

The Rainbow Federation



Contenance and Toilet Training Policy

Executive Headteacher: Mrs Rhian Lundrigan

Chair of Governors: Mr Kyle Boddy

The United Nations Convention on the Rights of the Child (CRC) is at the heart of our school's planning, policies, practices and ethos. As a rights respecting school we not only teach about children's rights but also model rights and respect in all relationships. This policy is linked to:

Article 3: *Everyone who works with children should always do what is best for each child;*

Article 16: *Your right to privacy;*

Article 17: *You should not be harmed and should be looked after and kept safe.*

Organisation:	The Rainbow Federation
Title:	Contenance and Toilet Training Policy
Author:	LA and Rainbow Federation
Owner:	Governing Body and Headteacher
Review date:	Every 3 years or as required

Revision History

<u>Revision date</u>	<u>Details of revision</u>	<u>Date adopted by Governing Body</u>	<u>Chair of Governors' Signature</u>
Sept 2024	Policy created		



Continence and Toilet Training Policy

* For the purposes of this policy, the term 'setting' refers to both schools.

1. Overview

1.1 Definition of intimate care

1.1.1 In this policy 'intimate care' is defined as:

"Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some children/ young people are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of children/ young people involved in intimate self-care."

*Taken from Welsh Government,
['Supporting Learners with Healthcare Needs' \(215/2017\)](#) p16*

1.1.2 Further examples include medical interventions such as catheterisation and colostomy bags. Guidance should be sought from relevant health professionals and included in the child's Individual Healthcare Plan.

1.1.3 Intimate care (which includes toileting) can be undertaken on a regular basis or during a one-off incident.

1.2 Development of the policy

This policy is based on a model policy produced by Cardiff Local Authority as result of: 'A Good Practice Guide to Managing Continence Needs in Settings & Settings in Cardiff.' The good practice guide was written by The Early Years Inclusion & Disability Team as part of a working group consisting of representative from health, education, and the third sector.

1.3 Related policies

- Managing healthcare needs policy
- Safeguarding policy
- Health and safety policy including manual handling
- Additional learning needs policy
- Strategic equality plan
- Infection control and bodily fluids risk assessments
- Staff code of conduct

1.4 Promotion of policy

- 1.4.1 This policy will be shared with parents via the school website as well as on an individual level as needs arise.

2. Legal perspective / context

2.1 Legislation

- 2.1.1 The legislation that this policy has been issued under is documented in Supporting Learners with Healthcare Needs. Guidance. Welsh Government 215/2017 (<http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>).
- 2.1.2 It is also guided by the Equality Act 2010.

2.2 Context

- 2.21 The City of Cardiff Council is committed to the provision of high quality care that meets the individual needs of all children and young people in Cardiff. As a school within the Local Authority we embrace the **Every Child Matters** document, the **United Nations Convention on the Rights of the Child, 1992** and we adhere to the **Equality Act 2010**.
- 2.22 '**Meeting the Health Care Needs of Children and Young People in Cardiff- A Good practice guide 2018**' should be used in the first instance for children and young people with healthcare needs. The statutory guidance says that '*education settings should have an intimate care policy, and that it should be followed, unless alternative arrangements have been agreed, and recorded in the child/ young person's Individual Healthcare Plan.*'
- 2.23 There is an expectation that children entering Nursery or Reception class will be independent in meeting their own continence needs, however, for various reasons, this is not always the case. It is important that any continence need is managed sensitively and effectively in setting and is in line with the child or young person's development. It must also be understood that delayed continence is not necessarily linked with learning difficulties or disabilities. For children and young people with continence needs, it can have an impact on their ability to take part in everyday school life. However, when needs are managed appropriately, children and young people should not be disadvantaged in any way.
- 2.24 In line with the **Code of Practice for Wales (2002)** and the **Equality Act (2010)** children and young people cannot be refused entry into settings on the grounds that they have continence needs. Any admissions practice that sets a blanket standard of continence would be discriminatory and therefore unlawful. Settings must make adjustments in order to include children and young people with continence needs and should not exclude or treat them differently because of this.
- 2.25 This policy has been written to support learners' continence needs whilst at setting. The policy has been designed in line with the Welsh Government guidance; **School**

