Ysgol Glan Morfa

Continence and Toilet Training Policy 2026-27

* For the purposes of this policy, the term 'setting' refers to all early years settings and schools

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Review Date	30.9.26
Signed (head teacher)	M R Tomos
Signed (chair of governing body)	T Venn

1. Overview

This policy sets out Ysgol Glan Morfa's approach to supporting children with continence needs and toilet training. While intimate care is an important aspect, the policy also addresses access to safe, clean toilet facilities, supervision, and maintaining dignity and inclusion for all pupils. It aligns with Welsh Government guidance on school toilets and good practice in managing continence needs.

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.

This Continence and Toilet Training Policy has been developed in response to the growing need for clear, compassionate, and consistent procedures to support pupils who experience toileting difficulties or are in the process of toilet training. The policy reflects our commitment to safeguarding, dignity, and inclusion for all children at Ysgol Glan Morfa.

The development process involved:

- **Consultation with Staff**: Input was gathered from teaching and support staff, including our ALN Lead, Miss Lewis, to ensure the policy aligns with classroom realities and staff responsibilities.
- **Engagement with Families**: We have worked closely with parents and carers, particularly those whose children require additional toileting support, to understand their concerns and expectations.
- **Advice from Health Professionals**: Guidance was sought from the local incontinence team and school nursing service to ensure our procedures are medically appropriate and sensitive to individual needs.
- **Safeguarding Review**: The policy has been reviewed in line with our safeguarding framework to ensure that all practices uphold pupil dignity and protect staff and children alike.
- **Alignment with ALN Provision**: The policy supports our broader Additional Learning Needs (ALN) strategy, ensuring that pupils with continence challenges are not disadvantaged in their access to education or school life.

1.3 Related policies

- Managing healthcare needs policy
- Safeguarding policy
- Health and safety policy including manual handling

- Additional learning needs policy
- Strategic equality plan
- Infection control guidance
- Staff code of conduct

1.4 Promotion of policy

Sharing the Policy with Parents

To ensure transparency and partnership with families, this policy will be shared with parents and carers through the following channels:

- **Email Distribution**: A digital copy of the policy will be sent to all parents via the school's email system, ensuring easy access and the opportunity to respond with any questions or feedback.
- **School Website**: The policy will be published on the school's website under the 'Policies' section, where it can be accessed at any time.
- **School App/Parent Portal**: For families using our school communication app or portal, the policy will be uploaded to the documents section for quick reference.
- **Individual Communication**: Parents of pupils who require toileting support will be contacted directly by a member of staff (e.g. ALN Lead or class teacher) to discuss the policy and how it applies to their child.
- **Printed Copies on Request**: A printed version of the policy will be available from the school office for any parent who prefers a hard copy.

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'** '

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 considered.
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 considered (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.

5. Roles and responsibilities (inc. training needs)

5. Roles and Responsibilities

[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

5.1 Head Teacher and Governing Body

The head teacher and governing body are responsible for:

- Ensuring that all adults assisting with intimate care are employees of the school or local authority. Visitors, volunteers, or students must not undertake intimate care or toileting.
- Making staff (and job applicants) aware of intimate care responsibilities as part of the role.
- Providing appropriate training and support for staff, tailored to the needs of individual children and the wider school context.
- Ensuring the school has policies in place for managing healthcare needs, intimate care and toileting, and infection control, and that staff are familiar with them.
- Ensuring staff are aware of the Graduated Response to Intervention.
- Providing Personal Protective Equipment (PPE) such as disposable gloves, aprons, and waste disposal facilities. PPE must always be used when dealing with bleeding, wetting, or soiling.

5.2 Staff

Staff are responsible for delivering intimate care in a way that safeguards dignity, promotes independence, and ensures inclusion.

