health & Safety Officer etc;
- arrange for any specialist advice, training or resources to be in place before the child begins attendance (Please note, however, delaying admission unnecessarily or unduly may result in parents having a lawful claim of discrimination if the child were unable to start alongside his/her peers);
- agree a plan with parents and make a written note of your agreement. Seek parents' support in maintaining routines and strategies at home;
- ask parents to provide easy to manage trousers with elasticated waists. It is not helpful if children are wearing difficult clothing with zips, buttons, belts etc. Clothes have to be easy for the child to pull up and down. Wherever possible it is better to train the child with underpants rather than continuing to rely on a nappy or training pants. The reward of going to buy some pants with the child's favourite character on, may in itself prove a useful motivator;
- ask parents to provide a couple of appropriate changes of pants and outer clothing in case of accidents. Most settings will have a back up supply of clothing which older children have grown out of. It is the responsibility of parents to then deal with wet or soiled clothing. Please note it is unacceptable to expect parents or carers to be on emergency stand-by to change children during the school day. Potentially this could be unlawful under the Disability Discrimination Act.
- make sure that all staff are informed and clear about their responsibilities.

#### Keys to Success:

- Observe the child over a few days or a week to see when they are likely to need to go to the toilet. It is quite usual for a fairly regular pattern to emerge, especially if mealtimes and drinks are provided at about the same time every day. Identifying the times can help to establish when to take the child to the toilet with an increased likelihood of them using it. Linking toileting times to cues in the daytime routine can help to develop a better pattern of toilet use and control.
- Reminders to use the toilet should be discreet and staff may consider the use of symbols, signs, pictures, objects of reference or code words. Many of these children will have a very short warning of the need to go and may need to go frequently, even if they have just

been. They should be allowed to leave the class to visit the toilet immediately, without fuss, and without having to wait for permission e.g. by giving a card to the member of staff concerned. Staff should try to avoid causing embarrassment or making the child 'hang on'.

- Consider where the pupils sit in class in relation to the door and when regrouping pupils for different activities.
- Where age or need makes it inappropriate to lock toilet doors, a visual "Do not enter" sign will ensure privacy.
- As one of the underlying principles in this guidance is working towards independence and autonomy, always encourage the child to undertake as much of the activity as he or she is able to. Page 35 of the "Practice Guidance for the Early Years' Foundation Stage" also reiterates the importance of supporting "children's growing independence as they do things for themselves, such as pulling up their pants after toileting, recognising differing parental expectations".
- In order to develop their bladder capacity and to help avoid constipation and soiling problems, it is important to drink water regularly throughout the school day. Encourage them to have "little and often" rather than huge amounts at a time. The recommended amount is 7 drinks a day.
- Make little fuss over accidents that do occur and ensure that they are dealt with swiftly, appropriately, sympathetically and in a calm low-key way. Some children love the personal attention they receive when being changed so try not to make this a chatty personal occasion. Instead, give extra attention when rewarding successes.
- No child should be left wet or dirty for a parent / carer to change later.
- Children may be anxious and pre-occupied by toilet difficulties but usually respond to praise, encouragement and confidence building. It is important to promote self-esteem in other areas and avoid focusing too much on toileting.
- It is important to monitor any toileting programme carefully to ensure that the child makes progress towards independence as quickly as possible. Changes to routine, school holidays, illnesses etc, may result in accidents or impede progress. These lapses should be noted and where possible anticipated.

Suggested targets for a toileting programme:

- increasing the child's awareness that there is a problem;
- developing the ability to tell an adult if he or she needs to use the toilet or has had an accident;
- going to the toilet independently;
- self care: ability to clean him or herself afterwards, remembering to wash hands;

Remember that independent toileting is the ultimate aim and may take many months to achieve but there will be many small steps and successes to reward along the way.

Where difficulties persist there may be more complex issues to consider and further guidance and support may be needed from other professionals. It is important to discuss your continuing concerns with parents and seek their agreement before involving further professional guidance and support.