Toilets: Good Practice Guidance for Settings in Wales (2012)¹ and ERIC – The Children’s Bowel and Bladder Charity². It has also been developed in response to the Statutory Welsh Government guidance, **Supporting Learners with Healthcare Needs (215/2017)³** and the ‘**Meeting the Health Care Needs of Children and Young People in Cardiff- A Good practice guide 2018**’

3. Key policy statements

- 3.1.1 Children/ Young People with a healthcare need will be supported by our managing healthcare needs policy and the development of an individual healthcare plan.
- 3.1.2 **Our expectation is that all children on entering nursery class are toilet trained.** We recognise that some children and young people may experience difficulties with toileting due to a disability or medical need, or they may not have achieved the developmental milestone of continence. In such cases we will work with parents/carers, children/ young people and healthcare professionals.
- 3.1.3 We understand that toileting accidents sometimes occur, and will have a procedure in place to safeguard staff and children/ young people.

4. Policy aims and principles

4.1 The aims of this policy are:

- 4.1.1 To safeguard the rights and dignity of children/ young people and promote their welfare.
- 4.1.2 To safeguard staff and provide guidance and reassurance to staff whose role includes providing intimate care.
- 4.1.3 To assure parents/carers that staff are knowledgeable about intimate care and that their individual concerns are taken into account.
- 4.1.4 To remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children/ young people.
- 4.1.5 To raise awareness of the duty of care of head teachers, staff and governors.

4.2 The basic principles of the policy are:

- 4.2.1 Children and young people’s intimate care needs cannot be seen in isolation or separated from other aspects of their lives. Encouraging them to participate in their own intimate care should therefore be part of a general approach towards facilitating participation in daily life.
- 4.2.2 Intimate care can take time but it is essential that every child is treated as an individual, and that care is given as gently and as sensitively as possible.
- 4.2.3 The following are the fundamental intimate care principles upon which this policy is based:

¹ dera.ioe.ac.uk/13643/7/120124schooltoiletsen_Redacted.pdf

² <https://www.eric.org.uk>

³ <http://learning.gov.wales/docs/learningwales/publications/170330-healthcare-needs-en.pdf>

- Every child has the right to be safe
- Every child has the right to personal privacy
- Every child has the right to be valued as an individual
- Every child has the right to be treated with dignity and respect
- Every child has the right to be involved and consulted on their own intimate care to the best of their abilities
- Every child has the right to express their views on their own intimate care and to have such views taken into account (note: from a safeguarding perspective staff might have to change a nappy against a child's wishes).
- Every child has the right to have levels of intimate care that are appropriate and consistent.

5. Roles and responsibilities (inc. training needs)

5.1 *The executive headteacher and governing body are responsible for:*

- 5.1.1 Ensuring that all adults assisting with intimate care are employees of the school or Local Authority. This aspect of their work will be reflected in their job descriptions. Visitors, volunteers or students must not undertake activities associated with intimate care or toileting.
- 5.1.2 Ensuring that staff (and candidates applying for a job) are made aware of this aspect of the post.
- 5.1.3 Ensuring that all staff are appropriately trained and supported and that it is part of the job description of the member of staff. The requirement for training will vary greatly between settings and will largely be influenced by the needs of the child. Consideration should be given, however, to the need for training on a whole school basis and for individual staff who may be required to provide specific care for an individual child/young person or small number of children/young people; or providing toileting/changing on an ad-hoc basis.
- 5.1.4 Ensuring that the school has a managing healthcare needs policy, an intimate care and toileting policy and infection control procedures in place, and that staff are familiar with them, especially those involved with intimate care.
- 5.1.5 Ensuring that all staff are aware and are familiar with the Graduated Response to Intervention.
- 5.1.6 Providing Personal Protective Equipment (PPE) which should include: disposable gloves and aprons, and bin and liners to dispose of waste. Staff should always wear PPE when dealing with any child who is bleeding, wet or when changing a soiled nappy / clothing.

