



**TAFF BARGOED  
LEARNING PARTNERSHIP**  
*'Learning and Growing Together'*

# ALN & Inclusion Policy

## INTRODUCTION

This document has been written by the ALNCO in conjunction with the Executive Headteacher. It has been developed in consultation with other members of staff and the Governing Body of the school and reflects our ethos in relation to ALN & inclusion.

## OUR PHILOSOPHY

The whole ethos within our Schools is to provide every child with a happy, secure and caring environment in which he / she can experience success both academically and socially. Within our Partner schools, we value the abilities and achievements of all pupils, and are committed to providing for each pupil the best environment for learning.

Schools within the Taff Bargoed Learning Partnership will encourage and support pupils to reach their full potential and produce positive self-esteem and success. We recognise that many pupils will have additional or different needs at some time during their school life.

Our schools are an inclusive environment. All pupils irrespective of gender, culture, social background or need, will form part of a supportive and caring community.

## DEFINITION

This policy recognises the definition of as within current legislation and statutory responsibility. It has been written with due regard to the requirements of the Code of Practice, and it will be monitored and evaluated according to changes as they arise.

Staff at our schools will have due regard for the Code of Practice when carrying out our duties towards all pupils with special educational needs, and ensure that parents are notified when provision is being made for their child.

## INCLUSION

Our policy reinforces the need for teaching that is fully inclusive. We work closely with the L.A. and multi agencies to ensure that pupils' special educational needs are identified early. Within our school we identify children who have additional needs under 3 different categories;

- **School Action:** Responsibility for pupils within School Action lies with our school.
- **School Action Plus:** Those who are within School Action Plus will have the additional support and or advice of outside agencies. While the L.A. and the school share responsibility for Statemented Provision.
- **Statement:** Pupils with statements are provided with provision to meet their needs by the Local Authority who take responsibility for this Statement. The school will fully engage with the statement process.

## Objectives

In addition to the main aims of our school we aim:

- 1 To promote principles of inclusion within school as well as with parents and pupils.
- 2 To offer access to a broad and balanced curriculum.
- 3 To provide a differentiated curriculum appropriate to all individual needs.
- 4 To ensure early identification of needs.
- 5 To include parents and pupils as fully as is practical in decisions affecting their future.
- 6 To review policy procedure on a regular basis, keeping in line with current advice and best practice.

## Roles and Responsibilities

### Governors

The Governing Body's responsibilities to pupils with additional and different needs include:

- 1 Ensuring that provision of a high standard is made for pupils.
- 2 Ensuring that pupils are fully involved in school activities.
- 3 Having a regard to the Code of Practice and Disabilities Discrimination Act Part 4 2002, when carrying out responsibilities.
- 4 Being fully involved in developing and subsequently reviewing Policy, including the allocation of resources from the school's developed/delegated budget.
- 5 For the "named" governor to meet with the ALNCo on a regular basis.

### Head teacher

The Head teacher's responsibilities include:

- 1 The day-to-day management of all aspects of the work of the school, provision included
- 2 Keeping the Governing Body well informed about within the school
- 3 Working closely with the ALN team.
- 4 Informing parents of the fact that provision has been made for their child
- 5 Ensuring that the school has clear and flexible strategies for working with parents and strategies encourage involvement in their child's education
- 6 Support the ALNCo in managing procedures in school

### Parents

Parents' responsibilities include:

- 1 Their child's education
- 2 Communicating appropriately with professionals in order to facilitate any appropriate support
- 3 Communicating on a regular basis with their child's school, noting any concerns they might have about their child's learning or provision
- 4 Fulfilling any home-school agreements which are set in place
- 5 Playing an important part in the process of planning/reviewing their child's IEP
- 6 Participating in the Annual Review of a Statement of ALN where such applies to their child
- 7 Encouraging and supporting the idea of pupil participation in all their schools

### ALNCo

The ALNCo plays a crucial role in the school's provision. This involves working with the Head teacher and Governing Body to determine the strategic development of the Whole School's Development Plan, Development Policy/ Provision, with the aim of raising pupil achievement. Other responsibilities include:

- Liaising with link governor and governing body
- Overseeing the day-to-day operation of the policy

