

# **Intimate care and toileting**

## **Guidance for early years settings and schools**

**Updated July 2014**



**SURREY**

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## Introduction

An increasing number of children and young people with disabilities and medical needs are attending mainstream educational settings and early years and childcare settings in the private, voluntary and independent sector. A significant number of these children require assistance with intimate care tasks, especially toileting. Other children may also experience difficulties with toileting for a variety of reasons.

All children/young people we work with have the right to be safe, to be treated with courtesy, dignity, and respect, and to be able to access all aspects of the education curriculum.

This document is a response to requests for clear principles and guidance on the issue of supporting intimate care needs with specific reference to toileting. It should be considered in addition to the Surrey guidance "[The Administration of Medicines](#)" which should be used in the first instance for children and young people with medical/nursing needs.

In the rest of this document where the term child/children is used, it refers to children and young people. The term parent/carer is used to refer to parents and legal guardians or carers. The term staff includes all adults working in a school or setting, although those required to undertake intimate care will have that task specified in their job description, and are referred to in the rest of the document as "designated" for that task.

The word 'setting' refers to all early years and childcare providers from the maintained, private, voluntary and independent sector. Schools and settings need to follow their own registration and inspection requirements in addition to this guidance.

## **The Equality Act 2010** (replaced The Disability Discrimination Act and all amendments)

The Equality Act 2010 brings together disability discrimination law with other equalities legislation. In October 2010 most of the duties in the Disability Discrimination Act (DDA) were replaced by the Equality Act 2010. It sets out the different ways in which it's unlawful to treat someone.

Anyone with a named condition that affects aspects of personal development must not be discriminated against. Delayed continence is not necessarily linked with learning difficulties, but 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. It follows that it is unacceptable to refuse admission to children and young people who are delayed in achieving continence.

Education providers have an obligation to meet the needs of children and young people with delayed personal development in the same way as they would meet the individual needs of those with delayed language, or any other kind of delayed development. Children should not be excluded from normal pre-school activities solely because of incontinence, neither should they be sent home to change, or be required to wait for their parents or carers to attend to them at school.

Any admission policy that sets a blanket standard of continence, or any other aspect of development, for all children and young people is discriminatory, and therefore unlawful under the Act. All such issues have to be dealt with on an individual basis, and settings are expected to make reasonable adjustments to meet the needs of each child or young person.

## Every Child Matters: How the inspectorate will judge outcomes

Being Healthy	<ul style="list-style-type: none"> <li>• Children's physical and mental health is supported</li> <li>• Healthy lifestyles are promoted</li> </ul>
Staying Safe	<ul style="list-style-type: none"> <li>• Parents/carers are helped to ensure their children are healthy</li> <li>• Steps are taken to minimise the incidence of child abuse and neglect</li> </ul>
Enjoy and Achieve	<ul style="list-style-type: none"> <li>• Parents/carers are supported in helping children enjoy and achieve</li> <li>• Children are supported in developing personally and academically</li> </ul>
Positive Contribution	<ul style="list-style-type: none"> <li>• Children are helped to develop socially and emotionally</li> </ul>
Economic Well-being	<ul style="list-style-type: none"> <li>• Action is taken that good quality education is provided</li> </ul>

## Aims

The aims of this policy and associated guidance are:

- To safeguard the rights and promote the welfare of children and young people.
- To provide guidance and reassurance to staff whose contracts include intimate care.
- To assure parents and carers that staff are knowledgeable about personal care and that their individual concerns are taken into account.
- To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children and young people as pupils and students.

## Definition of intimate care

Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body. Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. In some cases, it may be necessary to administer rectal medication on an emergency basis. The Surrey guidance on [The Administration of Medicines](#) is in place to support staff and children and young people where nursing tasks are required. That document makes it clear that teaching staff should be under no obligation to provide nursing care, and the same applies to intimate care.

Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear)
- Helping someone use the toilet
- Changing continence pads (faeces)
- Changing continence pads (urine)
- Bathing/ showering
- Washing intimate parts of the body
- Changing sanitary wear
- Inserting suppositories
- Giving enemas
- Inserting and monitoring pessaries.

## Definition of personal care

Personal care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication
- Feeding
- Administering oral medication
- Hair care
- Dressing and undressing (clothing)
- Washing non-intimate body parts
- Prompting to go to the toilet.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of disability or medical need.

