



INTIMATE CARE POLICY

Priestley Smith Specialist VI School

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Policy status: Non Statutory

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Priestley Smith School is committed to the rights of the child as outlined in the UN Convention and is working towards Rights Respecting Schools Gold award. This belief influences everything the school does and impacts upon all our policies.

Article 3 (best interests of the child) The best interests of the child must be a top priority in all decisions and actions that affect children.

Article 16 The right to privacy

Article 23 (children with a disability) A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community.

Article 24 Provision of health and medical care

WHAT IS PERSONAL CARE SUPPORT?

For the purpose of this document ‘personal care’ refers to the support a child and young person (CYP) requires for the management of their toileting /continence needs within their education setting.

Rationale

- Issues affecting the bladder and bowel are common in children and young people. Bladder and Bowel UK state such issues can affect up to 28% of all children and adolescents at any one time.
- The phased extension of the early education entitlement to children from 9 months + means that more children access early education settings before being independent in their personal care.
- There are increasing numbers of children starting in education settings each year without having fully mastered bladder and bowel control and needing additional support. ERIC The Children’s Bowel and Bladder Charity, states that 900,000 children are affected by continence difficulties.
- There are differences around when parents and carers begin to toilet train children at home. Toilet training might be happening at a later age than in previous generations.
- There are certainly individual differences around when children developmentally master all the steps involved in toileting independence.
- Some CYP have delays and /or additional needs that require extra time and support for developing their toileting independence.
- There are some CYP who will not achieve independence and will continue to have issues with continence for the longer term due to disabilities and ongoing complex medical needs. These children will need a higher level of support throughout their schooling.

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PERSONAL CARE MATTERS GUIDANCE:

- Supports education settings to be aware of bladder and bowel issues and to consider their educational role in supporting CYP.
- Is relevant for CYP of all ages and refers to the range of personal care provision required within all education settings.
- Recognises the importance and value of the role carried out by dedicated education staff in supporting CYP with personal care needs.
- Is educational guidance designed to be supportive for education staff to enable them to carry out their role with confidence.
- Provides guidance to enable CYP to be as independent with their toileting as much as they can be throughout the school day.
- Helps to ensure that CYP in education settings have a positive experience of having their personal care needs met.
- Reassures parents and carers that education settings are supportive and staff are knowledgeable about supporting personal care needs of their child.
- Should be read parallel to any other relevant medical/health/therapy guidance/plans and advice.

KEY GUIDANCE FOR SUPPORTING PERSONAL CARE IN EDUCATION SETTINGS

Education providers have an obligation to meet the needs of CYP with personal care needs in the same way they would meet the individual needs of a CYP with any other area of delay or difficulty.

Department for Educational guidance states: *Using the toilet is a new skill that children need to learn. You can play an important role in supporting children and their parents or carers with toilet training.*

Education settings should support CYP towards the highest level of independence and confidence possible with their toileting, practitioners need to know CYP well, be aspirational for them and be able to offer a unique response to their individual strengths and needs.

Education professionals are used to planning the very next education steps for CYP based on their developmental stage, rather than their age. This approach should be applied to developing a CYP's toileting/personal care skills and independence.

The following four guiding principles are endorsed in the EYFS Statutory Framework:

- Every child is a unique child.
- Children learn to be strong and independent through positive relationships.
- Children learn and develop well in enabling environments, in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and/or carers.
- Children develop and learn in different ways and at different rates.

Head Teachers and leadership teams have a responsibility to set the tone and approach for supporting personal care needs in their educational settings.

Head Teachers and leadership teams should also be aware that CYP with personal care needs may fall within the terms of other local and national legislation/guidance which determines particular legal duties for their setting.

Education settings must have regard for the statutory guidance 'Supporting Pupils with medical Conditions at School 2015'- *so that children with medical conditions, in terms of ...physical health...are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.*

CYP should have the same educational entitlement as their peers; irrespective of their toileting/continence needs. It is not acceptable to deny, delay or reduce attendance within an education setting because a CYP has additional personal care requirements associated with their disability. The equality duty for education settings requires them to anticipate the planning and training required to ensure a CYP can start their school at the same time as their peers.

The Equality Act of 2010 states that:

Pupils must not be discriminated against by not making reasonable adjustments or refusing to admit.

Ofsted also consider how well those with responsibility for the governance of the school ensure that the school is fulfilling its statutory duties, including those under the Equality Act. Ofsted (2024) School Inspection Handbook.

All educational settings must ensure access to the appropriate provision a CYP requires, to ensure their personal care needs are met during the school day.

