

Radnor Primary School

Ysgol Gynradd Radnor



Radnor Road/Heol Radnor, Canton/Treganna
Cardiff/Caerdydd CF5 1RB
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Continence and Toilet Training Policy

September 2024



Healthy

Respectful

Inclusive

Resilient

Kind


Eco-
friendly



| | |
|--------------------|---------------------|
| Headteacher: | Mrs Louise Williams |
| Chair of Governors | Mr Matthew Downes |

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|-----------|---|
| Owned by: | Governing Body of Radnor Primary School |
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|-----------------------|----------------------------|
| Name of school | Radnor Primary School |
| Address and post code | Radnor Rd, Cardiff CF5 1RB |
| Phone number | 029 20 387506 |

| | |
|--|--|
| Name of policy | Intimate Care and Toileting Policy |
| Date Policy formally approved by Governing Body | 25 th September 2024 |
| Date Policy becomes effective | 26 th September 2024 |
| Review Date | September 2025 |
| Signed (head teacher) |  |
| Signed (chair of governing body) | |
| Information about this policy is available to parents/carers | Website |

1. Overview

1.1 Definition of intimate care

1.1.1 In this policy 'intimate care' is defined as:

"Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children/ young people are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of children/ young people involved in intimate self-care."

*Taken from Welsh Government,
['Supporting Learners with Healthcare Needs' \(215/2017\)](#) p16*

1.1.2 Further examples include medical interventions such as catheterisation and colostomy bags. Guidance should be sought from relevant health professionals and included in the child's Individual Healthcare Plan.

1.1.3 Intimate care (which includes toileting) can be undertaken on a regular basis or during a one-off incident.

1.2 Development of the policy

This policy was created as a result of: 'A Good Practice Guide to Managing Continence Needs in Settings & Settings in Cardiff'. The good practice guide was written by The Early Years Inclusion & Disability Team as part of a working group consisting of representative from health, education, and the third sector.

1.2.1. This policy has been developed considering recommendations made by the Local Authority.

1.3 Related policies

- Managing healthcare needs policy
- Safeguarding policy
- Health and safety policy including manual handling
- Additional learning needs policy
- Staff code of conduct

1.4 Promotion of policy

1.4.1 This policy will be shared with parents via our school website.

2. Legal perspective / context

2.1 Legislation

2.1.1 The legislation that this policy has been issued under is documented in Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017 (<http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>).

2.1.2 It is also guided by the Equality Act 2010.

2.2 Context

2.21 The City of Cardiff Council is committed to the provision of high quality care that meets the individual needs of all children and young people in Cardiff. As a local authority we embrace the **Every Child Matters** document, the **United Nations Convention on the Rights of the Child, 1992** and we adhere to the **Equality Act 2010**.

2.22 '**Meeting the Health Care Needs of Children and Young People in Cardiff- A Good practice guide 2018**' should be used in the first instance for children and young people with healthcare needs. The statutory guidance says that '*education settings should have an intimate care policy, and that it should be followed, unless alternative arrangements have been agreed, and recorded in the child/ young person's Individual Healthcare Plan.*'

2.23 There is an expectation that children entering nursery or Reception class will be independent in meeting their own continence needs, however, for various reasons, this is not always the case. It is important that any continence need is managed sensitively and effectively in setting and is in line with the child or young person's development. It must also be understood that delayed continence is not necessarily linked with learning difficulties or disabilities. For children and young people with continence needs, it can have an impact on their ability to take part in everyday school life. However, when needs are managed appropriately, children and young people should not be disadvantaged in any way.

2.24 In line with the **Code of Practice for Wales (2002)** and the **Equality Act (2010)** children and young people cannot be refused entry into settings on the grounds that they have continence needs. Any admissions practice that sets a blanket standard of continence would be discriminatory and therefore unlawful. Settings must make adjustments in order to include children and young people with continence needs and should not exclude or treat them differently because of this.