- Most intimate care will be undertaken by teaching assistants, but all staff share responsibility for promoting acceptance and safeguarding wellbeing.
- Staff must maintain a respectful and supportive attitude, keeping care efficient, calm, and age-appropriate.
- Effective communication is essential. Staff should:
    - Make eye contact at the child's level
    - Use simple, clear language
    - Wait for responses and continue explaining even if none are given
    - Treat each child as an individual with dignity and respect
- Children should be encouraged to do as much for themselves as possible. Where full dependence is required, staff should explain actions, offer choices, and respect preferences expressed by the child or parents/carers.
- Staff must be particularly sensitive to the needs of young children and those with Additional Learning Needs (ALN).
- Certain procedures may only be carried out by staff formally trained and assessed. More than one staff member should be named in care plans to cover absence.
- No intimate care should be undertaken without prior agreement with parents/carers, except in emergencies, in which case parents/carers must be contacted immediately.
- Staff must follow good working practices in line with health and safety and safeguarding policies.

5.2.11 Teacher Responsibilities During Soiling Incidents

When a child has a soiling accident, the class teacher must:

1. Ensuring the Child's Dignity and Wellbeing

- Respond calmly, discreetly and respectfully.
- Reassure the child and avoid language or actions which could cause embarrassment.

- Protect the child's privacy and dignity throughout the process.
- Ensure the child's emotional wellbeing remains the priority at all times.

2. Notification of Another Member of Staff

- A member of staff must notify another member of staff before intimate care procedures commence.
- Two members of staff must be aware that intimate care is taking place.
- Where required by an individual risk assessment, safeguarding plan or care plan, two members of staff should be present.

3. Hygiene and Safety Procedures

- Appropriate Personal Protective Equipment (PPE), including disposable gloves and aprons, must be worn.
- Staff must follow infection control procedures at all times.
- Wipes, spare clothing and continence supplies provided by parents/carers should be used where appropriate.

4. Supporting the Child Following a Soiling Incident

- Children will be encouraged to undertake as much of the cleaning and changing process independently as possible.
- Staff may provide verbal guidance, modelling and prompts to support the child.
- Staff may provide wipes and encourage the child to clean themselves where developmentally appropriate.
- Staff will make the child as clean and comfortable as reasonably possible following a toileting accident.
- Staff will not undertake intimate washing of a child's genital area.
- School staff will not shower or bathe pupils.
- Where a child has soiled extensively, for example where faeces are present on large areas of the body including the legs, back, genital area or other intimate parts of the body, and staff determine that a more thorough wash, shower or bath is required, parents/carers or a nominated emergency contact will be contacted and required to attend school.

5. Communication with Parents/Carers

- Parents/carers will be informed of all significant toileting incidents.
- Where extensive soiling has occurred and staff determine that cleaning beyond the school's agreed continence care procedures is required, parents/carers or a nominated emergency contact must attend school.
- Parents/carers are responsible for ensuring that emergency contact details remain up to date.
- Parents/carers are responsible for ensuring that suitable arrangements are in place for an authorised adult to attend school if required.
- Repeated incidents of significant soiling will result in a review meeting between the school and parents/carers to consider additional support strategies, referral to health professionals and the development or review of a Toilet Training Plan, Continence Management Plan or Individual Healthcare Plan. [Intimate-C....370950977 | PDF], [Continence...ing Policy | Word]

6. Recording the Incident

- All incidents must be recorded using the Record of Continence Care form.

- The record must be signed by the member of staff providing support and countersigned by a second member of staff.

- Records will be maintained in accordance with school safeguarding and data protection procedures.

7. Safeguarding Concerns

- Any concerns regarding unexplained marks, injuries, behaviours, disclosures or safeguarding concerns must be reported immediately to the Designated Safeguarding Lead (DSL).

8. Clothing and Supplies

- Parents/carers must provide a sufficient supply of spare clothing, underwear, wipes and any other continence products required.

- Parents/carers are responsible for replacing clothing and supplies used by the school.

- Where a child regularly experiences soiling incidents, multiple changes of clothing should be kept in school.

- Soiled clothing will be securely bagged and returned home for laundering.

9. Children Subject to Safeguarding Plans

- For children subject to Child Protection Plans, Child in Need Plans or other safeguarding involvement, intimate care arrangements will be determined through individual risk assessment and any relevant multi-agency planning processes.

- Staff must follow agreed safeguarding arrangements at all times.

