



PROSPECT HOUSE
SCHOOL

TOILET TRAINING POLICY

SEPTEMBER 2023

Toilet Training Policy

Please read the following in conjunctions with other policies for the school including

- Safeguarding policy
- Inclusive policy
- Medication policy
- Health and Safety policy
- EYFS policy

This policy is written based on the following guidance:

<https://www.bbuk.org.uk/wp-content/uploads/2022/08/Managing-Continence-Problems-in-Schools-paediatric-Bladder-Bowel-UK.pdf>

<https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

<https://eric.org.uk/potty-training/>

<https://www.nhs.uk/conditions/baby/babys-development/potty-training-and-bedwetting/how-to-potty-train/>

<https://ihv.org.uk/for-health-visitors/resources-for-members/resource/ihv-tips-for-parents/health-wellbeing-and-development-of-the-child/toilet-training/>

<https://www.tes.com/magazine/archived/toilet-training-what-schools-need-know>

<https://www.gov.uk/government/publications/development-matters--2>

A very helpful article with lots of questions and answers for parents:

<https://www.babycentre.co.uk/c5032/potty-training>

Introduction

There are many different approaches to toilet training and each family finds the right one that suits their needs and parenting styles. The above articles explain some key features of toilet training, including signs of readiness that children may display and how to start this process. Children develop at different rates and times; however, some common points include

- By the age of three, 9 out of 10 children are dry most days – even then, all children have the odd accident, especially when they're excited, upset or absorbed in something else
- By age four, most children are reliably dry during the day

"Toilet Trained" Defined

When a child begins in the Nursery, there is an expectation that they are toilet trained.

Based on the articles and information above we define 'toilet trained' if a child can

- understand the physical feeling of needing to empty their bladder/bowels and that this is connected to using the toilet
- indicate/verbalise the need to use the toilet due to feeling the urge to go
- pull down their underwear/training pants mostly independently and put themselves on the toilet (or stand to do a wee)
- Know they need to then wipe themselves, occasionally needing some assistance
- Pull their pants up, occasionally needing some assistance
- Flush the toilet and wash their hands

Children still occasionally have 'accidents' and need support when toileting, and this is acknowledged in a gentle and practical way.

If a child needs changing, they are not reprimanded for wetting or soiling their clothes. Rather, they are offered reassurance, assisted to change swiftly, and returned to their activity or classroom. For this reason, we ask all the children in the EYFS to have a change of clothes on their peg in a small bag.

If a child needs changing:

A current member of staff who is familiar to the child will assist the child in getting changed

If the staff member feels the child needs assistance, they will ask the child if it is okay that they help them or to check their nappy or pants to see if they are indeed wet or soiled

All staff members inform another colleague when changing a child and assisting with toileting

Staff change a child in a toilet cubicle, and maintain a child's dignity by ensuring their body is positioned to prevent other children from seeing inside the cubicle.

What is happening is explained to the child so they understand why they are being assisted and children are encouraged to do as much as they are able to do

independently, for example, putting their own clean clothes on

Staff are trained regarding child protection and health and safety and follow good hygiene practices. Staff wear disposable gloves when changing a child, and soiled pants and clothes are placed in a double bag and returned to parents.

Supporting toileting confidence

We understand and acknowledge that children will need a range of support and encouragement to use the toilet and, especially when they first begin school, will need reminders and a strong routine in place so they feel confident and comfortable in using the toilet. This is a large milestone in their development and should be a positive experience.

Toilet training will be discussed during a child's home visit, which is a confidential and supportive time for parents to speak freely with their teachers about where children are in this process.

