

## POTTY TRAINING POLICY

### 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](http://www.eric.org.uk) (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*<sup>i</sup>.

To include:

- Child's current fluid intake – quantity and type of fluid
- Child's current bowel habit – type of stool (*Bristol Stool Chart*<sup>ii</sup>) 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*<sup>iii</sup>.

- 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*<sup>iv</sup>. 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<sup>v</sup>

- Showing 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*<sup>vi</sup>.

**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.

### 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*<sup>vii</sup>.
- 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*<sup>viii</sup> 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*<sup>ix</sup>.
- 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*<sup>x</sup> may be shared with family and prospective school.

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<sup>i</sup> Early Years Healthy Bladder and Bowel Assessment

<sup>ii</sup> Bristol Stool Chart

<sup>iii</sup> Thinking about wee and poo now you've reached the age of two

<sup>iv</sup> ERIC's Guide to Potty Training

<sup>v</sup>

<sup>vi</sup> ERIC's Guide for Children with Additional Needs

<sup>vii</sup> Potty Training Record

<sup>viii</sup> ERIC's Guide to Children's Bowel Problems

<sup>ix</sup> Children who will only poo in a nappy and other toilet avoiders

<sup>x</sup> Thinking about wee and poo now you're on the way to school

# POTTY TRAINING FLOWCHART



## ASSESSMENT

Complete ERIC's Early Years Healthy Bladder and Bowel Assessment Chart.

## DRINKING

Child should drink minimum of 5 full cups of fluid at nursery during whole-day session, or equivalent for part-day.

## BOWELS

If poo problem is identified, discuss with family and provide signposting to [ERIC's Guide to Children's Bowel Problems](#).

**GO!**

## PREPARATION

Choose words to use, involve child in nappy changing process, introduce equipment and talk about peers who are potty training.

## READINESS

Check [ERIC's Guide to Potty Training](#) for signs of readiness. Can they stay dry for an hour or two, are they doing a soft poo every day?

## ROUTINE

Prompt for wees every couple of hours, try for a poo 20/30 minutes after meals. Boys to sit for wees to help them learn to poo and empty bladder.

## PRAISE & PROGRESS

Track progress using ERIC's Potty Training Record. Praise effort the child is making not just success.

## EARLY YEARS HEALTHY BLADDER AND BOWEL ASSESSMENT

Name of person completing form: _____	
Job title: _____	Date completed: _____
Child's name:	Male/Female
Date of birth:	Age:

Usual drinking pattern		
TIME	TYPE OF DRINK	AMOUNT

Usual bowel pattern	
NUMBER OF POOS PER DAY	
TYPE OF POO (Bristol Stool Chart)	
SIZE OF POO	
IF POTTY TRAINED – ANY SOILING?	
If unable to describe pattern or habit is random, suggest completing ERIC <i>Poo Diary</i> for at least a week.	
ANY BEHAVIOUR ASSOCIATED WITH POOING?	

Any history of constipation?                      Yes / No                      Details: \_\_\_\_\_

Any history of Urinary Tract Infection?                      Yes / No                      Details: \_\_\_\_\_

Any medication for bladder/bowels?                      Yes / No                      Details: \_\_\_\_\_

*Please use the back of the form to document any other comments*

## POTTY TRAINING RECORD

Child's name:	Date of birth:	Age:
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Date	Time	Poo in potty – amount small/medium/large	Any soiling? - amount small/medium/large	Stool type 1 - 7	Wee in potty – amount small/medium/large	Any wetting? – Amount small/medium/large	Did child ask for potty or were they prompted to go?	Any other comments

Date	Time	Poo in potty – amount small/medium/large	Any soiling? - amount small/medium/large	Stool type 1 - 7	Wee in potty – amount small/medium/large	Any wetting? – amount small/medium/large	Did child ask for potty or were they prompted to go?	Any other comments

# THE BRISTOL STOOL CHART FOR CHILDREN

## THE BRISTOL STOOL CHART FOR CHILDREN Choose your



### Type 1



**Looks like: Rabbit Droppings**  
Separate hard lumps. Like nuts (hard to pass)

### Type 2



**Looks like: Bunch of Grapes**  
Sausage-shaped, but lumpy

### Type 3



**Looks like: Corn on the Cob**  
Like a sausage but cracked on the surface

### Type 4



**Looks like: Sausage**  
Like a sausage or snake, smooth and soft

### Type 5



**Looks like: Chicken Nuggets**  
Soft blobs with clear-cut edges (passed easily)

### Type 6



**Looks like: Porridge**  
Fluffy pieces with ragged edges, a mushy stool

### Type 7



**Looks like: Gravy**  
Watery, no solid pieces ENTIRELY LIQUID

The most common bowel problem in children is constipation. Left untreated, or treated too gently, this can lead to soiling. Keep a check on your child's poo – it should be **Type 4** - soft and easy to pass.