5.3 Parents/Carers

Parents and carers are expected to:

- Familiarise themselves with the school's intimate care and toileting policy and work in partnership with staff to meet their child's needs.

- Inform the school of any known intimate care or toileting needs.

- Agree procedures with the school to ensure clarity of expectations, roles, and responsibilities.

- Maintain arrangements for ongoing and emergency communication with the school.

- Provide supplies such as nappies, wipes, continence pads, and spare clothing for children who regularly soil or wet.

- Share information with staff and professionals to ensure continuity of care.

- Follow agreed procedures for raising concerns about intimate care practices.

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.

6.1.5 Safeguarding procedures during toileting or soiling incidents must follow the Teacher Responsibilities During Soiling Incidents protocol (see 5.2.11).

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 (see **appendix 8**).

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:

At Ysgol Glan Morfa, we have identified a designated changing area within the Foundation Phase/Nursery setting that is appropriate for children requiring intimate care, toileting support, or changing. This space has been selected to ensure:

- **Privacy for the Child**: The area is enclosed and discreet, allowing the child to be cared for with dignity and respect.
- **Safeguarding and Visibility**: The space is located in a part of the school where staff presence is consistent, and where visibility and/or audibility are maintained to safeguard both the child and the adult providing care.
- **Accessibility**: The changing area is easily accessible from classrooms and includes appropriate facilities such as a changing mat, wipes, and access to clean clothing.
- **Supervision Protocols**: Staff members are never alone with a child in a fully enclosed space without visibility or audibility. Where possible, two adults are present, or the door remains ajar with another adult nearby.
- **Use of Nursery Shower:** The nursery shower facility may only be used by a parent, carer or authorised family member. School staff will not shower or bathe pupils. Where a child experiences an extensive soiling incident and staff determine that showering or bathing is required to adequately clean the child, parents/carers or a nominated emergency contact will be required to attend school to undertake this care. The child will be made as comfortable as possible whilst awaiting their arrival.
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This arrangement ensures that intimate care is delivered in a manner that protects the child's dignity while also safeguarding staff and maintaining professional boundaries. All staff involved in toileting and changing support are familiar with these procedures and receive regular training in safeguarding and intimate care protocols.

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 will identify a suitable area 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. Toilet Facilities / Provision of supplies

Toilet Facilities

8.1.1 Toilets will be kept safe, clean, and well-stocked at all times.

8.1.2 **Cleaning frequency:** Toilets will be cleaned *at least twice daily* (morning and afternoon) and checked during lunchtime.

8.1.3 **Stock checks:** Soap, toilet paper, and hand towels will be checked and replenished *at least three times daily* (start of day, lunchtime, end of day).

8.1.4 **Reporting issues:** Children will be encouraged to alert staff if toilets are dirty, broken, or out of supplies. Staff will report issues immediately to the caretaker, and these will be addressed as a priority.

8.1.5 **Monitoring:** A daily checklist will be maintained by caretaking staff and reviewed weekly by the headteacher

8.1.6 Personal protective equipment for staff will be provided by the school. See 5.1.5.

8.1.7 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.

Section 9.3 Toileting – Occasional Incidents

Currently, this section outlines emergency continence care. You can strengthen it by cross-referencing the teacher responsibilities:

9.3.4 All staff must follow the Teacher Responsibilities During Soiling Incidents protocol (see 5.2.11). This ensures dignity, hygiene, safeguarding, and clear communication with parents/carers.

9.1.2

At Ysgol Glan Morfa, we are committed to identifying and supporting children who may require intimate care or toileting assistance in a timely and sensitive manner. To do this effectively, we work collaboratively with:

- **Miss Lewis, our ALN Lead**, who monitors and supports pupils with additional learning needs and coordinates care plans where appropriate.
- **The Early Help Team**, who provide guidance and support for families navigating early developmental challenges.
- **Family Engagement Officers**, who maintain close communication with parents and carers to ensure that individual needs are understood and addressed.
- **Health Professionals**, including the school nurse and continence team, who offer expert advice and input into care planning.

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, **appendix 8**, 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 The school will make reasonable arrangements to support children who experience occasional toileting accidents and will not leave a child in wet or soiled clothing whilst awaiting assistance.

