Ravenshead C of E Primary School

TOILET TRAINING POLICY

This policy was updated: Feb 26
This policy will be reviewed: Feb 27
Statutory policy: Yes.
Source: School

Our School Vision

Our school vision is based on the theme of '***Taking Care'***. We strive to encourage our children, staff and wider community to 'take care' of one another through the core Christian Values of:

Kindness, ***Hope***, ***Courage*** and ***Respect***.

Our vision is inspired by the words in Corinthians:

> **"Let love and kindness be the motivation behind all that you do."**
> (1 Corinthians 16.14)

Ravenshead C of E Primary School is committed to valuing diversity and to equality of opportunity. In biblical tradition, children in particular are seen to hold a special place in the priorities of God. Furthermore, we hold to the foundational belief that all people are created in God's image and are intrinsically valuable. Everyone should be treated as fundamentally precious, irrespective of behaviour, achievements or potential.

Therefore, we aim to create and promote an environment in which pupils, parents/carers and staff are treated fairly and with respect and feel able to contribute to the best of their abilities. The school's biblical foundation provides a model of Christian community described as the 'body of Christ', in which everyone has a part to play, and everyone without exception has God-given gifts which are to be used for the benefit of others.

Aim:

To support children's health, wellbeing and development by promoting effective toilet training at an appropriate time.

Objectives:

- Child's individual needs are identified and met.
- Family's cultural preferences are considered.
- Toilet training is a positive experience; family and child feel supported throughout.
- School supplies families with information and signposts to sources of further information about bladder and bowel health and toilet training such as ERIC website – www.eric.org.ukand ERIC's Helpline (0845 370 8008).
- Communication between the school and family is promoted before, during and after toilet training.

Actions:

Preparation:

- School to include bladder and bowel health in initial discussion with parents when child joins the provision, for instance using ERIC resource *Early Years Healthy Bladder and Bowel Assessment.*
  To include:
  - Child's current fluid intake – quantity and type of fluid
  - Child's current bowel habit – type of stool *(Bristol Stool Chart)* frequency of bowel actions, any behaviour associated with pooing.

  Opportunity to then be taken to advise early years staff and family on appropriate fluid intake, recognition of constipation etc. for instance by providing ERIC leaflet *Thinking about wee and poo now you've reached the age of two.*
- Toilet training can be a very daunting process for families. Schools will support families discussing expectations of toilet training and providing information such as *ERIC's Guide to Toilet Training".* Agreement to be reached either when Toilet Training should start, or that further discussion will take place at appropriate age/stage of development. N.B. Discussion should take place by the age of 18 months.
- Families will be supported to decide the best time to toilet train their child. School will explain why it is helpful for the same approach to be taken at home and in the early years setting, including using the same words for wee/poo/toilet/toilet etc.

Assessment of Readiness:

- The first stage of toilet training is to recognise when the child is ready. It is essential that the child is:
  - Pooing at least one soft poo a day
  - Staying dry for at least an hour and a half between wees

Other signs to look out for are:

- Showing interest in the toilet
- They can follow simple instructions
- Able to sit themselves on the toilet and get up again
- Starting to show signs of awareness of when they have done a wee or a poo

    - Showing awareness that other family members and peers don't wear nappies, and that they use the toilet
- Children with additional needs may not show reliable signs of awareness. Toilet training should **not** be delayed; it is much harder to achieve when the child is older. Readiness can be assessed by monitoring the child's wees and poos. School to offer information such as *ERIC's Guide for Children with Additional Needs.*

Delivery:

- School will ensure that
    - Suitable facility is offered – either toilet, or toilet with suitable foot support and toilet seat insert. Child needs to sit with feet flat and firmly supported, knees above hips. Boys to be guided to sit down to wee –
        - In the early stages children cannot differentiate between the need for a wee and the need for a poo. If they wee standing up they may hold onto the poo and can easily become constipated.
        - The correct mechanism of weeing is triggered by relaxation – it is much easier to relax when seated.
        - They may empty their bladder better sitting down.
        - It is more hygienic as they are less likely to wee on the floor/over the toilet seat.
    - Optimum timing for toileting is observed –
        - toilet visits planned for 20-30 minutes *after* meals (the most likely time for a child to poo)
        - suitable interval left between prompts to wee (the bladder needs to be *full* to empty correctly)
    - Fluid intake is optimised – a minimum of 6 to 8 full cups of drink a day, spread evenly across the day.
- School will discuss clothing with family; family will ensure that the child is dressed in clothes that are easy to pull up and down, and will supply several spare pants, trousers, socks etc.
- School will work with family to ensure a consistent transition from pull ups to pants in one step to avoid confusing the child with a mixture of nappies/pull-ups/pants. N.B. The child will still need a nappy for naps initially.
- Staff to maintain calm, supportive approach at all times; children should not be rushed or forced to use the toilet against their will. 'Accidents' are to be expected – children learn to recognise the sensation of needing a wee/poo by wetting/soiling.
- All staff and family to ensure child is regularly encouraged and praised. N.B. aim to recognise *achievable* goals such as sitting on the toilet when asked to do so. Keeping pants dry may be an unachievable goal initially.

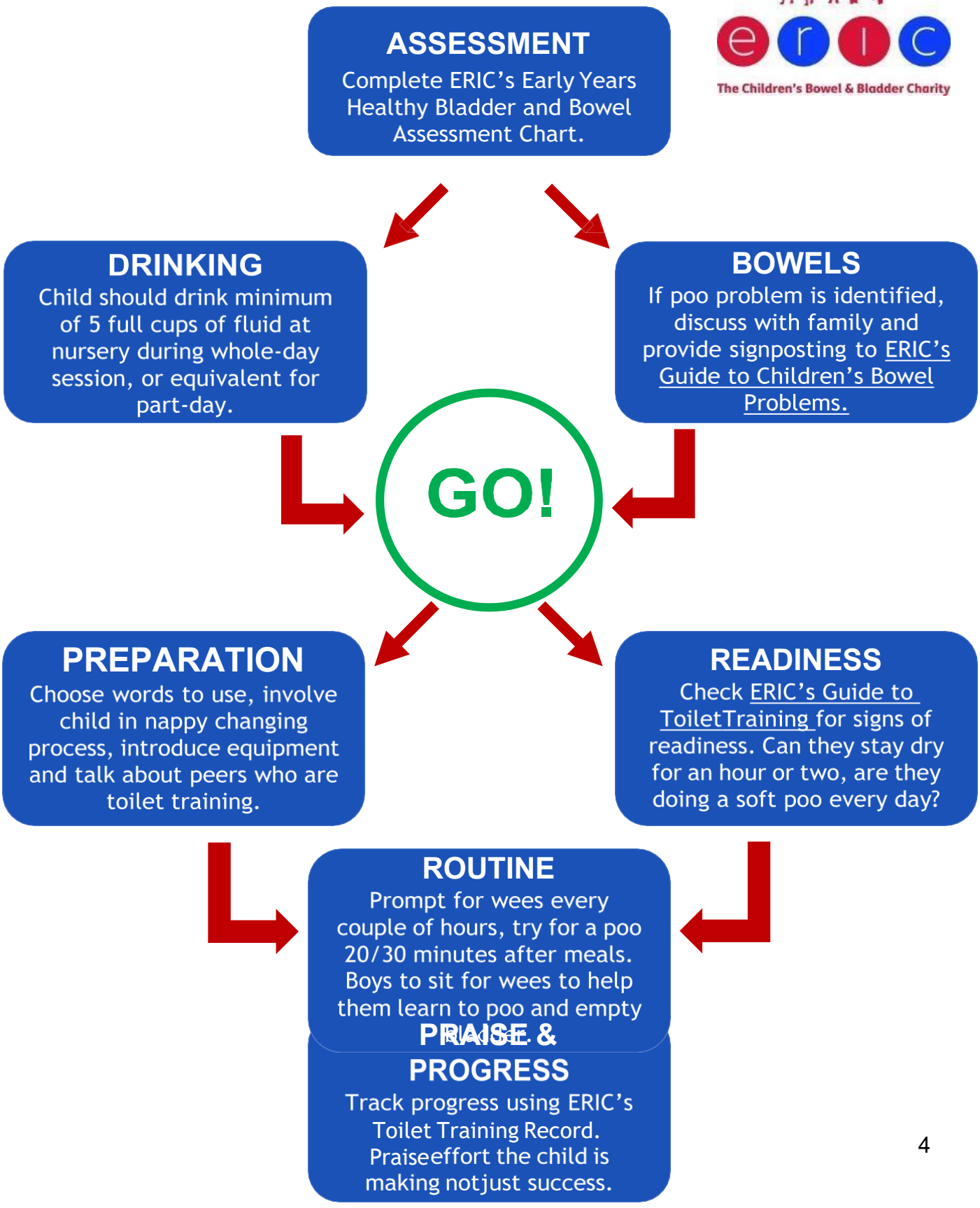
Communication:

- School will ensure all staff are aware of each child's current stage of toilet training to confirm consistent approach.
- School will ensure a record is kept of successful toilet/toilet visits as well as wetting/soiling incidents in order to monitor child's progress. Daily diary/record sheet may be used.
- Regular updates to be shared with parents with the expectation that they will share information about progress at home. Toilet training is a joint effort!

Trouble shooting:

- Staff to be alert for possible constipation; incidence is raised during toilet training as some children find pooing into the toilet/toilet frightening. See *ERIC's Guide to Children's Bowel Problems* for further information.
- If toilet avoidance is observed information to be provided - see ERIC factsheet *Children whowill only poo in a nappy and other toilet avoiders*
- If child does not appear to be making progress, or regresses, staff to look again at child's bowel habit and fluid intake – see *ERIC's Guide to Toilet Training. Early Years Healthy Bladder and Bowel Assessment* may be carried out. School to instigate discussion with family to consider abandoning process, allowing time to improve bladder and bowel health and to better prepare the child, starting again after a suitable interval.
- If ongoing bladder/bowel issues, information such as ERIC leaflet *Thinking about wee and poo now you're on the way to school* may be shared with family.

TOILET TRAINING FLOWCHART



HEALTHY BLADDER AND BOWEL ASSESSMENT

Name of person completing form: _____ Job title:_____ Date completed: _____	
Child's name:	Male/Female
Date of birth:	Age:

Usual drinking pattern		
TIME	TYPE OF DRINK	AMOUNT

Usual bowel pattern	
NUMBER OF POOS PER DAY	
TYPE OF POO (Bristol Stool Chart)	
SIZE OF POO	
IF TOILET TRAINED – ANY SOILING?	
If unable to describe pattern or habit is random, suggest completing ERIC Poo Diary for at least a week.	
ANY BEHAVIOUR ASSOCIATED WITH POOING?	

Any history of constipation? Yes / No Details: _____

Any history of Urinary Tract Infection? Yes / No Details: _____

Any medication for bladder/bowels? Yes / No Details: _____

Please use the back of the form to document any other comments

TOILET TRAINING RECORD

Child's name:	Date of birth:	Age:

Date	Time	Any soiling? - amount small/medium/large	Any wetting? – Amount small/medium/large	Did child ask for potty or were they prompted to go?	Any other comments

Date	Time	Any soiling? - amount small/medium/large	Any wetting? – Amount small/medium/large	Did child ask for potty or were they prompted to go?	Any other comments

THE BRISTOL STOOL CHART FOR CHILDREN

THE BRISTOL STOOL CHART FOR CHILDREN

Choose your Poo

Type 1

Looks like: Rabbit Droppings
Separate hard lumps. Like nuts (hard to pass)

Type 2

Looks like: Bunch of Grapes
Sausage-shaped, but lumpy

Type 3

Looks like: Corn on the Cob
Like a sausage but cracked on the surface

Type 4

Looks like: Sausage
Like a sausage or snake, smooth and soft

Type 5

Looks like: Chicken Nuggets
Soft blobs with clear-cut edges (passed easily)

Type 6

Looks like: Porridge
Fluffy pieces with ragged edges, a mushy stool

Type 7

Looks like: Gravy
Watery, no solid pieces ENTIRELY LIQUID

The most common bowel problem in children is constipation. Left untreated, or treated too gently, this can lead to soiling. Keep a check on your child's poo – it should be Type 4 - soft and easy to pass.

