

## **Personal Care Policy**

Good Practice Guidelines for **all settings and schools** supporting Children and Young People with personal care needs in Staffordshire

**All Age**

**Adopted by FGB October 2015**

**Ongoing**

**April 2014**

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## Contents Page

Foreword .....	Page 3
Introduction.....	Page 4
Principles.....	Page 5
Definition of Personal Care.....	Page 6
Respecting Personal Dignity.....	Page 6
Policy and Procedures.....	Page 7
Good Practice Guidance for Admission/Inclusion of Children & Young People requiring Personal Care.....	Page 13
Children and Young Peoples' Views.....	Page 15
Conclusion.....	Page 16

### Appendices:

Appendix 1.....	Page 17
Appendix 1a.....	Page 18
Appendix 1b.....	Page 20
Appendix 2.....	Page 21
Appendix 3.....	Page 22
Appendix 4.....	Page 23
Appendix 4a.....	Page 26
Appendix 4b.....	Page 28
Appendix 5.....	Page 30

## **Foreword**

The enclosed policy and guidance have been developed to ensure best practice is promoted within all settings in Staffordshire. Personal care and dignity are of the utmost importance. Guidance on safeguarding children and staff is also incorporated.

This guidance and policy support the fundamental principles of Every Child Matters, the Disability Discrimination Act and SENDA and the subsequent Equality Act 2010. I trust you will find it appropriate in your settings.

Sincere appreciation to the Physical Disability Support Service whose contribution to this document was invaluable.

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## Introduction

This document needs to be considered in association with (where appropriate) the current SCC Medical Guidance and relevant Health and Safety Guidance.

This document provides information about meeting personal care needs in Primary, Middle and High Schools in Staffordshire. It is relevant for adults who are working with:

- Children and Young People who have a developmental delay and who may achieve independence in personal care later than their peer group
- Children and Young People who have a disability or who require special arrangements for personal care due to medical, emotional or social needs

The guidance is based on good practice and is designed to support the implementation of effective procedures. It aims to:

- Ensure that all Children and Young People are included in their local community school regardless of their personal care needs
- Provide advice to staff
- Assure parents and carers that staff are knowledgeable about personal care, and that their individual concerns are taken into account
- Safeguard the rights and well-being of the Children and Young People
- Reassure and protect the interests of staff working in a personal care capacity

Regardless of age, Children and Young People who have personal care needs fall within the terms of Equality Act and the setting **must** make 'reasonable adjustments' to support them, i.e. "due diligence".

**All Children and Young People have an educational entitlement irrespective of their difficulties with personal care. Additionally they have the right to be safe, treated with courtesy, sensitivity, dignity and respect.**

## Principles

Staffordshire County Council believes that Children and Young People with personal care needs should be admitted into school with their cohort. These Children and Young People have an educational entitlement irrespective of their difficulties with personal care. It is not acceptable to deny, delay or reduce attendance at any school simply because a child has individual personal care requirements.

Parents have a key role to play in the management of personal care needs. It is particularly important to ask for parental guidance on cultural or religious issues and the child's or young person's preferences for comfortable and appropriate care. Parents can expect to work in partnership with schools and settings and to have clear written information on policies and personal care plans.

**It is important to recognise that people may feel judged or blamed if their child is not independent in personal care. It is not appropriate to expect parents or carers to be on emergency stand by to change Children and Young People during the school day or during educational (including residential) visits.**

Managers and head teachers in settings and schools have a responsibility to set the tone for the way in which the issue of personal care is addressed. Managers, head teachers and governors should be aware of their duties to comply with the Equality Act, and should pass this awareness on to all staff. Practice in settings/schools should be consistent with Staffordshire's policy on development of inclusive practice, so enabling a greater number of Children and Young People to be educated in their local community schools.

Children and Young People must not be left wet or soiled or expected to be responsible for cleaning/changing themselves without agreed independence targets in place in liaison with parents and school.

Parents must not be expected to dispose of soiled items\*

\*[Please see resources and facilities section on page 7].