## The Disability Discrimination Act

The Disability Discrimination Act (DDA) defines a disabled person as someone who has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”. ‘Substantial’ means more than ‘minor or trivial’ and ‘long-term’ is defined as 12 months or more. Continence is one of the normal day to day activities listed in the Disability Discrimination Act.

It is possible, therefore, that a child whose continence is “impaired” for longer than 12 months may be protected by the DDA, even though the underlying cause may not yet be understood or explained. Where the DDA applies, Settings and Schools are required to make “reasonable adjustments” to ensure that children with a disability are not treated less favourably.

Settings and Schools must be careful, therefore, not to discriminate or provide less favourable treatment for such a child. Arrangements for admission to school or nursery, including the hours and sessions attended, must be the same as for other non-disabled peers. Provision for enabling a wet or soiled child to be made clean and comfortable must be safely, discreetly and quickly implemented in order to avoid placing the child at a substantial disadvantage relative to others.

The Disability Rights Commission “Code of Practice for Schools” provides an example of discrimination in relation to continence:

### Example 5.17A

A mother seeks admission to a nursery school for her son who has Hirschprung's disease. The school explains that they could not admit him until he is toilet trained. That is their policy for all children.

*Q. Is this less favourable treatment for a reason related to the pupil's disability?*

A. The child has difficulty in establishing bowel control as a consequence of having Hirschprung's disease, so the reason given is related to the child's disability.

*Q. Is it less favourable treatment than someone gets if the reason does not apply to him or her?*

A. The treatment he receives has to be compared with a child to whom that reason does not apply, that is, the comparison is with a child who is continent. A child who is continent is not asked to delay admission to the school. It is less favourable treatment than is given to a child who is continent.

*Q. Is it justified?*

A. In this case the decision was not based on any assessment of the circumstances of the particular case but on a blanket policy and so there is unlikely to be a material and substantial reason. **It is likely that this is unlawful discrimination.**

The DDA also requires education providers to re-examine all policies and practices, to consider their impact on children and young people with disabilities. In particular, changes will be required wherever “blanket rules” apply.

Examples of “blanket policies” which might potentially be discriminatory:

- Pupil toilets are kept locked during lesson times and pupils are refused permission to go other than at break times.
- Pupils lose merits or house points if they need to go to the toilet during lesson time.

### **Issues related to restricted toilet access**

Although “reasonable adjustments” could be made to the above policies for children with additional needs, there are considerations for all children.

Each child’s bladder and bowels are individual and their capacity variable. There is a widespread expectation that children should go to the toilet at set times irrespective of whether the child needs to, in order to minimise disruption to activities and lessons. It is all too easy to reprimand the child who needs to go during lesson time with “You should have gone at break!” However, having set times for access to the toilet can cause “I’ll go just in case” practices which means the bladder doesn’t get used to holding on until it’s full. Over time, the bladder capacity can reduce, increasing the need to visit the toilet more frequently. At the same time, the amount of fluid a child can drink before needing to go to the toilet is reduced. This results in a vicious circle. A child may consciously or unconsciously ration their fluid intake, or avoid drinking altogether, if they fear not being able to go to the toilet when they need to. Pupils may also avoid emptying their bowels at school. This can be due to a lack of privacy, poor toilet conditions and not enough time to use the toilet. Holding on can lead to constipation, which in turn can result in soiling.

Restricting toilet access can, therefore, have both physiological and psychological consequences for all children, not just those with additional difficulties. A significant proportion of childhood urinary and bowel problems are caused by unhealthy toileting patterns.

Questions for schools to consider:

- Can children go to the toilet when they need to?
- Is there a widely-communicated school policy for permission to go during lessons? Are staff adhering to it?
- Are children able to go to the toilet during class time in privacy (when others are not around) – and without adverse comment when they leave and return to class?
- Are children free of pressure to go to the toilet quickly?
- Are the toilets unlocked at all times?
- Are toilets cleaned and checked regularly to ensure there is sufficient toilet roll, soap and paper towels? Pupils should not have to request toilet roll.
- Can children use the toilet without undue queuing?
- Are there visual prompts to reinforce the routines of flushing the toilet after use and washing and drying hands thoroughly? Are these routines reinforced by staff working with younger children?
- What do children say about the toilets through pupil surveys, the School Council etc? Are children wary of entering toilets due to bullying?

