

Guidance from Health Visiting Institute- *Most children are ready to master potty independence and lead in many parts of the process from around 18 months.*

<https://ihv.org.uk/for-health-visitors/resources-for-members/resource/ihv-tips-for-parents/health-wellbeing-and-development-of-the-child/toilet-training/>



DfE Development Matters Guidance – Early Years Foundation Stage [key milestones]

Birth to three – babies, toddlers and young children will be learning to:

Learn to use the toilet with help, and then independently.

Examples of how to support this:

You cannot force a child to use the potty or toilet. You need to establish friendly co-operation with the child. That will help them take this important step. Children can generally control their bowels before their bladder.

Notice when young children are ready to begin toilet training and discuss this with their parents:

- they know when they have got a wet or dirty nappy
- they get to know when they are peeing and may tell you they are doing it
- the gap between wetting is at least an hour
- they show they need to pee by fidgeting or going somewhere quiet or hidden
- they know when they need to pee and may say so in advance

Potty training is fastest if you start it when the child is at the last stage. By the age of 3, 9 out of 10 children are dry most days. All children will have the occasional 'accident', though, especially when excited, busy or upset.

Birth to three: Personal, Social and Emotional Development

When I am a bit older... • I am beginning to show you that I am ready to use the potty.

What to expect in the early years foundation stage

<https://foundationyears.org.uk/files/2021/09/What-to-expect-in-the-EYFS-complete-FINAL-16.09-compressed.pdf>

3 and 4-year-olds will be learning to:

Be increasingly independent in meeting their own care needs, e.g., brushing teeth, using the toilet, washing and drying their hands thoroughly.

Make healthy choices about food, drink, activity and toothbrushing.

Examples of how to support this:

Talk to children about the importance of eating healthily and brushing their teeth. Consider how to support oral health. For example, some settings use a toothbrushing programme.

Talk to children about why it's important to wash their hands carefully and throughout the day, including before they eat and after they've used the toilet.

Observational checkpoint

Look out for children who appear to be overweight or to have poor dental health, where this has not been picked up and acted on at an earlier health check. Discuss this sensitively with parents and involve the child's health visitor. Adapt activities to suit their particular needs, so all children feel confident to move and take part in physical play.

Most, but not all, children are reliably dry during the day by the age of 4. Support children who are struggling with toilet training, in partnership with their parents. Seek medical advice, if necessary, from a health visitor or GP.

Children in reception will be learning to:

Manage their own needs.

- Personal hygiene

Examples of how to support this:

Model practices that support good hygiene, such as insisting on washing hands before snack time.

Narrate your own decisions about healthy foods, highlighting the importance of eating plenty of fruits and vegetables.

Help individual children to develop good personal hygiene. Acknowledge and praise their efforts. Provide regular reminders about thorough handwashing and toileting.

Work with parents and health visitors or the school nurse to help children who are not usually clean and dry through the day.

- I can manage my own personal hygiene.

- Around age 4, am I reliably dry during the day? This is typical for most children but not all. Working in partnership with your child's key person will really help.



Things to consider when supporting continence:

The screen shots above are from the non-statutory early years guidance documents for practitioners and for parents. As with all other care and learning areas of progress, settings should adapt their approach to the child's developmental stage. Very young children will be changed lying down, with standing-up changes encouraged for older children. This moves towards the body position closer to using a toilet.

EYFS -mile stones <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2> and <https://foundationyears.org.uk/2021/09/updated-guidance-to-support-the-eyfs/> . This guidance shares up-to-date thinking from [health visitors](#) .

The Equality Act 2010 and Disability Discrimination Act state that education settings must not discriminate against or disadvantage disabled children or those with special educational needs. A delay in achieving continence, or not being toilet trained, is considered a disability. It is therefore not acceptable for a school or setting to refuse or delay admission for children who are not yet toilet trained. Settings and schools need to consider ways they can best support a child, and work with parents to support children towards independent self-care. Calling parents to change children is not an option, so the school needs to look at their facilities to enable messy changes. This will also need to include checking staff contracts to make it clear about the need to change children.

