



WILLOW TREE INTIMATE CARE AND TOILETING POLICY



Mission Statement

The children are at the heart of everything we do at Willow Tree Federation. We take a holistic approach to child development and we are privileged to support our children, families and the wider community to change and enhance lives. We celebrate the wide diversity of the backgrounds, beliefs, talents and interests of our children and we recognise learning happens in communities and empowers them. As a federation at the heart of its community, we understand and respect the positive impact we can have. We plant the seed that grows the future!

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Introduction

All settings across the Willow Tree Federation are aware that all learners need open access to clean, well- stocked and safe toileting provision. Learners may require assistance from members of staff for personal care, including toileting, either due to the age and developmental level of the student, or as a result of disability or medical need. The main aim of the federation is to ensure that our children are safe, secure and protected from harm and are supported with every aspect of their independence and development. This policy has been written with advice from Bladder and Bowel UK, NHS and ERIC (The Children's Bowel and Bladder Charity)

Aims

The toileting and intimate care policy aims to provide a clear framework for staff to ensure the safety and dignity of all children when using the toilet and for those who need support with personal care, including changing, toileting and continence management. It also clarifies for learners and their families the support they can expect from

the settings. It aims to support children's health, wellbeing and development by promoting effective potty training at an appropriate time.

Principles

The Willow Tree Federation respects our learners and encourages them to achieve their potential. This includes encouraging them to be as independent as they are able with their personal care. We will ensure that our learners:

- individual needs are identified and met
- family's cultural preferences are considered
- potty training is a positive experience; family and child feel supported throughout
- have their right to safety, dignity and privacy is respected
- are involved with and consulted about upkeep of the toilet facilities and about their personal care as far as they are able
- are provided with consistency of care as far as possible

Responsibilities

Intimate Care Federation Responsibilities

We will work with the whole federation community to ensure access to clean, well-stocked private and safe toilet facilities for all.

The issue of intimate care is a sensitive one and staff are respectful of needs. The child's dignity will always be preserved with a level of privacy, choice and control.

Staff will work in partnership with parents/carers to provide continuity of care to children.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as possible, e.g. removing wet trousers or underwear.

Staff who provide intimate care are trained to do so and are fully aware of best practice.

At Appletree Nursery School, intimate care is recorded with the time, staff name and any notes.

Soiled clothes/ reusable nappies are sent home in a sealed bag.

As the children get older, when staff members have to change soiled nappies, they ensure that the child is not observed by other children. Staff will inform colleagues that they are changing a child and parents are informed of any soiling accidents at the end of the day/ session.

Settings will consider the religious views, beliefs and cultural values of the learner and their family, as well as the learners gender identification and individual physical needs (e. g. periods, catheterisation, stoma care etc) as far as possible in provision of

appropriate toileting facilities and when undertaking or supporting required individual personal care.

Settings will work with the learner to promote positive self- esteem and body image and independence with self- care as far as is appropriate and practical.

Settings will ensure that all staff are aware of the need for confidentiality.

Personal and sensitive information will only be shared with those who need to know.

Settings will act according to their safeguarding policy and procedures if there are any concerns for the learner' s wellbeing.

Governors' responsibilities

To ensure there are appropriate toileting facilities to meet the needs of all their learners, including those with bladder and bowel health issues

To ensure that sufficient staff are trained to meet the needs of their learners.

The governing body will ensure that this policy is monitored and reviewed at least every three years.

Parent/carers responsibilities

Parents/ carers must ensure that they provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child' s needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.

Parents/ carers must ensure that they work towards their child achieving the maximum possible level of independence at home.

Parents/ carers must make sure that school always has the required equipment available for their child's intimate care or toileting needs.

Intimate Care Plans- School

Where learners are not able to be fully continent due to a medical/ additional need, we will ensure that an individual intimate care plan is written to ensure their needs are clarified and met. The learner will be included in discussions about the care plan, unless this is clearly inappropriate, as will their family. Relevant healthcare professionals including the school nurse may also be consulted. The care plan will be reviewed at least annually or sooner if the learner' s needs change.

Careful consideration will be given to each child's situation to determine how many staff needed to be present when a child is toileted. If more than one member of staff is needed, the reasons will be documented in the child's care plan.

For children with an Intimate Care Plan, only those staff named on the individual care plan will be involved in providing support with intimate care to a learner. School will ensure that sufficient staff are named on care plans and available to provide the required support in all foreseeable circumstances. If, in exceptional circumstances, none

of the named staff members for an individual are available, school will contact the family for consent to involve a different member of staff.

Only in an emergency would staff undertake intimate care that has not been agreed with the parents/ carers. This act of care would be reported to a senior member of school staff and to the parents/ carers as soon as possible after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

A written record will be kept of all support with intimate care. This will include the date and time of the care, who was present and any care given that has differed from the care plan, together with the reason for this. Staff will communicate carefully with learners, using their usual communication method, to discuss their needs and preferences. Wherever possible the learner's wishes and preferences will be considered.