## **Definition of Personal care**

Personal care can incorporate all those tasks of an intimate nature associated with bodily functions, bodily products and personal hygiene. These may include:-

- Dressing and undressing
- Helping someone to use the toilet
- Changing continence pads/nappies
- Bathing/showering
- Washing intimate parts of the body
- Changing sanitary wear
- Changing stoma bag (following training from Stoma Nurse)

## **Respecting Personal Dignity**

Where staff are involved on a daily basis in providing personal and intimate care to young people with special educational needs arising from learning difficulties, sensory impairments and physical disabilities they are placed in a position of great trust and responsibility.

Children and Young People with special needs and/or disability can lack confidence and assertiveness. Activities related to intimate care should offer opportunities for personal development and choice.

**It is vital that schools seek to engage with parents, and children and young people, prior to enrolment and at any transition to discuss the normal routines of the school and staff most likely to be involved in delivering aspects of intimate care.**

NB: Appendix 1 – Personal Care Risk Assessment

Where appropriate the following can assist in promoting positive attitudes to intimate care:

- Get to know the child beforehand in other contexts to gain an appreciation of his/her verbal and non-verbal communication
- Have a knowledge and understanding of any religious and/or cultural sensitivities related to aspects of intimate care related to this individual child and take full account of these
- Give explanations of what is happening in a straightforward and reassuring way including visual cues where appropriate, e.g. step by step symbol sheet
- When washing, always use a sponge or flannel and where possible encourage the child to attempt to wash private parts of the body him/herself
- Speak to the child or young person by name (using age-appropriate language) and ensure that they are aware of the procedures involved
- Provide facilities which afford privacy and modesty
- Respect a child's preference for a particular carer where possible and sequence of care
- Keep confidential records which note responses to intimate care and any changes in behaviour that give cause for concern
- Agree appropriate terminology for private parts of the body and functions to be used by staff and encourage children to use these terms as appropriate
- Respond to and speak to all children in an age-appropriate manner
- Best practice would involve keeping a home/school communication record to ensure continuity, identifying patterns and reassurance and transparency for parents/carers (e.g. Appendix 2 chart attached).

## **Policy and Procedures**

A number of Children and Young People may need assistance with their personal care. It should not be assumed that failure to achieve independence with personal care is in itself an indication of special educational needs.

Schools should ensure that additional resources and finances are allocated to ensure that Children and Young People's individual needs can be met.

Children and Young People with long-term personal care requirements as part of complex medical or physical needs may require additional assistance to manage these needs in settings and schools. Settings and schools are required to contact the appropriate external agencies working with the child for advice.

It is recommended that all schools/settings should have a policy on managing personal care issues, whether or not they currently support Children and Young People with these needs. The policy should show a commitment to including all Children and Young People with personal care needs and should be placed in the context of the Equality Act.

The policy should make explicit the roles and responsibilities of staff in a school/setting and should clarify for parents and Children and Young People what they can expect from the school and what should be expected from them.

It is likely that most personal care tasks will be undertaken by teaching/support assistants within schools and settings. **All new and reviewed contracts for teaching assistants should include personal care in their remit. This would include support in promoting independent personal care and other self-care skills.**

However, all are expected to promote personal dignity and care and teachers may take responsibility for assisting Children and Young People with personal care needs. This is undertaken voluntarily as part of duties regarding reasonable adjustments/due diligence.

In addition, managers and headteachers should ensure implementation of the following requirements:

I) Resources and Facilities

Whenever possible, the existing toilet areas should be used. If these are inappropriate then choose a private, safe location that protects the dignity of the Child or Young Person without compromising staff. Do not change pupils in educational, play or public areas, or in any location used for the preparation of food and drink.



The minimum facilities would comprise:

- Sink with ideally lever taps and hot and cold running water
- Dedicated bin with lid
- Paper roll or wet wipes for cleansing the body, cleaning the surface of the changing area and mopping up spillages. (Settings should liaise with parents about the use of wipes and agree who will provide these, bearing in mind the possibility of allergies).
- Wipes/pads/nappies provided for individuals should be labelled with the child or young person's name and stored discretely
- Antibacterial spray/Milton/liquid soap and water are all suitable for cleaning surfaces and the changing area
- Non-latex gloves and disposable aprons – fresh ones should be used each time for each child

Consideration should be given to storage arrangements for the resources listed. In addition, arrangements should be confirmed for spare clothing to be available within the setting and the transfer of wet or rinsed, soiled clothing back home.