Staff will provide emergency continence care in line with agreed procedures, parental consent and the child's individual needs.

Where a soiling incident is so extensive that staff determine the child requires cleaning beyond what can reasonably be achieved through changing clothes, wipes and routine continence care, parents/carers or a nominated emergency contact will be contacted and required to attend school.

School staff will not undertake intimate washing of a child's genital area and will not provide showering or bathing for pupils. Any showering or bathing required must be undertaken by a parent, carer or authorised family member using the designated facilities available within the school.

Repeated incidents of extensive soiling will trigger a review meeting between the school, parents/carers and, where appropriate, relevant health professionals to agree appropriate support and future arrangements.

These amendments give the school a clear and defensible distinction between:

9.3.3 Minor/ordinary accidents (school deals with them).

9.3.2 **Extensive soiling requiring intimate washing, showering or bathing** (parent or nominated adult must attend).

9.3.3 **Repeated incidents** (formal review and support plan required).

9.3.4 It is considered good practice for settings to 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.

At Ysgol Glan Morfa, we recognise the importance of responding promptly and sensitively to toileting accidents, particularly for children in the Foundation Phase. As part of our commitment to safeguarding and pupil wellbeing, we seek parental consent for staff to provide **emergency continence care** when necessary.

This includes:

- **Helping or supervising** a child to change their clothes if they have accidentally soiled themselves.
- **Using Wipes and Clean Clothing** provided by the parent/carer to ensure the child is made comfortable and hygienic.
- **Communicating** with parents after any incident to explain what took place and how it was managed.

Consent for this care is requested during the admissions process and is recorded on the child's personal file. Parents are reminded annually to review and update their consent preferences. If consent is not given, parents or a nominated family member will be contacted immediately to attend school and support their child.

9.3.4. Informing Parents of Changing Procedures

At Ysgol Glan Morfa, we believe in maintaining open and transparent communication with parents and carers regarding all aspects of their child's care. To ensure families are fully aware of the procedures we follow when a child requires changing during the school day, we provide this information through:

- 📄 **Policy Distribution**: The Continence and Toilet Training Policy is shared with all Foundation Phase families at the start of the academic year and upon admission. It clearly outlines our approach to intimate care and toileting support.
- 🗣️ **Individual Conversations**: For pupils identified as needing additional toileting support, staff (such as the class teacher or ALN Lead) will meet with parents to discuss the procedures in detail and answer any questions.

- **Consent and Care Plan Forms**: Parents are asked to complete a consent form and, where appropriate, contribute to an individual care plan that outlines specific arrangements for their child.

- **Follow-Up Communication**: If a toileting incident occurs, parents are informed promptly via phone call or written communication, explaining what happened and how it was managed.

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 Complaint's 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.

Complaints Procedure

If a child, young person, or parent/carer is not satisfied with the continence care arrangements provided by Ysgol Glan Morfa, they are entitled to raise a concern or make a formal complaint. We take all feedback seriously and aim to resolve issues promptly, respectfully, and in line with our school values.

Complaints relating to continence care should be made in accordance with our **Complaints Policy**, which outlines the steps for raising concerns, how they will be addressed, and the timescales involved.

Accessing the Complaints Policy: The Complaints Policy is available to view and download from the **Policies section of our school website**. If you require a printed copy or support in understanding the process, please contact the school office, and a member of staff will be happy to assist.

12.1.2. Summary of the Complaints Procedure

At Ysgol Glan Morfa, we are committed to resolving concerns and complaints fairly, respectfully, and in a timely manner. If a parent/carer is dissatisfied with any aspect of our continence care arrangements, the following escalation process applies:

1. **Stage A – Informal Resolution** Concerns should first be raised with the **class teacher** or relevant member of staff. In many cases, issues can be resolved quickly through informal discussion.

2. **Stage B – Formal Complaint to Headteacher** If the concern is not resolved, parents/carers may submit a formal complaint in writing to the **Headteacher**, who will investigate and respond accordingly.