This may include:

- Health care plans/ toileting /intimate care plans
- Whole setting intimate care policy
- Guidance and training as necessary to allow staff to confidently carry out their support
- Personal care resources
- Appropriate access to toileting/changing facilities

All settings should be able to offer a physical environment which facilitate a child's learning and independence. All schools have a duty to improve their access for pupils with a disability over time, including improving the physical environment to support toileting needs.

The accessibility planning duties are set out in section 88 of and Schedule 10 to the Equality Act 2010. The duties require schools to have an accessibility plan.

An accessibility plan should consider the need for adaptations, equipment and improvements, including toileting facilities, to enable any CYP with a disability in the setting or joining in future to have their personal care needs met appropriately.

Schools and responsible bodies, which prioritise capital funding across the estates they are responsible for, also have responsibilities under the [Equality] Act and should take account of the needs of their pupils and teachers when making local investment decisions. DfE (2022) School Rebuilding Programme: Equality Impact Assessment.

KEY PRINCIPLES FOR SUPPORTING PERSONAL CARE IN EDUCATION SETTINGS

CYP learn to be strong and independent through positive relationships. Education practitioners should build secure relationships with CYP and their families based on trust and which promotes every CYP's dignity and confidence.

Priestley Smith will encourage and signpost parents and carers to support their child around achieving the maximum possible level of age-appropriate independence for toileting when appropriate.

Shared approaches to best support independence should always be adopted. Parents and carers also have a key role in advising around the additional support needed for their child's personal care during the school day.

No CYP will be knowingly left wet or soiled for a parent and carer to change later, and parent and carers will not routinely be asked to come into the education setting to change their child.

Priestley Smith will adopt a culture of support, which promotes understanding around parent and carer stress that can arise when their child is still wetting and soiling.

All CYP should have access to the toilet when needed.

CYP should be involved in decision making and be empowered to make choices (at an age-appropriate level) when it comes to their personal care support.

Changing areas, toilets and personal care facilities should be a pleasant, well maintained and clean environment, adequately stocked with resources for both CYP and adults. Access to disabled toilets should be appropriately managed so all are open and accessible for the CYP needing it.

Priestley Smith will ensure we implement any necessary safeguarding, health and safety procedures and risk assessments linked to supporting personal care. There are occasions when 2 members of staff are needed to support with toileting, particularly when supporting older CYP. There are no regulations requiring this.

Priestley Smith will work in partnership with other professionals, such as health and therapy teams. This joint approach best supports plans to work towards a CYP's maximum independence with toileting.

Not achieving toileting independence is not an indication that a CYP has special educational needs. However, some CYP with special educational needs may also have delay with toileting independence or physical or medical conditions requiring additional personal care provision.

EDUCATION PROVISION FOR CYP WITH PERSONAL CARE NEEDS: A GRADUATED APPROACH

Each CYP and situation is unique. However, the following graduated approach guidance is a helpful framework when planning personal care support in education settings.

For the purpose of this document the terms universal, targeted and specialist may be taken to mean:

Universal:

Generally associated with the support readily available for children in early years and for those who are not yet ready to use the toilet independently when they join their reception class. Universal provision is ordinarily available from within the resources and funding available to all education settings.

Targeted:

Generally associated with the support for CYP who have more of a delay around their toileting independence but may develop/ achieve independence with appropriate support and strategies, albeit later than their peer group. This delay might be for a range of reasons including physical/social and emotional needs or additional learning needs. Targeted support builds on from the universal provision and may better provide the appropriate support and/or approaches to further develop independence. Much targeted provision is ordinarily available from within the resources and funding available to all education settings.

Specialist:

Some CYP will require a response beyond that which is targeted, and this can be described as more specialist support. Specialist support may require additional planning and resources for implementation. This level of support is generally associated with the support for CYP who have a disability and/or long-term health condition. This level of support may require a medical overview, joint working with therapy professionals and a higher level of provision. This could include a CYP:

- With physical difficulties needing safer handling support to access personal care facilities.
- With a stoma bag needing support to manage.
- Requiring adult support for catheterisation.

Universal Provision

Priestley Smith will support, encourage and appropriately signpost prospective parent and carers to universal support and guidance that is locally and nationally available. This will support parents and carers to work towards their child achieving the maximum possible level of independence with toileting and before their child starts school where possible.

[Potty training: how to start & best age to potty train - ERIC Toilets-and-school-readiness.pdf](#)

CYP tend to achieve the highest level of independence possible through a consistent approach across education and home - a shared approach. It is important to ask parents and carers if there are any cultural or religious sensitivities related to aspects of intimate care.

Other CYP in school can provide a good role model and help encourage appropriate learning, including the learning around routines for toileting.