Recent research by the University of Newcastle on Tyne suggests a third of girls and half of boys avoid using school toilets due to unhygienic conditions and fear of bullies.

For more advice about improving school toilets visit: <http://www.bog-standard.org/index.aspx>

## **Supporting children with SEN and / or a disability**

For some children difficulty in achieving toilet training may be one aspect of more general developmental delay and learning difficulties. These children will benefit from the strategies contained earlier on in this guidance, but ultimately the setting or school may need support and guidance from external specialists.

Children who are non-verbal and have language and communication needs will benefit from the use of visual cues (photos, symbols, signs, Picture Exchange), as well as sequencing cards to reinforce routines. Further guidance and resources are available from staff in IDS (Teaching and Learning). Early Years' Settings should approach the Pre-school team and Schools should approach either the Inclusion Team, the Autism Team or the Specific Language Disorder Team.

All Settings and Schools in Warwickshire have access to "Communicate in Print" to produce visual cue cards or sequences to support toileting and personal care.

Appendix 3 includes some examples from Warwickshire schools.

There are also examples of visual supports on the "Do to learn" website.

[www.dotolearn.com/picturecards/printcards/index.htm](http://www.dotolearn.com/picturecards/printcards/index.htm)

The Promocon website has a number of child friendly leaflets, as well as ones for children with learning difficulties:

<http://www.promocon.co.uk/publicationslist.shtml>

## **Children with Autistic Spectrum Disorder**

Children with an Autistic Spectrum Disorder (ASD) often like routine. Staff can build upon this desire for predictability to develop a successful toilet training routine. The National Autistic Society website advises teaching the whole routine from the child communicating their need to use the toilet through to the washing and drying of hands, rather than just sitting on the toilet. Show the child a photo or symbol of the toilet, say the child's name, "toilet", take them into the toilet, following a visual sequence for the whole routine. Often when an activity is anticipated, less resistance occurs. Having a visual sequence beside the toilet and then above the sink will help the child know what is expected (see Appendix 3 for some examples).

Liaison with parents and carers is vital to agree on the routine to be followed both at home and school. Using the same visual cues and sequences can also help to support the routine.

In addition to the resources mentioned in the previous section, Warwickshire's "ASD Toolkit for Teachers" contains examples of Social Stories about "Asking to use the toilet" and "When I use the toilet". There is also a DVD clip of a parent describing her child's difficulties and how these were helped using a social story.

You will need to decide whether or not and how to praise the child for successfully following the toileting routine. Some children enjoy and respond to praise, others respond better to an object or a toy. Some children find praise difficult so a preferred activity after toileting may work better. It's important to remember that all children are different and they will not all respond to the same strategies- what works for one child may not work for another.

More advice on toileting is available from the Autism Team and the National Autistic Society website:

<http://www.nas.org.uk/nas/jsp/polopoly.jsp?d=528&a=3366>

Warwickshire PCT has also produced a booklet for parents on toileting children with an ASD; this is available from School Nurses and Health Visitors.

### **Children with medical needs and /or disabilities**

Some children will have complex or long-term medical conditions which indicate the need for special toileting arrangements. These children will usually be known to staff in the Integrated Disability Service (Teaching & Learning), as well as professionals in Health.

It is important for key staff in the setting or school to meet with parents and other professionals involved to draw up a written healthcare plan before the child starts (See Appendix 1 for a suggested agenda). The School Nurse / School Health Adviser will normally help co-ordinate this process. Details of clinics run by Warwickshire PCT can be found in Appendix 4.