If Children and Young People are able to stand independently, it is acceptable to change them whilst they are standing up. It is not appropriate to do so if they are soiled.

In the **short term** it may be necessary to change Children and Young People on the floor if no other surface is available. In this circumstance, an easy-to-clean mat should be placed under a changing mat and other pupils should be prevented from accessing the area whilst changing is underway, e.g. an appropriate sign on the door. A risk assessment should be completed for the adult responsible for changing and they should be provided with a kneeling pad.

If making adaptations, schools and settings should try to create a facility that will be suitable for Children and Young People who may be included in the school or setting in the future. The Accessibility Plan should, if appropriate, include the upgrading of toilets to meet the needs of a range of users.

When upgrading, consideration should be given to providing changing facilities that minimise lifting and avoid staff having to kneel down on the floor to change Children and Young People. Ideal facilities would include:

- Emergency call system
- Extractor fan
- Rise and fall changing table
- Toilet
- Disposal system for clinical waste (for example via an existing sanitary bin disposal contract)
- Sufficient room to store and operate a mobile or tracking hoist and to accommodate a powered wheelchair.

## II) Health and Safety Issues

Headteachers and Managers have a duty to safeguard the health and safety of both Children and Young People and staff. It is imperative that the following health and safety concerns are addressed before the pupil begins attending.

- Personal hygiene (5 step hand washing technique, see Appendix 3)
- Disposal (soiled items should not be placed with general refuse)
- Protective clothing (disposable gloves and aprons)
- Cleaning of changing area/equipment (responsibility of named persons)
- Risk assessment (See Appendix 1, 1a & 1b)

Disposal of pads and other soiled waste should be negotiated with the company that collects usual refuse from the settings. SCC Infection Control Policy states the recommended cleaning procedure for Catheters/Stoma Bags:

“Single use – Empty contents down sluice or toilet, and dispose of bag as hazardous/offensive waste”.

Offensive waste includes faeces, nasal secretions, sputum, tears, urine, vomit, etc. If offensive waste contains visible blood or a clinical assessment has identified that infection exists from the waste, this should be considered infectious (hazardous) waste.

In homes and schools, hazardous waste should be placed in a yellow bag and collected by an approved contractor. Offensive waste should be placed in a yellow and black striped bag and collected by an approved contractor.

Certain conditions and disabilities may bring with it early onset of puberty. Menstruation can be alarming for girls if they are not prepared. Support can be obtained from the school Nurse and the Physical Disability Support Service. Schools should make adequate and sensitive preparation to help girls cope with menstruation and with requests for sanitary protection. Provision of sanitary wear should be done in a sensitive and discreet way.

Risk assessments should be completed to anticipate or address concerns raised by Children and Young People, parents or staff. Personal care plans should include a risk assessment. Staff training on risk assessment should aim to encourage staff to 'think safety' when considering situations and identifying potential risks. Support for the creation of Personal Care Plans can be obtained from ideally a health professional or the County Physical Disability Support Service if relevant – see Appendix 4, 4a & 4b.

Appendix 4 is recommended where toileting and additional needs requires considering. Appendix 4a to be used solely for toileting needs.

### III) Staff training

- Staff should have access to appropriate training to meet the needs of individual Children and Young People. This could include:
  - i) health and safety regulations
  - ii) medical conditions (School Health Advisor, Continence Service)
  - iii) physical needs (PDSS)
  - iv) lifting and handling (County Health and Safety, Moving and Handling trainers)
  - v) child protection/safeguarding issues (First Response/LADO)
  - vi) personal hygiene (School Health Advisor/School Nurse)

#### IV) Vulnerability to abuse and Child Protection

Children and Young people with disabilities may have an increased vulnerability to abuse and discrimination. It is essential that all staff are familiar with the setting's Safeguarding/child Protection policy and procedures, with agreed procedures within this policy and with the child/young person's Care plan.