Our early years curriculum establishes the time needed for developing independence and establishing supportive routines.

CYP often respond well to positive and regular toileting routines. Flexibility, extra time and additional support and prompts within these usual routines might be required.

Approaches should be differentiated in a variety of ways to support CYP to meet their identified outcomes around toileting independence. This should be through a small steps approach as with any other learning outcome. CYP should be encouraged to undertake as much of the toileting procedure for themselves where possible. CYP should have accessible, clean, safe and well-stocked toilets. Education settings might choose to adopt a toilet charter – see the ERIC website for more details.

[School toilet charter - ERIC](#)

School will facilitate good drinking habits to ensure all CYP have a good fluid intake. Young children may need encouragement with this and might need to be prompted to drink regularly throughout the school day.

[Make sure...the child is having plenty of water-based drinks \(6-8 cups a day\). Keeping their bladder and bowel healthy and working properly will help with potty training. ERIC The Children's Bowel and Bladder Charity in the UK Home - ERIC](#)

School will have available sets of spare clothes for occasional accidents but may also request parents and carers to provide spare clothing for a CYP developing their toileting independence. CYP often feel more comfortable in familiar clothing provided from home.

School will arrange with parents and carers what will happen to wet or soiled clothing within the school day end ensure any hand over of clothing is managed discreetly.

It is advised that at the appropriate time CYP should stop relying on nappies or pull ups when embarking on a toileting independence programme. This approach should be jointly discussed with parents and carers and any supporting health professionals. [potty-training-policy-document.pdf](#)

Little fuss will be made around toileting accidents when they do occur. They will be dealt with swiftly, sympathetically and in a calm, low-key way.

School will prioritise supporting good transitions and this includes the additional planning and preparation required at transition points for CYP with personal care needs.

School will provide accessible facilities and appropriate changing areas/changing equipment for meeting the toileting needs of pupils who are not yet independent with toileting.

Targeted Provision

Further develop shared approaches between home and school. More bespoke approaches around an individual toileting programme shared between home and school/setting should be established.

These bespoke approaches will be linked to individual personal care targets which have been jointly identified and which will be developed and reviewed regularly.

Key staff should be on hand to support the skill development around toileting independence, providing regular individual prompts, supervision and assistance within a planned and supportive routine.

Appropriate health professionals might need to be involved in advising around the planning, facilities, products, resources and support needed.

These professionals might include:

- School nurses
- Continence service
- Special School Nurses
- Occupational Therapist
- Health Visitors
- Physiotherapist

Additional time should be allowed for practitioners to liaise regularly with parents and carers/professionals. Reasonable adjustments should be made to provide accessible toileting facilities and equipment to promote independence and as advised for an individual CYP. This might be a recommended toilet step with rails or an insert toilet seat within usual facilities.

CYP with ongoing continence difficulties may require extra resources in terms of the environment. They may require more space and privacy. Provision should therefore be made for them to access an accessible toilet or an 'adult assist' cubicle as required.

An individual toileting care plan detailing the personal care support a CYP receives should be developed and shared between the education setting, parents and carers and CYP as appropriate.

An individual toileting care plan is different from a Health Care Plan (which is developed by a health professional) and does not replace the need for a Health Care Plan if one has been advised by health.

School may choose to adopt the Individual Toileting Care Plan proforma provided by ERIC The Children's Bowel and Bladder Charity [Home - ERIC](#)
See the adapted version for schools in Appendix 5.

A record should be kept of the personal care support provided to an individual CYP throughout the school day.

School will implement all the advice received over time and monitor the CYP's progress within the usual assess, plan, do review cycle.

Specialist Provision

CYP who have a disability or long-term medical condition may require a medical overview around their personal care support within the education setting.

Some CYP with disabilities will require more specialist facilities/environment to promote toileting, such as a personal care facility with a hoist.

A CYP with more complex needs may require an individual Health Care Plan (HCP) to manage them. This might be for a CYP with a stoma or catheter for example.

The HCP plan will be developed with a health professional and:

- Be co-produced with parent and carers
- Reflect the voice of the child
- Reflect the advice of health professionals
- Describe the provision needed in the setting

School will, where possible, implement advice from the appropriate education LA SEND Advisory and Inclusion Service and the educational psychology service as appropriate.

Regular multi agency reviews with CYP/parents and carers, appropriate and with an overview from the LA SEND Advisory and Inclusion Service supporting health professionals are required.

Programs for developing the skills to maximise independence around personal care might need to be prioritised within the school day.

The impact of regularly managing and supporting personal care needs may lead to missed learning time and learning gaps. Any impact on learning needs to be monitored with an appropriate strategy implemented to lessen the impact.

