

Continence Guidance in Early Years Foundation Stage Settings

Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them.

(EYFS Statutory Framework 2023, paragraph 3.1)



September 2024

1. Introduction

Welcome to the Continence Guidance for Early Years, an essential resource dedicated to supporting children and educators through the journey of achieving and maintaining continence. This guidance is designed to provide comprehensive information, practical strategies, and empathetic support for the early years of a child's development, a critical period where foundational skills for lifelong health and well-being are established.

Continence is a key milestone in a child's development encompassing the ability to control bladder and bowel movements. Achieving this milestone not only fosters independence but also contributes significantly to a child's physical comfort, emotional stability, and social confidence. The journey to continence is a unique experience for every child, influenced by various factors including physical development, emotional readiness, and the environment in which they are nurtured.

The aim of this guidance is to provide educators with the knowledge and tools necessary to guide children through this important phase with patience, understanding, and confidence. Partnership working with parents can help each child achieve continence in a way that respects their individual pace and fosters their overall development.

2. Definition of disability in Equalities Act 2010

The Equalities Act provides protection for anyone who has a physical, sensory or mental impairment that has an adverse effect on their ability to carry out normal day-to-day activities. The effect must be substantial and long-term. It is clear therefore that anyone with a named condition that affects aspects of personal development must not be discriminated against. It is also unacceptable to refuse admission to children who are delayed in achieving continence. Delayed continence is not necessarily linked with difficulties, however, children with global developmental delay which may not have been identified by the time they enter a setting/ school, are likely to be late transitioning from nappies.

Education providers have an obligation to meet the needs of children with delayed self-care in the same way as they would meet the individual needs of children with delayed language or any other kind of delayed development. **Children should not be excluded from normal early years activities solely because of incontinence/toileting accidents.**

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

All such issues have to be dealt with on an individual basis and settings/schools are expected to make reasonable adjustments to meet the needs of each child.

3. Statutory Framework for the Early Years Foundation Stage Sept 2023

3.71 Providers must ensure there is an adequate number of toilets and hand basins available – there should usually be separate toilet facilities for adults. There are suitable hygienic changing facilities for changing any children who are in nappies. Also, there is an adequate supply of clean bedding, towels, spare clothes, and any other necessary items.

4. Child Development

Nocturnal enuresis, commonly referred to as bedwetting, is a prevalent condition in early childhood development characterized by involuntary urination during sleep. This condition can be classified into two types:

primary enuresis, where the child has never achieved consistent nighttime dryness, **secondary enuresis**, where bedwetting occurs after a period of dryness. Daytime and nocturnal enuresis is generally not a cause for immediate concern as it can be part of normal development, with many children outgrowing it naturally as their bladders mature and they develop better control.

Many children experience issues with their bowels. This could include accidental soiling, delay in toilet training, pain when opening their bowels, reluctance to use the toilet, withholding poos, lots of loose poos or infrequent hard poos, distress and reduced appetite.

Encouraging fluids during the day helps with issues such as constipation and regular fluid consumption throughout the day which also helps with nocturnal enuresis.

Consideration should be given as to whether the child needs an individualised care plan in a setting/school for issues such as chronic constipation. This care plan should be completed by staff in the setting/school with a parent/carer and could need the involvement of the community nursing team.

Schools and early years settings should be able to care effectively for children with conditions such as constipation, daytime enuresis. Children must not be excluded from normal educational activities solely because of a manageable condition.

5. Accidents

Toileting accidents are a common and natural part of early childhood development, as young children are still mastering bladder and bowel control. These incidents can occur for various reasons, including distraction, not recognizing the need to use the toilet, or delays in physical development. When accidents happen, it is crucial for staff to respond with understanding and sensitivity to foster a supportive environment that promotes the child's confidence and self-esteem.