2.25 This policy has been written to support learners' continence needs whilst at setting. The policy has been designed in line with the Welsh Government guidance; **School Toilets: Good Practice Guidance for Settings in Wales (2012)**¹ and **ERIC – The Children's Bowel and Bladder Charity**². It has also been developed in response to the Statutory Welsh Government guidance, **Supporting Learners with Healthcare Needs (215/2017)**³ and the '**Meeting the Health Care Needs of Children and Young People in Cardiff- A Good practice guide 2018**' [link](#)

¹ dera.ioe.ac.uk/13643/7/120124schooltoiletsen_Redacted.pdf

² <https://www.eric.org.uk>

³ <http://learning.gov.wales/docs/learningwales/publications/170330-healthcare-needs-en.pdf>

3. Key policy statements

- 3.1.1 Children/ Young People with a healthcare need will be supported by our managing healthcare needs policy and the development of an individual healthcare plan.
- 3.1.2 **Our expectation is that all children on entering nursery class are toilet trained.** We recognise that some children and young people may experience difficulties with toileting due to a disability or medical need, or they may not have achieved the developmental milestone of continence. In such cases we will work with parents/carers, children/ young people and healthcare professionals.
- 3.1.3 We understand that toileting accidents sometimes occur, and will have a procedure in place to safeguard staff and children/ young people.

4. Policy aims and principles

4.1 The aims of this policy are:

- 4.1.1 To safeguard the rights and dignity of children/ young people and promote their welfare.
- 4.1.2 To safeguard staff and provide guidance and reassurance to staff whose role includes providing intimate care.
- 4.1.3 To assure parents/carers that staff are knowledgeable about intimate care and that their individual concerns are taken into account.
- 4.1.4 To remove barriers to learning and participation, protect from discrimination, and ensure inclusion for all children/ young people.
- 4.1.5 To raise awareness of the duty of care of head teachers, staff and governors.

4.2 The basic principles of the policy are:

- 4.2.1 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 care should therefore be part of a general approach towards facilitating participation in daily life.
- 4.2.2 Intimate care can take time but it is essential that every child is treated as an individual, and that care is given as gently and as sensitively as possible.
- 4.2.3 The following are the fundamental intimate care principles upon which this policy is based:
- Every child has the right to be safe
 - Every child has the right to personal privacy
 - Every child has the right to be valued as an individual
 - Every child has the right to be treated with dignity and respect
 - Every child has the right to be involved and consulted on their own intimate care to the best of their abilities
 - Every child has the right to express their views on their own intimate care and to have such views taken into account (note: from a safeguarding perspective staff might have to change a nappy against a child's wishes).
 - Every child has the right to have levels of intimate care that are appropriate and consistent.
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5. Roles and responsibilities (inc. training needs)

5.1 *The head teacher and governing body are responsible for:*

- 5.1.1 Ensuring that all adults assisting with intimate care are employees of the school or local authority. This aspect of their work will be reflected in their job descriptions. Visitors, volunteers or students must not undertake activities associated with intimate care or toileting.
- 5.1.2 Ensuring that staff (and candidates applying for a job) are made aware of this aspect of the post.
- 5.1.3 Ensuring that all staff are appropriately trained and supported and that it is part of the job description of the member of staff. The requirement for training will vary greatly between settings and will largely be influenced by the needs of the child. 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; or providing toileting/changing on an ad-hoc basis.
- 5.1.4 Ensuring that the school has a managing healthcare needs policy, an intimate care and toileting policy and infection control procedures in place, and that staff are familiar with them, especially those involved with intimate care.
- 5.1.5 Ensuring that all staff are aware and are familiar with the Graduated Response to Intervention
- 5.1.6 Providing Personal Protective Equipment (PPE) which should include: disposable gloves and aprons, and bin and liners to dispose of waste. Staff should always wear PPE when dealing with any child who is bleeding, wet or when changing a soiled nappy / clothing.