Curriculum planning and catch-up opportunities are needed to accommodate frequent personal care support.

Trained staff (trained by health professionals) are available to assist with regular medication/health care procedures throughout the school day and as indicated in the health care plan.

Safer handling transfers around personal care might need to be supported by safer handling trained staff and specialist equipment. The transfer might require 2 members of trained staff.

School will ensure, where possible, access to familiar and trusted adults so that all CYP have the opportunity to develop secure attachments with the adults who are supporting their personal care.

There will also be, where possible, a plan in place to ensure the continuity of care in the case of key staff absence.

The focus will always be around creating individual supportive routines which involves CYP making choices, planning and directing the support they need and developing their independence as much as possible.

PE may need to be specifically planned to accommodate health and medical needs and ensuring advice from relevant health professionals and specialist advisory teachers has been incorporated.

Appropriate risk assessments around health and medical needs are undertaken. These are regularly reviewed with the parents and carers and professionals advising as appropriate.

TRANSITION PLANNING TO SUPPORT CYP WITH PERSONAL CARE NEEDS

All education settings should prioritise supporting good transitions and this will include the additional planning and preparation required at transition for supporting CYP with personal care needs.

A meeting should be arranged well in advance of a CYP starting their new setting to discuss their personal care needs with the parents and carers/CYP/new setting. At this meeting new settings should check if other agencies are already involved and if they may be required to support the transition process.

Appropriate consent from parents and carers should be gained by the new setting before approaching health /other professionals to inform the support needed.

CYP should be included in the transition planning required at an age-appropriate level.

School will share their intimate care/toileting policy with parents and carers and arrange for any health care plans/intimate care/toileting plans to be developed/updated for the new setting with CYP/parent and carers and appropriate health professionals.

School will consider all the planning needed, including staffing, equipment environment, resources and any training needed. This will be done well ahead of time to ensure a CYP with personal care needs can start at their new setting at the same time as their peers.

Transition planning needs to incorporate the need to build secure relationships and confidence with CYP and their families, this is particularly important for the key adults who will be supporting personal care in the new education setting.

The term pad rather than nappy should be used as CYP move into school. The use of terminology should be discussed with CYP and parents and carers before starting school.

TRANSITION PLANNING FURTHER CONSIDERATIONS FOR SECONDARY TRANSFER

The transition to secondary can be a particularly challenging and stressful time for all pupils and more particularly for those with toileting and personal care needs and especially for those requiring a high level of adult support within the school day.

It may have taken years for CYP to build trusting relationships with key adults in the primary setting. Any CYP moving to secondary may be worried and anxious at the thought of less familiar adults supporting them with their personal care needs.

A series of planning meetings might be required. The CYP parent and carer should be given the opportunity to be involved in such meetings so they can contribute to the planning needed and gain confidence around the transition.

Identify the effective support and approaches from the primary setting which should be carried over and continue in the secondary setting where appropriate.

Key support staff from both departments where the child transitions from Priestley, and with the current provision prior to transition, will liaise and share information regarding the personal care support needed.

Informal visits should be arranged prior to a CYP starting at secondary. The CYP should have the opportunity to discuss their personal care needs privately with the key adults who will be supporting them and also be aware of the environment in which their personal care needs will be supported- before the summer holidays.

Staff will be acutely aware of the increasing need for privacy, as CYP mature and sensitive and respectful consideration needs to be given in order to maintain dignity and self-esteem.

CYP should be increasingly involved in planning the support they require and directing staff who assist, where appropriate.

Staff will be alert to and react to/manage any harassment a CYP receives due to their toileting /personal care issues as they start their new school.

EDUCATIONAL IMPLICATIONS AND CONSIDERATION AROUND CYP WITH PERSONAL CARE NEEDS

Some teaching time might be missed due to hospital appointments around health care needs. Missed teaching and learning needs to be monitored and compensatory arrangements considered.

Some CYP are more prone to urine infections. At these times, the CYP might be more tired/low mood/lack concentration to attend to their work.

Some CYP can have discomfort and pain associated with their toileting/continence needs and this can distract them from their work.

CYP may have a disruptive night of sleep due to attending to their personal care needs and this can cause tiredness the next day.

Access arrangements for examinations needs to be considered for example CYP might require rest breaks to allow for time to address personal care needs.

Provide more motivational activities /extra support for times when a CYP is struggling with pain or fatigue associated with their health needs.

The curriculum might need to be prioritised at times to allow for the development of independence skills for toileting /managing health needs.

A key teaching member of staff should have oversight of curriculum access and progress for a CYP with personal care needs. This should be monitored and any teaching and learning impact associated with their personal care provision should be addressed.