5.2 *Staff:*

- 5.2.1 It is likely that most intimate care within a school will be undertaken by in class teaching assistants.
- 5.2.2 Practitioners have a responsibility to promote the inclusion and acceptance of all child/ young persons as well as a duty of care, which includes attending to the child/ young person's personal needs and implementing related personal

programmes. These guidelines are stated in Cardiff County Council TA Job Descriptions.

- 5.2.3 Staff attitude to a child/ young person's intimate care is also important; keeping in mind the child/ young person's age and routine care, keeping it both efficient and relaxed.
- 5.2.4 It is the responsibility of all staff caring for a child/ young person to ensure that they are aware of the child/ young person's method and level of communication, and the healthcare/intimate care need. To ensure effective communication, staff should:
- Make eye contact at the child's level
 - Use simple language and repeat if necessary
 - Wait for response
 - Continue to explain to the child what is happening even if there is no response
 - Treat the child as an individual with dignity and respect.
- 5.2.5 Staff should encourage each child/ young person to do as much for themselves as they are able to.
- 5.2.6 Where a situation renders a child/ young person fully dependent; the member of staff should talk about what is going to be done and provide choices where possible. The member of staff should ensure they are aware of any preferences for the intimate care from the child/ young person and/or parent/carer.
- 5.2.7 Young children and children with additional learning needs (ALN) can be especially vulnerable. Staff involved with their intimate care need to be particularly sensitive to their individual needs.
- 5.2.8 Some procedures must only be carried out by members of staff who have been formally trained and assessed. There should be more than one member of staff assigned within a plan to allow for any illness absence or leave.
- 5.2.9 Only in the event of an emergency would staff undertake any aspect of intimate care that has not been agreed by parents/carers and school. Parents/carers would then be contacted immediately.
- 5.2.10 Staff should receive training in good working practices which comply with the health and safety policy and the safeguarding policy.

5.3 Parents/carers:

- 5.3.1 Parents/carers will be made aware of the school's intimate care and toileting policy and are encouraged to work with the school to ensure their child's needs are met.
- 5.3.2 Parents/carers have a responsibility to advise the school of any known intimate care or toileting needs relating to their child.
- 5.3.3 Where a child/young person has a recognised need with regards to intimate care or toileting, procedures need to be agreed between the school and the parents/carers so that there is clarity over expectations, roles and responsibilities.
- 5.3.4 Records should also reflect arrangements for ongoing and emergency communication between home and school or setting, monitoring and review.

- 5.3.5 Parents/carers have a responsibility to work in partnership with school staff and other professionals to share information and provide continuity of care.
- 5.3.6 It is also important that the procedure for dealing with concerns arising from intimate care processes is clearly stated and understood by parents/carers and all those involved.
- 5.3.7 It is the parents/carers responsibility to provide supplies such as nappies, wipes or continence pads. For children who regularly soil or wet parents/carers should ensure that spare clothing is kept in school.

6. Safeguarding

- 6.1.1 The governing body and Headteacher ensures that all staff are familiar with the safeguarding policy, and if there are any concerns, they should be recorded and discussed with the settings Designated Safeguarding Lead (DSL).
- 6.1.2 All staff (including students and volunteers) working within the school setting will be subject to the usual safer recruitment procedures, which includes a DBS check.
- 6.1.3 Visitors, volunteers or students must not undertake activities associated with intimate care or toileting.
- 6.1.4 A child's dignity must be maintained at all times.

6.2 Staff ratios:

- 6.2.1 For the majority of children/young people only one member of staff is required to support a child with continence needs. However, at The Rainbow Federation that staff member will always inform another member of staff who will then be in very close proximity in order to safeguard the child and staff member, whilst also protecting the child's dignity. A record of continence care will be signed by both members of staff. This is to ensure the child/young person is treated with dignity and respect.
- 6.2.2 However, the number of staff required to undertake procedures will depend upon individual child/ young person's circumstances and should be discussed with all concerned with the child/ young person's privacy and dignity at the forefront. The individual child/ young person's needs should be used to help assess the risk; a risk assessment should determine if one or two members of staff are required.
- 6.2.3 Where there are concerns around child protection, previous allegations, or moving and handling issues, two adults may be required to provide care.
- 6.2.4 Consideration should be given to the management of staffing levels in the classroom when undertaking duties outlined in this document.