- Co-ordinating the provision for pupils with
- Liaising and giving advice to fellow teachers
- Managing learning support assistants ( LSA)
- Overseeing the records of pupils with
- Liaising with parents
- Making a contribution to INSET
- Liaising with external agencies, LA support services, Health and Social Services, and voluntary bodies

### **Class teacher**

#### **“ All teachers are teachers of children with special educational needs”**

*Special Educational Needs Code of Practice for Wales 5.2, 6.2*

Within our schools, we follow the Code of Practice which clearly acknowledges the importance allocated to the teacher, whose responsibilities include:

- Being aware of the school’s procedures for the identification and assessment of, and subsequent provision for, ALN pupils
- Collaborating with the ALNCo to decide what action is required to assist the ALN pupil to progress
- Working with the ALNCo to collect all available information on the ALN pupil
- In collaboration with the ALNCo develop IEP’s for ALN pupils.
- Working with ALN pupils on a daily basis to deliver the individual programme set out in the IEP
- Developing constructive relationships with parents
- Being involved in the development of the school’s ALN policy

### **Learning Support Assistants**

Learning Support Assistants have an important role within the classroom. Their responsibilities include:

- To work with pupils or groups of pupils as directed by the ALNCO/class teacher
- To keep regular records of support and intervention
- To attend review meetings as requested
- To meet regularly with the ALNCo
- To contribute to, and participate in INSET
- To work in partnership with outside agencies

### **Intervention and Support Staff**

The Language Support Teacher is an active member of the ALN team within the school, who works closely with the class teachers, ALNCO and Head teacher. They devise, in consultation with the ALNCo/class teachers concerned, the literacy based learning plans for the children they work with. She meets with the parents at least twice a year to review this provision and to introduce herself to the parents of any new pupils now being taught by her.

The intervention staff member works with the children in groups and as individuals. When possible, they are withdrawn from the classroom on a rotational basis, after consultation with the class teacher, to ensure that the children do not miss the same class based lesson every time.

The work of the Intervention staff member is:

- To support the child as an individual.
- To maximise his / her strengths.
- To improve his / her weaknesses in reading/literacy development.

- To increase confidence and ability in daily development.
- To diagnose a child's reading/literacy difficulties, monitor and assess the child's progress, together with the class teacher and the ALNCo.
- To liaise with external agencies i.e. Educational Psychologist, Advisory Teachers etc., as part of the . team.
- To organise the resources to be used.

### **Identification and Assessment**

Within the Learning Partnership, we have adopted a whole-school approach to policy and practice. Every effort is made to ensure that all pupils have full access to the Foundation Phase and National Curriculum and are included in all aspects of the school.

All teachers are responsible for identifying pupils with and, in collaboration with the ALNCo, will ensure that those pupils requiring different or additional support are identified at an early stage. Assessment is the process by which pupils with can be identified. Whether or not a pupil is making progress is seen as a significant factor in considering the need for ALN provision.

Pupils with ALN are identified on admission or by referral to the ALNCo. Staff, parents and pupils can refer to the ALNCo, who will gather evidence and take appropriate action.

### **Early Identification**

Early identification of pupils with ALN is a priority. Within the Taff Bargoed Learning Partnership, we will use appropriate screening and assessment tools, and ascertain pupil progress through:

- 1 Evidence obtained by teacher observation/assessment
- 2 Their performance in the Foundation Phase and National Curriculum judged against outcomes and level descriptions
- 3 Standardised screening or assessment tools.

### **Provision**

On entry to the school each child's attainment will be assessed through the All Wales Foundation Phase Profile. This will help to inform the school of what the child can do, what they know and understand, as well as identify any learning difficulties.