Children and young people may require help with eating, drinking, washing, dressing and toileting.

This guidance is not prescriptive but is based on the good practice and practical experience of those dealing with such children and young people.

## Basic principles

Children and young people's intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate or personal care should therefore be part of a general approach towards facilitating participation in daily life.

Intimate care can also take substantial amounts of time but should be an enjoyable experience for the child/young person and for their parents/carer(s). It is essential that every child/young person is treated as an individual and that care is given as gently and as sensitively as possible. The child/young person should be encouraged to express choice and to have a positive image of his/her body.

Staff should bear in mind the following principles:

- Children/young people have a right to feel safe and secure.
- Children/young people have a right to an education and schools have a duty to identify and remove barriers to learning and participation for pupils of all abilities and needs.
- Children/young people should be respected and valued as individuals.
- Children/young people have a right to privacy, dignity and a professional approach from staff when meeting their needs.
- Children/young people have the right to information and support to enable them to make appropriate choices.
- Children/young people have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.

- Children/young people have the right to express their views and have them heard. Schools must have complaints procedures that children and young people can access.
- A child/young person's Intimate/Personal care plan/Education Health Care Plan should be designed to lead to independence.

### **Vulnerability to abuse**

Children and young people with disabilities have been shown to be particularly vulnerable to abuse and discrimination. It is essential that all staff are familiar with the school or settings Safeguarding / Child Protection Policy and procedures, with agreed procedures within this policy and with the child/young person's own Care plan.

The following are factors that increase the child or young person's vulnerability:

- Children/young people with disabilities often have less control over their lives than is normal.
- They do not always receive sex and relationship education, or if they do, may not fully understand it, and so are less able to recognise abuse.
- Through residential, foster or hospital placements, they may have multiple carers.
- Differences in appearance disposition and behaviour may be attributed to the child's disability rather than to abuse.
- They are not always able to communicate what is happening to them.

Intimate care may involve touching the private parts of the child/young person's body and therefore may leave staff more vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed procedures.

### **Working with parents and carers**

Establishing effective working relationships with parents/carers is a key task for all schools and is particularly necessary for children/young people with specific care needs or disabilities. Parents/carers should be encouraged and empowered to work with professionals to ensure their child/young person's needs are properly identified, understood and met. Although they should be made welcome, and given every opportunity to explain their child/young person's particular needs, they should not be made to feel responsible for their child/young person's care in school or early years setting, or for making teaching staff disability aware. They should be closely involved in the preparation of Individual Support Plans (ISP's) and Health Care Plans. Staff have a duty to remove barriers to learning and participation for pupils and students of all abilities and needs.

Plans for the provision of Intimate/personal care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing and emergency communication between home and school or setting, monitoring and review. It is also important that the procedure for dealing with concerns arising from personal care processes is clearly stated and understood by parents/carers and all those involved.

## Links with other agencies

Children and young people with specific care needs or disabilities will be known to a range of other agencies. It is important that positive links are made with all those involved in the care or welfare of individual children/young people. This will enable school or setting based plans to take account of the knowledge, skills and expertise of other professionals and will ensure the child/young person's well being and development remains the focus of concern. Arrangements for ongoing liaison and support to school or setting staff where necessary should also be formally agreed and recorded. It is good practice for schools or settings to identify a named member of staff to co-ordinate links with other agencies, and this person could be the SENCO or another senior member of staff.

Achieving continence is one of hundreds of developmental milestones for all children usually reached within the context of learning in the home before the child/young person transfers to learning in a setting. In some cases this one developmental area can assume significance beyond all others. Parents and carers are sometimes made to feel guilty that this aspect of learning has not been achieved, whereas other delayed learning is not so stigmatising. Schools and settings have a responsibility to teach toilet training and other personal care skills, as an essential PHSE basis in order to be able to access the rest of the curriculum.

For some children and young people, achieving continence will never be possible. Assistance with the management of their toileting needs should be provided sensitively to allow them continued access to the full curriculum, life in the establishment, and dignity in front of peers and staff.

## Good practice guidance

In many schools, education and other settings, designated staff are involved on a daily basis in providing intimate/personal care to children and young people with special educational needs arising from learning difficulties, sensory impairments, medical needs and physical impairments. This places those staff in a position of great trust and responsibility. They are required to attend to the safety and comfort of the children/young people and to ensure that they are treated with dignity and respect.