6.3 Location of intimate care / changing facilities:

- 6.3.1 The school has identified changing areas where the care of pupils can be managed in order to meet the care needs of the pupil and also ensure the maintenance of the child's privacy and dignity. This is balanced with the need to safeguard the child and staff. See 7.1.1 for further details.

6.4 Working with children/ young people of the opposite gender:

- 6.4.1 In certain circumstances it may be appropriate / necessary to have a person of the same gender as the child care for the child/ young person, for example, for cultural or family reasons. However, the current ratio of female to male staff in many settings, means that assistance will more often be given by a female. As stated in 'Supporting learners with healthcare Needs (2017):

'Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting. This should be agreed and reflected in the individual healthcare plan (IHP) and risk assessment'

- 6.4.2 We will work to ensure the needs of the child/ young person and family are met. If this is not possible we will discuss with the child/ young person and family and other professionals.

6.5 **ALL concerns/incidents must be reported immediately:**

- 6.5.1 If a member of staff has any concerns about physical changes in a child/ young person's presentation, e.g. unusual markings, discolouration's or swelling, including the genital area they must immediately report the concerns to the Designated Safeguarding Lead (DSL).
- 6.5.2 If a member of staff has any concerns about any unusual emotional and behavioural responses by the child/ young person; they must immediately report concerns to the DSL.
- 6.5.3 If a staff member has concerns about a colleague's continence care practice, they must immediately report concerns to the DSL.
- 6.5.4 If a child/ young person or parent/carer makes an allegation against a member of staff, they must immediately report concerns to the DSL.
- 6.5.5 If a child/ young person is accidentally hurt during continence care or misunderstands or misinterprets something, staff should reassure the children/ young people safety and report the incident immediately to the DSL.
- 6.5.6 If a staff member is accidentally hurt, they should report the incident immediately, seek medical assistance if needed and ensure an accurate written record of what happened is made.
- 6.5.7 If a child/ young person becomes distressed or unhappy about being cared for by a particular member of staff, the parents/carers should be contacted at the earliest opportunity in order to reach a resolution and outcomes recorded. Staffing schedules could be altered until the issue(s) are resolved. Further advice can be taken from outside agencies if necessary.
- 6.5.8 **All concerns reported to the DSL will be immediately acted upon in line with the school Safeguarding Policy.**
- 6.5.9 **A written record of concerns must be made available to parents/carers and kept in the child/ young person's personal file. Further advice will be taken from outside agencies as necessary. Unless this is of child protection nature**

where there is no automatic right for parents/carers to be notified of this concern.

7. Health and safety, and facilities

7.1 Environment:

7.1.1 The school has identified areas for children/ young people to receive intimate care, giving consideration to the needs of each individual child/ young person. Privacy for the child/ young person and safeguarding staff will be considered along with:

- Space
- Heating and ventilation to ensure staff and child/ young person comfort
- Running hot and cold water and liquid soap should be available
- Protective clothing (disposable apron and gloves) should be provided in an accessible location
- Supplies of nappies, wipes etc in an accessible location (provided by family)
- Nappy disposal bags
- Labelled bins for the disposal of nappies (soiled items should be double bagged)
- Special arrangements for the disposal of any contaminated or clinical materials including sharps and catheters
- Supplies of suitable cleaning materials – cloths, anti-bacterial sprays
- Appropriate clean clothing (preferably the child's own), should be to hand to avoid leaving the child unattended to maintain dignity
- Effective staff alert system for help in an emergency
- Arrangements for menstruation when working with adolescent girls

7.1.2 Infection control procedures should always be followed.

7.2 Waste:

7.2.1 The school is responsible for the disposal of all nappies/pads used by children/ young people on school premises. It is not appropriate for the school to send used nappies/continence pads home at the end of the school session.

7.2.2 Up to 7kg of nappies/pads can be disposed of per school in general waste collection. Contract Waste Disposal will be considered for larger quantities.

7.2.3 Disposal of soiled nappies/pads/clothing should be discussed during admission meetings and noted on the Individual Healthcare Plan/Continence Management Plan/Toilet Training Plan.

