



Rationale

We believe that it is important to protect the physical wellbeing of all our students, and especially our youngest children who are dependent upon the adults in their daily lives. We therefore aim to support our children's health, wellbeing, and development by promoting effective potty training at an appropriate time.

Objectives

- Child's individual needs are identified and met.
- Family's cultural preferences are considered.
- Potty training is a positive experience; family and child feel supported throughout.
- Provider supplies families with information and signposts to sources of further information about bladder and bowel health and potty training.

www.pampers.com/en-us/toddler/potty-training/article/potty-training-tips-step-by-step-potty-training

www.pottygenius.com/blogs/blog/steps-to-potty-training-how-to-prepare-for-potty-training

- Communication between the provider and family is promoted before, during and after potty training.
- We aim to have all children who enter nursery completely potty trained.

Actions

- **Preparation:** The Early Years induction to include in the child information form/booklet a section regarding bladder and bowel control prior to the child joining.

If there isn't an existing form, make a parent form to fill in providing this at the beginning of the year

Each child that is potty training will receive a daily report from their teacher or LA that includes:

- How much (approximately) a child has drunk during the school day.
- How much (approximately) a child has eaten during the school day. If they are provided with food from home, they will take home any left overs for parents to monitor.
- How many times a child has been to the toilet or had a dirty nappy, including any unusual observations, for instance, softness or colour of stool, any straining due to constipation, dietary or fluid needs or leakage resulting from suspected infection. Suggestions will be made if a child is struggling to pass stools or is not urinating very often at school, i.e. more fluids, fruit or to seek medical advice.

Potty training can be a very daunting process for families. TWA Early years practitioners will support families by discussing expectations of potty training.

An agreed plan will be reached between the class teacher and the family when Potty training should start, or if further discussion should take place at a more appropriate age/stage of development. The initial discussion should take place by the age of 18 months in creche or when the child starts school after this age.



Assessment of Readiness:

The first stage of potty training is to recognise when the child is ready. It is essential that the child is producing at least one soft dirty nappy a day or staying dry for at least an hour and a half between wet nappies.

Other signs to look out for are:

- Showing interest in the toilet and they can follow simple instructions
- Able to sit themselves on the potty and get up again.
- Starting to show signs of awareness of when they have done a wee or a poo in their nappy.
- Showing awareness that other family members and peers do not wear nappies and use toilets.
- Children with additional needs may not show reliable signs of awareness. Potty training should not be delayed; it is much harder to achieve when the child is older. Readiness can be assessed by monitoring how many times and when the child has a wet or dirty nappy, using these times to introduce a consistent bathroom routine for the child. Close discussion with families to coordinate the plan will be needed.

Delivery:

- Families will be supported to decide the best time to potty train their child. The teacher 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/potty/toilet etc.
- TWA will ensure that suitable facilities are offered: either potty, or toilet with suitable foot support and toilet seat insert.
- The children need 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 stand up when urinating, they may hold onto their stools and can easily become constipated.
- Children are encouraged to relax when using the bathroom, as bowel and bladder movements are triggered by relaxation – it is much easier to relax when seated.
- It is more hygienic as they are less likely to wee on the floor/over the toilet seat.
- Optimum timing for toileting is observed, for instance, toilet visits planned for 20-30 minutes after eating (the most likely time for a child to poo)
- A suitable interval between prompts to wee (the bladder needs to be full to empty correctly)
- Children are encouraged to drink throughout the day and have free access to their individual water bottles in the classroom.
- We will discuss clothing with families; Families need to ensure children are dressed in clothes that are easy to pull up and down, and will supply several spare pants, trousers, socks etc.
- We will work with families to ensure a consistent transition from nappies to pants in one step to avoid confusing the child with a mixture of nappies/pull-ups/pants, with the exception of nap time where they will need at least one nappy a day initially.
- We will ensure and maintain a calm and supportive approach; children should not be rushed or forced to use the potty against their will. 'Accidents' are to be expected – children learn to recognise the sensation of needing a wee/poo by wetting/soiling over time, not instantly.
- All staff and families to ensure child is regularly encouraged and praised. The aim to recognise achievable goals such as sitting on the potty when asked to do so. For example, initially just sitting on the potty for a count of 10 seconds may be an unachievable goal for the youngest children, whilst a child further down the line could be praised on pulling their own pants down and sitting independently on the toilet.
- Every child will be treated on an individual basis with an individual plan.



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