The Plan will need to identify:

- Staff responsibilities;
- Staff training needs, including any manual handling training (see section on Health & Safety);
- Parental responsibilities;
- Strengths and needs e.g. what can be done independently, what needs support and monitoring, how able the child is to indicate their needs etc;
- Input required from other professionals e.g. School Nurse, Occupational Therapy, Community Nursing Team, GP, Specialist Teacher from IDS (Teaching & Learning), LA Health & Safety team etc;
- Risks which need to be assessed (see section on Risk Assessment);
- Any allergies;
- Adaptations and specialist equipment needed - the earlier this is known the better. For school age children and those about to start school, IDS (Teaching & Learning) will liaise with Jo Jones in Safety & Premises as soon as they are aware of the child's needs. Adaptations for named individual children will be funded through the Schools' Access Initiative. For non-maintained early years' settings, the setting is responsible under the DDA for ensuring that facilities are accessible. IDS (Teaching & Learning) has a small fund to pay for specialist equipment which is specific to a particular pre-school child.
- Classroom seating arrangements;
- Issues for PE and swimming (e.g. accessible and private changing facilities, variations to PE kit to conceal a colostomy pouch etc);
- Issues related to off-site visits, day and residential trips, college or work experience placements (e.g. location of accessible toilets, whether a RADAR key is needed to unlock accessible toilets, items which will need to be taken such as gloves and aprons etc). See the LA "Off-site activities" handbook for further guidance.

- Strategies for dealing with vulnerability to bullying and teasing;
- Regular monitoring and review strategies.

The setting or school should also consider how the plan will be communicated to all staff who need to know (including supply staff), whilst bearing in mind confidentiality.

One to one support for older children can often be minimised using a “bleeper” or a walkie-talkie to summon assistance only when required.

For further information on conditions which can impact on bowel or bladder control (e.g. Crohn’s Disease, Hirschprung’s Disease, Vater Syndrome, Spina Bifida, Cloacal Exstrophy, Ectopic Bladder, Eagle-Barrett Syndrome, Ulcerative Colitis etc) Settings and Schools should seek health professional advice. “Managing Bowel and Bladder Problems in Schools and Early Years Settings” has additional helpful advice about the management of these conditions: <http://www.promocon.co.uk/PromoconBooklet.pdf>

### **Staffing and contractual issues**

Settings and Schools should ensure that they have sufficient members of staff who are employed and appropriately trained to manage personal care as part of their duties. This may be done by asking for volunteers to support children with toilet training or special toileting arrangements, however, staff have no legal or contractual duty to do so, unless these duties are specified in support staff contracts. Teaching staff have no legal or contractual duty to volunteer. Changes should not be imposed to existing support staff contracts and role profiles. Contracts of employment for new staff could include a clause that specifies that the new post holder takes on this responsibility with a commitment that training and guidance will be provided by Health and/or support service staff as necessary. Heads and Managers who require further guidance on contractual issues should contact HR.

Even if a School does not have a child with such needs currently, disability legislation requires schools to anticipate future needs. Given the statistics cited in the introduction to this guidance (approximately three quarters of a million children in the UK aged between 5 and 16 will need some toileting support, i.e. two or three pupils in every primary class and one pupil in every two classes at secondary), heads are advised to anticipate that they will require support staff who are employed and trained to take on these responsibilities.

It is important that all staff involved in supporting children with continence needs have received appropriate training. For example, staff should receive training in good working practices, which comply with health and safety regulations, such as good hand washing, manual handling, the wearing of gloves for certain procedures and the procedures for dealing with body fluid spillages.

Professional development activities on personal care will depend very much on the circumstances of that school or setting. It is, however, important to anticipate on a whole setting basis the full range of needs that children present with, as well as considering specific training for those staff who provide care to individual children. All professional development activities undertaken should be monitored and recorded to consider the impact such activities have had on the inclusive provision offered.

### **Health and Safety considerations**

The LA, Governors, Management Committees, Heads of Settings and Schools will need to consider the following health and safety issues related to toileting:

## *Personal hygiene*

Hygiene procedures are important in protecting pupils and staff from the spread of infectious diseases. Staff should be trained in correct hand-washing techniques (see Warwickshire Schools' Health Directory for guidance).