7.2.4 Specialist provision / equipment, i.e. catheterisation / diabetes / menstrual management / or any other intimate healthcare needs should be disposed of as agreed in the children/ young people Individual Healthcare Plan.

8. Provision of supplies

8.1.1 Personal protective equipment for staff will be provided by the school. See 5.1.5.

8.1.2 Items such as nappies, continence pads and wipes will be provided by parents/carers. See 5.3.8.

9. Agreeing a procedure for intimate care or toileting

9.1 Admissions and transition

9.1.1 The school will ensure that there is a strong transition system in place between settings, and that parents/carers are given the opportunity to discuss any intimate care or toileting needs during planned admission's meeting.

9.1.2 We will work with external agencies e.g. ALN Officers, Early Help Team, Health Visitors to identify children/ young people that may require intimate care or toileting support.

9.1.3 Providing opportunities for staff to meet with parents prior to entry to the setting. This can be arranged as a meeting at setting or a home visit. Explain the setting's continence policy and discuss with parents whether there are any physical/medical needs relating to their child's continence.

9.1.4 At The Rainbow Federation we ensure that we have an inclusive approach to continence needs and toilets are well maintained and child/ young person friendly.

9.1.5 The school ensures that all children/ young people are introduced to their nearest toilet facilities prior to admission if possible or on their first day.

9.1.6 Parents to sign consent form for staff to provide continence care should the need arise.

9.2 Creating and agreeing a plan

9.2.1 When a continence need is identified, the school will complete a toilet training plan or continence management plan with agreement with the parent/carer and child/ young person, and if necessary a healthcare professional. In some cases an Individual Healthcare Plan might be needed.

9.2.2 The agreements will detail what care is to be provided and by whom

9.2.3 A risk assessment, will identify the support required for the plans, e.g. manual handling, risk of allegations.

9.2.4 It is vital that plans are prepared prior to admission, and where possible opportunities are made for the child/ young person and family to meet the staff who will be providing continence care.

9.2.5 Whole school and classroom management considerations should be taken into account, for example:

- The importance of working towards independence
- Arrangements for home/school transport, sports days, school visits, swimming etc.
- Substitutes in case of staff absence

- Strategies for dealing with bullying/harassment (if the child has an odour for example)
- Seating arrangements in class (ease of exit)
- A system to leave class with minimum disruption
- Avoiding missing the same lesson for medical routines
- Awareness of discomfort that may disrupt learning
- Implications for PE (changing, discreet clothing etc.)

9.3 Toileting – occasional incidents:

9.3.1 The school ensures that we have arrangements in place for when a child occasionally wets or soils themselves.

9.3.2 Measures such as asking parents/carers to come in and change children are not good inclusive practice and can put unacceptable pressure on both the parent/carer and the child. It is also likely to be a direct contravention of the Equality Act 2010, and leaving a child in a soiled nappy or in wet or soiled clothing for any length of time pending the return of the parent/carer is not acceptable.

9.3.3 It is considered good practice at the school to obtain written consent from parents/carers of all children entering the foundation phase for the school to provide emergency continence care, i.e. helping or supervising a child to change their clothes if they have accidentally soiled themselves. Where a child is more independent, an adult may guide a child verbally what to do in order to take care of their own needs. Any further assistance will require a specific plan and risk assessment to be in place.

9.3.4 Parents/carers will be made aware of the procedures that the school follows should their child need changing during school time. See Appendix 1 for further details School to do.

10. Sharing and recording information

10.1.1 Any plans or risk assessments created will be kept on the children/ young people file, given to the parent/carer, will be made available to the staff member(s) providing continence care and the healthcare professional (if involved).

10.1.2 Each intervention of continence care should be recorded using the Record of Continence Care. It should be signed by the staff member who supported the child/young person and counter signed by a second staff member.

11. Reviewing continence care and toileting arrangements

11.1.1 Continence management plans and toilet training plans must be reviewed at **least termly** or according to the developing needs of the child. This should be specified in the relevant plan and followed up by the named member of staff. The views of all relevant parties should be sought and considered to inform future arrangements. Staff members carrying out intimate care must be vigilant and ensure that they are following the current plan.