*The normal process of supporting personal care needs should not raise child protection/safeguarding concerns, and **there are no regulations that indicate that a second member of staff must be available to supervise this process in order to ensure that abuse does not take place.***

*'Few settings/schools will have the staffing resources to provide two members of staff for personal care and DBS checks are carried out to ensure the safety of Children and Young People with staff employed in childcare and education settings.'*

Jeannie Carlin, Council for Disabled Children and Young People 2005

Including Me: Managing complex health needs in schools and early years settings, p75.

Some unions recommended that in schools two members of staff are present when personal care is undertaken. This however does need to be balanced with issues around maintaining staff/pupil ratios and ensuring privacy. If there is a known risk of false allegation by a pupil or parent a risk assessment should be undertaken and appropriate action taken.

Section 18 in the government guidance, Safe Practice in Education, states that

"Staff should ensure that another appropriate adult is in the vicinity and is aware of the task to be undertaken."

At all times the privacy and dignity of the Child or Young Person should be respected, especially if more than one member of staff is present.

The process of providing personal care may, in rare circumstances, lead to a level of concern for staff regarding child protection. The usual procedures for sharing concerns with the nominated child protection members of staff or First Response should be followed.

## **Good Practice Guidance for Admission/Inclusion of Children and Young People requiring personal care:**

### **Individual Needs**

It is good practice to establish a child's or young person's personal care needs at entry to a school or setting. Transition arrangements offer an opportunity to support parents in establishing personal care needs in the new setting. Close liaison with parents/carers is vital.

When families visit the setting/school prior to entry, it is appropriate to discuss personal care issues with the parents/carers. A leaflet to support parents in Early Years toilet training is available (Appendix 5).

The Care Plan should cover (Appendix 4)

- Procedures
- Facilities
- Resources and equipment
- Staffing
- Training
- Curriculum specific needs
- Educational visits
- Arrangements for the review and monitoring of the Care Plan
- Emergency procedures/contact

Staffing levels need to be considered carefully. There needs to be a balance between maintaining privacy and dignity of the child/young person and protection both for them and staff involved.

Preparation should include discussion with parents, confirmation of arrangements and plans for monitoring and review. The personal care plan should make reference to:

- Signed consent from parents/carers to allow support
- Signed consent of the child where appropriate
- Signature of school nurse where their advice has been sought/included
- Clear arrangements for staffing and access to facilities
- Specialist advice, training or resources required

- Record keeping such as personal care diary and/or reward system if appropriate
- Any relevant and appropriate multi-agency involvement/information
- Risk assessments
- Liaison and review with parents and outside agencies

When setting up a care plan, the child or young person and his/her parents/carers should feel comfortable with the staff members who are providing the personal care. Gender issues, religious and cultural values should always be taken into account. It is important to adopt consistent approaches at home and school

The SENCo for the setting/school should be aware of the personal care plan and link this intervention with other monitoring completed under Code of Practice procedures.

There are a number of other issues which it is helpful for staff to consider and agree with parents/carers prior to the child starting at the setting. These include:

**Clothing:** Parents should be asked to provide clothing that is easy to manage. Clothing with elasticated waists and no zips or buttons is most helpful. Whenever possible it is better to support the child with appropriate clothing rather than relying on nappies or training pants. Parents should also be asked to provide plenty of changes of clothing. Setting/school should provide spare clothes in an emergency, but it is always better for a child or young person to wear his/her own clothes. Finally, the setting should agree with parents/carers what will happen to wet or soiled clothing.

**Routines:** Parents should be asked to ensure that the child is changed or taken to the toilet at the latest possible time before leaving home. In school, prompting may be necessary as a reminder. If a member of staff is required to support personal care, ensure arrangements are confirmed for cover if the member of staff concerned is unavailable. Consider the possibility of shared responsibility for supporting personal care needs e.g. job share to enable flexible cover in the event of absence. Careful observations may identify when the pupil requires personal support. Ensure that the routine established in setting/school is strictly maintained from the start and try hard to avoid accidents. Reminders to use the toilet should be discreet and appropriate and staff should make use of signs, pictures or code words to facilitate understanding.

