



**St James's C of E
Primary School**

Let Your Light Shine

Toilet Training

Ratified on: 26th March 2026

Ratified by: Lee Salton-McLaughlin

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Written by: Emma Jones

Vision

We believe that every child is made in the image of God; inherently valuable and unique. Jesus is the light of the world and God has placed the light of the Holy Spirit within each of us:

Let your light shine to reach your God-given potential.

Let your light shine courageously.

Let your light shine as a beacon of hope.

Let your light shine ~ be the best we can be!

1. Policy Statement and Purpose

St James's C of E Primary School is committed to supporting children's health, wellbeing and independence by supporting sensitive, developmentally appropriate toilet training. We will not exclude or disadvantage any child because they are in nappies or experience toileting accidents, and we will work in partnership with parents/carers to achieve continence in a way that is dignified, consistent and safe. This policy is underpinned by the EYFS statutory safeguarding and welfare requirements, which set the standards for care routines and hygienic changing facilities in early years settings.

We follow the latest DfE guidance for early years providers on toilet training and use evidence-informed resources (e.g., ERIC – The Children's Bowel & Bladder Charity) to support practice and parent communication.

2. Legal and Statutory Framework

- **Early Years Foundation Stage (EYFS):** Providers must ensure children are kept healthy and safe; have appropriate care routines; and suitable, hygienic changing facilities. Staff must follow safeguarding and welfare requirements at all times.
 - **Safeguarding & Local Procedures (Dudley):** We follow Dudley's safeguarding arrangements, including referral to the **Multi-Agency Safeguarding Hub (MASH)** where concerns meet threshold, and use local supporting documents and the West Midlands regional procedures.
 - **Equality Act 2010:** Children must not be discriminated against due to delayed continence or disability; blanket requirements for continence on admission are unlawful.
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3. Principles

1. **Child dignity and privacy:** All care is delivered respectfully, protecting children's dignity, with privacy appropriate to age/stage and within safeguarding parameters (visibility/awareness of colleagues).
2. **Partnership with parents/carers:** We agree a consistent home-setting plan, share progress and troubleshoot together. Updates will be provided on Tapestry.
3. **Health-first approach:** We consider bladder/bowel health (e.g., hydration, constipation) and seek advice where needed.
4. **Inclusion:** We adapt plans for SEND or medical needs and do not delay toilet learning solely because a child has additional needs.

5. **Safeguarding:** Intimate care is delivered by appropriately vetted staff following our Safeguarding and Intimate Care procedures; staff remain alert to disclosures/injuries and report promptly to the DSL and via Dudley MASH as required.
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4. When and How We Support Toilet Training

4.1 Readiness and timing

- We talk with families from admission about toileting, explaining that most children stop using nappies between 18–30 months, which research shows is best for bowel and bladder health. We tailor timing to the child and family context.
- If a child is approaching school, we highlight national guidance that most children should be out of nappies before Reception, except where there is a diagnosed medical need.

4.2 Individual Plans

- The key person agrees a simple, written Toilet Training Plan with parents/carers (see Appendix A), including: language to use, routine timings, clothing, rewards, recording, and how accidents are handled. We review regularly.

4.3 Daily Practice

- **Facilities & equipment:** Child-sized toilets/potties (or toilet seats with steps), gloves, aprons, lidded pedal bin with liners. We ask that parents provide wipes, spare clothes, nappy bags and cleaning supplies. Spaces are clean, safe, and support independence.
 - **Routine opportunities:** We offer regular, calm opportunities to sit (e.g., after drinks/snacks, before going outside, before home time) and respond promptly to cues.
 - **Independence skills:** Staff coach children to pull clothes up/down, sit safely, wipe (as appropriate), flush, and wash hands — building towards independent toileting.
 - **Positive reinforcement:** We use praise and low-key rewards agreed with parents; no child is shamed for accidents.
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5. Managing Nappy Changing and Accidents (Intimate Care)

- We never leave a child wet/soiled. Records are kept of changes/accidents where appropriate. Both parent and school sign the agreed plan. All children are required to have this plan in place.
 - Staff follow infection control procedures (gloves/aprons, cleaning and disposal protocols, hand hygiene) and ensure areas are sanitised after each use.
 - Where repeated soiling/wetting occurs, staff review the plan with parents and consider bladder/bowel health (e.g., constipation) and seek advice from health visitors/GP as needed, with parental consent.
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6. Children with SEND or Medical Needs

- For children with SEND and/or medical needs, we create an Individual Health/Intimate Care Plan (with parent consent and relevant professionals). We do not delay toilet learning unnecessarily; skills can be taught with structure and visuals.