As with every other aspect of early years best practice, working with parents to ensure continuity, and a shared understanding of context, is vital. How many children have air dryers and cake soap at home? Consider the noise of multi-flushing toilets in a group setting. Is it possible to share a video of an empty toilet area, with sounds, so parents can consider the impact of these differences on their own child's experiences? In this way we can all work together to encourage children to be as prepared and as independent as they can be.

Cultural needs, customs, and traditions vary greatly and speaking to families can help understand a family context. Across cultures, there is huge variation in expectations of what is an appropriate age to toilet train. If a child is at home with a parent who can visit the toilet with them on every occasion, then being at school where there are 30 children, and one teacher, will not allow for this routine. Does everyone understand the context of your setting and why working towards independence is so important? It is helpful for children to wear clothing that supports independence.

Further guidance for parents is available in [Family Hubs](#), with guidance from [Health Visitors](#), and through our Solihull web-links- <https://www.solihull.gov.uk/Children-and-family-support/locaoffer/early-years-support> . Health Visitors in Solihull use the Solihull Approach and this [resource](#) may be helpful to reflect upon practice.

The EYFS states that *fresh drinking water must always be available and accessible to children*. This self-choice will lead to the need for ready access to toilets or changing. Hence the need to also encourage self-care once children are able. The adult role will move from changing, to support and encouragement, and then supervision (with support on occasions).

Dignity and safeguarding need to be considered when identifying places for care and self-care policies. Children's safeguarding needs to be balanced with their privacy. When children are having their nappies changed, or are learning to use the toilet, a member of staff needs to be present. However, consideration should be given to who else is present and what can be seen. It is important to respect children's privacy wherever this is possible, without compromising on safeguarding. How are private spaces enabled so changing stations are not hidden away but are not visible to a wider audience.

Health and safety risks also need to be considered. To help workplaces identify risks, a risk assessment must be carried out. This will help you to make sure that precautions are in place to keep staff and children safe. As part of your risk assessment, you need to consider musculoskeletal and manual handling risks e.g. lifting, carrying, moving, repetitive or awkward lifting/moving of children; [Infection control and prevention](#) including hygiene procedures, personal protective equipment e.g. gloves, aprons etc., the use of potties and the safe management of waste including procedures for soiled clothes; falls from height, if using nappy changing units; medication management including the use and storage of nappy creams and lotions; staff or children with allergies if using wipes or latex. You also need to consider any general workplace risks like slips from spillages.

The [ERIC website](#) is a great source of wider continence guidance. It includes best practice policy guidance and support for toilet anxiety and SEND. It also includes on-line books and video guidance. Find out about [Interoception](#) - our inward facing sense which responds to internal body signals and sensations...such as when you need to go to the toilet.

Some children find visiting the toilet difficult.... unfamiliar smells, the sudden or unexpected sound of another toilet flushing, doors banging, extractor fans, or loud hand driers can be upsetting or frightening for a child. A child needs a way of letting you know when they want the potty or toilet, particularly if they do not talk. Using stories, pictures, or photographs before introducing any new routines can help make things predictable and less frightening. Many difficulties, including fear or anxiety about the bathroom or toilet, are due to sensory differences. Some children may be helped if they have a potty in a private quiet place, although most children in setting are encouraged to use the toilet. Reasonable adjustments can be short or long term and can make a big difference in supporting small positive step of progress.

[Toileting | Anna Freud](#) states- *Toddlers are generally learning more about their bodies – they may feel that their poo is a precious treasure because it is a part of their body, and so can be anxious about getting rid of it. But at the same time, they are also learning from those around them that a poo is something dirty and smelly, which they shouldn't touch or play with. Understandably, this can be quite confusing!*

We hope that this guidance helps you to understand the resources that are available for Solihull schools and settings to help support children's self-care.



[NHS](#)



<https://youtu.be/8fmmpTnbtzU>