Staff should handle toileting accidents calmly and without showing frustration or disappointment. This approach helps to prevent the child from feeling ashamed or embarrassed. The primary focus should be on reassuring the child that accidents are a normal part of learning and development. Staff can gently guide the child to change into clean clothes, helping as needed while encouraging independence. Asking parents of any child to come and change their child is **unacceptable** (unless parents have requested such an arrangement) and, in some cases, is likely to be a direct contravention of the Equality Act. Leaving a child in soiled clothing or a soiled nappy for any length of time pending the return of the parent can be seen as neglect.

To maintain a positive and inclusive atmosphere, staff should also ensure that the incident is addressed discreetly, preserving the child's dignity and privacy. Older children may wish to change their own clothes, but they should always be supervised/assisted by a member of staff to ensure that they are clean and dry before putting on the new clothes. Wet or soiled items of clothing should be securely wrapped and kept in an appropriate place until they can be given to parents at the end of the day. Communicating with parents about the accident in a sensitive way can help keep them informed and involved in their child's progress, allowing for a co-ordinated approach to toilet training.

Furthermore, creating a routine that includes regular opportunities to use the toilet and easy access to toilets can help minimise accidents. Educators should also be aware of the signs that a child may need to use the toilet and provide reminders and encouragement. By approaching toileting accidents with empathy, patience, and practical support, staff can help children navigate this developmental stage confidently and comfortably, laying the groundwork for successful and independent toilet habits in the future.

6. Health and Safety

Settings and schools registered to deliver the EYFS must already have Hygiene or Infection Control policies as part of their Health and Safety policy. This is a statutory requirement that procedures are in place in case a child accidentally wets or soils him/herself or is sick while on the premises. These precautions apply for nappy changing/toileting accidents.

Precautions include:

- Staff to wear disposable gloves and aprons while dealing with the incident
- Soiled nappies to be wrapped in nappy sack, and placed in a hygienic disposal unit
- Wet or soiled items of clothing should be securely wrapped and kept in an appropriate place until they can be given to parents at the end of the day.
- Changing area to be cleaned after every use
- Hot water and liquid soap available to wash hands as every nappy change is completed
- Hot air dryer or paper towels available for drying hands

7. Staffing

Time spent changing a child can be a learning opportunity and should be a positive experience. Depending on the accessibility and convenience of a setting/school's facilities, it could take 10 minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning target.

If several children wearing nappies enter EYFS provision of a setting/school, there could be resource implications. Within a school, the EYFS teacher or co-ordinator should speak to the SENCO to ensure that additional resources from the school's delegated SEN budget are allocated to the foundation stage group to ensure that the children's individual needs are met. With the enhanced staffing levels of provision within the private, voluntary or independent sector allocating staff to change the children should not be an issue. However early years practitioners should be consulting with the setting SENCO to ensure the individual needs of children are met.

8. Job Descriptions

Staff in settings and schools who are providing intimate care should have this included in their job description. All prospective new staff should be made aware that this is an expectation during interview.

9. Child Protection

The normal process of intimate care should not raise child protection concerns and there are no regulations that indicate a second member of staff must be available to supervise the intimate care process to ensure abuse does not take place. Few settings/schools will have the staffing resources to provide two members of staff for nappy changing and DBS checks are carried out to ensure the safety of children with staff employed in EYFS settings. If there is a known risk of false allegations by a child, then a single practitioner should not undertake nappy changing. One-to-one situations have the potential to make children/young people more vulnerable to harm by those who seek to exploit their position of trust. Adults working in one-to-one

situations with children/young people may also be more vulnerable to unjust or unfounded allegations being made against them. Both possibilities should be recognised so that when one to one situation happen, reasonable and sensible precautions are taken.

Staff in all settings and schools should be encouraged to remain highly vigilant for any signs or symptoms of abuse or improper practice, as they would for all activities carried out on site. There should already be procedures in place for staff members when they notice that a child is unduly distressed and/or has unexplained marks or injuries or makes a disclosure.