5.2 *Staff:*

- 5.2.1 It is likely that most intimate care within a school will be undertaken by teaching assistants.
- 5.2.2 Practitioners have a responsibility to promote the inclusion and acceptance of all child/young persons as well as a duty of care, which includes attending to the child/young person's personal needs and implementing related personal programmes. These guidelines are stated in Cardiff County Council TA Job Descriptions.
- 5.2.3 Staff attitude to a child/young person's intimate care is also important; keeping in mind the child/young person's age and routine care, keeping it both efficient and relaxed.
- 5.2.4 It is the responsibility of all staff caring for a child/young person to ensure that they are aware of the child/young person's method and level of communication, and the healthcare/intimate care need. To ensure effective communication, staff should:
- Make eye contact at the child's level
 - Use simple language and repeat if necessary
 - Wait for response
 - Continue to explain to the child what is happening even if there is no response

- Treat the child as an individual with dignity and respect.

- 5.2.5 Staff should encourage each child/ young person to do as much for themselves as they are able to.
- 5.2.6 Where a situation renders a child/ young person fully dependent; the member of staff should talk about what is going to be done and provide choices where possible. The member of staff should ensure they are aware of any preferences for the intimate care from the child/ young person and/or parent/carer.
- 5.2.7 Young children and children with additional learning needs (ALN) can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.
- 5.2.8 Some procedures must only be carried out by members of staff who have been formally trained and assessed. There should be more than one member of staff assigned within a plan to allow for any illness absence or leave.
- 5.2.9 Only in the event of an emergency would staff undertake any aspect of intimate care that has not been agreed by parents/carers and school. Parents/carers would then be contacted immediately.
- 5.2.10 Staff should receive training in good working practices which comply with the health and safety policy and the safeguarding policy.

5.3 Parents/carers:

- 5.3.1 Parents/carers will be made aware of the school's intimate care and toileting policy and are encouraged to work with the school to ensure their child's needs are met.
- 5.3.2 Parents/carers have a responsibility to advise the school of any known intimate care or toileting needs relating to their child.
- 5.3.3 Where a child/young person has a recognised need with regards to intimate care or toileting, procedures need to be agreed between the school and the parents/carers so that there is clarity over expectations, roles and responsibilities.
- 5.3.4 Records should also reflect arrangements for ongoing and emergency communication between home and school or setting, monitoring and review.
- 5.3.5 Parents/carers have a responsibility to work in partnership with school staff and other professionals to share information and provide continuity of care.
- 5.3.6 It is also important that the procedure for dealing with concerns arising from intimate care processes is clearly stated and understood by parents/carers and all those involved.
- 5.3.7 It is the parents/carers responsibility to provide supplies such as nappies, wipes or continence pads. For children who regularly soil or wet parents/carers should ensure that spare clothing is kept in school.

6. Safeguarding

- 6.1.1 The governing body and head teacher ensures that all staff are familiar with the safeguarding policy, and if there are any concerns, they should be recorded and discussed with the settings Designated Safeguarding Lead (DSL).
- 6.1.2 All staff (including students and volunteers) working within the school setting will be subject to the usual safer recruitment procedures, which includes a DBS check.
- 6.1.3 Visitors, volunteers or students must not undertake activities associated with intimate care or toileting.
- 6.1.4 A child's dignity must be maintained at all times.

6.2 Staff ratios:

- 6.2.1 For the majority of children/young people only one member of staff is required to support a child with continence needs. They will inform another member of staff and a record of continence care will be signed by both members of staff. This is to ensure the child/young person is treated with dignity and respect.
- 6.2.2 However, the number of staff required to undertake procedures will depend upon individual child/ young person's circumstances and should be discussed with all concerned with the child/ young person's privacy and dignity at the forefront. The individual child/ young person's needs should be used to help assess the risk; a risk assessment should determine if one or two members of staff (or more) are required.
- 6.2.3 Where there are concerns around child protection, previous allegations, or moving and handling issues, two adults may be required to provide care.
- 6.2.4 Consideration should be given to the management of staffing levels in the classroom when undertaking duties outlined in this document.