3. **Stage C – Governing Body Involvement** If the complaint remains unresolved, it can be escalated to the **Chair of Governors**. The **Governing Body's Complaints Committee** will review the matter and meet with the complainant if necessary.

4. **Referral to the Local Authority** In exceptional cases, or if the complaint involves the entire governing body or cannot be resolved internally, the matter may be referred to the **Local Authority**, who will advise on next steps or arrange for independent investigation.

Accessing the Full Complaints Policy the Full Complaints Policy is available on the **Policies section of our school website**. Printed copies can be requested from the school office.

We encourage open dialogue and aim to resolve concerns at the earliest possible stage, always with the child's wellbeing at the heart of our approach.

12.1.2 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.

APPENDIX 4 - Development of Toileting Skills

1. Developmental Factors

Continence is achieved through the processes of socialisation and physiological / emotional / cognitive maturation. A child must know the difference between the feeling of wet and dry before training starts. The child also needs to be ready with regard to motor skills development. For example, she/he needs to be able to physically access the toilet area, sit on the toilet, remove garments, dress again, and flush the toilet. To be successful, the child also needs to be able to communicate toileting needs, to understand instructions and be willing to comply with adults. The child must also be emotionally ready. He/she must want to use the toilet and have the desire to move away from wearing nappies to doing something completely different with body waste. Some children experience fears around using the toilet. Emotional factors such as stress, anxiety, physical fatigue can lead to delay in achieving continence and, sometimes, regression. Young children can have accidents because they forget to pay attention to their own body signals when they are too busy or pre-occupied. Some children will have physiological reasons which explain a delay in toileting skills.

2. Toilet Training from the Child's Perspective

Toilet training is sometimes a difficult skill to master, even in typically developing children. The child may have good awareness and control but social factors also have an influence. Social motivation, such as wanting to please parents/carers by being a "big boy" or "big girl" is important. A child with developmental delay or learning disability may have additional difficulties:

- Difficulty understanding reciprocal relationships limits understanding of being a "big boy" or "big girl".
- Difficulty understanding language or imitating modelled behaviour.
- Difficulties with attention, organisation and sequencing information may cause problems in following all the steps in toileting and staying focused on the task.
- Difficulty accepting changes in routine, i.e. why does the child need to change the familiar routine of wearing and passing body waste into a nappy which is a strongly established routine.
- Difficulty with integrating sensory information and realising the relationship between body sensation and daily functional activity.
- Difficulty with sensory sensitivities e.g. loud flushing noises, echoes, rushing water, sitting on a "chair with a big hole with water in it", changes in temperatures and tactile sensations when clothes are removed.

3. Planning a Programme

Establish a positive routine around toileting and collect data (including information from parents/carers) about the child's readiness for training.

Complete the Toileting Skills Checklist. This breaks down the skills associated with achieving independent toileting into small steps. This can provide a baseline measure of the child's current skill level and can be used to plan achievable next-step targets.

If the answers to the first 4 statements in the Toileting Skills Checklist are "not achieved", then the child is probably not ready for a goal of independent toileting. However, a goal of establishing positive toileting routines may still be appropriate. Consideration should be given to who is involved and the environment in which training takes place.

Who: Identify the adults who are responsible for dealing with toileting issues. Staff should be fully aware of Denbighshire's recommended protocol regarding supporting children with developing toileting skills. This should be shared with parents/carers. Staff will need to work closely with parents/carers to establish consistent routines and appropriate shared goals.

Where: Toilet areas in school should be comfortable and non-threatening so that children are happy to be there. There should be private areas for changing children to maintain an appropriate level of respect and discretion. Appropriate equipment such as changing mat, disposable gloves, sanitary disposal bin etc., should be readily available. A changing table may be necessary for bigger children with particular disabilities. There should be a consistent approach in all environments e.g. home and school. There should be a standard clean-up procedure, carried out in an emotionally neutral manner while directing the child through developmentally appropriate clean-up activities. Relaxed children will be more successful.

4. Problem Solving Strategies

- Establish the routine of the child going to the toilet with peers so that she/he has positive models to imitate.