CYP can be reluctant to meet their personal care needs as they do not want to miss learning time. They need to be reassured of the importance of attending to their personal care.

CYP may have to leave lessons early due to routine personal care needs. It is important that they do not miss key information/rewards or homework tasks given out at this time.

CYP may arrive late to lessons due to personal care needs. A system needs to be in place to accommodate this so a CYP is not questioned around lateness in front to their peers. Alate pass/discreet toilet pass can be issued.

A CYP may need to leave a lesson part way through as and when required to attend to immediate personal care needs. Allow pupils to consider their seating position in class to avoid any unwanted attention when having to do this.

Settings should consider the need for a discreet signal for adult support when it is required around toileting, particularly if needed within lessons.

Additional time might be required for a CYP's toileting routine. For example, CYP may need additional time to implement proper and thorough handwashing techniques to help avoid infection. It is important that a CYP should not feel rushed in the bathroom and not be asked about the time taken on their return.

CYP who are blind or severely sight impaired may require additional support to manage personal care needs associated with puberty, including menstruation, which may impact on access to learning.

PHYSICAL ACTIVITIES – INCLUDING PE AND SWIMMING

Be aware that physical activity such as P.E. can impact on the management of continence. This should be discussed with CYP/parents and carers and supporting health professionals. For example, it is a good idea to allow the opportunity for personal care needs to be attended to directly before and after the PE lesson.

PE may need to be specifically planned to accommodate individual health and medical needs and ensuring advice from relevant health professionals and specialist teachers has been incorporated.

A private space to change for PE should be considered in order to maintain privacy and dignity for pupils with personal care needs and in particular for those wearing continence products.

CYP should be allowed to wear PE kit that best supports their privacy and dignity and personal care needs.

Seek advice from parents and carers and health professionals with regard to participating in appropriate sports and physical activities.

Seek advice from parents and carers, health professionals and the advisory teaching team with regard to swimming and plan for inclusion in the swimming lesson well in advance.

EDUCATION VISITS

An accessible venue and individual planning for educational trips and visits is required. This planning must take place well in advance of the trip, ensuring advice from relevant health professionals and advisory teachers has been incorporated to enable a CYP to be fully included.

SOCIAL AND EMOTIONAL IMPLICATIONS

Pupils can be fearful that their peers are aware of their personal circumstances and saying things about them. Settings must ensure discretion and privacy is maintained at all times.

Staff should consider the language used in specialist subjects to accommodate difference, uniqueness and individuality. Teachers will need to consider how certain topics in SRE and Science are presented and approached. For example, not all CYP will achieve toileting independence or have periods.

School will need to consider the 'right amount' of adult support and the approach adopted in providing that support to ensure the CYP feels their views and voice is heard in decisions around their personal care.

CYP may choose to share personal information with close friends and peers about their personal care needs and may require adult guidance around the appropriateness /approach for this.

It is important to allow time for CYP to socialise with friends at break time. Attending to personal care needs should not take up all their free time.

CYP can sometimes get upset at home in the evening about events that have happened during the day. School should consider liaison/communication contacts to enable parents and carers to discuss issues that arise.

Some CYP have reported harassment around their disability. School has robust systems for challenging individual incidents of disability harassment and teaching disability equality as part of a whole school approach within the context of a VI school.

It is an equality duty to prevent CYP in school from suffering harassment associated with their disability. Whole school approaches will be needed around tackling any prejudice and to promote greater understanding.

Menstruation and Personal Care for Blind and Visually Impaired Pupils

Priestley Smith recognises that menstruation can present additional challenges for children and young people with visual impairment. Pupils may require explicit, accessible teaching and sensitive support to understand the physical, emotional and practical aspects of menstruation.

This may include:

- Developing understanding of bodily changes through adapted, tactile and verbal teaching approaches
- Supporting independence in managing menstrual hygiene, including the safe use and disposal of products
- Providing clear routines and consistent systems to support confidence and reduce anxiety
- Ensuring access to appropriate facilities that promote dignity, privacy and independence

Staff will be aware that pupils with visual impairment may not have incidental learning opportunities and may require additional time and repetition to develop these skills.

Individual needs will be addressed through personal care plans, developed in partnership with pupils, parents/carers and relevant professionals.

Priestley Smith will ensure that all support is delivered sensitively, respecting the dignity, privacy and preferences of each pupil, and promoting their independence wherever possible.

APPENDIX 1

STRATEGIES TO FURTHER SUPPORT PERSONAL CARE FOR CYP WITH ADDITIONAL NEEDS (SEND).