- Reasonable adjustments may include: additional time, visual schedules, sensory supports, equipment (rails/steps), and tailored rewards. (ERIC provides visual supports and specialist guidance.)
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7. Safeguarding, Recording and Escalation

- Staff remain vigilant to signs of abuse or neglect during intimate care; any concern or disclosure is reported immediately to the DSL/Deputy and recorded per our Safeguarding Policy. Threshold cases are referred to Dudley MASH; we use Dudley's supporting documents and the West Midlands procedures for multi-agency working.
 - Allegations against staff follow Dudley procedures and our Allegations Management policy.
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8. Roles and Responsibilities

- **Key Person:** Coordinates the Toilet Training Plan, daily practice, and home-setting communication; maintains records.
 - **All Staff:** Follow this policy and the child's plan; uphold infection control and safeguarding; promote independence and dignity.
 - **DSL/Manager:** Ensures staff training; monitors safeguarding, facilities, records and consistency; liaises with parents and external agencies as needed.
 - **Parents/Carers:** Provide spare clothes and nappies/wipes/creams/nappy bags; follow the agreed approach at home; share updates/concerns.
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9. Communication with Families

- On induction, families receive this policy and sign a toilet training parental agreement (see appendix B) outlining roles, language to use (wee/poo/potty/toilet), clothing (easy-up/down), and contact preferences for updates. We share trusted resources, including the DfE page and ERIC guidance (and The Potty Training Guide endorsed by government).
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10. Linked Policies and Documents

- Safeguarding and Child Protection; Intimate Care; Health and Safety; Infection Control; SEND/Inclusion; Allegations Management; Data Protection/Record Keeping; Equality, Diversity & Inclusion. (All aligned with EYFS Section 3 Safeguarding and Welfare.)

Appendix A: Toilet Training Questionnaire for Parents/Carers

Child's Name: _____

Key Person: _____

Start Date: _____

Please complete this questionnaire to help us understand your child's needs and agree a consistent home-setting approach to toilet training. Your responses will form the basis of your child's Toilet Training Plan.

1. Home-Setting Agreement

a. What words does your child currently use (or do you use) for the following?

- Wee/urinating: _____
- Poo/bowel movement: _____
- Toilet/potty: _____

b. What type of clothing does your child usually wear at home?

(Please note: easy-up/down clothing helps children develop independence.)

c. What reward or praise system (if any) do you use at home?

d. What is your preferred method and frequency of communication about toileting progress?

(Choose all that apply)

- Verbal update at pick-up
 - Written note/diary
 - Digital message/app
 - Phone call if needed
 - Other: _____
- _____

2. Daily Routine at Home

(Understanding routines helps us mirror them in setting.)

- a. When does your child usually sit on the toilet/potty at home?**
(e.g., morning, after meals, before bath, before bedtime)
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- b. Do you use any visuals or prompts (e.g., picture cards, verbal reminders)?**
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- c. Does your child show any signs they need to go (e.g., holding themselves, hiding, pausing an activity)?**
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3. Independence Skills

(These skills support learning to use the toilet independently.)

Please tick those your child can currently do:

- Pull pants/underwear down
- Pull underwear back up
- Pull trousers/skirt up and down
- Sit safely on toilet/potty
- Wipe bottom (fully/partially)
- Flush toilet
- Wash hands independently

Any additional notes on independence:

4. Health Checks

(Based on ERIC bladder/bowel health guidance.)

- a. How much does your child drink per day and what do they typically drink (water/milk/juice etc.)?**
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- b. How often does your child usually poo?**

- Daily

- Every other day
- Less often

c. Have you noticed any of the following?

- Hard/pebble-like stools
- Very large stools
- Withholding behaviour (e.g., hiding, stiffening, avoiding)
- Pain when pooing
- Frequent damp pants or urgency

d. Has your child been seen by a GP/health visitor for bladder or bowel issues?