6.3 Location of intimate care / changing facilities:

- 6.3.1 The school has identified suitable areas for children/ young people with intimate care/toileting/changing needs, to enable the privacy of children/ young people to be maintained, balanced with the need to safeguard the child and staff; and protection for the adult e.g. visible and/or audible. See 7.1.1.

6.4 Working with children/ young people of the opposite gender:

- 6.4.1 In certain circumstances it may be appropriate / necessary to have a person of the same gender as the child care for the child/ young person. For example, for cultural or family reasons. However, the current ratio of female to male staff in many settings, means that assistance will more often be given by a female. As stated in 'Supporting learners with healthcare Needs (2017):

'Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one

person assisting. This should be agreed and reflected in the individual healthcare plan (IHP) and risk assessment'.

6.4.2 We will work to ensure the needs of the child/ young person and family are met. If this is not possible we will discuss with the child/ young person and family and other professionals.

6.5 ALL concerns/incidents must be reported immediately:

6.5.1 If a member of staff has any concerns about physical changes in a child/ young person's presentation, e.g. unusual markings, discolouration's or swelling, including the genital area they must immediately report the concerns to the Designated Safeguarding Lead (DSL).

6.5.2 If a member of staff has any concerns about any unusual emotional and behavioural responses by the child/ young person; they must immediately report concerns to the DSL.

6.5.3 If a staff member has concerns about a colleague's continence care practice, they must immediately report concerns to the DSL.

6.5.4 If a child/ young person or parent/carer makes an allegation against a member of staff, they must immediately report concerns to the DSL.

6.5.5 If a child/ young person is accidentally hurt during continence care or misunderstands or misinterprets something, staff should reassure the children/ young people safety and report the incident immediately to the DSL.

6.5.6 If a staff member is accidentally hurt, they should report the incident immediately, seek medical assistance if needed and ensure an accurate written record of what happened is made.

6.5.7 If a child/ young person becomes distressed or unhappy about being cared for by a particular member of staff, the parents/carers should be contacted at the earliest opportunity in order to reach a resolution and outcomes recorded. Staffing schedules could be altered until the issue(s) are resolved. Further advice can be taken from outside agencies if necessary.

6.5.8 **All concerns reported to the DSL will be immediately acted upon in line with the school Safeguarding Policy.**

6.5.9 **A written record of concerns must be made available to parents/carers and kept in the child/ young person's personal file. Further advice will be taken from outside agencies as necessary. Unless this is of child protection nature where there is no automatic right for parents/carers to be notified of this concern.**

7. Health and safety, and facilities

7.1 Environment:

7.1.1 The school has identified a suitable areas for children/ young people to receive intimate care, giving consideration to the needs of each individual child/ young person. Privacy for the child/ young person and safeguarding staff will be considered along with:

- Space
- Heating and ventilation to ensure staff and child/ young person comfort
- Running hot and cold water and liquid soap should be available
- Protective clothing (disposable apron and gloves) should be provided in an accessible location
- Supplies of nappies, wipes etc in an accessible location (provided by family)
- Nappy disposal bags
- Labelled bins for the disposal of nappies (soiled items should be double bagged)
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials – cloths, anti-bacterial sprays
- Appropriate clean clothing (preferably the child's own), should be to hand to avoid leaving the child unattended to maintain dignity
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls

7.1.2 Infection control procedures should always be followed.

7.2 Waste:

7.2.1 The school is responsible for the disposal of all nappies/pads used by children/ young people on school premises. It is not appropriate for the school to send used nappies/continence pads home at the end of the school session.

7.2.2 Up to 7kg of nappies/pads can be disposed of per school in general waste collection. Contract Waste Disposal will be considered for larger quantities.

7.2.3 Disposal of soiled nappies/pads/clothing should be discussed during admission meetings and noted on the Individual Healthcare Plan/Continence Management Plan/Toilet Training Plan.

