

**Worcestershire County Council: Bladder and Bowel Policy
for Local Authority Early Years Providers and all Educational
Providers; Bladder and Bowel Guidance for Private
Voluntary and Independent providers**

This document supports Worcestershire Children and Young People First’s Inclusion Definition which can be found here: [Worcestershire’s Inclusion Definition | Worcestershire County Council](#)

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Document History

Version	Date	Summary of Changes

Introduction

Bladder and bowel issues can occur in any child or young person and at any stage of development. They have a huge impact on the affected individual's wider health and wellbeing. They are associated with embarrassment, stigma, social isolation, reduced self-confidence and self-esteem, poorer experiences of education, social isolation and feelings of difference. These combine to reduce quality of life for the child and their family.

The United Nations Convention on the Rights of a Child (UNCRC) sets out the civil, political, economic, social and cultural rights of all children and young people and was ratified by the UK in 1991. Some of the articles of the UNCRC relate directly to the management of bladder and bowel issues in educational settings including: Article 3, the best interests of the child should be the primary consideration; Article 6, the rights to healthy development; Article 12, the right to participate in decision making; Article 16, the right to privacy; Article 23, the right to special care, support and access to education for those with a disability; Article 24, the right to good quality healthcare; and Article 28, the right to education.

All providers must make reasonable adjustments (e.g. additional adults working with children and young people support to meet the needs of each child (Equality Act 2010, Chapter 2 Section 20;). Children and young people should not be excluded nor treated less favourably because of their bladder and bowel issues (Children and Families Act (2014))

Admissions Policies cannot require a child to be continent as a condition of admission.

Indirect disability discrimination happens when there is a rule, policy or practice that applies to everyone but especially disadvantages children and young people with a particular disability compared with children and young people who do not have that disability.

Therefore parents cannot be required to support their children and young people's care needs in the setting (Equality Act 2010 Chapter 2, section 15).

Definitions

In this document the term 'providers' refers to maintained, short stay, independent and special schools, and to private, voluntary and independent early years and childcare providers.

Bladder and bowel: The terms 'bladder and bowel issues', 'bladder and bowel problems', 'bladder and bowel dysfunction', 'bladder and bowel conditions' are often used interchangeably. They all relate to conditions that have an impact on the way the bladder and/or bowel function. For some individuals, but not all, this may result in incontinence of urine (wetting) and/or incontinence of faeces (soiling) (ERIC, 2022)

Scope

This policy/guidance only covers children and young people with bladder and bowel issues. For those children and young people who require more specialised care, such as stoma bags and catheterization providers should work alongside parent and carers, and the most relevant NHS team.

Aims of this document

- To provide clear guidelines for all adults working with children and young people on procedures that maintain a professional approach appropriate to the age, developmental stage and needs of the child or young person.
- To support adults working with children and young people to meet their holistic needs including the development of bladder and bowel continence and independence.
- To establish good practice in the care of children and young people with management of bladder and bowel needs.
- To ensure that children and young people are treated with dignity and respect by those adults responsible for them.
- To follow good safeguarding practice including individual risk assessments to protect children and young people, all adults working with children and young people.
- To establish partnership working between the child/young person, the child's/young person's parents / carers and professionals involved.

Children and young people who require support with bladder and bowel development

Not only are increasing numbers of children starting school each year without having fully mastered bladder and bowel control (continence), but many children continue to have issues with continence in the long term. Some have difficulties into adulthood. Continence difficulties in childhood are sometimes assumed to be caused by disability, behavioural issues, or ineffective parenting. This is rarely the case and if not managed appropriately these issues can cause unnecessary stress for the child, their parents, family and for school staff.

Each child with bladder and bowel issues should be treated as an individual.

Environment/Resources

The Early Years Foundation Stage Statutory Guidance states that; "There should be suitable hygienic changing facilities for changing any children and young people who are in nappies and providers should ensure that an adequate supply of clean bedding, towels, spare clothes and other necessary items are always available." (EYFS Statutory Guidance pg 36). The EYFS statutory guidance requires "suitable hygienic changing facilities for changing any children and young people who are in nappies" (Statutory Guidance EYFS page 36)

In the case of children and young people aged 5 years of age and over the requirement for providing adequate resources (nappies, spare clothes etc) to the provider will be the responsibility of the parents / carers.

Worcestershire Children First work with educational settings to ensure they are able to provide adequate changing facilities (Working together to improve outcomes for children and young people with special education needs and disabilities, Worcestershire Children First Accessibility Strategy 2021 – 2025). Further information is available from the Physical Disability Outreach teams in Worcestershire.