- No
 - Yes — details: _____
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5. Recording & Rewards

a. How do you monitor toileting at home?

(e.g., mental notes, written chart, reward stickers)

b. What type of praise or rewards does your child respond best to?

c. Are there any approaches that do *not* work well for your child?

6. Progress Review & Next Steps

a. How long can your child usually stay dry between wees?

- Less than 1 hour
- 1–2 hours
- More than 2 hours

b. Does your child ever tell you before they need to go?

- Yes, regularly
- Sometimes
- Not yet

c. Does your child independently wash their hands after toileting?

- Yes
- With reminders
- Needs full support

d. What would you like the next goals to be for your child's toileting progress?

7. Additional Information

Please share anything else you feel would help us support your child effectively:

I understand that if my child has 5 accidents within the school day we may make the decision to place them into a pull up.

Parent Signature:

Date:

Appendix B - Toilet Training Parental Agreement

Child's Name: _____

Date of Induction: _____

Key Person: _____

1. Purpose of the Agreement

We are committed to supporting your child sensitively and consistently through toilet training. The Early Years Foundation Stage (EYFS) requires early years providers to work closely with parents/carers to promote children's independence and meet their personal care needs safely and appropriately.

This agreement sets out how we will work together to support your child's toilet learning.

2. Partnership Working

To ensure your child receives consistent messages at home and in the setting:

Parents/Carers agree to:

- Share your child's current toileting routine, language used, independence skills, and any relevant health information.
- Keep us updated on your child's progress, changes in routine, or any difficulties at home.
- Provide contact details for your child's Health Visitor so we can seek guidance *with your consent* if toileting or bladder/bowel health concerns arise.

Health Visitor Name: _____

Health Visitor Team Contact Number: _____

The Setting agrees to:

- Follow the jointly agreed Toilet Training Plan and adapt it as your child progresses.
 - Share progress regularly using the communication method agreed during induction.
 - Use positive reinforcement and a calm, supportive approach.
 - Ensure all intimate care is carried out safely, respectfully and by appropriately trained/DBS-checked staff.
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3. Clothing and Toileting Access

To help children access the toilet independently and quickly:

- **Children should wear pull-ups rather than nappies where possible**, so they can sit on the toilet whenever they express the desire or show signs of needing to go. This supports early independence and aligns with recommended practice for toilet learning.
- Clothing must be easy for your child to pull up and down (e.g., no dungarees, belts, complicated fastenings).

Parents/carers agree to supply:

- A daily spare set of clothes (or more if needed).
 - Pull-ups (if used), wipes, creams (if required), and nappy sacks.
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4. Managing Accidents

Accidents are expected and are part of normal toilet learning. We will always respond calmly and discreetly, in line with best-practice continence guidance.

However, for your child's comfort, wellbeing and hygiene:

- If a child has five (5) or more accidents in a day, the setting may temporarily place the child back into a pull-up for the remainder of the session.
 - This is a protective measure to ensure dignity, reduce distress, prevent skin irritation, and allow staff to maintain safe staffing ratios while still supporting toilet learning.
 - This will always be communicated to parents/carers at the end of the session or sooner if necessary.
 - Repeated high numbers of accidents may indicate a bladder/bowel health concern (e.g., constipation)—in such cases we may recommend contacting your Health Visitor or GP for further assessment, in line with ERIC guidance.
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5. Health and Medical Needs

- Please inform us of any diagnosed bladder or bowel conditions, constipation concerns, SEND needs, or medical advice you've received.
 - If we observe signs of possible constipation or other health concerns (e.g., frequent accidents, withholding behaviour), we may advise you to contact your Health Visitor or GP (DfE recommends early partnership with health professionals for toileting challenges).
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6. Agreement and Consent

I understand and agree to the terms of this Toilet Training Parental Agreement, including:

- Providing Health Visitor contact details
- Supporting a consistent toileting approach at home
- Supplying appropriate clothing and pull-ups
- Understanding that five or more accidents in one day may result in temporary use of a pull-up for my child

- Understanding that children should wear pull-ups rather than nappies wherever possible to allow toilet access when desired
- Communicating any concerns or changes to the setting promptly

Parent/Carer Name: _____

Signature: _____

Date: _____