7.2.4 Specialist provision / equipment i.e. catheterisation / diabetes / menstrual management / or any other intimate healthcare needs should be disposed of as agreed in the children/ young people Individual Healthcare Plan.

8. Provision of supplies

- 8.1.1 Personal protective equipment for staff will be provided by the school. See 5.1.5.
- 8.1.2 Items such as nappies, continence pads and wipes will be provided by parents/carers. See 5.3.8.

9. Agreeing a procedure for intimate care or toileting

9.1 Admissions and transition

- 9.1.1 The school will ensure that there is a strong transition system in place between settings/settings, and that parents/carers are given the opportunity to discuss any intimate care or toileting needs during planned admission's meeting.
- 9.1.2 We will work with our AIn specialist teams to identify children/ young people that may require intimate care or toileting support.
- 9.1.3 Providing opportunities for staff to meet with parents prior to entry to the setting. This can be arranged as a meeting at setting or a home visit. Explain the setting's continence policy and discuss with parents whether there are any physical/medical needs relating to their child's continence.
- 9.1.4 Settings to ensure that they have an inclusive approach to continence needs and toilets are well maintained and child/ young person friendly.
- 9.1.5 Settings to ensure that all children/ young people are introduced to their nearest toilet facilities prior to admission if possible or on their first day.
- 9.1.6 Parents to sign consent form for staff to provide continence care should the need arise.

9.2 Creating and agreeing a plan

- 9.2.1 When a continence need is identified, the school will complete a toilet training plan or continence management plan with agreement with the parent/carer and child/ young person, and if necessary a healthcare professional. In some cases an Individual Healthcare Plan might be needed (see managing healthcare needs policy, appendix 3).
- 9.2.2 The agreements will detail what care is to be provided and by whom. There should be more than one named member of staff.
- 9.2.3 A risk assessment, will identify the support required for the plans, e.g. manual handling, risk of allegations.
- 9.2.4 It is vital that plans are prepared prior to admission, and where possible opportunities are made for the child/ young person and family to meet the staff who will be providing continence care.
- 9.2.5 Whole school and classroom management considerations should be taken into account, for example:
 - The importance of working towards independence
 - Arrangements for home/school transport, sports days, school visits, swimming etc.

- Substitutes in case of staff absence
- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

9.3 Toileting – occasional incidents:

- 9.3.1 School should ensure that they have arrangements in place for when a child occasionally wets or soils themselves.
- 9.3.2 Measures such as asking parents/carers to come in and change children are not good inclusive practice and can put unacceptable pressure on both the parent/carer and the child. It is also likely to be a direct contravention of the Equality Act 2010, 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/carer is not acceptable.
- 9.3.3 We obtain consent from parents/carers of all children entering the foundation phase for the school to provide emergency continence care i.e. helping or supervising a child to change their clothes if they have accidentally soiled themselves.

10. Sharing and recording information

- 10.1.1 Any plans or risk assessments created will be kept on the children/ young people file, given to the parent/carer, will be made available to the staff member(s) providing continence care and the healthcare professional (if involved).
- 10.1.2 Each intervention of continence care should be recorded using the Record of Continence Care. It should be signed by the staff member who supported the child/young person and counter signed by a second staff member.

11. Reviewing continence care and toileting arrangements

- 11.1.1 Continence management plans and toilet training plans must be reviewed at **least termly** or according to the developing needs of the child. This should be specified in the relevant plan and followed up by the named member of staff. The views of all relevant parties should be sought and considered to inform future arrangements. Staff members carrying out intimate care must be vigilant and ensure that they are following the current plan.

12. Complaints procedure

- 12.1.1 If a child/ young person or parent/carer is not satisfied with our continence care arrangements they are entitled to make a complaint. This is outlined in our [complaints policy](#).

12.1.2 Complaints can be escalated from teacher to head teacher, then if unresolved, to the governing body, and then to the local authority.