12. Complaints procedure

- 12.1.1 If a child/ young person or parent/carer is not satisfied with our continence care arrangements they are entitled to make a complaint. This is outlined in our complaints policy which is available from the school office on request.
- 12.1.2 The school has an open-door policy and therefore encourages, parents / carer to speak to their child's class teacher if they are unhappy with an element of school life; in most occasions, problems can be rectified quickly at this stage. However should parents / carers be dissatisfied with the response – this can be escalated to the Headteacher who will investigate the complaint. Should dissatisfaction still remain and the complaint remain unresolved, then the complaint can be escalated further by making a formal complaint in writing to the Chair of the Governing Body.
- 12.1.3 If the complaint is Equality Act 2010/disability related, then consideration of a challenge to the Special Education Needs Tribunal for Wales (SENTW) or Children's Commissioner can be made. However, we always advocate that all complaints go to the governing body in the first instance to try to resolve it at a local level.

13. Reviewing the policy

- 13.1.1 We will review this policy alongside the Managing Healthcare Needs Policy, if any amendments occur in legislation, or in consideration of changes in working practices.

1. Developmental Factors

Continence is achieved through the processes of socialisation and physiological / emotional / cognitive maturation. A child must know the difference between the feeling of wet and dry before training starts. The child also needs to be ready with regard to motor skills development, for example, she/he needs to be able to physically access the toilet area, sit on the toilet, remove garments, dress again and flush the toilet. To be successful, the child also needs to be able to communicate toileting needs, to understand instructions and be willing to comply with adults. The child must also be emotionally ready. He/she must want to use the toilet and have the desire to move away from wearing nappies to doing something completely different with body waste. Some children experience fears around using the toilet. Emotional factors such as stress, anxiety, physical fatigue can lead to delay in achieving continence and, sometimes, regression. Young children can have accidents because they forget to pay attention to their own body signals when they are too busy or pre-occupied. Some children will have physiological reasons which explain a delay in toileting skills.

2. Toilet Training from the Child's Perspective

Toilet training is sometimes a difficult skill to master, even in typically developing children. The child may have good awareness and control but social factors also have an influence. Social motivation, such as wanting to please parents/carers by being a "big boy" or "big girl" is important. A child with developmental delay or learning disability may have additional difficulties:

- Difficulty understanding reciprocal relationships limits understanding of being a "big boy" or "big girl".
- Difficulty understanding language or imitating modelled behaviour.
- Difficulties with attention, organisation and sequencing information may cause problems in following all the steps in toileting and staying focused on the task.
- Difficulty accepting changes in routine, i.e. why does the child need to change the familiar routine of wearing and passing body waste into a nappy which is a strongly established routine.
- Difficulty with integrating sensory information and realising the relationship between body sensation and daily functional activity.
- Difficulty with sensory sensitivities e.g. loud flushing noises, echoes, rushing water, sitting on a "chair with a big hole with water in it", changes in temperatures and tactile sensations when clothes are removed.

3. Planning a Programme

Establish a positive routine around toileting and collect data (including information from parents/carers) about the child's readiness for training.

Complete the Toileting Skills Checklist (Appendix 6). This breaks down the skills associated with achieving independent toileting into small steps. This can provide a baseline measure of the child's current skill level and can be used to plan achievable next-step targets.

If the answers to the first 4 statements in the Toileting Skills Checklist are "not achieved", then the child is probably not ready for a goal of independent toileting. However, a goal

of establishing positive toileting routines may still be appropriate. Consideration should be given to who is involved and the environment in which training takes place.

Who: All staff are responsible for supporting with toileting issues. Staff will need to work closely with parents/carers to establish consistent routines and appropriate shared goals.

Where: Toilet areas in school should be comfortable and non-threatening so that children are happy to be there. There should be private areas for changing children to maintain an appropriate level of respect and discretion. Appropriate equipment such as changing mat, disposable gloves, sanitary disposal bin etc., should be readily available. A changing table may be necessary for bigger children with particular disabilities. There should be a consistent approach in all environments e.g. home and school. There should be a standard clean-up procedure, carried out in an emotionally neutral manner while directing the child through developmentally appropriate clean-up activities. Relaxed children will be more successful.