A CYP may be delayed or require additional support in respect of toileting and continence for many different reasons. These reasons can be related specifically to their medical needs or physical disability and /or might be related to one or more of the areas of need as identified in the SEND Code of Practice 2014.

CYP With Speech and Language Difficulties

Speech, language and communication underpin a CYP's progress in all areas of development. A CYP who is delayed or has emerging or identified SEND in this area may yet be able to communicate their need for the toilet or to understand the language of instruction given by adults to support their participation in toileting routines.

Universal Provision

- Match use of spoken language to the developmental stage of the CYP. This may include mapping key words to objects and activity during personal care routines.
- Reinforce language with visuals. These might be photographs or symbols used consistently for all CYP in the setting to label resources, the environment, activities, to reinforce routines and to support the sequencing of steps involved.
- Recognise that CYP may have their own vocabulary associated with developing continence and this will be respected, whilst also supporting CYP to understand the agreed terminology used in the setting, which is shared with parents and carers for consistency.
- Liaise closely with parents and carers to understand how they interact with their child in the home environment and seek as much consistency as possible.

Targeted Provision

- Support spoken language with gestures or signs when a CYP needs these to further support their acquisition and understanding of language. Systems will typically have been advised by a professional from outside of the setting.
- Use more bespoke visual aids for CYP requiring a more individualised approach.

These might be:

- Provide objects of reference, where an item is shown to the CYP ahead of an activity or routine to cue them in for what will come next. An example would be showing a CYP a nappy before changing.
- Tactile resources might be used for all CYP in a setting, some CYP need a more individual approach, using them to indicate a need or choices, or requiring a sequence of symbols to understand what comes next.
- Social stories, to familiarise individual CYP with their specific routine and help them know what comes next.

CYP with Cognition and Learning Difficulties

CYP with cognition and learning needs are often delayed in all areas of development and this might be called a global developmental delay. This delay can also impact on their ability to acquire skills and independence with toileting.

Universal Provision

- Adapt levels of support to the developmental stage rather than the age of the CYP in all areas of learning and development including the development of skills for independence with toileting.
- Model appropriate activities - this might include using small world play/dolls in the early years.
- Gradually reduce the level of their support as a CYP gains independence.
- Allow the time needed for CYP to receive and process information, recognising that some CYP will need to be cued in individually using their name and allowed more time than is typical to receive and process information before responding.
- Implement the stepped approach for children in early years as outlined in the EYFS.
- Plan and deliver the development of skills in a way that supports all CYP to repeat and practice until new information is retained and skills are embedded.

Targeted Provision

- Differentiate when individual CYP needs are different from or additional to that which is typical for CYP of their age.

This might include differentiation by:

- Prompts. E.g. physical prompts such as placing a hand over the CYP's hand to begin to remove clothing or turn on a tap, gestural prompts such as pointing to what comes next such as the chain on a toilet when it is time to flush, visual prompts such as individualised sequence strips.
- Level of language. E.g. reducing the key words, supporting with personalised visuals.
- Environment. E.g. minimise distraction/noise by taking a CYP to the toilet when it is quieter.
- Time. E.g. allowing additional time for a CYP to complete an action
- Frequency. E.g. allowing for increased access to an activity – such as repeated 'tries' on the toilet with associated independence and hygiene routines.
- Expectation/outcome. E.g. supporting a CYP towards only certain or smaller steps, within the typical stepped approach of the EYFs. This is sometimes called chaining where a CYP completes the first step of a series and then the next (forward chaining) or when a CYP completes the last step (backward chaining). When a CYP pulls up their pants/trousers independently at the end of toileting they have a sense of participation and achievement.
- Praise. E.g. the use of an individual reward system informed by knowledge of what motivates the CYP.

CYP with Social, Emotional and Mental Health Needs (SEMH)

All CYP learn best when they feel safe and secure and when their individual needs are met. Emotional well-being can play a significant role in a CYP's capacity to develop and sustain continence.

Individual circumstances and changes in a CYP's life may affect their personal, social and emotional development.

Universal Provision

- School will ensure key adults are available to fulfil their role as a familiar and trusted adult and enabling CYP to have a secure relationship with a consistent adult.
- Have an awareness of the impact of trauma and the need of all CYP for secure attachments.
- Understand that at transition points in early education children can regress and may have more toileting 'accidents' than previously.
- Support all CYP to adjust to new environments and learn to trust different adults.
- Prioritise and facilitate communication with parents and carers particularly when changes in circumstances outside of the school/setting impact on CYP.
- Implement practice which is based on policy around how to promote positive behaviour with the understanding that behaviour is a form of communication.
- Respond sensitively to behaviour which may reflect a CYP's emotional responses to the physical sensations and routines which are associated with continence
- Create a culture of openness with parents and carers so that they feel able to share anything that might increase their CYP's anxiety or impact their sense of confidence and security.
- Allow enough time for respectful care.
- Make the changing area pleasant to be in for both CYP and adults, posters, stickers and charts representing CYP interests and motivations could be included.
- Manage any 'accidents' without judgement.
- Support CYP in respect of accepting the proximity of other CYP in communal toilet spaces or make arrangements for those needing greater privacy in the short-term.