*The following should be provided for staff use:*

soap /hand cleanser

warm water

antibacterial wipes or spray for surfaces

disposable wipes and cotton wool

vinyl disposable gloves (latex gloves should not be used)

protective disposable aprons

a covered bin (preferably operated by a foot pedal) with a disposable liner

paper towels

disposable paper roll can be helpful

a floor mop specifically for this area, which is regularly disinfected

## *Washing pupils*

Always have an agreed, written and signed procedure with parents. Use sensitivity and discretion and wash only as necessary. Wherever possible avoid physical contact with the child especially in intimate areas. Check access to warm water and soap and use a bowl purely for that purpose. If using wipes check with parents for allergies. It may be appropriate to ask parents to send in labeled wipes or cream for their child. If using towels consider procedures for laundry and include information in your plan.

## *Location*

Whenever possible use the existing toilet areas or the accessible toilet to protect the dignity of the child without putting staff at unreasonable risk. Do not change pupils in teaching or public areas or in any location used for the preparation of food and drinks. Do not use any location unless you are sure that it is safe. Consult the Health and Safety Officer for further advice.

## *Disposal*

Whenever possible use the usual toilet facilities to flush contents of nappies and waste water. Please note the usual health and safety regulations which apply to disposable nappies. It is not necessary for nappy waste to be regarded as clinical waste; it is not, therefore, necessary to use the yellow waste sacks or to arrange specialist waste disposal. Double wrapping the waste should be sufficient.

Dirty clothes should be placed in a plastic bag for parents to collect at home time. These soiled clothes must be stored in a designated place other than the usual school cloakroom.

## *Dealing with Spillages*

Spillages should be dealt with promptly. Good practice and personal hygiene are essential. See the Warwickshire Schools' Health Directory.

## *Specialist training*

When pupils with physical disabilities require lifting and manual handling, all staff undertaking these duties must have received approved training from IDS (Teaching & Learning) Physical Disability Team.

### *Risk Assessments*

The setting or school must complete a risk assessment anticipating and addressing any concerns raised by staff, parents and the child. The LA Health & Safety Officer can advise further if appropriate. See Appendix 2 for a model risk assessment.

### *Liability*

Staff may be anxious about taking responsibility for supporting children with personal care needs because they fear something 'going wrong'. In the event of a claim for alleged negligence it is the Employer (the Local Authority or Governing Body), not the employee, who is held responsible and, providing that the member of staff has followed their Employer's policy and has acted within the scope of their training, the Council's insurance will defend any such action and meet any costs if the claim is successful. Schools which subscribe to the Local Authority's insurance cover are automatically protected against these risks. Those schools that do not subscribe to the WCC arrangements will need to ensure they are adequately covered.

### **Safeguarding Children and the involvement of Social Care**

Personal care may involve certain activities that leave staff feeling vulnerable to accusations of abuse. It is unrealistic to expect that all risk will be eliminated, no matter what level of vigilance is adopted, but it is hoped that staff following this guidance will feel less fearful. The process of changing a nappy or toileting a child should not normally raise child protection concerns, and there are no regulations that require two members of staff to be available. However, if there is a known risk of false allegation or a child has been subject to a child protection investigation, then a single person should not undertake personal care.

Personal care should only be undertaken by staff with a satisfactory enhanced CRB check. Students or volunteer helpers who have CRB checks should not be involved in personal care without direct supervision.

Children with disabilities may be particularly vulnerable because

- They may not be able to communicate what is happening;
- Due to hospitalisation, fostering, residential / short break care they may have multiple carers;
- They may not have had access to good quality, well differentiated PSHE and SRE;

Schools must consult Social Care whenever planning toilet training or special toileting arrangements for children on the Child Protection Register.

Schools should invoke Safeguarding Children procedures whenever there are indications that a child is at risk of significant harm.