**Accidents:** Children and Young People may be anxious but usually respond to praise, encouragement and confidence building. It is important to promote self-esteem in other areas of learning. Ensure that personal care needs are provided swiftly, appropriately, sympathetically and in a calm, low-key way.

### **Children and Young People's Views**

It is essential that Children and Young People's views and preferences are taken into consideration in management of personal care needs. This includes consideration of non-verbal communication and visual cues. Staff involved in meeting Children and Young People's personal care needs should endeavour to:

- Get to know the child or young person beforehand as appropriate e.g. systems of communication
- Have a knowledge of and respect for any cultural or religious sensitivities related to aspects of personal care

## **Conclusions**

Staffordshire County Council is committed to inclusive practice in all its settings and schools. There is an expectation that settings, schools and parents will work together to support Children and Young People with personal care needs without impact on their access to education. Good practice recommendations have been highlighted within this guidance to protect the well being of Children and Young People, parents and staff and promote consistent best practice.



## Appendix 1

Schools could consider using the SCC Risk Assessment Proforma. However, below is a simplified version of this.

*The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.*

### Personal Care Risk Assessment

Establishment:

Assessor's Name:

Position:

Date:

Hazard Identified	Persons at Risk	Risk Assessment Rating (H/M/L)	Precautions needed to Control the Risk	Resulting Risk Level	Date of Implementation

Headteacher/Manager:

Assessment Review Date:

## Guidelines for Completing a Personal Care Risk Assessment

### To be carried out by key worker and SENCo

#### Useful definitions:

Hazard – A hazard is something that has the potential to cause harm.

Risk – A risk is the likelihood of someone being harmed coupled with the severity of that harm.

Risk assessment – A risk assessment involves identifying items or events in a work place/work task, that have the potential to cause harm; coming to a judgement as to how likely it is that harm could occur and how serious that harm could be and then devising and implementing control measures to eliminate or reduce the risk to an acceptable level.

#### Steps to take:

1. Are there any elements of the personal care process where there is a potential to cause harm?
  - Is there any lifting or handling involved?
  - Is there a risk of contact with bodily fluids?
  - Is the floor wet or cluttered?
  - Are the supervision levels sufficient to protect the carer and the child?
2. Consider the likelihood that someone will actually be harmed and also how severe that harm is likely to be. Decide whether the risk is *low, medium or high*.
3. Are there any control measures in place to eliminate or reduce the risk to an acceptable level? If not:
  - What control measures need to be put in place?
  - Record your findings.
  - Implement the control measures.

The higher the risk rating, the more urgent are the control measures needed to eliminate or control the risk.

**Examples of hazards which you may need to consider could include:**

- ❖ Slips, trips and falls
- ❖ Health risk posed by conditions such as infections, diarrhoea, vomiting
- ❖ Child protection concerns
- ❖ Manual handling issues
- ❖ Cleaning and disposal of bodily fluid

Staffordshire County Council – Children, Young People and Families Directorate  
Generic Risk Assessment

***The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.***

Establishment: Primrose St Primary School	Date: 20.6.12	Assessor(s) (1) F Bloggs (2) M Flower
Task/Activity/Location/Work Equipment:  Supporting personal care (changing pupil's pull ups) within the disabled toilet facilities.		

Part A:

Hazards Identified:	<ul style="list-style-type: none"> <li>• Cross infection</li> <li>• Discomfort (specifically to adult's knees) re positioning when support H to change</li> </ul>	<b>Risk Rating (tick)</b> (without controls in place) HIGH ✓  MEDIUM  LOW
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Part B:

Who is at risk (tick)	Employees	✓	Pupils (H-W-E)	✓	Visitors/Public	
	Contractors		Others			

Part C:

<b>Control measures required to manage health and safety:</b>	
1.	As stated in the Early Year's toileting policy: To prevent cross infection to pupil or member of staff appropriate equipment will be used such as protective apron and gloves during changing of soiled sanitary wear.
2.	These will be disposed of safely.
3.	Staff and pupil to wash hands thoroughly – visual prompts will be displayed.
4.	Area will be obstacle free, allowing adequate space for pupil / staff member to move unrestricted.
5.	Staff member to use kneeling pad to prevent discomfort to knees.
6.	Pupil is ambulant and does not need manual handling facilitation.
7.	Pupil to work towards independence and self-reliance.
8.	
9.	