12.1.3 If the complaint is Equality Act 2010/disability related, then consideration of a challenge to the Special Education Needs Tribunal for Wales (SENTW) or Children's Commissioner can be made. However, we always advocate that all complaints go to the governing body in the first instance to try to resolve it at a local level.

13. Reviewing the policy

13.1.1 We will review this policy alongside the Managing Healthcare Needs Policy, if any amendments occur in legislation, or in consideration of changes in working practices.



**RISK ASSESSMENT
FOR MANAGING
CONTINENCE NEEDS**

| | | | |
|---|--|--|---|
| <p>School: Orchard Lane Primary School</p> <p>Names of Assessors & Designation: Mr Jones (Headteacher) Mrs Smith (ALNCO)</p> | | <p>Date: September 4th 2019</p> | |
| <p>Area: Pupil Toilets Accessible Toilets</p> | | <p>Sources of Information: A Good Practice Guide to Managing Continence Needs in Settings – Cardiff LA</p> | |
| <p>POTENTIAL RISK List risks here:</p> <p>Concerns over possible safeguarding</p> <p>Risk of infection/ cross infection for staff and children/ young people</p> | <p>POTENTIAL HAZARD List Hazards here</p> <ul style="list-style-type: none"> Practitioners are at risk of accusation from the child/ young person during intimate care routines Child/Young person are at risk of abuse Bodily fluids on member of staff's person and children/ young people Poor hygiene | <p>RISK RATING High, medium, low</p> <p>LOW</p> <p>LOW</p> <p>LOW</p> | <p>HOW CAN THE RISKS BE MANAGED? What precautions will be put in place to minimise the risks from the hazards you listed?</p> <ul style="list-style-type: none"> All parents to provide signed permission on entry to school/ setting for staff to support continence needs/ intimate care (see consent form) All staff providing intimate care will have an enhanced DBS certificate and attend annual Safeguarding training. Member of staff to inform colleague prior to supporting child/ young person with continence/ intimate care needs and record actions on the Record of Continence Care form. This will be signed by the two members of staff involved. Staff to inform parents/ carers when intimate care/ changing has been provided. Staff to wear aprons and disposable gloves when supporting children/ young people to change nappies/pads/soiled clothing. |
| | | <p>IS ANY FURTHER ACTION NECESSARY TO CONTROL THE RISK? Describe the action needed to improve matters:</p> <ul style="list-style-type: none"> Update the school's Continence Policy Annually Staff to attend annual Safeguarding Training | <p>IS ANY FURTHER ACTION NECESSARY TO CONTROL THE RISK? Describe the action needed to improve matters:</p> <ul style="list-style-type: none"> Ensure school follow LA Code of Guidance regarding protection against infectious |

| | | | | |
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| | | | <ul style="list-style-type: none"> • Staff and child/ young person to use wet wipes where appropriate. • Staff and child/ young person to wash and dry hands thoroughly. • Changing area/ toilet to be cleaned after use. • Dispose of protective clothing and soiled nappies in exterior bin. • Soiled clothes to be tied tightly in a bag and sealed in another bag and sent home with pupil. • School cleaning services to clean toilet areas thoroughly daily. | <p>diseases</p> <ul style="list-style-type: none"> • School to ensure that all resources are replenished regularly |
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| <p>Monitoring & Reviewing Arrangements: Spring Term 2020</p> | |
| <p>Signed: (Headteacher)</p> | <p>Signed: (Staff)</p> |



My Toilet



Name: Edward Jones

Date of Birth: 09.11.15

Name of Setting: Orchard Lane Primary School **Class:** RL

What is to be done...

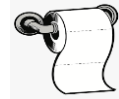
When:

Edward to be taken to the bathroom at set intervals during the day.

Parents to take Edward to the bathroom on arrival at school at 8.50am.

Staff to build toilet visits into Edward's routine at 11.00am, 12.45pm.

Parents to take Edward to the bathroom at 3pm at the end of the day.