4. Problem Solving Strategies

- Establish the routine of the child going to the toilet with peers so that she/he has positive models to imitate.
- Some children may need distraction toys/books and sometimes music to help them relax when they go to the toilet.
- Encourage the child to help with the process by fetching appropriate items etc.
- It may be appropriate to establish a visual system as an additional teaching routine. At the most basic level, a transition object prompts the child to know that the toileting routine is starting. An object associated with toileting, e.g. a toilet roll may be shown to direct the child to the toilet. At a more abstract level a photograph or a line drawing of the toilet or the word on a card may be given to the child or put in a visual schedule. An object sequence, a picture/photograph/symbol sequence or written list can help a child to follow and complete the set routine.
- Have a role play activity available, with dolls that wet, use potties, changing equipment etc. Encourage the child to celebrate the dolls success with similar reinforcers that you would use with the child, e.g., clapping, praising, stickers etc.
- Read picture story books about toilet training with the child and make them available for them to look at in the play area.
- Take the child to the toilet area on a regular and frequent basis. Use a timer set at regular, frequent intervals. Increase the amount of time in setting the timer as the child remains dry for longer periods of time.
- If the child is very fearful and resists sitting on the toilet:
 - Allow to sit without removing clothes
 - Allow to sit with toilet covered (cardboard under the seat, gradually cutting a larger hole in it)
 - If strategies are helpful for sitting in other places, use in this setting also e.g. “good sitting” picture cue card
 - Take turns sitting, using a doll as a model
 - Help him/her to understand how long (sing a song in full, set timer to a minute)
 - As he/she begins to tolerate sitting, provide with entertainment and meaningful reinforcers
- If the child is afraid of flushing:
 - Don't flush until there is something to flush
 - Start flush with child away from toilet, perhaps standing at the door

- Give advance warning of flush, such as “ready, set go!”
- Allow child to flush
- If the child is overly interested in flushing or playing with toilet water:
 - Physically cover the toilet handle to remove from sight
 - Use a visual sequence to show when to flush
 - Give something else of interest to hold and manipulate
- If the child is overly interested in playing with the toilet paper:
 - Remove it if it’s a big problem
 - Roll out amount ahead of time
 - Give visual clue of how much, such as putting a line on the toilet paper
 - Try different materials
 - Take turns with a doll
- Bad aim:
 - Supply a “target” in the water e.g. ping pong ball
 - Add food colouring in water to draw attention
- Retaining when nappy is removed:
 - Cut out bottom of nappy gradually, while allowing child to wear altered nappy to sit on the toilet
 - Use doll to provide visual model

5. References

“Successful Potty Training” by Heather Welford: The National Childbirth Trust. This is a popular book. It provides useful tips and addresses the issue of disability in toilet training.

With many three year olds now in school settings, the problem of children in settings who have not been toilet trained is becoming a significant issue.

1. Pre - Nursery Admission Procedures:

- Wherever possible, get as much information about the child from the parent/carer.
- During formal induction sessions held during the summer term before entry, do stress the importance of children being able to use the toilet independently and encourage parents/carers to tackle this over the summer holidays, if it is still an issue.
- Make the offer of separate appointments to discuss confidential issues regarding individual child/ young person's needs.
- Wherever possible, liaise with feeder playgroups, private nurseries or childminders or the Family Link Worker to gather information about toileting issues for particular children.
- Request a bag with changes of clothes/wipes/nappies.

Note: Health Visitors still have responsibility for nursery aged children/ young people – School Nurses take over when the child enters Reception.

2. After Nursery Admission – significant toileting concerns emerge:

If a child/ young person is wetting/soiling above what would normally be acceptable, settings should:-

- Keep a record of when & how often wetting/soiling occurs.
- Discuss the matter informally with parents/carers and clarify who the Health Visitor is.
- Hold a meeting with parents/carers and the Health Visitor present to determine what is causing the delay in becoming independent in using the toilet e.g. **lack of training / developmental delay or an underlying medical need**

The Managers of the Health Visitors' and School Nurse Services have been involved in the preparation of this guidance and it is hoped that settings will get positive responses from health staff for requests for partnership working regarding toileting issues.