Part D:

Risk rating with controls in place (tick):	Are any control measures in Part C not implemented? (tick):	If yes, state below:	To be actioned by:
HIGH			
MEDIUM	YES		
LOW ✓	NO ✓		

Part E:

Frequency of review (tick):	6 Months:	12 Months:	24 Months:
Signature of Assessor(s)			
(1) <b>F Bloggs</b>			
(2) <b>M Flower</b>			

### Exemplar of Home School Communication Record

Time Changed	B.O.	P.U.	Cream Applied	Observation
10.30	X	√	√	Area looked better, put own cream on correctly
1.00	√+	√	√	Needed a lot of help
2.30	X	√	√	N/A
3.15	X	X	X	Checked – dry, no need to change

Key:

BO – Bowels opened

PU – Passed Urine



1. Palm to palm



• Right palm over left dorsum and left palm over right dorsum



3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



5. Rotational rubbing of right thumb clasped in left palm and vice versa



6. Rotational rubbing, backwards and forwards, with clasped fingers of right hand in left palm and vice versa

## Care Plan

(To be used if toileting needs and additional needs are being considered)

***The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.***

Please use aspects of this plan that are most appropriate for personalisation.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School/Setting: \_\_\_\_\_ Class: \_\_\_\_\_

G.P. Name: \_\_\_\_\_ Consultant: \_\_\_\_\_

Tel. Number: \_\_\_\_\_

### Emergency Contact Information

First Contact	Second Contact
<b>Name</b>	<b>Name</b>
<b>Relationship</b>	<b>Relationship</b>
<b>Telephone Numbers</b>	<b>Telephone Numbers</b>
<b>Work</b>	<b>Work</b>
<b>Home</b>	<b>Home</b>
<b>Mobile</b>	<b>Mobile</b>

## Care Plan

*The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.*

Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

Medical background:

### Physical Management

- Toileting
- PE
- Educational Visits
- Physical Access
- Feeding
- Communication
- Other



## Staff Training Requirements

(please attach training record/certificate of training and circulation list)

**Medication** (including storage)

## Emergency Plan/Protocol

In the event of an emergency the emergency plan/protocol must take precedence over this general care plan.

## Fire Drill

## Signatures:

We/I agree with the care plan detailed above.

We/I give permission for the administration of medication as outlined.

Parental/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Child and Young Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Headteacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse/Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to: Parent/Carers  
School  
PDSS (if involved)  
School Nurse/Health Professional

## Additional Information

## Personal Care Plan – Toileting

(N.B. To be used if toileting is the only issue).

*The recording sections may need to be adapted in the light of circumstances to do with setting and pupil.*

Child's Name: DoB:

Class Group: Date:

Reason for Plan:

Aim of Plan:

### What will be done?

Details of when child will be changed/taken to toilet and specific routines to be followed. Social story and schedule required?

### By whom?

Key Worker:

### Facilities:

Where the child will be changed and resources required.

### Training:

Specify training needs	For whom	Date Achieved
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### Other Issues:

Clothing

Off-site activities

Preferred language/signs/symbols

**Monitoring:**

Toilet Diary

Other

**Review Date:**

**Plan agreed by:**

	Name	Signature	Date
<b>Parents/Carer:</b>	_____	_____	_____
<b>Pupil/Young Person:</b>	_____	_____	_____
<b>Key Worker(s):</b>	_____	_____	_____
<b>SENCo/ Headteacher/ Manager:</b>	_____	_____	_____

## Notes to support completion of a Care Plan

### What is a Care Plan?

- A care plan is a comprehensive, individualised description of health needs and associated difficulties. It should describe the reasonable adjustments and the provision the school/setting will make to meet the individual's needs. It needs to be a practical, working document that the school/setting can deliver on a daily basis.

### When do we need one?

- When there is an identified need in school/setting. This may be physical, medical and/or personal care needs.