Where:

Reception class toilets



How:

Edward to come to school wearing pants not nappies.

Staff to show Edward the toilet picture prompt and build times into his daily routine.

Staff to support Edward to use the toileting visual schedule and complete the picture routine.



Special Notes: eg reward scheme, attitude to be taken, fluid requirements, access to toilet, resources required:

Parents to provide water bottle that Edward can access throughout the school day.

Staff to encourage drinking of water and monitor amount of intake.

Parents to provide spare pants, socks and trousers in case of toileting accidents.



How to Record:

Staff to complete 'Record of Continence Care' if accidents occur/ changing is required.

Staff to record support (if any) is provided.



Additional Information:

Edward is currently under statutory assessment due to his additional learning needs.

Record of Agencies Involved

| Name | Role | Contact Details |
|-----------------|-----------------------|------------------------------|
| Fatima Mohammed | Outreach | Local Authority |
| John Sullivan | Class Teacher | Orchard Lane Primary |
| Kirsty Gamlin | Specialist Teacher EY | Kirsty.Gamlin@cardiff.gov.uk |

Record of Independence

I can already:

- I allow adults to take me into the bathroom when required.
- I can choose which toilet I would prefer to use.
- I am beginning to assist in pulling my trousers and pants down.
- I can wash and dry my hands independently and am beginning to pull up my sleeves.

I will try to:

- I will try to use the toileting visual schedule to support me.
- I will learn the Makaton sign and word for 'toilet' with the help of adults.
- I will continue to assist with my clothing.

As parent/ carer of Edward, I give permission for setting/school staff to assist my child with his/her toileting needs.

Name: _____ (Parent/Carer)

Signed: _____

As a school/setting, we will adhere to the agreed toileting plan and ensure communication with parents.

Name: _____ (School/Setting)

Role: _____

Signed: _____

Review Date: _____

My Continence Management PlanDate of plan: March 28th 2020

| | |
|---|--------------------------------|
| Name of person completing continence management plan: | Sarah Williams & Kirsty Gamlin |
| Role: | ALNCo / Continence Outreach |
| Contact number : | 029 2048 2398 / 029 2087 2710 |

Child/Young Person's details:

| | |
|--------------------------|-----------------------------|
| Name: | Ali Faisal |
| Date of Birth: | 09.11.14 |
| Home address: | 134 Penny Road Cardiff |
| Post Code: | CF24 7LB |
| Telephone number: | 07943783982 |
| Year group: | Year 1 |
| School/Setting name: | Orchard Lane Primary School |
| School/ Setting address: | Wellgrass Road Cardiff |
| Post code : | Cf23 4TD |
| Telephone number : | 029 2057 6499 |

Family contact information

| | |
|---|----------------------------|
| Name of parent/guardian | Nali Faisal |
| Relationship to pupil | Mum |
| Telephone number | Home: Work: Mobile: |
| Email | As above |
| Address if different from child/ young person | |
| Name of parent/guardian | |
| Relationship to pupil | |
| Telephone number | Home: Work : Mobile: |
| Email | |
| Address if different from pupils | |

Health Contacts

| | |
|-----------------|-----------|
| Consultant: | |
| Paediatrician: | Dr Wilson |
| Health Visitor: | |

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| Special Needs Health Visitor: | |
| General Medical Practitioner: | |
| School Nurse: | Jane Brace |
| Other: | |

Education contacts

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|---|--------------------|
| Class teacher/ setting leader | Mrs Peters |
| Additional Learning Needs Coordinator (if relevant) | Mrs Sarah Williams |
| Other support staff in school | Miss Evans |

Description of the Child/Young Person

Please give details of the child/young person’s interests, behaviour and relevant conditions, e.g. speech and language, developmental profile, mobility etc.

Ali presents with delays in his speech, language, communication and play skills. School are providing a high level of adult support and will be submitting a Stage 5 request as Ali is not making adequate progress and the gap is widening between him and his peers. Ali has received support from the Early Years Inclusion Team and recently an Educational Psychologist has carried out an assessment.