## Further information and advice

### For Pre-School SEN advice

Zoe Harwood  
IDS (Teaching & Learning) Pre-  
School Team  
01926 413737  
[zoeharwood@warwickshire.gov.uk](mailto:zoeharwood@warwickshire.gov.uk)

### For general Pre-school advice

Margaret Heard  
Senior Inspector  
01926 742072  
[margaretheard@warwickshire.gov.uk](mailto:margaretheard@warwickshire.gov.uk)

### For school age and DDA advice

Jane Carter  
01926 413737  
[janecarter@warwickshire.gov.uk](mailto:janecarter@warwickshire.gov.uk)

### For Manual Handling advice

Judith Wells  
IDS (Teaching & Learning) PD  
Team  
01926 413737  
[judithwells@warwickshire.gov.uk](mailto:judithwells@warwickshire.gov.uk)

### For Health & Safety advice

Sally Brandrick  
Health & Safety Officer  
01926 742575  
[sallybrandrick@warwickshire.gov.uk](mailto:sallybrandrick@warwickshire.gov.uk)

### For advice on adaptations

Jo Jones  
Safety & Premises  
01926 742569  
[jojones@warwickshire.gov.uk](mailto:jojones@warwickshire.gov.uk)

## Useful Documents and Web Links:

Warwickshire Schools' Health Directory

"Including Me: Managing Complex Health Needs in Schools and Early Years' Settings", Council for Disabled Children & DfES, 2005, a pdf of this document is available on the Warwickshire website:

<http://www.warwickshire.gov.uk/Web/corporate/pages.nsf/Links/F228FDC7FD8FEFA88025726D004AB1EB>

"Managing Medicines in Schools and Early Years' Settings", DfES, 2005, a pdf of this document is available on the Warwickshire website:

<http://www.warwickshire.gov.uk/Web/corporate/pages.nsf/Links/F228FDC7FD8FEFA88025726D004AB1EB>

Advice for professionals, leaflets for children and those with learning difficulties:

<http://www.promocon.co.uk/publicationslist.shtml>

"Promoting Personal Development in Foundation and Key Stage 1 – continence", Leicester City Policy, available from Surestart:

<http://www.surestart.gov.uk/doc/P0001740.pdf>

"The Dignity of Risk", a practical handbook for professionals working with disabled children and their families, NCB, £30, Tel: 020 7843 6000

For a wide range of resources and information see:

<http://www.eric.org.uk/>

<http://www.enuresis.org.uk/>

## **Suggested agenda for individual planning meeting**

1. Welcome and Introductions
2. Apologies
3. Clarifying purposes and expectations of the meeting
4. Identify strengths and needs
5. Views of the child
6. Discussion about terminology to be used with the child and other communication issues
7. Additional medical needs e.g. allergies
8. Further assessment required (e.g. from Occupational Therapist, Continence Specialist etc) or input required from a professional / agency not present
9. Individual Care Plan
  - Facilities, adaptations required
  - Specialist equipment required (e.g. hoist, height adjustable changing bed)
  - Staffing – who, back up to cover absence, responsibilities
  - Training needs
  - Home-school transport issues
  - PE, swimming
  - Educational visits, off-site activities
10. Clothing arrangements (e.g. clothes that are easy to manage, availability of clothes should there be an accident, procedure for dealing with soiled clothes)
11. Target setting for programme
12. If child not present, who will feedback
13. Monitoring and review: how often and by whom
14. Any other business and next review date