APPENDIX 3 - Toileting Skills Checklist

This form is to be used for pre-school children that are not toilet trained prior to starting in nursery class, e.g. for example by the Family Link Worker.

Child's name:	
Please state if child is wearing nappies or pull-ups:	
Form completed by:	Name: Signature: Role:

	Skills	Achieved	Partly Achieved
1.	Awareness of toileting needs?		
2.	Has periods of being dry?		
3.	Some regularity in wetting / soiling?		
4.	Pauses while wetting / soiling?		
5.	Shows some indication of awareness of soiling?		
6.	Shows some indication of awareness of wetting?		
7.	Understands signs / words given for communicating toileting needs e.g. toilet, potty, wet, dry, wee, poo etc.?		
8.	Can express some appropriate signs / words to communicate toileting needs?		
9.	Needs physical aids / support to access the toilet area?		
10.	Can access the toilet area with prompts?		
11.	Can access the toilet area independently?		
12.	Feels comfortable and relaxed in the toilet area?		
13.	Needs physical assistance to follow toilet routines e.g. lining up to go there, hand washing etc?		
14.	Needs some prompting to follow toilet routines?		
15.	Follows some toilet routines independently?		
16.	Will fetch & pass required changing items e.g. nappy, wipes?		
17.	Cooperates with having clothes removed / pulled down by appointed adult, for changing purposes?		
18.	Cooperates with having nappy changed?		
19.	Cooperates with cleaning up procedures?		
20.	Will sit on the potty with nappy on, with physical support?		
21.	Will sit on the potty with nappy on, unaided?		
22.	Will sit on the potty with nappy off, with physical support?		
23.	Will sit on the potty with nappy off, unaided?		
24.	Needs physical aids/special supports to enable sitting on the toilet?		
25.	Will sit on the toilet with nappy on, with physical support?		
26.	Will sit on the toilet with nappy on, unaided?		
27.	Will sit on the toilet with nappy off, with physical support?		
28.	Will sit on the toilet with nappy off, unaided?		
29.	Has passed urine into potty?		
30.	Has had bowel movement on potty?		
31.	Has passed urine on toilet?		
32.	Has had bowel movement on toilet?		
33.	<i>Can independently complete pulling down trousers from:</i>		

	Calves		
	Knees		
	Thighs		
	Hips		
	Waist		
34.	<i>Can independently complete pulling down underwear from:</i>		
	Calves		
	Knees		
	Thighs		
	Hips		
	Waist		
35.	Girls: Can lift skirt & pull down all necessary clothing independently		
36.	Boys: Can pull down all necessary clothing independently		
37.	Will put toilet lid/seat in appropriate position		
38.	Will sit on the toilet and pass urine on a regular basis		
39.	Will stand at urinal/toilet to pass urine		
40.	Will sit on the toilet for a bowel movement on a regular basis		
41.	Needs assistance to get off the toilet		
42.	Will get off the toilet without assistance		
43.	Will get toilet tissue appropriately		
44.	Will wipe themselves with tissue		
45.	Will throw tissue in the toilet		
46.	Will flush the toilet		
47.	Will replace toilet seat / lid appropriately		
48.	<i>Will independently complete pulling up underwear from:</i>		
	Hips		
	Thighs		
	Knees		
	Calves		
49.	<i>Will independently complete pulling up trousers from:</i>		
	Hips		
	Thighs		
	Knees		
	Calves		
50.	Can manage fastenings independently		
51.	Girls: Can rearrange skirt appropriately		
52.	Needs prompting to wash hands		
53.	Needs help to roll up sleeves		
54.	Can roll up sleeves independently		
55.	Needs help to operate taps		
56.	Will operate taps independently		
57.	Will hold hands under water for appropriate length of time		
58.	Will put soap on hands with help		
59.	Will put soap on hands independently		
60.	Rinses off soap		
61.	Needs assistance to dry hands on towel		
62.	Dries hands independently and appropriately		
63.	Puts used towel in bin with prompting		
64.	Puts used towel in bin without prompting		
65.	Will follow all toilet routines regularly with prompts & reminders		
66.	Has frequent accidents		

67.	Has occasional accidents		
68.	Will follow all toilet routines independently		
69.	Needs prompting to return to class		