How often should a child poo?

At least 4 times a week. Any less than this and the journey from mouth to bottom is taking too long – too much water is then absorbed and hard poo results – look overleaf. MORE than 3 times a day is not right either – it could look like Type 7. That might be diarrhoea but it could also be overflow caused by constipation! Read on to find out more...

What age can constipation start?

ANY age! Even babies can get constipated! Including those who are breast fed! Never wait for it to get better by itself...the longer it is left untreated the longer it takes to get better.

Concept by Professor DCA Candy and Emma Davey, based on the Bristol Stool Form Scale produced by Dr KW Heaton, Reader in Medicine at the University of Bristol.

CHILDREN WHO WILL ONLY POO IN ANAPPY AND OTHER TOILET AVOIDERS

Children who will only poo in a nappy are completely normal. Lots of children go through a phase, usually soon after toilet training has begun, when they refuse to poo in the toilet or toilet and insist on using a nappy.

Other children go through a phase of refusing to wee in the toilet or toilet. You'll find the information and techniques below will be relevant to them too.

Some boys and girls will work it out for themselves, but without intervention some would happily poo in a nappy for years.

Here are some tips to help you break the pooing in a nappy habit.

If your child insists on using a nappy to poo, **DON'T SAY NO**, or they will simply try to avoid pooing. Withholding the stools will lead to constipation – which is definitely something to avoid! Let them have the nappy on just to do their poo, and work on gradually changing their behaviour.

So, where do you start?

1. Constipation

Constipation often plays a part in toilet/toilet avoidance. A big, hard, painful poo will scare the child, and to stop it happening again they simply hold on. Look at *ERIC's Guide to Children's Bowel Problems* for information on how to recognise if your childis constipated. There is also lots more information on the *Flowchart for Constipation*. Make sure any constipation is really well managed before attempting to change toileting behaviour.

2. Making the toilet less scary

Some children are frightened of the toilet itself. This fear will need to be overcome before they can start learning to sit on it. If your child is scared of the flush, start by flushing it while they stand by the bathroom door, then gradually ask them to come a little closer. When they are near enough, encourage them to put just a little bit of toilet paper in the toilet to flush away.

If they are worried about the water splashing back when they use the toilet, show them how to put a layer of toilet paper over the water in the toilet bowl.

Create a game with a few bottles of food colouring! Add a few drops to the cistern, then ask your child to guess what colour the water in the toilet will change to when they flush.

3. Learning to sit on the toilet

To start with, sitting on the toilet/toilet should have nothing to do with pooing. The emphasis should be completely on relaxed, happy sitting – when you ask them to do so.

To start with this may be a five second sit, once a day, fully clothed. That's fine!Reward them for sitting (have a look at our *Toileting Reward Chart*), and resist thetemptation to mention wee or poo!

The key now is moving forward gradually, so each little step forward is an achievable goal. You plan when the toilet/toilet sitting should take place – aim for 20-30 minutes after each meal as that is the best time to poo, and before bed. Make sure your child's bottom and feet are firmly supported – see the section 'How to get the poo in the loo' in *ERIC's Guide to Children's Bowel Problems*.

Over time you'll build up a regular toileting programme, with your child sitting on the toilet/toilet for 5-10 minutes four times a day. Keep a bag of special toys in the bathroom ready so they look forward to exploring what's there whenever they sit onthe loo.

Remember to reward every toilet/toilet sit with your agreed system.

4. Next steps

Once you've made sure your child is not constipated, and they can happily sit on the toilet/toilet for 5-10 minutes, you're ready to begin working towards them pooing in the right place.

The key thing is to work out where they like to poo in their nappy, for example behind the sofa or in the corner of their bedroom, and where you want them to poo – on the toilet/toilet. Put as many tiny steps as possible in between until eventually they reach the toilet. Each step should be an achievable goal.

Be patient – this may take a long time, but it will be worth it! Read the examples below for ideas of how other parents encouraged their children to move step-by-step towards the toilet.