The time taken to carry out this care can also be used to promote personal development, as even the youngest child can be encouraged to become aware of and value their own body and extend their personal and communication skills. If such opportunities are denied then they may not learn to distinguish between appropriate and inappropriate. Confident and self-assertive children and young people who feel their bodies belong to them are less vulnerable to sexual abuse.

Religious and cultural values must always be taken into account when making arrangements for managing intimate/personal care needs for children and young people, and stereotypes should be challenged. Staff concerned should begin by simply asking questions about the child/young person being supported and try to discover things about their background and experience.

## Cross gender care

There is positive value in both male and female staff being involved in intimate/personal care tasks, although it may be unacceptable to some parents, carers, or the child or young person, to have a carer of the opposite sex, to attend to toileting or other intimate needs, and this should be respected. However, at times there may be exceptional circumstances where there are human resource implications preventing full consideration to the optimum gender balance (available carers are more likely to be female).

It is vital that schools and settings meet with parents/carers and the child/young person prior to enrolment, to discuss the care plan and staff most likely to be involved in providing the intimate/personal care aspects.

### **Examples of positive approaches**

Examples of positive approaches to intimate/personal care which ensure a safe and comfortable experience for the child/young person:

- Get to know the child/young person beforehand in other contexts to gain an appreciation of his/her mood and systems of communication.
- Have a knowledge of and respect for any cultural or religious sensitivities related to aspects of intimate care.
- Speak to the child/young person by name and ensure they are aware of the focus of the activity. Address the child/young person in age appropriate ways.
- Give explanations of what is happening in a straightforward and reassuring way.
- Agree terminology for parts of the body and bodily functions that will be used by staff and encourage children/young people to use these terms appropriately.
- Respect a child/young person's preference for a particular sequence of care.
- Give strong clues that enable the child/young person to anticipate and prepare for events, for example show the clean nappy/pad to indicate the intention to change, or the sponge/flannel for washing.
- Encourage the child/young person to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing.
- Seek the child/young person's permission before undressing if he/she is unable to do this unaided.
- Provide facilities that afford privacy and modesty.
- Keep records noting responses to intimate care and any changes of behaviour.

### **Practical considerations for managers and supervisors**

Practical considerations for managers and supervisors to ensure health and safety of staff and children/young people:

- All adults assisting with intimate/personal care should be employees of the school or setting. This aspect of their work should be reflected in the job description. In exceptional circumstances unpaid employees, such as voluntary workers may assist provided they have been trained and DBS cleared, and with agreement of all parties.
- Staff should receive training in good working practices which comply with Health and Safety regulations such as dealing with bodily fluids, wearing protective clothing, Manual Handling, Child Protection, HIV and Infection, Whistle Blowing, Risk Assessment. Identified staff should also receive training for very specific intimate care procedures where relevant.
- Where a routine procedure needs to be established, there should be an agreed care plan involving discussion with school or setting staff, parents or carers, relevant health personnel and the child/young person. All parties should sign the plan. The plan must be reviewed on a regular basis. The school or setting's complaints procedures should be known to all, and followed where necessary.

Appendix A provides some detailed background information and advice that will help inform the care plan. It also provides a selection of forms for use as appropriate:

- Form 1 – for recording details of important contacts
- Form 2 – a personal care plan checklist
- Form 3 – a sample format for a personal care management plan
- Form 4 – a sample sheet for recording interventions (primarily for use when the assistance is not on a routine basis and no formalised plan is set down)

The care plan should cover:

- facilities
- equipment
- staffing
- training
- curriculum specific needs
- school trips / outings
- arrangements for review and monitoring of the care plan and of the complaints procedure.

Staffing levels need to be carefully considered. There is a balance to be struck between maintaining privacy and dignity for children/young people alongside protection for them and staff. It is important for each school or setting to decide on practical ways of dealing with staffing levels. Some procedures may require two members of staff for health and safety reasons, for example manual handling. This should be clearly stated in the care plan. As far as possible, personal care procedures should be carried out by one person, protection being afforded to a single member of staff in the following ways:

- Personal care staff implement the strategies in the “examples of positive approaches” section outlined above.
- Personal care staff notify the teacher, line manager or other member of staff, discreetly, that they are taking the child/young person to carry out a care procedure.
- A signed record is made of the date, time and details of any intervention required that is not part of an agreed routine. See Appendix A Form 4. A decision can be made at the Care Plan meeting as to whether a regular record needs to be kept of routine procedures.
- If a situation occurs which causes personal care staff embarrassment or concern, a second member of staff should be called if necessary, and the incident reported and recorded.
- When staff are concerned about a child/young person’s actions or comments whilst carrying out the personal care procedure, this should be recorded and discussed with a line manager immediately.