Account may also be taken of information received from outside agencies prior to school entry, for example, health visitor, play group leader, Flying Start etc

The records provided help the school to design appropriate differentiated learning programmes. For pupils with identified ALN the ALNCo/Class teacher will use the records to:

- Provide starting points for an appropriate curriculum
- Identify the need for support within the class
- Assess learning difficulties
- Ensure on-going observations/assessments provide regular feedback on achievements for planning next steps in learning
- Involve parents in developing a joint learning approach for home and school

The main methods of provision made by the school are:

- Full-time education in classes, with additional help and support by class teacher through an appropriate planned programme of work.
- Periods of withdrawal to work with a support teacher
- In-class support with adult assistance
- Support from specialists within class or as part of a withdrawal programme

### **Partnership with Parents**

All schools within the Taff Bargoed Learning Partnership firmly believe in developing a strong partnership with parents, and that this will enable children and young people with ALN to achieve their potential. The schools recognise that parents have a unique overview of the child's needs and how best to support them, and that this gives them a key role in the partnership.

*“ Parents hold key information and have a critical role to play in their children's education. They have unique strengths, knowledge and experience to contribute to the shared view of a child's needs and the best way of supporting them”*

CoP 2.2

The school considers parents of ALN pupils as valued partners in the process.

The Code of Practice outlines that:

*“ LEAs should work in partnership with local and parent organisations, as well as the parent partnership service..... to ensure that parents receive comprehensive, neutral, factual and appropriate advice.”*

CoP 2.14

### **Pupils**

It is important that pupils are involved in the process of their own development, so that with guidance they are able to take responsibility for their own learning. This process motivates them and enables the pupil to better and understand his/her learning. In our schools, we encourage this process for pupils with ALN by including individuals to participate in the decision-making processes affecting them.

- the process of discussing their needs
- evaluating their work/progress through discussion and feedback
- the writing of his/her learning plan, the setting of targets and the reviewing procedure
- when appropriate, inviting pupils to add to the discussion of their provision

### **Staff**

- 1 The ALNCo will provide staff with up to date information regarding pupils
- 2 Staff collaborate in developing intervention strategies to reduce barriers to learning
- 3 Staff provide appropriate information for pupil reviews

### **Learning Plans**

Learning Plans are specific plans with key targets that are identified by both the class teacher and pupil, to help move learning forward and close gaps in learning. Learning Plans will be reviewed three times a year. The review meeting will be organised by the class teacher. Parents are invited to the reviews and their views on the child's progress should be sought. The child takes part in the review process and is involved in setting targets. If parents/carers do not attend the review, a copy of the decisions taken and the learning plan will be made available to Parents to view.

### **Links with External Agencies/Organisations**

The school recognises the important contribution that external support services make in assisting to identify, assess, and provide for, ALN pupils.

When it is considered necessary, colleagues from the following support services will be involved with ALN pupils:

- Educational Psychologists
- Advisory Teachers for Behaviour & Additional Learning Needs ()
- Medical Officers
- Speech Therapists
- Physiotherapists
- Hearing impairment services
- Visual impairment services
- Safeguarding

In addition, important links are in place with the following organisations:

- 1 The local playgroup group with the aim of providing continuity between home and school
- 2 The L.A.
- 3 Specialist Services
- 4 Social Services
- 5 PTA
- 6 The business community
- 7 Education Welfare Officer
- 8 Other groups or organisations

### **Transition**

- Pupil progress meetings are held at the end of the academic year where pupil and class information is shared and passed on to the receiving teacher for the following academic year
- Meetings are held at the end of Foundation Phase to inform and plan for transition into Key Stage 2
- The ALNCo from the receiving cluster secondary school is invited to attend meetings with the Yr6 teacher to discuss pupils transferring the following year and consider the options available at secondary level
- Information is also collated and distributed to other secondary schools where necessary
- The ALNCo attends regular meetings with cluster and L.A. ALNCo's at the ALNCo forum.

### **Curriculum**

The use of a relevant and differentiated curriculum will ensure that all pupils have the opportunity to progress and achieve success. Children with ALN still require the greatest possible access to a broad and balanced education. The needs of the majority of children will be met in mainstream classes and without Statutory Assessment or a Statement of Special Educational Needs.