Description of Continence Needs

- Ali currently wears pull-ups to school and Miss Evans changes his pull up when necessary.
- Miss Evans will instruct him to go with her to the accessible toilet where he will have his pull-up changed. Ali requires some encouragement to go to the toilet with Miss Evans- whispering in his ear helps, and the use of Mario and Luigi as a motivator.
- Ali can soil 2-3 times a day but generally he often goes once a day.
- At home, Ali wears pants and uses the toilet with support from mum.

Medication

(If any medication needs to be taken in school please refer to the Cardiff County Council schools medical toolkit)

| Name of Medication | Dose and time | Left in school | Provided daily |
|--------------------|-----------------------|----------------|----------------|
| | | ✓ | ✓ |
| Movicol | Not needed at present | | |
| | | | |
| | | | |

Management of Routine (e.g. details of drinking and toileting routine and goals to be achieved)

- Ali drinks well at school. Staff to continue to prompt Ali to drink throughout the day.
- Staff change Ali's pull-up when necessary
- Staff inform the parents of any continence/intimate care provided.
- Ali does not communicate if he needs the toilet but is showing signs by holding himself or taking himself away to a corner. This enables staff to recognise when they need to take him to the toilet.
- Mum reported that Ali is beginning to ask for the toilet at home, and is becoming aware if he is wet or soiled as he avoids interaction with others. She also reported that Ali does not like to be wet or soiled in pants- he will go to the toilet and remove pants.

Way Forward:

- Ali to wear pants to school
- Mum to take Ali to the toilet in school on arrival and at pick up time to show consistency. (9am and 3pm)
- Staff to take Ali to Year 1 toilets at the following intervals (15mins after snack and lunchtime)- 10.45am, 12.30pm, 2pm
- Staff to ensure the visual schedule is placed on the walls of all of the year 1 cubicles and embed the simple language as an inclusive approach. Include other children in visits to the bathroom where appropriate.
- Staff to continue to encourage Ali to drink. Ali responded well to having a 'water challenge' with Miss Evans. As a result, his water intake at school has increased.

Goals for the Child/Young Person

- To take part in a regular toileting routine in the Year 1 toilets using visual schedule
- To wear pants to school
- To go to the toilet when instructed by my teacher using a toilet visual with Mario and Luigi on it.
- To continue to drink my water regularly.

Reward System

- Ali is motivated by winning class raffle tickets, stickers or by Mario and Luigi- Staff to continue to use these motivators to encourage Ali to go the bathroom

Hygiene and Help Required for Personal Care

- Staff will take Ali to the accessible toilet and give him simple instructions of what he needs to do- 'Turn the light on, close the door, shoes off, trousers off. Check your pull up.' Ali will respond by looking in pull up and will say 'dirty' if soiled. If he's wet, he will remove the pull-up.
- Ali is beginning to clean himself with wet wipes.
- Ali is able to wash and dry his own hands

Arrangements for Soiled clothes and Underwear

- Any soiled clothes and underwear will be double bagged in nappy sacks and returned to parents at the end of the day.

Use and Disposal of Contenance Products

- None- as Ali is going to start wearing pants to school
- Wet wipes etc. to be double bagged in nappy sacks and placed in hygiene waste bin.

Arrangements for School Trips/Visits etc

To be discussed as school trips arise.

Possible Difficulties that Could Arise and Actions to be Taken

None.

Parents/Carers will:

Provide pants, wet wipes and spare clothes.
Receive information regarding any continence care provided daily from staff.
Communicate effectively with staff regarding any continence/intimate care routines especially if there are any changes/developments at home.
Attend meetings to review the continence management plan.
Use the same visual supports at home as in school

Signed by parent/guardian:

Signed by Child/Young Person:

Signed by School/Setting:

Planned Review Date: TBC

(The plan should be reviewed termly or more frequently if the pupil's continence needs changes)