### **Other practical considerations for managers**

- Is a risk assessment for Moving and Handling required?
- There should be sufficient space, heating and ventilation to ensure safety and comfort for staff and child/young person.
- Facilities with hot and cold running water. Anti-bacterial hand wash should be available.
- Items of protective clothing, such as disposable gloves and aprons should be provided. No re-use of disposable gloves.
- Special bins should be provided for the disposal of wet and soiled nappies/pads. Soiled items should be “double-bagged” before placing in the bin.
- There should be special arrangements for the disposal of any contaminated waste/clinical materials.

- Seeking advice on general continence issues through the school nurse or health visitor. For specific conditions, the school nurse, health visitor and/or parents/carers should be able to provide links with relevant specialists.
- Supplies of suitable cleaning materials should be available. Anti-bacterial spray should be used to clean surfaces.
- Supplies of clean clothes (the child or young person's own where possible) should be easily to hand to avoid leaving the child unattended while they are located.
- Adolescent girls will need arrangements for menstruation in their plan.
- Schools should have a supply of sanitary wear which can be provided for girls in a sensitive and discreet way

## Training

The requirement for staff training in the area of intimate/personal care will vary greatly between schools and settings and will be largely influenced by the needs of the children/young people for whom staff have responsibility. Consideration should be given, however, to the need for training on a whole school or setting basis and for individual staff who may be required to provide specific care for an individual child/young person or small number of children/young people.

Whole staff group training should provide staff with opportunities to work together on the range of issues covered within this document thus enabling the development of a culture of good practice and a whole school or setting approach to personal care. Whole school or setting training should provide disability awareness, and opportunities for staff to increase knowledge and enhance skills.

More individualised training will focus on the specific processes or procedures staff are required to carry out for a specific child/young person. In some cases this may involve basic physical care which might appropriately be provided by a parent or carer. In cases of medical procedures, such as catheterisation, qualified health professionals should be called upon to provide training. Designated staff may require training in safe moving and handling. This will enable them to feel competent and confident and ensure the safety and well being of the child/young person. It is imperative for the school and individual staff to keep a dated record of all training undertaken.

For any child/young person requiring intimate or personal care, it is recommended as good practice that this be discussed with the school nursing or health visiting service. For intimate care needs, training and advice should be included for staff on how to deal with sexual arousal in the child/young person, if appropriate.

## Managing risk

These guidelines aim to manage risks and ensure that employees do not work outside the remit of their responsibilities. It is essential that all staff follow the guidance set out in this policy and take all reasonable precautions to prevent or minimise accident, injury, loss or damage. It is of particular importance with regard to:

- Staff training
- The recording of activities as necessary
- Consent being obtained from parents/ carers
- The care plan being written with, and signed by parents/carers
- The presence of two adults when invasive medical procedures are performed unless the parents/carers have agreed to the presence of one adult only.

**Appendix A – Forms to support care, to be used as required****Form 1****Record of other agencies involved**

Child/young person's name: ..... Date of birth .....

<b>Name and role</b>	<b>Contact address, phone and email</b>
Parent/carer	
Area sector improvement advisor	
Case officer	
Continence adviser	
Educational psychologist	
GP	
Home Care Team (community paediatric nurse)	
Hospital consultant	
Occupational therapist	
Physical and Sensory Support	
Physiotherapist	
School nurse / health visitor	
Social worker	

**Form 2****Personal care management checklist** (to inform the written personal care management plan)

Child/young person's name: ..... Date of birth .....