- Some children may need distraction toys/books and sometimes music to help them relax when they go to the toilet.
- Encourage the child to help with the process by fetching appropriate items etc.
- It may be appropriate to establish a visual system as an additional teaching routine. At the most basic level, a transition object prompts the child to know that the toileting routine is starting. An object associated with toileting, e.g. a toilet roll may be shown to direct the child to the toilet. At a more abstract level a photograph or a line drawing of the toilet or the word on a card may be given to the child or put in a visual schedule. An object sequence, a picture/photograph/symbol sequence or written list can help a child to follow and complete the set routine.
- Have a role play activity available, with dolls that wet, use potties, changing equipment etc. Encourage the child to celebrate the dolls success with similar reinforces that you would use with the child, e.g., clapping, praising, stickers etc.
- Read picture story books about toilet training with the child and make them available for them to look at in the play area.
- Take the child to the toilet area on a regular and frequent basis. Use a timer set at regular, frequent intervals. Increase the amount of time in setting the timer as the child remains dry for longer periods of time.
- If the child is very fearful and resists sitting on the toilet:
    - Allow to sit without removing clothes
    - Allow to sit with toilet covered (cardboard under the seat, gradually cutting a larger hole in it)
    - If strategies are helpful for sitting in other places, use in this setting also e.g. “good sitting “ picture cue card
    - Take turns sitting, using a doll as a model
    - Help him/her to understand how long (sing a song in full, set timer to a minute)
    - As he/she begins to tolerate sitting, provide with entertainment and meaningful reinforces

- If the child is afraid of flushing:

    - Don’t flush until there is something to flush
    - Start flush with child away from toilet, perhaps standing at the door
    - Give advance warning of flush, such as “ready, set go!”
    - Allow child to flush

- If the child is overly interested in flushing or playing with toilet water:

    - Physically cover the toilet handle to remove from sight
    - Use a visual sequence to show when to flush
    - Give something else of interest to hold and manipulate

- If the child is overly interested in playing with the toilet paper:

    - Remove it if it’s a big problem
    - Roll out amount ahead of time
    - Give visual clue of how much, such as putting a line on the toilet paper
    - Try different materials
    - Take turns with a doll

- Bad aim:

    - Supply a “target” in the water e.g. ping pong ball
    - Add food colouring in water to draw attention

- Retaining when nappy is removed:

    - Cut out bottom of nappy gradually, while allowing child to wear altered nappy to sit on the toilet
    - Use doll to provide visual model

5. References

“Successful Potty Training” by Heather Welford: The National Childbirth Trust. This is a popular book. It provides useful tips and addresses the issue of disability in toilet training.

APPENDIX 5 - Toileting Skills in SCHOOL, flowchart and checklist

With many three-year-olds now in school settings, the problem of children in settings who have not been toilet trained is becoming a significant issue.

1. <u>Pre - Nursery Admission Procedures:</u>

- Wherever possible, get as much information about the child from the parent/carer.
- During formal induction sessions held during the summer term before entry, do stress the importance of children being able to use the toilet independently and encourage parents/carers to tackle this over the summer holidays, if it is still an issue.
- Make the offer of separate appointments to discuss confidential issues regarding individual child/ young person's needs.
- Wherever possible, liaise with feeder playgroups, private nurseries or childminders or the Family Link Worker to gather information about toileting issues for particular children.
- Request a bag with changes of clothes/wipes/nappies.

Note: Health Visitors still have responsibility for nursery aged children/ young people – School Nurses take over when the child enters Reception.

2. <u>After Nursery Admission – significant toileting concerns emerge</u>:

If a child/ young person is wetting/soiling above what would normally be acceptable, settings should: -

- Keep a record of when & how often wetting/soiling occurs.
- Discuss the matter informally with parents/carers and clarify who the Heath Visitor is.
- Hold a meeting with parents/carers and the Health Visitor present to determine what is causing the delay in becoming independent in using the toilet e.g., **lack of training / developmental delay or an underlying medical need**

The Managers of the Health Visitors' and School Nurse Services have been involved in the preparation of this guidance and it is hoped that settings will get positive responses from health staff for requests for partnership working regarding toileting issues.