Targeted Provision

- Settings should develop and implement individual intervention plans/ relational support plans to address the presenting SEMH needs.
- Implement the advice and support of any other professionals involved in respect of the CYP's SEMH.

CYP with Sensory and Physical Difficulties

CYP with sensory or physical needs may have; physical difficulties and or medical needs, vision loss, hearing loss or multi-sensory impairment (both hearing and vision). A CYP's ability to gain independence in toileting can be impacted by these needs and can fluctuate over time. CYP may need additional support because of these needs during routines related to personal care and toileting.

Universal Provision

- Support all CYP to develop the gross and fine motor skills necessary for independence within toileting routines, recognising that many of these can be practiced outside of the routine and within usual early years activities, such as learning to wash and dry hands in water play.
- Support CYP to develop the required gross and fine motor skills required for independent dressing associated with the toileting routine, such as dressing dolls in the role play area and action songs which replicate similar movement needed for the dressing routine.
- Provide resources that promote accessibility for all CYP- toilet rolls within reach, accessible taps such as lever taps or sensor taps, providing a lower toilet and basin within reach.
- Utilise the habilitation team to support independence

Targeted Provision

- Priestley Smith has a flexible uniform policy to accommodate clothing that is easy to manage/fasten when developing independence.
- CYP are given opportunities to familiarise themselves with spaces used for toileting promoting independence. Observation and verbal direction may be needed to ensure successful personal care for CYP.
- Reduce background noise for CYP with hearing loss e.g. turn off hand dryers and use alternatives to dry hands.
- For CYP with hearing loss provide appropriate communication tools; objects of reference, photos, symbols or signs to prepare CYP and develop language around toileting.

CYP with Autism

For autistic CYP, the three areas of difference (described below) may impact upon their ability to toilet independently. Differences in any or all of these areas could mean autistic CYP require specific planning and support to be able to access and use the toilet.

Sensory processing and integration is the way our bodies unconsciously take in information through our senses, and how this information is organised and made sense of in our brains. A CYP's sensory processing may affect if and how they are able to access and use the toilet.

If there is a difference in a CYP's social communication and understanding they may require the information and/ or specific processes to be presented in a different and individually accessible way. Verbal cues to use the toilet may not be enough, additional and explicit teaching of the routine and sequence of events, using other forms of augmentative communication will support these messages.

Where there is a difference in the CYP's flexibility, information processing and understanding the CYP's single-channelled focus or intensity of interest in an activity may result in missed signals. Even understanding how using the toilet can look and feel different in different places, which can be distressing.

By gaining the voice of the child and their family a plan can be devised which, over time, will support and allow them to access the toilet facilities in their school or setting.

Universal Provision

- Use visuals consistently to reinforce the verbal cues and, where possible, use the same toilet facilities to build a toileting routine.
- Ensure there is a way for the CYP to communicate their need to use the toilet when they need to if they do not use verbal language. For example, a picture or symbol they can take to an adult to indicate they need to use the toilet.
- Be aware of the CYP's sensory processing differences and use this information to plan a toileting routine that takes account of them. For example, choosing a quiet time rather than a transition time for the CYP to use the toilet.
- Liaise closely with parent/carers to understand how they interact with their CYP in their home environment and seek as much consistency as possible.

Targeted Provision

- Use a variety of strategies to cue the CYP into the toilet routine. Any verbal language is reinforced using bespoke resources, adapted to the CYP's level of communication.

These might be:

- Objects of reference, where an item is shown to the CYP ahead of an activity or routine to cue them in for what will come next. An example would be showing a CYP a nappy before changing or a toy toilet.
- A bespoke sequence of the routine, using Widgit symbols/ pictures/ photographs, to familiarise the individual CYP with their specific routine and help them know what happens now and what comes next, using this language.
- If the CYP uses Makaton, use the Makaton symbols to support the use of a sign alongside spoken language. An example of this would be Makaton and showing a CYP a Makaton symbol for the toilet.
- Consider the toilet environment and if an alternative can be used to reduce the sensory overload or specific time(s) of the day that will allow the CYP to access without becoming overwhelmed.