The Department of Health recommends that an extended cubicle with a washbasin should be provided in each school for children and young people with disabilities. Alternatively, children and young people we recommend standing changing, especially older children and young people. The Education (Premises) Regulations 1996 require all schools with a Foundation Stage to provide a deep sink or shower for cleaning soiled children and young people. Standard toilet cubicles are not considered suitable for changing as they are not large enough to accommodate the child and the adult working with children and young people. Toilets designed for the disabled may be large enough.

Worcestershire is working towards every local authority school having a bathroom management area and where one is available it should be used for nappy changing.

Within all providers, if it is not possible to provide a purpose built changing area then the setting should, as a minimum, provide a changing mat and change the child on a suitable surface taking into consideration the environment and the child's dignity.

At all times the safety of the child and adults working with children and young people should be considered.

All providers should maintain an emergency supply of adequate resources as per the child/young person's requirements. On occasions where schools/providers resources are used, parents/carers should be requested to replace them.

The Disability Discrimination Act 1995 (DDA)

The Disability Discrimination Act 1995 (DDA), as amended by the Special Need and Disability Act 2001 requires that educational settings and service providers do not treat disabled pupils less favourably and to make reasonable adjustments to avoid putting disabled pupils at a substantial disadvantage. Admissions policies can not set a standard of continence as a requirement for admission.

The act states that a disabled person is someone who has a physical or mental impairment which may affect normal day to day activities. It describes incontinence as an impairment which may affect normal day to day activities. Education providers are therefore under an obligation to meet the needs of children with delayed personal development and children should not be excluded from normal activities solely because of incontinence. Education providers are expected under the DDA to make reasonable adjustments to meet the needs of each child.

The Equality Act (2010)

The Equality Act 2010 (which replaced the Disability Discrimination Act 1995 and 2005) requires that all providers do not treat children and young people and young people with disabilities less favourably; they must make reasonable adjustments to avoid putting those with disabilities at a substantial disadvantage.

The Equality Act (2010) defines a disability as a "physical or mental impairment which has a substantial and long term adverse effect on an individual's ability to carry out normal day to day activities". It describes bladder and bowel difficulties as an impairment which may affect normal day to day activities. Providers are under a statutory obligation to meet the needs of all children and young people and therefore children and young people should not be excluded from activities because of bladder and bowel difficulties. Providers are expected under the Equality Act 2010 to make reasonable adjustments to meet the needs of each child and young person.

The Statutory Guidance of the Early Years Foundation Stage requires providers to provide for equality of opportunity (para 3) and to focus on each child's individual learning, development and care needs.

Safeguarding

The priority is for the child/young person to be appropriately supported and for providers to ensure that their needs are met in a timely manner. Children who are left in a soiled state are at increased risk of sore skin and urinary tract infections. There is also likely to be a significant impact on their psychological wellbeing and an increased risk of name-calling or bullying.

All adults who work in settings will have had relevant pre-employment screening to help prevent unsuitable people from working with children. Therefore, there are no regulations requiring more than one person employed by a setting to be present to support a child or young person with changing, or to assist them with continence. However, there will be some circumstances where an individual child or young person will require two people to support them with changing. For example, if a hoist is used or if two are required for safe handling. In some individual circumstances the head teacher/registered provider's manager may decide that it is appropriate for two members of staff to be present for changing.

A signed record should be kept of all personal care given, including times that the child or young person and adult left to be changed and returned. If there is any variation from the usual routine this should be recorded and the parent notified. Consent from a parent/carer should be obtained, if a person other than those trained and named on the care plan is required to support a child or young person with intimate care, due to exceptional circumstances. However, if there are any concerns for the wellbeing of the child, the school's/early years registered provider's safeguarding policy and procedures must be followed.

Schools should work with parents/carers to ensure that children understand appropriate and inappropriate touching and that children understand that they should tell a trusted adult if they feel uncomfortable.

There are two distinct groups considered here; the children; and the adults dealing with the intimate care of the children.

- It is the responsibility of each school or setting to ensure that any member of staff or students in training (under direct staff supervision) dealing with the intimate care of a child has an enhanced DBS clearance or police check, and follows the Infection Control Guidelines for hygiene and the handbook of safety information (for schools).
- It is the responsibility of the Headteacher, Manager or registered provider to ensure that there are sufficient staff, appropriately trained and designated, to deal with continence issues.
- As it is the class teacher in a school and the Key person in Early Years settings who have ultimate responsibility for the children in the class, (s)he should be informed if a child is being taken to the toilet or to have a nappy changed and should be fully conversant with principles and procedures.
- Staff should at all times follow the procedure set out in the Continence Care Plan.
- All schools and pre-school settings should follow Worcestershire Safeguarding Board's guidance.
- It is the duty of Headteachers and Managers of Early Years settings to ensure staff implementing this policy have an enhanced DBS clearance.