Parents/ carers should work with school to develop and agree a care plan.

Potty Training

Actions:

Preparation:

- Provider to include bladder and bowel health in initial discussion with parents when child joins the provision, for instance using ERIC resource *Early Years Healthy Bladder and Bowel Assessment*[†].

To include:

- Child's current fluid intake – quantity and type of fluid
 - Child's current bowel habit – type of stool (*Bristol Stool Chart*ⁱⁱ) frequency of bowel actions, any behaviour associated with pooing.
 - Opportunity to then be taken to advise early years staff and family on appropriate fluid intake, recognition of constipation etc. for instance by providing ERIC leaflet Thinking about wee and poo now you've reached the age of two
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- Potty training can be a very daunting process for families. Providers will support families by discussing expectations of potty training, and providing information. Agreement to be reached either when Potty Training should start, or that further discussion will take place at appropriate age/stage of development. N.B. Discussion should take place by the age of 18 months.
 - Families will be supported to decide the best time to potty train their child. Provider will explain why it is helpful for the same approach to be taken at home and in the early years setting, including using the same words for wee/poo/potty/toilet etc.

Assessment of Readiness:

The first stage of potty training is to recognise when the child is ready. It is essential that the child is:

- Pooing at least one soft poo a day
- Staying dry for at least an hour and a half between wees
- Other signs to look out for are:
- Showing interest in the toilet
- They can follow simple instructions
- Able to sit themselves on the potty and get up again
- Starting to show signs of awareness of when they have done a wee or a poo

- Showing awareness that other family members and peers don't wear nappies, and that they use the toilet

Children with additional needs may not show reliable signs of awareness. Potty training should **not** be delayed; it is much harder to achieve when the child is older. Readiness can be assessed by monitoring the child's wees and poos. School will offer information such as *ERIC's Guide for Children with Additional Needs*^{vi}.

Delivery:

Settings will ensure that:

- Suitable facility is offered – either potty, or toilet with suitable foot support and toilet seat insert.
- Child needs to sit with feet flat and firmly supported, knees above hips. Boys to be guided to sit down to wee –
In the early stages children cannot differentiate between the need for a wee and the need for a poo. If they wee standing up they may hold onto the poo and can easily become constipated. The correct mechanism of weeing is triggered by relaxation – it is much easier to relax when seated. They may empty their bladder better sitting down. It is more hygienic as they are less likely to wee on the floor/over the toilet seat.
- Optimum timing for toileting is observed –
toilet visits planned for 20-30 minutes *after* meals (the most likely time for a child to poo)
- suitable interval left between prompts to wee (the bladder needs to be *full* to empty correctly)
- Fluid intake is optimised – a minimum of 6 to 8 full cups of drink a day, spread evenly across the day.
- Settings will discuss clothing with family; family will ensure that the child is dressed in clothes that are easy to pull up and down, and will supply several spare pants, trousers, socks etc.
- Settings will work with family to ensure a consistent transition from nappies to pants in one step to avoid confusing the child with a mixture of nappies/pull-ups/pants. N.B. The child will still need a nappy for naps initially.
- Settings will support family by sharing information regarding products to support transition such as washable, absorbent car seat protector/washable, absorbent pants/children's disposable pads and/or advise about putting nappy *over* pants for travelling, so if the child wees they are aware of the sensation of feeling wet.
- Early years staff will maintain calm, supportive approach at all times; children should not be rushed or forced to use the potty against their will. 'Accidents' are to be expected – children learn to recognise the sensation of needing a wee/poo by wetting/soiling.
- All staff and family to ensure child is regularly encouraged and praised. N.B. aim to recognise *achievable* goals such as sitting on the potty when asked to do so. Keeping pants dry may be an unachievable goal initially.

Communication:

- Settings will ensure all staff are aware of each child's current stage of potty training to confirm consistent approach.
- Settings will ensure that parents have a verbal overview of how successful potty/toilet visits have been as well as wetting/soiling incidents in order to monitor child's progress.
- Regular updates to be shared with parents with the expectation that they will share information about progress at home. Potty training is a joint effort!

Trouble shooting:

- Early years staff to be alert for possible constipation; incidence is raised during potty training as some children find pooing into the potty/toilet frightening. See *ERIC's Guide to Children's Bowel Problems* for further information.
- If toilet avoidance is observed information to be provided - see ERIC factsheet *Children who will only poo in a nappy and other toilet avoiders*
- If child does not appear to be making progress, or regresses, staff to look again at child's bowel habit and fluid intake – see *ERIC's Guide to Potty Training. Early Years Healthy Bladder and Bowel Assessment* may be repeated. Provider to instigate discussion with family to consider abandoning process, allowing time to improve bladder and bowel health and to better prepare the child, starting again after a suitable interval.
- If ongoing bladder/bowel issues, information such as ERIC leaflet *Thinking about wee and poo now you're on the way to school* may be shared with family and prospective school