If a pupil is assessed as having ALN, the ALNCo in collaboration with class teachers, will develop a programme of support and intervention. This may include:

1. In class support by class teacher or school based LSA's based on a structured Individual Education Plan with achievable and measurable targets.
2. Small group Reading Support provided by the school
3. Catch-Up reading (school based)
4. Support from external agencies e.g. Behaviour Support

**The school recognises that all aspects of teaching and learning throughout the school have an impact on the pupils' progress and provision required.**

School pupils may require additional learning support if they have difficulty in learning because for example:

- they have special educational needs;
- they have a disability;
- they have medical needs;
- they have gaps in their knowledge or skills due to prolonged absences from the education system e.g. school refusers, school phobics or young offenders;
- they have difficult family circumstances e.g. due to bereavement;
- they access education inconsistently e.g. Gypsy and traveller pupils; or
- their first language is not English or Welsh e.g. asylum seekers/ refugees/children of migrant workers;
- they are looked after by the local authority e.g. a child whose schooling was disrupted before being taken into care or has had frequent changes of school since taken into care;
- they are underachieving due to care responsibilities e.g. young carers; or
- they are pregnant or a young parent;
- they are being bullied by their peers or other persons, due to their sexual orientation e.g. lesbian, gay, bisexual and transgender pupils; or
- they are pupils who perform or who have employment.

### **Inclusion of Pupils with Toileting issues**

Within the Taff Bargoed Learning Partnership we want to ensure that all pupils are included at our schools, and are not excluded due to medical needs. We recognise that a key aspect of a child starting school is their ability to independently use the toilet.

It is not the role of schools to toilet train children entering Nursery. It is expected that toileting for most pupils will have been achieved prior to school entry. However, under the terms of the Equality Act 2010, schools must not refuse entry to a child who is not toilet-trained **because of a disability**.

It is the parent/carer's duty to inform the school of any special toileting needs that a pupil may have, prior to school entry. Medical proof of any such issues will be requested by the school. It is not the responsibility of the School to chase these up.

Where a child has a specific medical need relating to toileting issues, a positive and structured approach developed in partnership with health visitors and parents/carers is likely to be successful.

### **Definition of Disability in the Disability Discrimination Act (DDA)**

The DDA provides protection for anyone who has a **physical, sensory or mental** impairment or medical condition that has an adverse effect on his/her 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.

However, it is also unacceptable to refuse admission to children who are identified as being globally delayed. Children and young people with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to be late achieving independence with toileting; some may never achieve independence with toileting. In most cases, children who are globally delayed will have been identified by a Health professional prior to starting school (note: It is not the place for Parents to diagnose a child as being globally delayed).

In all instances involving additional needs, medical evidence will be requested by the school.

### **School Admission**

Incompliance with the DDA, children with toileting difficulties will be considered for admission to school in the same way as any other child. The school will make “reasonable adjustments” to support them. This is reflected in the school’s Access Plan.

Within the Taff Bargoed Learning Partnership, we recognise our obligation to meet the needs of children and young people with delayed personal development in the same way as we would meet the individual needs of children with delayed language, or any other kind of delayed development. Children with specific needs will not be excluded from normal pre-school or school activities solely because of issues involving incontinence.

Please note that, where a child is not toilet trained and there is no link to a medical condition causing this, entry to Nursery may only be part time until the child is able to do so.

Before a child with medical issues begins attending the school we will:

- Gather information from parents, child and any professionals involved
- Establish effective partnership with parents/carers, child and any professionals involved
- Focus on health and safety implications and determine whether a risk assessment is required
- Decide, in consultation with parents/carers, whether any further advice is required from Health or the Additional Learning Needs Team
- Should a child with complex continence needs be admitted, the Health Visitor and Specialist Nurse for Disabled Children will need to be closely involved in forward planning and specific training for the individual child.
- Arrange for any specialist advice, training, resources to be in place before the child begins attendance
- Agree a plan with parents/carers and child which will work towards maximum independence and support the child’s attendance in the educational setting and make a written note of the agreement
- Make sure that all staff are informed and clear about their responsibilities.
- Arrange for all parties to monitor and review the plan regularly to ensure it is still appropriate and meeting the changing needs of the child.

### **Health and Safety**

The school has in place a set of procedures that we will follow in case a child accidentally wets or soils themselves, or is sick while on the premises.