**Warwickshire County Council**

**Risk Assessment for: Toileting in Early Years' Settings and Schools**

**Date of Assessment:** ..... **Date of Review:** .....



Activity/ Process/ Operation	What are the Hazards to Health and Safety	What Risks do they pose and to whom?	Risk Level H/M/L	What existing control measures are in place to reduce the risk?	Risk Level Achieved H/M/L	What further action / control measures are still required to reduce the risk	Safety and Premises Service Date to complete further action:
Managing the needs of Children with continence needs	Trips/Slips/Falls	Major/minor injury to staff and pupils	<b>M</b>	Spillage of urine and/or faeces dealt with promptly and appropriately. Close liaison with parents to eliminate the problem.	<b>L</b>	Spillage cleaning kit available	
	Health Risks	Infection, diarrhoea and vomiting – risk to staff and pupils	<b>M</b>	Single use disposable apron and gloves provided and used by staff. Good hygiene practice observed, hand washing advice followed. Waste is doubled wrapped. Bin emptied at least once a day. Staff aware of health/infection risks to named children. Healthcare Plan in place for children with long-term health needs. Changes of clothing available and used as required. Arrangements with parents for supply of clean clothing and dealing with soiled clothing.	<b>L</b>	Additional specialist training for named children vulnerable to infection.	

Activity/ Process/ Operation	What are the Hazards to Health and Safety	What Risks do they pose and to whom?	Risk Level H/M/L	What existing control measures are in place to reduce the risk?	Risk Level Achieved H/M/L	What further action / control measures are still required to reduce the risk	Date to complete further action:
Managing the needs of Children with continence needs	Manual Handling	Major/minor injury to staff and pupils	<b>H</b>	Staff trained (including back up staff to cover absence) in manual handling. Risk assessments and Manual Handling Plans in place for all named children. Adjustable height hygiene tables and hoist as required.	<b>L</b>	Manual Handling training kept up to date. Plans reviewed and updated.	
	Lone working	Allegations of abuse against staff.  Injury if child has additional or unpredictable behaviours.	<b>M</b>	Staff trained and aware of good practice. Liaison with parents so that they understand the procedures. Staff CRB checked. Students and Volunteers are CRB checked and always supervised. Alarm cord or bleeper available for adult to summon help.	<b>L</b>	Second member of staff involved if known risk of allegation, child is on Child Protection Register or risk of challenging behaviour.	
	Inadequate facilities or equipment failure	Major / minor injury to	<b>M</b>	Cleaning protocol in place. Bin emptied at least once a day. Equipment (hoists, changing beds etc) is serviced according to manufacturer's instructions. Equipment is checked regularly by staff and faults are reported.	<b>L</b>		

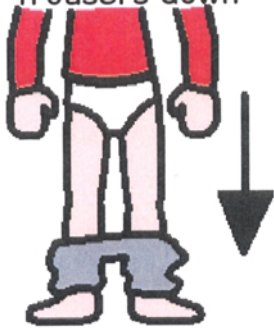
Activity/ Process/ Operation	What are the Hazards to Health and Safety	What Risks do they pose and to whom?	Risk Level H/M/L	What existing control measures are in place to reduce the risk?	Risk Level Achieved H/M/L	What further action / control measures are still required to reduce the risk	Date to complete further action:
	Older children unsupervised if managing needs independently or semi-independently.	Fall, major or minor injury, may become distressed.	<b>M</b>	Alarm cord in toilet to summon help. Child carries bleeper or walkie-talkie to summon help.	<b>L</b>	Alarm cord checked regularly to ensure it is working. Alarm cord is not tied up and can be reached from the floor.	
Managing the needs of Children with continence needs	Children who are Non-verbal / have Communication needs	Injury if child's behaviour becomes difficult if they are unable to communicate	<b>M</b>	Established routines in place using signing, photos, symbols, Picture Exchange etc. Familiar adult.	<b>L</b>		
	Allergies	Injury to staff and pupils: allergic reaction, soreness or broken skin which is then vulnerable to infection.	<b>M</b>	Liaison with parents and health re known allergies. Nylon gloves used not latex. If necessary, damp cotton wool used instead of wipes. All creams and lotions labelled with child's name and only used for that child.	<b>L</b>		

<p><b><u>Names of Persons involved in the Activity/Process/Operation</u></b></p> <p>.....</p> <p>.....</p> <p><b><u>Name of Assessor</u></b> .....</p>	<p><b><u>Signature</u></b></p> <p>.....</p> <p>.....</p> <p><b><u>Signature</u></b> ...</p> <p>.....</p>
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## **Examples of Social Stories and Visual Sequences**