Facilities	Discussed	Action
<p>Suitable toilet identified?</p> <p>Adaptations required?</p> <ul style="list-style-type: none"> <li>• Changing mat/table (easy clean surface)</li> <li>• Grab rails</li> <li>• Step</li> <li>• Easy operate locks at suitable height</li> <li>• Accessible locker for supplies</li> <li>• Mirror at suitable height</li> <li>• Hot and cold water</li> <li>• Lever taps</li> <li>• Disposal unit</li> <li>• Moving and handling equipment</li> <li>• Bleeper/emergency help</li> </ul>		

Family provided supplies:	Discussed	Action
<ul style="list-style-type: none"> <li>• Pads</li> <li>• Catheters</li> <li>• Wipes</li> <li>• Spare clothes</li> <li>• Others (specify)</li> </ul> <p><b>School/setting provided supplies:</b></p> <ul style="list-style-type: none"> <li>• Toilet rolls</li> <li>• Urine bottles</li> <li>• Bowl/bucket</li> <li>• Antiseptic cleanser, cloths and blue roll</li> <li>• Antiseptic hand wash</li> <li>• Milton/sterilising fluid</li> <li>• Paper towels, soap</li> <li>• Disposable gloves/aprons</li> <li>• Yellow sacks/disposal bags</li> </ul>		

<b>Staff training/communication</b>	<b>Discussed</b>	<b>Action</b>
<ul style="list-style-type: none"> <li>• Advice sought from medical personnel? Manual handling adviser?</li> <li>• Parental/carer involvement in the management plan</li> <li>• Child/young person's involvement in the management plan</li> <li>• Any parental/child/young person's preference for gender of carer</li> <li>• Specific training for staff in personal care role</li> <li>• Awareness raising for all staff</li> <li>• PE staff</li> </ul> <p><b>Other children and pupils?</b></p> <ul style="list-style-type: none"> <li>• Consult child/young person, respect privacy</li> <li>• How does the child/young person communicate needs?</li> </ul>		

<b>PE issues to enable access to all activities</b>	<b>Discussed</b>	<b>Action</b>
<ul style="list-style-type: none"> <li>• Discreet clothing required?</li> <li>• Privacy for changing?</li> <li>• Specific advice required for swimming?</li> <li>• Specialist nurse?</li> <li>• Manual handling adviser?</li> </ul>		

<b>Support</b>	<b>Discussed</b>	<b>Action</b>
<p>Identified staff</p> <p>Back up staff</p> <p>Training for back up staff</p> <p>Time plan for supporting personal care need</p>		

**Form 3**

**Personal care management plan** (developed from the personal care management checklist)

Child / young person's name:	Date of birth:	Condition:
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Details of assistance required:

Facilities and equipment: (Clarify responsibility for provision of supplies e.g. parent/carer/school/other)

Staffing		
Regular	Name	Time plan
Back up		

Training needs (individual staff must keep signed/dated records of training received in addition to school and setting held records. A record should be completed when training has been delivered and kept as part of the care plan)

Curriculum specific needs:

Arrangements for trips/transport:

Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)

This current plan has been agreed by:

Name

Role

Signature

Date:

Date for review:

**Form 4**  
**Toileting plan**

**Record of discussion with parents/carers**

<b>Child/young person's name:</b>	<b>Date of birth:</b>	<b>Date agreed:</b>
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	<b>Details</b>	<b>Action</b>
<b>Working towards independence:</b> Such as taking child/young person to toilet at timed intervals, using sign or symbol, any rewards used		
<b>Arrangements for nappy/pad changing:</b> Such as who, where, arrangements for privacy		
<b>Level of assistance needed:</b> Such as undressing, dressing, hand washing, talking/signing to child/young person		
<b>Infection control:</b> Such as wearing disposable gloves, nappy disposal		
<b>Sharing information:</b> Such as if the child/young person has a nappy rash or any marks, any family customs/cultural practice		
<b>Resources needed:</b> Such as special seat, nappies/pull-ups, creams, disposable sacks, change of clothes, toilet step, gloves		

<b>Signed:</b> Parent:  Key member of staff:	<b>Review date:</b>
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c.c. Parent/carer



**Form 6**

**Agreement of intimate care procedures for a child or young person with complex needs**

The purpose of this agreement is to ensure that both parents/carers and professionals are in agreement with what care is given, who is providing the care and that the appropriate training is given.

Teaching of the care procedure may be carried out by the parent/carer or by the professional experienced in that procedure.

When the parent/carer and/or professional are agreed the procedure has been learned and the staff carer feels comfortable with, and competent to administer that procedure this record should be signed by the parties. One copy should be given to the staff carer, one retained in the staff carer's personnel file and one filed in the child/young person's medical health record.