Each individual case of incontinence must be judged on its own merits with medical evidence provided where incontinence is a result of an underlying medical condition. Children may wet themselves or soil themselves in very different circumstances either on:

- an irregular basis due to being unable to hold the bladder or bowel, infection: in these circumstances if a child is distressed or ill then parents will be asked to take their child home
- a regular basis due to a **health condition**: in these circumstances the school will request extra resources to meet this child’s special needs and will cater for their needs in school

The school will ensure that;

- The designated changing area for children with specific needs is the disabled toilet
- Where continence issues arise, resources will be provided and kept in a cupboard or changing bags specifically for continence items
- Staff must wear disposable gloves and aprons
- Wet or soiled clothing must be double bagged and sent home with the child
- Wet wipes, aprons and gloves must be double wrapped and disposed of via the normal domestic waste route.
- The changing area must be cleaned after use
- Hot water and liquid soap should be used to wash hands as soon as the task is completed
- Hot air dryer or paper towels available for drying hands

- Staff will maintain a record of each instance of changing a pupil and notification provided to parents that a child has been changed.

In order to deal with a situation where a child accidentally wets or soils themselves, or is sick while on the premises, we will;

- The class LSA or the first available LSA will look after the child (outlined within job description);
- For older pupils and children with specific needs, changing will take place in the disabled toilet. For younger children, changing will take place in toilets in their own area (respecting privacy). Children's self-care will be encouraged at all times;
- Resources will be centrally kept in a cupboard for access by staff;
- Resources to be provided by the school: disposable aprons and gloves, plastic bags for contaminated clothing, cleansing wipes, soap, towels, paper towels available for drying hands
- The use of any anti-allergic creams according to specific needs of individual child will be provided by parents. Parents must check to see creams supplied are not out of date. Creams must be clearly labelled by the parent with the child's name. These creams will be kept in a cupboard in each area (out of the reach of children). Please see administration of Medicines policy for more information.
- Sanitary pads will be disposed of in an appropriate sanitary bin in the disabled toilet
- Soiled clothing will be wrapped and stored in a suitable place (out of the reach of children) and sent home to be dealt with by parents the same day.
- Staff have a duty of care and would report concerns to the Child Protection Coordinator if they notice marks or injuries or suspect improper practice
- Staff will maintain the confidence and dignity of pupils while they are being cared for.
- The teacher will review arrangements with parents if accidents are frequent
- In most cases, parents will not be called to the school to change a child, unless the accident is due to a medical reason (e.g. stomach bug). Children will then be collected and taken home. There can be exceptions where Parents will be required to collect the child if it is not suitable for the child to remain in school. Asking parents of a child to come and change a child is likely to be a direct contravention of the DDA, and leaving a child in a soiled nappy, wet or soiled clothing for any length of time pending the return of the parent is a form of abuse.

### **Safeguarding**

The normal process of changing a child should not raise safeguarding concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place.

All records of toilet changing are kept in the toileting book. This records the child, the time of changing and the member of staff changing the child. These are signed off by class teacher. Personnel checks (including CRB) are carried out to ensure the safety of children with staff employed. If there is perceived risk of allegation by a child then a single practitioner should not undertake changing or other personal care needs on their own.

The school will consult the Social Worker whenever planning toilet training or special toileting arrangements for pupils on the Child Protection Register.

The following will be adhered to in order to secure safeguarding of pupils and staff:

- A student on placement will not change a child
- Where possible, Pupils gender will be considered when identifying staff to change them. It is more appropriate that female pupils are changed by female staff, and vice versa, though it is not always possible.
- The school aims to provide facilities which afford privacy and modesty in order to maintain the emotional well-being and the dignity of the child when dealing with such intimate and personal needs.
- All members of staff are encouraged to remain highly vigilant for any signs or symptom of improper practice, as they would for all activities carried out on site.

### **Promoting Independence**

The older child will be encouraged to complete as much of the task themselves as they are able. If the child is fully dependent on an adult, the member of staff will talk to the child about what they are doing and give them choices where possible. Staff will ensure that all children can access the toilet promptly and discreetly.

### **Resources**

Consideration will need to be given to the implication of a member of staff leaving the room / area in order to change an individual child.