### Why do we need one?

- We need care plans to ensure all individual medical and/or care needs are addressed in school and to provide staff with concise guidance and a procedure to follow.

### What does into the care plan?

- Information included in the care plan includes: The child or young person's details, emergency contact details, medical background, physical management with regard to: Toileting and personal care; PE; educational visits; physical access; feeding; communication; training; medication (administered within school/setting and/or at home); an agreed emergency plan/protocol to be followed; fire drill procedure and/or any other identified need.

### **Who should contribute?**

- Contribution to the care plan should include all staff/agencies who are involved with the child or young person. Where a medical condition or diagnosis is evident it is important to involve the school nurse/health visitor for advice.
- The parent/carer should always be involved in the creation of the care plan and where it is appropriate the child or young person's views should be included. It is the responsibility of the parent/carer to inform school/setting of any changes in condition that may affect or need amendment to the care plan.

### **Who is responsible for creating and updating the care plan?**

- It is the school/setting's responsibility to ensure a care plan is in place, where necessary, with advice from the appropriate professionals (as above). The care plan is a working document and should be updated whenever there is a change in circumstances. This should be initialled and dated by both the member of staff and the parent/carer. It should be reviewed within an agreed time span, at least annually.

### **On completion of the care plan who should agree and sign?**

- It is essential that the relevant medical professional, parent/carer, the child or young person where appropriate and the Headteacher agree and sign the care plan on completion.
- It is also advisable that all staff who are involved in the child/young person's care sign to say they have read and understood the care plan.

## Early Years Toilet Training: Guidance Notes for Parents

Going to the toilet independently is an important for all children. The age at which children become toilet trained varies greatly from child to child.

### Before you start:

It is important to avoid rushing into toileting before your child is ready. It can be difficult when friend's children are toileted or you have the pressure of a special event, such as starting nursery, but much of the frustration around toileting can be avoided by waiting until your child indicates they are ready.

Some of the signs to look for include:

- Your child telling you they are actually doing a wee or a poo. With praise they will gradually begin to recognise sooner and sooner until eventually they are able to 'hold on' long enough to get to a potty or toilet in time.
- Taking an interest in going to the toilet with you.
- Pulling at or telling you they have a wet or soiled nappy or even telling you they no longer wish to wear nappies.
- Able to stay dry for extended periods.

Modern nappies often mean children do not feel as wet or soiled as they did in years gone by. By looking out for signs, you can make sure you do not wait too long, or start too early.

### Planning:

Once your child is ready to begin toilet training, decide:

- What language you would like to use. For example wee wee, poo, toilet, potty. If your child uses a signing or symbol system, choose appropriate signs.
- Would you like your child to use a potty or a toilet seat for young children? Where will this be kept?
- Who else needs to know? Make sure you let everyone who looks after your child knows that you are beginning toilet training and what you have decided about language and equipment.
- if possible, take your child to the toilet with you and talk through step by step what you are doing. Ask them if they would like to try.

- Introduce the toilet or potty in a comfortable, safe way. Make the experience fun by singing, playing games or reading a story. Give lots of praise, even when the child does not 'go'.
- Use a few drops of food colouring in the toilet bowl. The yellow of the urine will change blue to green, and red to orange. Use Cheerios in the bowl as a target for boys to aim.
- Expect accidents. Try not to show you are disappointed, but deal with accidents in a 'matter of fact' way.

**Readiness for Toilet Training:**

Use the checklist below to help you decide if your child is ready for toilet training. Not all of the items on the list will be appropriate to every child but the more items on the list that you have ticked, the more likely it is that your child will be successful. Do not be disheartened if you have not been able to tick many of the boxes yet, simply wait a few weeks and consider again.

You may want to share this list with staff at your child's early years setting or school if you are planning toilet training with them.

**Child's Name:**

**Date of Birth:**

My child is able to stay dry for an hour or more

My child imitates the actions of others

My child knows what a potty or toilet is for

My child is able to concentrate on task for five minutes or more

My child knows if he/she has a wet or soiled nappy on

My child is able to indicate his/her needs (using words, signs or gestures)

My child's faeces are solid and well formed

My child is NOT currently experiencing any particularly stressful situations