We will also do this through actions including (but not limited to)

- Letting children use the toilet at any time when they indicate a need to go
- Showing children the toilets, how to use the buttons, taps, paper towel dispensers, etc., so they are familiar with everything that is in the bathroom. Sometimes this can look very unfamiliar to a child, and we want this to be a comfortable experience for them
- Having certain points in the day, especially early on in the year, in which children in the EYFS classes may be encouraged to go to the toilet, for example, before a specialist lesson, lunch time, snack time, etc.
- Having activities which promote conversation about toileting and how to use the bathroom. This highlights Physical Development in the Development Matters Document, alongside the Montessori Framework and developing practical life skills
- Making information available to parents, for example, the articles listed above
- Encouraging and praising children for their independent use of the toilet
- Encourage children to be well hydrated throughout the day

When a child is not toilet trained

Every child develops at a different rate, and we acknowledge that some children need more time with others. When a child is not showing any of the above signs consistently, we will work with the family to understand what stage the child is at in this process.

This may involve having a meeting in the first part of the autumn term to discuss points, including

- the toilet training process being used at home
- the use of pull ups and/or nappies
- how often a child is wetting/soiling themselves at school (a record of this will be kept and shared with parents)
- encouraging parents to see their GP if there are underlying health issues that continue to appear (see below)
- mapping out a timeline with practical goals in mind so children reach a greater level of toileting independence by the autumn first half term

This may then result in asking parents or carers to come and change their child if they wet or soil themselves during the day from the second half of the autumn term.

Medical Conditions

The exception to the above is when a medical or developmental issue is presenting itself. ERIC, The Bowel and Bladder Association, have written guidelines in understanding how to promote good bowel and bladder health in young children and what problems could arise that hinder the toilet training process. In this instance, we will work together with the family to follow medical assistance that has been given to put a care plan together. Parents/carers must ensure that they provide all relevant information to school as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved, including specialist nurses, as well as any changes in their medication, care or condition.

The care plan process will involve:

- meeting regularly to discuss the child's medical needs and progress
- knowing details of any medication the child may be taking
- sharing advice that has been given to the family by medical professionals
- having a consistent approach to toileting routines both at home and at school
- checking to make sure all relevant equipment is on site for the child's medical needs and for changing the child
- talking about a child's comfort level at school and if a reduced timetable at any point (with the aim for the child to build back up to a full session/day) is suitable to support this process
- discussing how bowel and bladder health is to be promoted
- discussing short term and long term goals for complete independence and continence management

Responsibilities

Governors

- To ensure there are appropriate toileting facilities within the school that answer the needs of all children
- To review and update this policy regularly

Head and SLT responsibilities

To make sure all staff receive up-to-date safeguarding training
To ensure all staff involved in intimate care have had all the relevant safety checks (including Disclosure and Barring Service **check**) and **do not know any** reason why they are not suitable to work with children in their care, according to the Disqualification Under the ChildCare Act 2006.

To meet with parents regarding their child's toilet training when relevant, and put an action plan or care plan in place

To liaise with medical professionals where relevant

To ensure any care plan in place is reviewed at appropriate intervals

To support staff in changing the child where appropriate

To take into account the religious views, beliefs and cultural values of the family, the child's gender identification and individual physical needs as far as possible in provision of appropriate toileting facilities and when undertaking or supporting required individual personal care

To ensure an adequate number of toilets and wash basins are in good working order as well as ensuring the right temperature of hot water supply to assist with minimising the spread of diseases or infections when washing hands.

Staff responsibilities

To speak with all families on their home visits about toilet training expectations

To keep a written record of support with intimate care if children are constantly needing changing

To inform the SLT of any consistent toileting needs that are arising so that the relevant actions can be taken

To promote positive self-esteem and body image and independence with self-care-

To act according to the safeguarding policy and procedures if there are any concerns for a child's wellbeing

Parental responsibilities

To provide all relevant medical information to school where necessary so that the needs of their child can be met

To provide any relevant details of health care professionals where appropriate

To work towards their child achieving the maximum possible level of independence at home

Wherever necessary, to work with the school to develop and agree a care plan

To provide the school with wipes and changes of clothes and any other resources needed for their child's intimate care or toileting needs