Examples of social stories can be obtained from Jane Carter. Please email [janecarter@warwickshire.gov.uk](mailto:janecarter@warwickshire.gov.uk)

trousers down



trousers up



pants down



pants up



toilet



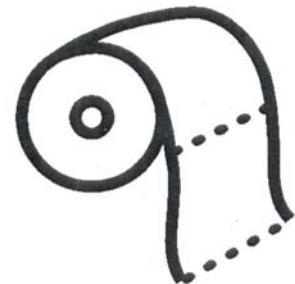
get toilet paper



wipe bottom



wash hands



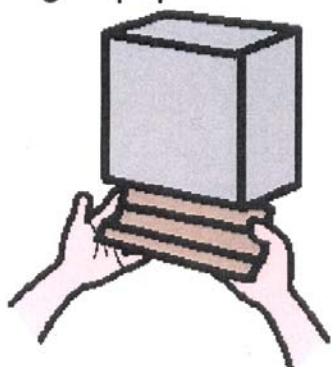
flush



close door



get paper towel



dry hands



## Warwickshire PCT Enuresis Clinics' Aims and Policy

### AIMS

To provide a high quality service for children and families with concerns and difficulties of bowel and bladder training. Where possible the "Eric" guidelines for enuresis services will be followed.

### METHODS

1. Direct work with children and families.
2. Support and advice to other professions.
3. Co-working with other professionals.
4. Follow up support and re-referral.
5. Implementation 3 System model.

### PROCEDURES

1. Information about Enuresis Services will be sent to new referrals with the first appointment.
2. All new referrals will receive a full evaluation including history and growth. Urine analysis will be arranged if not already done.
3. Further investigations and examination will be arranged where Indicated or via the Community Paediatrician.
4. Decisions about treatment will depend on clinical evaluation and the wishes of child and family.
5. Regular follow up will be offered to children receiving treatment as agreed with families, in the most convenient way.
6. Where enuresis alarms are recommended families will be offered a choice of model, together with advice.
7. Where alarms have technical problems replacement equipment will be offered promptly.
8. Telephone advice will be available from the clinic nurse or doctor at clinic times.
9. Referrers and the families GP and SHA will be kept informed about progress.
10. Records will be kept in the clinic. (This is necessary because of the embarrassment many children feel about this issue).
11. Clinic staff will liaise where appropriate with other professionals involved with the family e.g. Social Workers, Health Visitors, Special Needs Teaching staff.
12. Co-working with staff for children with complex needs will be offered.
13. Non returned alarms – A written request will be sent to parents and a copy sent to the SHA and GP to ask for help, - retrieval and with a pre-paid postage label to return alarm and information about where the alarm can be sent.
14. Non attenders will be sent a second appointment. After two appointments a letter will be sent to parents and referrers notified.
15. Parents will be able to request further appointments at the clinic, if they require this.

**STAFFING**

The Community Paediatricians will see children with encopresis, daytime enuresis and complex nocturnal enuresis (eg. with disabilities, learning difficulties and emotional problems). She will also provide support to school health advisers working with enuretic children and give advice if there are problems with treatment and see children for further assessment if necessary.

School Health Advisers trained to the management of nocturnal enuresis will assess referrals and recommend appropriate treatment and provide follow up support. They will liaise with colleagues as appropriate and keep the family doctor informed about progress.

**EVALUATION**

There will be an ongoing computerised Audit of referral patterns, outcome date and clinic functioning. A client questionnaire will also be used to seek consumer's views, and will encourage contribution for children.

**TRAINING & SUPPORT**

Regular peer group support and supervision will be arranged for enuresis clinic staff. Training will also be offered to health service staff interested in enuresis. Occasional further training / seminars will be arranged for staff locally. School nurses working in enuresis clinics will be offered regular updated training.

**DR EVE FLEMING**  
**SENIOR CLINICAL MEDICAL OFFICER**

**March 2007**