The Health and Safety at Work Act 1974

- Employers have a duty to ensure as far as is reasonably practicable, the health, safety and welfare of all employees at work.
- Employers have a duty to carry out risk assessments where the risks at work are significant to employees or others.
- The employee has a duty while at work to take responsible care of the health and safety of himself and other people who may be affected by his acts.

Procedures

Health Care Plan/Personal Care Plan

The Health Care Plan/Personal Care Plan pro forma must be used to record the needs of each individual child that has continence problems, along with actions to be taken agreed by the school/early years provider and the parent / carer. If the school nurse is involved with the child then they should also be involved in the drawing up of the Care Plan. Any change to the plan, including changes of staff, should be notified to all parties signing the plan. A record of intimate care should also be kept. The school should send a copy of the plan to any health professionals involved with the child for comment.

The plan should be completed taking into account the following partnership working principles: The parent/carer should:

- Agree to change the child at the latest possible time before bringing him/her to the setting / school.
- Provide the setting / school with spare nappies and a spare set of clothes.
- Understand and agree the procedures that will be used when the child is changed at school – including the use of any cleanser or the application of any cream which if provided by parents/carers should be sent into setting / school in a named and sealed container.
- Agree to inform the setting / school should the child have any marks / rash.
- Understand that the setting/school will change the child at the earliest opportunity should the child soil themselves or become uncomfortably wet.
- Agree to notify the setting / school if the child's needs change at any time which needs to be reflected in the Care Plan.
- Agree to attend review meetings.

The school/setting should:

- Gain parent/carer consent for intimate care. This should be reviewed at least every six months and always if the child's circumstances change.
- Agree to change the child at the earliest opportunity should the child soil themselves or become uncomfortably wet.
- Agree to complete the Continence Care Record of Intimate Care each time the child is changed: including noting down if the child is distressed or if marks/rashes are seen.
- Agree to review arrangements as and when necessary and as a minimum at six monthly intervals.

Written guidelines for adults working with children and young people

A set of written guidelines should be agreed by each setting and made available to parents / carers of children and young people for whom a Health Care Plan/Personal Care Plan is in place. The following areas should be included in all providers guidelines/policy:

- The requirement for individual's job description to specify that they will deal with bladder and bowel problems
- Where possible the child's Key Person or appropriate adult will take responsibility for bladder and bowel management
- To protect adults working with children and young people from allegations, effective safeguarding procedures must be in place and followed
- Where bladder and bowel management changing will take place
- What resources will be used; including cleansing agents / creams (these should be agreed with parent/carers through written consent, but do not necessarily need to be prescribed)
- How the nappy/pad will be disposed of
- What infection control measures are in place
- What the members of adults working with children and young people will do if the child is unduly distressed
- What the recording procedures are and how they are used to evaluate the bladder and bowel management of the child
- How bladder and bowel management is recognised in setting policies and procedures (for example Safeguarding, Equality and Diversity, Special Needs)
- How the dignity of the child is protected e.g. how you initiate changing

Procedure for dealing with nappy changing to avoid cross contamination:

The member(s) of staff dealing with child to wash hands.

- Put on new disposable apron and gloves (for your own protection and to reduce cross contamination)
- If children are able to stand up to be changed then they should; if not the child can be supported to lie down on the bed/changing table
- Change child's nappy/pad.
- The child should be encouraged, where able, to sit on the toilet during the changing routine.
- Put soiled nappy/pad in nappy sack (or in an emergency a plastic bag).
- Spray and wipe the changing mat.
- Put wipes, nappy sack, apron and gloves into a plastic bag.
- Wash hands.
- Dispose of the plastic sack in the schools/setting external (general) waste bin.
- Wash hands again and ensure the child washes hands before being returned to class/setting.

Note: where it is known that the child is infected with a blood born virus all materials should be double wrapped in yellow clinical waste bags and arrangements made for the waste to be removed for incineration.

Appendices

APPENDIX 1 – HEALTH CARE PLAN

APPENDIX 2 – RECORD OF INTIMATE CARE

APPENDIX 3 – COMPLETING A PERSONAL CARE PLAN

APPENDIX 4 – HELPING CHILDREN & YOUNG PEOPLE WITH BLADDER AND BOWEL DIFFICULTIES

APPENDIX 5 – KITTING OUT THE PERSONAL CARE FACILITY

APPENDIX 6 – PAEDIATRIC REFERRAL FORM

APPENDIX 7 – PERSONAL CARE PLAN 2023

