

## **POTTY TRAINING POLICY**

The Children's Bowel & Bladder Charity

Aim:

To support 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 such as ERIC website - [www.eric.org.uk](http://www.eric.org.uk) and ERIC's Helpline (0845 370 8008).
  - Communication between the provider and family is promoted before, during and after potty training.

Actions:

Preparation:

- Provider 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".

• Potty training can be a very daunting process for families. Providers will support families by discussing expectations of potty training, and providing information such as ERIC s Guide to Potty Training'. Agreement to be reached either when Potty 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 potty train their child. Provider 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.

### Assessment of Readiness:

- The first stage of potty 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 potty and get up again  
Starting to show signs of awareness of when they have done a wee or a poo

### Communication:

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

### Trouble shooting:

- Early years staff to be alert for possible constipation; incidence is raised during potty training as some children find pooing into the potty/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 who will 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 Potty Training. Early Years Healthy Bladder and Bowel Assessment may be repeated. Provider 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 and prospective school.

' Early Years Healthy Bladder and Bowel Assessment

" Bristol Stool Chart

""Thinking about wee and poo now you've reached the age of two iN ERIC's Guide to Potty Training v

Vi ERIC's Guide for Children with Additional Needs vi Potty Training Record

VIT ERIC's Guide to Children's Bowel Problems

ix Children who will only poo in a nappy and other toilet avoiders

\* Thinking about wee and poo now you're on the way to school

howing 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. Potty 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. Provider to offer information such as ERIC's Guide for Children with Additional Needs".

Delivery:

- Provider will ensure that
- Suitable facility is offered - either potty, 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.
- Provider 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.

- Provider will work with family 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. N.B. The child will still need a nappy for naps initially.  
Provider will support family by sharing information regarding products to support transition such as washable, absorbent car seat protector/washable, absorbent pants/children's disposable pads and/or advise about putting nappy over pants for travelling, so if the child wees they are aware of the sensation of feeling wet.  
Examples of products at [www.eric.org.uk/shop](http://www.eric.org.uk/shop)
- Early years staff to maintain calm, supportive approach at all times; 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.
- All staff and family to ensure child is regularly encouraged and praised. N.B. aim to recognise achievable goals such as sitting on the potty when asked to do so. Keeping pants dry may be an unachievable goal initially.
- This policy was adopted by: Brize Norton Village Preschool
- On: 4<sup>th</sup> August 2025
- Date to be reviewed: August 2026
- Signed on behalf of provider: \_\_\_\_\_
- Name of signatory: Maria Dix - Chair of Committee