A system of cover therefore needs to be in place in order to maintain an appropriate adult presence. This will not entail additional staff, it may be re-organising rooms and activities or re-deploying staff. However, if several children not yet independent with toileting enter the school there may be resource implications.

The school management team will be made fully aware of the possible implications in order to ensure that resources are available to meet both group and individual needs appropriately.

In extreme cases, children who have physical difficulties may require hoists and a hydraulic changing table. These will be provided where necessary and designated staff will receive regular training in their use.

### **Partnership Working**

Parents of new pupils will be given information about how the school will deal with toilet accidents.

In order to achieve a clear understanding of the responsibilities of each partner, staff and parent /carers in cases where a child has not achieved continence due to medical conditions, and is liable to have several accidents a week, the school will draw up a continence plan in conjunction with the parents/carers of the child which will define each other's expectations.

### **Roles and responsibilities**

#### **The parent / carer will:**

- Agree to provide the school with medical proof of any underlying medical issues
- Agree to ensure that the child is changed at the latest possible time before being brought to school
- Providing the school with a change of clothing and any prescribed creams
- Where medical conditions arise, provide the school with the necessary resources to care for the child
- Understanding and agreeing the procedures that will be followed when their child is changed at school – including the use of any cleanser
- Agree to inform the school should the child have any marks / rash
- Agree to a 'minimum change' expectation i.e. the school would not undertake to change the child more frequently than if they were at home
- Agree to adopt a consistent approach between home and school
- Agree to review arrangements should this be necessary

#### **The school will (in relation to a child with medical incontinence):**

- Identify the key person and staff engaged in the child's personal care
- Agree the child's care routines with the parents/carers
- Agree to change the child during a single session should the child soil themselves or become uncomfortably wet
- Agree how often the child would be changed should the child be staying for the full day
- Agree to monitor the number of times the child is changed in order to identify progress made
- Agree to discuss any marks or rashes seen (if this does not put the safety of the child at risk – see Child protection policy)
- Agree to review arrangements.

## **Complaints**

Parents/carers should inform the Headteacher in the first instance of any concerns, following the normal school's complaints procedure.

## **Appendix**

### **Background Information on Continence**

Becoming continent is the result of the interaction of two processes:

- Socialisation of the child
- Maturation of the nervous system

Normally, continence is achieved by the time a child reaches three years of age, with most children achieving full control by the age of four years, albeit that “accidents” may still occur.

Children with a general delay in acquiring bowel and bladder control can often remain clean and dry if they are reminded to go to the toilet and given the opportunity for regular and frequent breaks throughout the day. Clothing which is easily removed is obviously important but so is fluid intake.

Inadequate fluid intake can result in concentrated urine which can irritate the bladder and actually create continence problems. Likewise, inadequate fluid intake can also contribute to the development of constipation. A minimum recommendation is for children to drink at least 3-4 full drinks per school day (one full drink = 200 mls).

The underlying premise of this guidance is that for many children, a consistent approach to toileting can yield positive results.

### **Common Conditions/Symptoms**

#### **(i) Daytime Wetting**

##### **(a) Frequency**

The child may feel the need to pass urine at frequent intervals, which can be as often as every 15 minutes or so. This can obviously be very distressing for the child and also disruptive if the child has to leave class frequently to go to the toilet. However, it is wise to check with the parents as to whether or not the child may have an infection which is causing these symptoms.

Children in this category will normally require a more formal type of intervention, which could include medication in some cases in order to help achieve normal bladder control. Treatment usually involves a bladder re-training programme (i.e. teaching the bladder to “hold on”), necessitating ready access to a toilet and to drinks.

A typical toileting programme may involve the child going to the toilet “by the clock” at 1-2 hourly intervals initially. The child will also require extra drinks during the school day.

##### **(b) Urgency**

With urgency the child feels the need to pass urine straight away, without the ability to “hold on”. Urgency is commonly seen in conjunction with frequency although it can occur on its own or as a result of an infection. Unless the child has immediate access to a toilet there will be a problem in continence.

A child with urgency problems will need to undergo a bladder re-training programme established in collaboration with parents/carers and the School Health service in order for the child to learn to recognise and respond appropriately to signals from their bladder.