Child/young person's name.....

Procedure.....

.....

.....

Staff carer's name.....

Staff carer's signature..... Date.....

**Parent/carer and/or professional**

I have taught the above procedure to the named staff carer and have assessed him/her as able to perform the care as instructed.

Signed..... Date.....

Designation.....

Date reviewed..... Autumn term

Date reviewed..... Spring term

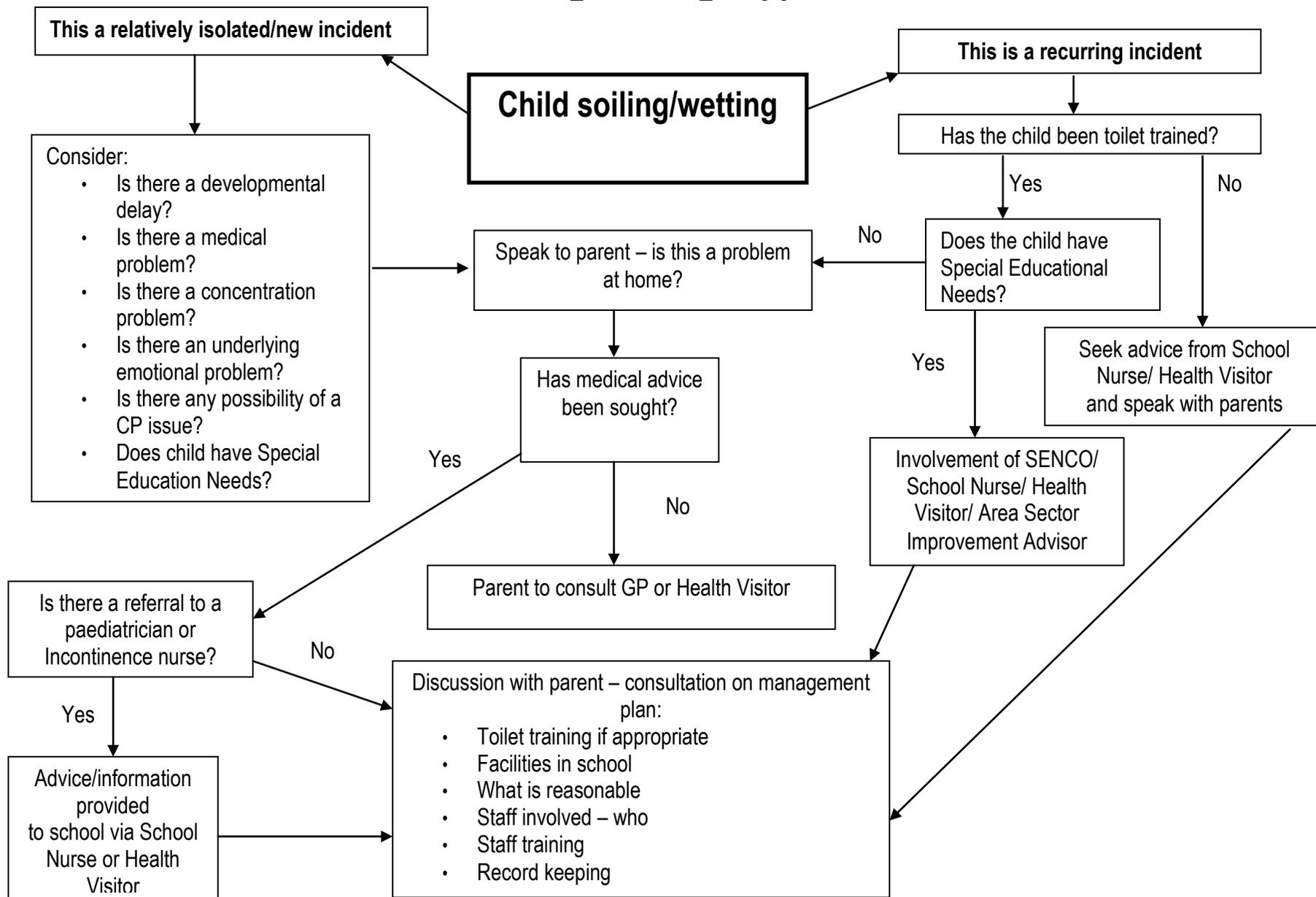
Date reviewed..... Summer term.