APPENDIX 6 - Toileting Skills Checklist – Pre Nursery

This form is to be used for pre-school children that are not toilet trained prior to starting in nursery class, e.g. for example by the Family Link Worker.

Child's Name:	
Please state if child is wearing nappies or pull-ups:	

	Skills	Achieved	Partly Achieved
1.	Awareness of toileting needs?		
2.	Has periods of being dry?		
3.	Some regularity in wetting / soiling?		
4.	Pauses while wetting / soiling?		
5.	Shows some indication of awareness of soiling?		
6.	Shows some indication of awareness of wetting?		
7.	Understands signs / words given for communicating toileting needs e.g. toilet, potty, wet, dry, wee, poo etc.?		
8.	Can express some appropriate signs / words to communicate toileting needs?		
9.	Needs physical aids / support to access the toilet area?		
10.	Can access the toilet area with prompts?		
11.	Can access the toilet area independently?		
12.	Feels comfortable and relaxed in the toilet area?		
13.	Needs physical assistance to follow toilet routines e.g. lining up to go there, hand washing etc?		
14.	Needs some prompting to follow toilet routines?		
15.	Follows some toilet routines independently?		
16.	Will fetch & pass required changing items e.g. nappy, wipes?		
17.	Cooperates with having clothes removed / pulled down by appointed adult, for changing purposes?		
18.	Cooperates with having nappy changed?		
19.	Cooperates with cleaning up procedures?		
20.	Will sit on the potty with nappy on, with physical support?		
21.	Will sit on the potty with nappy on, unaided?		
22.	Will sit on the potty with nappy off, with physical support?		
23.	Will sit on the potty with nappy off, unaided?		
24.	Needs physical aids/special supports to enable sitting on the toilet?		
25.	Will sit on the toilet with nappy on, with physical support?		
26.	Will sit on the toilet with nappy on, unaided?		
27.	Will sit on the toilet with nappy off, with physical support?		
28.	Will sit on the toilet with nappy off, unaided?		
29.	Has passed urine into potty?		
30.	Has had bowel movement on potty?		
31.	Has passed urine on toilet?		
32.	Has had bowel movement on toilet?		
33.	*Can independently complete pulling down trousers from:*		
	Calves		
	Knees		
	Thighs		
	Hips		
	Waist		
34.	*Can independently complete pulling down underwear from:*		
	Calves		
	Knees		
	Thighs		

	Hips		
	Waist		
35.	**Girls:** Can lift skirt & pull down all necessary clothing independently		
36.	**Boys:** Can pull down all necessary clothing independently		
37.	Will put toilet lid/seat in appropriate position		
38.	Will sit on the toilet and pass urine on a regular basis		
39.	Will stand at urinal/toilet to pass urine		
40.	Will sit on the toilet for a bowel movement on a regular basis		
41.	Needs assistance to get off the toilet		
42.	Will get off the toilet without assistance		
43.	Will get toilet tissue appropriately		
44.	Will wipe themselves with tissue		
45.	Will throw tissue in the toilet		
46.	Will flush the toilet		
47.	Will replace toilet seat / lid appropriately		
48.	*Will independently complete pulling up underwear from:*		
	Hips		
	Thighs		
	Knees		
	Calves		
49.	*Will independently complete pulling up trousers from:*		
	Hips		
	Thighs		
	Knees		
	Calves		
50.	Can manage fastenings independently		
51.	Girls: Can rearrange skirt appropriately		
52.	Needs prompting to wash hands		
53.	Needs help to roll up sleeves		
54.	Can roll up sleeves independently		
55.	Needs help to operate taps		
56.	Will operate taps independently		
57.	Will hold hands under water for appropriate length of time		
58.	Will put soap on hands with help		
59.	Will put soap on hands independently		
60.	Rinses off soap		
61.	Needs assistance to dry hands on towel		
62.	Dries hands independently and appropriately		
63.	Puts used towel in bin with prompting		
64.	Puts used towel in bin without prompting		
65.	Will follow all toilet routines regularly with prompts & reminders		
66.	Has frequent accidents		
67.	Has occasional accidents		
68.	Will follow all toilet routines independently		
69.	Needs prompting to return to class		