#### **(ii) Encopresis**

Encopresis is nowadays generally used as a term to describe the passing of normally formed stools in a socially unacceptable place and is thought to be behavioural in origin. Children with encopresis may not have an underlying constipation, which causes the soiling. The involvement of one of the community nursing services may be appropriate in these cases.

(iii) Overflow Soiling

Overflow soiling, by contrast, is the uncontrolled passing of faecal matter into the underclothes as a direct result of chronic constipation, all of which remains totally outside the child's voluntary control. Faecal matter may be liquid or solid.

The child may be unaware that soiling has taken place and of the associated smell. Many children suffer from feelings of low self-esteem and shame because of the condition and treatment programmes can become protracted if no early solution is found. Easy access to appropriate toileting, changing and washing facilities is an essential part of any treatment programme. A referral to either the continence service or the School Nursing service should be considered.

(iv) Conditions/Disabilities

There are various medical conditions and disabilities which can have an effect on a child's continence.

Some children with physical disabilities/long-term medical conditions may also have problems with bowel and/or bladder control:

**Crohn's Disease** an inflammatory bowel disease characterised by severe chronic inflammation of the intestinal wall or any portion of the gastrointestinal tract.

**Hirschsprung's Disease** a rare disorder of the bowel, the symptoms of which can include constipation, distension of the bowel and vomiting.

**Imperforate Anus** a congenital abnormality in which the anus is not fully formed.

**Irritable Bowel Syndrome** a bowel condition characterised by abdominal pain and by wide variations in the frequency and predictability of bowel movements.

**Spina Bifida** the incomplete development of the spinal column which can cause difficulties with bladder and bowel control.

Other children with global developmental delay and/or disabilities of a neurological nature may either lack the cognitive ability to learn to become continent or have an insufficiently mature neurological system.

Children with autism can experience problems with continence. For these children, establishing an appropriate toileting routine early in childhood is essential.

For most children, however, a consistent approach to toileting can yield positive results

### **Good Toileting Practice for Pupils with Continence Problems**

- Pupils should be encouraged to make full use of breaks to visit the toilet.
- Pupils will need the opportunity to make scheduled (perhaps hourly) visits to the toilet.
- It is important for many of these pupils to sit down on the toilet and spend several minutes trying to make sure the bladder and bowels are completely empty.
- Pupils should have the opportunity to visit the toilet in privacy.

- Many of these pupils will have a very short warning of the need to go and may need to go frequently, even if they have just been. They should be allowed to leave the class to visit the toilet immediately, without fuss, and without having to wait for permission. Avoid causing embarrassment or making the pupil 'hang on'.
- Consider where the pupils sit in class in relation to the door and when regrouping for different activities.
- In order to develop their bladder capacity and to help avoid constipation and soiling problems, it is important they drink water regularly throughout the school day.

### **Further Information and guidance**

**Enuresis Resource & Information Centre (ERIC)**, 34 Old School House, Britannia Road, Kinswood, Bristol, BS15 8BD. Telephone: 0117 960 3060

Website [www.eric.org.uk](http://www.eric.org.uk)

**Good Practice in Continence Services**, 2000. Available free from Department of health, PO Box 777, London SE1 6XH or [www.doh.gov.uk/continenceservices.htm](http://www.doh.gov.uk/continenceservices.htm)

**Managing Bowel and Bladder problems in Schools and Early Years Settings** (Guidelines for good practice), PromCon, Disabled Living, Red Bank House, 4 St Chad's Street, Manchester M8 8QA. Telephone: 0870 777 4714.

Email: [promocon@disabledliving.co.uk](mailto:promocon@disabledliving.co.uk) Website: [www.promocon.co.uk](http://www.promocon.co.uk)

**Keep it clean and healthy, Infection Control Guidance for Nurseries, Playgroups and other Childcare settings**. Published by Pat Cole, Hartford Cottage, 1 Longstaff Way, Hartford, Huntingdon, Cambridge, PE29 1XT. Email: [pat@cole-hartford.fsnet.co.uk](mailto:pat@cole-hartford.fsnet.co.uk)

**Mind the Germs! Infection Control Guidance**, 2006. Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ.

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