## Appendix B

**Useful contacts**

<b>Name / role</b>	<b>Contact details</b>
Continence advisor	Contact via School Nurse or Health Visitor
School nurse	
Physical and Sensory Support	NE - 01372 833777 Fairmount House (Leatherhead) NW - 01483 517577 Quadrant Court (Woking) SE - 01737 737761 Consort House (Redhill) SW - 01483 517577 Quadrant Court (Woking)
Community paediatric nurse	
Education planning (any building work required for schools)	Capital Strategy Manager – 0208 5419428
Babcock 4S personnel (for maintained schools)	Head Office Bay Tree Avenue Kingston Road Leatherhead KT22 7UE  01372 834444 ext 5200
Early Years and Childcare Service (mainly pre-school children)	Referral via area sector improvement advisor 01372 833833
Social Care referrals (child protection/child in need)	Contact Centre – 0300 200 1006
Area SEN admin	NE – 01727 37940 Fairmount House (Leatherhead) NW – 01483 518110 Quadrant Court (Woking) SE - 01737 737990 South East Area Office (Redhill) SW - 01483 517808 South West Area Office (Woking)
Paediatric Services	
Occupational Health	
Physiotherapy	

### Assessing toileting support



NB: always be aware of the possibility of Child Protection issues (in which case follow Child Protection Procedures)

## Frequently asked questions

### **What if we have nowhere to change children?**

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. Most children can be changed in a standing position, and can be changed in a cubicle. 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.

### **Won't it mean that adults will be taken away from the classroom or setting?**

Depending on the accessibility and convenience of a setting'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.

### **Is it OK to leave a child until parents arrives to change them?**

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 or in wet or soiled clothing for any length of time pending the return of the parent is a form of abuse. Ask yourself if you would leave an injured child until their parents arrived.

### **Who is responsible for providing nappies/continence wear?**

Parents are responsible and must provide supplies. Schools may be asked how many nappies they may require by the continence nurse in order to calculate how many to give to parents. Schools should provide gloves and other disposable clothing.

How do we dispose of nappies?

Check with your refuse department. For occasional use, you may single wrap wet and double wrap soiled nappies and use ordinary waste bins.

What if no one will take responsibility to change nappies?

Consider your arrangements for when a child accidentally wets or soils. The same systems could be used for this, but it is good practice for a familiar adult to undertake this task.

### **I'm worried about lifting**

All children need to be risk assessed by the Manual Handling Team, if this has been agreed as part of the child's care plan, they will give advice and training for any adults involved

How can I help a child to communicate when they need to use the toilet?

Children with communication difficulties may need tools to help them communicate. Picture symbols and signs can be used to reinforce spoken words.

For children who are learning English as an additional language, it is helpful to learn how to say the appropriate words in their home language

### **I work in an early years setting, won't I be changing nappies all the time?**

No, if parents change the child before school or arrival at the setting staff should only need to check or change a child occasionally, depending on the child. Emphasis should always be on teaching the child independence, and encouraging them to do as much as possible for themselves. Look on it as part of their early education and learning.

**Parents won't bother to toilet train their child will they?**

Parents are as anxious as you for their child to be out of nappies. You will need to make it clear that your expectation is that all children in school will be out of nappies, but that you will support children and families to support any difficulties. **For early years settings it is not appropriate that your expectation is that all children will be out of nappies.**

**Is it true that men can't change nappies because of child protection issues?**

No, there are many men in childcare who change nappies on a daily basis. DBS checks are carried out to screen for any known risks, and safe practice induction given to all designated staff. If there is a known risk of false allegation by a child then a single practitioner should not undertake nappy changing.

**What if a child reacts defensively, or reacts to personal care?**

Is the child otherwise anxious about adults? Is it new or changed behaviour? Ask the carer whether anything has happened which may have led to the child being anxious or upset about being changed. Has there been a change in the household? If you're still concerned, consider whether there may be child protection issues, and follow child protection procedures.

**What if a member of staff refuses to change a child/young person who has soiled?**

The Equality Act 2010 is clear that children should be protected from discrimination. Therefore a child who has soiled should be tended to in order to be able to return to the classroom/setting without delay. The issue should not arise if designated support staff have been advised on appointment and induction, and existing support staff trained in relation to the school's duties under the Act.