10. Policy Guidelines

Policy Guidelines: Settings/schools should have clear written guidelines for staff to follow when changing a child, to ensure that staff follow correct procedures. Parents/carers should be aware of the procedures the setting/school will follow should a child need to be changed and what the Settings/School Complaints procedure is.

Written guidelines should specify:

- What measures are in place to safeguard children and staff?
 - Who will carry out the intimate care?
 - Where intimate care will take place
 - What resources will be used (cleansing agents used or cream to be applied)
 - What measures are in place for the safe disposal of nappies and/or storage of wet/soiled clothing?
 - What measures are in place for infection controls?
 - What the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries on the child
 - What the agreement is between the home and setting/school
 - What the Settings/School Complaints procedure is?
- Nurseries and other settings that care for babies and toddlers will already have a dedicated changing area. However, a suitable place for changing children should have a high priority in any setting's/school's Accessibility Plan (this could be funded through the dedicated SEN budget in schools).
- If it is not possible to provide a purpose-built changing area, then it is possible to purchase a changing mat and change the child on a suitable surface. Ideally, the changing should be carried out on a raised surface, as changing children on the floor may place strain upon staff's backs. Older children may be changed standing up.
- The Key person should be encouraged to change their key children where possible. This supports continuity for the child and enables their preferences in relation to being changed to be followed. In schools, intimate care should be carried out by a member of staff familiar to the child.

- Staff should meet with parents/carers to discuss the child's needs and their approach to intimate care. *Staff should be aware of cultural and religious practices and the wishes of the parents/carers.* Wherever possible, to avoid distress or confusion to the child, practice should be the same at home and in the setting.
- Staff should be mindful of the need to preserve the dignity of the child. For example, a 'do not enter' visual can be placed on the door to ensure that privacy and dignity are maintained during the time taken to change the child.
- It is important that parents are aware that all staff have been through the enhanced DBS vetting and recruitment process which ensures that children are safeguarded, and that appropriate risk assessments are in place and are regularly reviewed.
- Each child should have his/her own named bag/container for nappies/spare clothes.
- When changing children staff should wash their hands with hot water and an appropriate soap/hand cleaner both before and after nappy changing. Gloves (and aprons where necessary) should be worn while carrying out intimate care. The changing table should be cleaned after each use and the nappy should be disposed of hygienically in an appropriate container. Any spillages must be cleaned up immediately.
- Where needed staff should record times/frequencies of nappy changing and note any concerns (for example unusual bowel movement), which should be reported to parents/carers when the child is collected.
- An adequate supply of nappies/spare underwear should be always kept on the premises. Where parents/carers provide the nappies/spare underwear, staff should notify them well in advance when the stock is depleting.
- If barrier creams are used this should be discussed with the Key person, the cream labelled with child's name, logged on their records and kept in a safe place.
- Settings should consider strategies for supporting children in developing independence through toilet training in partnership with parents when this is developmentally appropriate for the child.

Settings/schools may also need to consider the possibility of special circumstances arising should a child with complex continence needs be admitted. In such circumstances the appropriate health care professional will need to be closely involved in forward planning. Personal care arrangements should be outlined in the care plan.

11. Useful Links for educators and parents/carers

Further support available from 0-19 PHNS contact 01226 774411 or email

0-19healthteam@barnsley.gov.uk

Families Service Directory Barnsley Council Online fsd.barnsley.gov.uk

NHS guidance: How to potty train.

[Potty training and bedwetting - NHS \(www.nhs.uk\)](https://www.nhs.uk)

ERIC template documentation and policies

<https://www.eric.org.uk/Listing/Category/education-professional>

Bowel problems in children

[Bladder and Bowel UK website](#)

Toileting guidance for parents

[National Autistic Society website](#)

Safeguarding and Child Protection in the Early Years

[Safeguarding and child protection in the early years | NSPCC Learning](#)