#### How often should a child poo?

At least 4 times a week. Any less than this and the journey from mouth to bottom is taking too long – too much water is then absorbed and hard poo results – look overleaf. MORE than 3 times a day is not right either – it could look like **Type 7**. That might be diarrhoea but it could also be overflow caused by constipation! Read on to find out more...

#### What age can constipation start?

ANY age! Even babies can get constipated! Including those who are breast fed! Never wait for it to get better by itself...the longer it is left untreated the longer it takes to get better.



*Concept by Professor DCA Candy and Emma Davey, based on the Bristol Stool Form Scale produced by Dr KW Heaton, Reader in Medicine at the University of Bristol.*

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## CHILDREN WHO WILL ONLY POO IN A NAPPY AND OTHER TOILET AVOIDERS



Children who will only poo in a nappy are completely normal. Lots of children go through a phase, usually soon after potty training has begun, when they refuse to poo in the potty or toilet and insist on using a nappy.

Other children go through a phase of refusing to wee in the potty or toilet. You'll find the information and techniques below will be relevant to them too.

Some boys and girls will work it out for themselves, but without intervention some would happily poo in a nappy for years.

Here are some tips to help you break the pooing in a nappy habit.

If your child insists on using a nappy to poo, **DON'T SAY NO**, or they will simply try to avoid pooing. Withholding the stools will lead to constipation – which is definitely something to avoid! Let them have the nappy on just to do their poo, and work on gradually changing their behaviour.

So, where do you start?

### 1. Constipation

Constipation often plays a part in potty/toilet avoidance. A big, hard, painful poo will scare the child, and to stop it happening again they simply hold on. Look at [ERIC's Guide to Children's Bowel Problems](#) for information on how to recognise if your child is constipated. There is also lots more information on the [Flowchart for Constipation](#). Make sure any constipation is really well managed before attempting to change toileting behaviour.

### 2. Making the toilet less scary

Some children are frightened of the toilet itself. This fear will need to be overcome before they can start learning to sit on it. If your child is scared of the flush, start by flushing it while they stand by the bathroom door, then gradually ask them to come a little closer. When they are near enough, encourage them to put just a little bit of toilet paper in the toilet to flush away.

If they are worried about the water splashing back when they use the toilet, show them how to put a layer of toilet paper over the water in the toilet bowl.

Create a game with a few bottles of food colouring! Add a few drops to the cistern, then ask your child to guess what colour the water in the toilet will change to when they flush.

### 3. Learning to sit on the toilet

To start with, sitting on the potty/toilet should have nothing to do with pooing. The emphasis should be completely on relaxed, happy sitting – when you ask them to do so.

To start with this may be a five second sit, once a day, fully clothed. That's fine! Reward them for sitting (have a look at our [Toileting Reward Chart](#)), and resist the temptation to mention wee or poo!

The key now is moving forward gradually, so each little step forward is an achievable goal. You plan when the toilet/potty sitting should take place – aim for 20-30 minutes after each meal as that is the best time to poo, and before bed. Make sure your child's bottom and feet are firmly supported – see the section 'How to get the poo in the loo' in [ERIC's Guide to Children's Bowel Problems](#).

Over time you'll build up a regular toileting programme, with your child sitting on the potty/toilet for 5-10 minutes four times a day. Keep a bag of special toys in the bathroom ready so they look forward to exploring what's there whenever they sit on the loo.

Remember to reward every potty/toilet sit with your agreed system.

### 4. Next steps

Once you've made sure your child is not constipated, and they can happily sit on the potty/toilet for 5-10 minutes, you're ready to begin working towards them pooing in the right place.

The key thing is to work out where they like to poo in their nappy, for example behind the sofa or in the corner of their bedroom, and where you want them to poo – on the potty/toilet. Put as many tiny steps as possible in between until eventually they reach the potty. Each step should be an achievable goal.

**Be patient** – this may take a long time, but it will be worth it! Read the examples below for ideas of how other parents encouraged their children to move step-by-step towards the potty.