Specialist Provision for all areas of SEND

It is assumed that CYP requiring specialist provision to support toileting due to physical/medical needs or for another identified area of SEND will receive caseload support from LA SEND Advisory and Inclusion Service/or Education Psychology Service. Bespoke strategies and advice will be provided.

For example, a CYP with severe sight loss will be supported by the Habilitation team to provide individual and specialist approaches to support independence.

APPENDIX 1



INTIMATE CARE PLAN

It is advised that a care plan is completed for all learners who have continence difficulties that affect their school day. As the care plan is a working document designed to assist school in their care for a learner, this should include all the information they require. It should be completed by school with the parents/carers and involve the child as far as their age and development allows. If school have any concerns, if the child's condition or treatment is complex, or if there are any disagreements, schools may consult the school nurse, or the relevant healthcare professional.



Priestley Smith Specialist School

Intimate Care Plan

Child's/young person's details

Child's name		Date of Birth	
Year Group		Named member of staff and role	
Date of Plan		Date for review	

Family contact information

Contact 1 Name		Relationship to child	

Telephone number(s)			
Telephone number			
Contact 2 Name		Relationship to child	
Telephone number(s)			

Health contacts

Name	Contact details
Specialist nurse	
Consultant	
General Practitioner	
Other health Professionals	

Description of child

Give brief details of child's interests, behaviour and relevant conditions, e.g. speech and language, mobility.

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Description of continence difficulty

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Goals for continence management

Describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or school staff depending on individual needs.

--

Medication

Details of medication. If any medication needs to be taken in school refer to the school's medical policy and follow school procedures.

--

Management and description of routine

e.g. details of drinking, toileting and changing routines, aides used and any reward schemes

--

Details of support required for personal care, who will provide this, where and how

--

Arrangements for sporting activities, school visits/trips etc.

--

Details of staff training needed/undertaken

Include who has been trained, the training given, by whom with dates and signatures of trainer and staff member

Use and disposal of continence products and aids

Include arrangement for soiled clothes and underwear, provision or new/spare equipment e.g. catheters).

Risks/Emergency situations

Describe what would constitute an emergency for the child and what action should be taken. Schools should always act in line with their safeguarding, medical and first aid policies.

Signatures:

Name of Parent / Carer _____ Signature _____ Date _____

Name of school representative _____ Signature _____

Job Role _____ Date _____

Signature of child (if applicable) _____

APPENDIX 6 RESOURCES AND ADVICE

ERIC The Children's Bowel and Bladder Charity

[Home - ERIC](#)

Bladder & Bowel UK: Supporting bladder and bowel health for everyone

[Bladder & Bowel UK home page - Bladder & Bowel UK](#)

[Bladder and Bowel Professional Resources - BBUK](#)

The NHS provides advice on how to potty train.

<https://www.nhs.uk/conditions/baby/babys-development/potty-training-and-bedwetting/how-to-potty-train/>

ERIC, The Children's Bowel and Bladder Charity, has helpful information and resources on toilet training in early years settings.

Their 3 step 'Let's Go Potty' approach is broken down into stages:

Preparation

Practice

Stop using nappies

<https://eric.org.uk/resources-for-early-years-settings/>

Department of Education Guidance

[Help for early years providers : Toilet training](#)

PD Net: Education settings can gain further advice on accessibility planning from the following link.

[Accessibility Toolkit – pdnet](#)

Paediatric Continence and Enuresis: A service for children and young people between 4 and 18 years (19 if attending special school) who have problems with wetting, soiling or constipation

<https://www.bhamcommunity.nhs.uk/paediatric-contenance-and-enuresis/>

Health Visiting Service : A combined health visiting and voluntary agency partners early years' service, who support all families across Birmingham with children up to the age of 5

<https://www.bhamcommunity.nhs.uk/health-visiting/>

Paediatric Occupational Therapy: Paediatric occupational therapists support children and young people to carry out activities they need, want, or are expected to do, but are prevented from doing due to impairments, injuries or developmental conditions.

<https://www.bhamcommunity.nhs.uk/paediatric-occupational-therapy/>

Special School Nursing: The service undertakes a range of activities to improve and maintain the health of children and young people – often with complex health needs – to attend school

<https://www.bhamcommunity.nhs.uk/special-school-nursing>

School Health Support (School Nurses): Gives advice, care and support to schools, children, young people and parents. Protects and promotes their health, to ensure that they get the most from their education.

[School Health Support Service | Website](#)

[Children and Young People's Occupational Therapy Service - Local Offer Birmingham](#)

[Equality Act 2010: guidance - GOV.UK](#)

[Supporting pupils with medical conditions at school - GOV.UK](#)