



## Introduction

There are many reasons why children enter Early Years settings or schools without having full control of their bladder or bowel movements.

These may include:

- There have been changes to the ages and stages of development of the children now entering our preschool settings and schools.
- Guidance on toilet training has changed, and there is a trend to start later than in previous generations.
- It is likely that a proportion of children that attend with special educational needs (SEND), may experience some continence issues.
- Incontinence-related issues and conditions in children are more common. For our youngest children they are increasing.
- Incontinence issues can often be linked to emotional wellbeing and anxiety in children and are particularly prevalent during early transitions.

Delayed continence is not necessarily linked with SEND. By virtue of their immaturity, health or personal development, some children may still be in nappies or have occasional accidents, especially in the first few months after admission.

Early Years settings and schools, in accordance with the SEND Code of Practice, must make reasonable adjustments in order to best meet the needs of each child. Children should not be treated less favourably or excluded because of their incontinence.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

## ‘Statutory framework for the early years foundation stage’

‘The EYFS seeks to provide:

- **Quality and consistency** in all early years settings, so that every child makes good progress and no child gets left behind.
- **A secure foundation** through learning and development opportunities which are planned around the needs and interests of each individual child and are assessed and reviewed regularly.
- **Partnership working** between practitioners and with parents and/or carers.
- **Equality of opportunity** and anti-discriminatory practice, ensuring that every child is included and supported.

All practitioners working within the EYFS should understand that children develop at varying stages. The non-statutory documents ‘Development Matters’ (2021), ‘Birth to 5 Matters’ (2021) and ‘What to expect, when?’ (2021) offer us guidance on the behaviours that are typical of the ages that act as a guide to the ages and stages of many childhood milestones. However, it is important to remember that there will always be exceptions to these ‘typical’ behaviours for a variety of different reasons.

‘Bladder and bowel issues such as daytime bladder problems, bedwetting, constipation and soiling can have a devastating impact on a child’s learning, development and quality of life, as well as causing increased stress to their families. A lack of awareness amongst



health and education professionals, along with concern that their peers will discover their difficulty, negatively affects many learners' experience of school.' **'Managing Bladder and Bowel Issues in Nurseries, Schools and colleges – Guidance for school leaders, proprietors, governors, staff and practitioners', October 2019**

It is important that all Early Years teachers and practitioners understand that the issues around incontinence can and often will impact on a child's ability to learn and reach the developmental milestones, in some or all seven areas of learning. It is vital that these additional needs are recognised and supported, to minimise any risk of delay.

For example:

- Bladder and bowel issues may result in a child being reluctant to attend the school or setting.
- These issues may affect their self-esteem and confidence.
- If bed wetting is an issue, lack of sleep may affect their ability to concentrate in class.
- Worrying can also become an issue, meaning that a child struggles to enjoy or take part in specific activities.

Practitioners should gain a full understanding of the issue a child is facing and create the best plan to support the child. It might be beneficial to create a healthcare plan for a child and ensure that all children are aware of their needs.

This can affect their development; the child may also benefit from additional support in other areas of learning.

Ensure there is regular reviewing of care plans, interventions and support with parents, to ensure they are effective and act in the best interests of the child's wellbeing and development.

## The Equalities Act 2010

'Any admission policy that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore is potentially unlawful under the Act.'

Asking parents/carers to come and change a child is likely to be a direct contravention of the Equalities Act 2010. Leaving a child in a soiled nappy for any length of time pending the return of the parent/carer could be seen as a form of abuse.

As with other aspects of care for a child with SEND, it is important that staff gather relevant information about how the child is cared for, should there be an incontinence issue. This should be included in the education, health and care plan (EHCP)

It is vital to ensure that all children are affirmed and appropriately comforted, feel included within any setting or school and are not made to feel inferior or humiliated because of a delay in development.

Children with disabilities may experience the same bladder and/or bowel issues as their typically developing peers. However, they are more likely to develop lower urinary



tract symptoms and/or constipation. They may face additional obstacles to achieving and maintaining continence.

- Restricted mobility may make getting to the toilet more challenging.
- Communication difficulties can hamper requests for help.
- Reduced social awareness may impact on their desire to learn to use the toilet.
- Sensory issues may make them unwilling to use unfamiliar toilets.
- Some children with disabilities will require adaptations to support toileting needs.
- Liaising with the family/carers and healthcare professionals is important to ensure that individual needs are understood and met.
- Some children with disabilities may already have a care plan in place. If so, any continence issues need should be included in the plan. If there is no care plan, liaise with other professionals to consider putting one in place.
- Children with disabilities or medical conditions may face even greater challenges in maximising a fulfilling and full education if personal care needs are not fully supported.

## Settling in and transition time

Working in partnership with parents and settings that the child has previously attended is crucial to supporting a child in managing and gaining control of their bladder and bowel.

This can be done by:

- Using meetings with parents/carers to find out about the child's self-care and toileting needs and gather consent for changing their child.
- Gathering information from the child's previous setting about procedures that have effectively worked when supporting the child's toileting needs.
- Ensuring children and families are shown where the toilets are located at their initial visits to the setting.
- Keeping all staff fully aware of all children's toileting needs and stages of development, particularly at the point of transitioning into a new environment, and how this may temporarily impact on children's toileting habits.
- Planning time to teach children where the toilets are and how to use them successfully. Be mindful to demonstrate how to flush the toilet, operate the taps, use soap dispensers and dry their hands.
- Having a clear procedure in place for dealing with any toileting accidents, and appropriate facilities for changing children that are still in nappies, in line with the intimate care policy of the setting.
- Informing parents that it is helpful to supply spare underwear and a change of clothes.
- Making parents aware of the procedure for entering the toilets, for example no access when other children are present.



## Considerations for effective policies and procedures

- Ensure that an appropriate space is available for intimate care to take place that is comfortable and provides privacy.
- Hygiene or infection control processes should be detailed as part of their health and safety policies.
- Share procedures and gather consent from parents relating to intimate care.
- Normal intimate care procedures should not raise child protection concerns. However, if you notice signs and symptoms that are a cause for concern, for example suspicion of abuse, female genital mutilation (FGM) or issues of neglect, then these should be followed up and reported to the designated safeguarding lead, in line with procedures detailed in the setting policy.
- There are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process. Safe recruitment (including enhanced DBS) must be carried out to ensure the suitability of staff to work with children. Students on placement and volunteers should not be allowed to change children's nappies.
- Be sensitive when providing feedback to parents/carers about their child's toileting experience throughout the day.
- Mitigate the risk of access to the bathroom/toilet area when a child is being changed. Parents/carers/visitors should not access this area if children are using the facilities without a staff member being present.
- Correct hygiene procedures must be followed, to prevent the spread of infection; this includes correct disposal of soiled nappies.

## Useful links

ERIC, The Children's Bowel and Bladder Charity, has a range of resources and advice supporting children facing continence challenges. [www.eric.org.uk](http://www.eric.org.uk)

The Department for Education has published new toilet training guidance on the Help for Early Years Providers website. <https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/toilet-training>