## Case studies from the ERIC Nurse

### **Peter**

Peter was 9 years old when he was referred to the continence service with a request for one nappy a day. A highly intelligent boy, Peter was the middle brother of three.

Poorly treated constipation as a toddler had led to toilet avoidance, despite appointments with the paediatrician, gastroenterologist, psychologist and school nurse. Nothing any of them had said had ever affected his toileting behaviour. Peter said that they always focussed on the toilet – but that had nothing to do with him as he always stood to wee and wore a nappy in his bedroom to poo.

**Step 1:** Peter and his Mum were advised how to adjust his laxatives to make sure he was not constipated.

**Step 2:** Peter was asked to sit on the toilet, lid shut and fully clothed, for 5 minutes twice a day and read a book. Over the next couple of weeks he was asked to lift the lid before sitting, then remove his trousers, and eventually pull his pants down. He cooperated fully – he wanted his life to change, but he remained scared. He was happy to work on sitting on the toilet as long as poo was not mentioned. This gradual process of de-sensitisation worked. Peter lost his fear of sitting on the toilet, but he was still not able to just sit and poo.

**Step 3:** Peter was asked to sit on the toilet with his nappy on to do his poo.

**Step 4:** After a week Peter was asked to undo the nappy. This was too big a step, but he managed to undo one tab. Over the next few weeks Peter managed to undo all four tabs every time he sat on the toilet wearing his nappy.

**Step 5:** Over the next several weeks Peter gradually loosened the nappy until it was opened out flat on the toilet seat.

**Step 6:** From now on the nappy could be placed on the toilet rather than on Peter. Once Peter was used to this major change, the nappy could be gradually moved away from his bottom and down the toilet.

**Step 7:** Peter's mother remained completely committed to the process - cutting a piece of nappy just the right size to position in the toilet, and fishing it out afterwards to throw away. Over time, she cut the piece of nappy smaller and smaller, so it rested further and further down into the bowl of the toilet.

**Step 8:** Once a small piece of nappy was enough, it could be exchanged for a pad of toilet paper. Peter could then flush the toilet; his Mum didn't have to retrieve bits of wet, poeey nappy from the toilet any more.

It was almost two years since the original referral, but the family were overjoyed. Peter has never looked back.

## Joshua

Joshua, who had a mild learning disability, was 8 years old. He'd had poo problems ever since he experienced constipation as a toddler which had long since been resolved.

He wore nappies until he was 7 because he refused to poo without one, but his parents had observed that his nappies were invariably dry when they took him to the toilet, where he would wee but never poo. They had therefore put him in pants, and he did very well at keeping them dry, but he continued to insist on wearing a nappy when he needed a poo.

His Mum and Dad always knew when he was ready to poo as he went to the same spot in his bedroom.

**Step 1:** Joshua's parents marked a cross on the spot in his bedroom where he always went to poo. They used green (his favourite colour) insulating tape as it peeled off the floor easily.

**Step 2:** After a few days Joshua's parents marked a new cross on the floor with him, just a couple of centimetres from the first. When he next asked for his nappy, they took him to the cross. When he had finished, he chose a sticker, which was always his favourite reward.

**Steps 3 to 33... approximately!:** A few days later Joshua's parents once again moved the cross. They discovered that if they attempted to move it too far he became upset and tried to put it back, but small steps were accepted. Over several weeks they moved the cross in tiny steps across Joshua's bedroom floor, across the landing and into the bathroom.

**Step 34:** A momentous step! The cross was stuck on the toilet seat. Joshua's parents expected to begin the slow process of gradually removing the nappy, similar to Peter's story above. Joshua had other ideas though: he simply sat on the green cross on the toilet seat and did a poo. Joshua's parents took a long time to recover from the shock!

## George

This story is incomplete, as George was the son of a colleague who changed jobs, at which point he was still on his poo journey. So much progress had been made though, with such patience and determination, that it is highly likely that success was achieved!

George was 6 years old and had been diagnosed with Autistic Spectrum Disorder. His parents had no idea how or why his poo habit had started, but when George needed to do a poo he went to stand behind a large tree at the end of the garden. He pooped in whatever was on his bottom at the time – pants/nappy/pull-up – but always by the tree.

George's parents realised that the first thing they needed to do was to get him into the house – but that was not going to be easy as they couldn't bring his tree!

**Step 1:** George's parents introduced some toys to act as objects of reference on and beside the tree. They referred to the toys, not the tree, at all times.

**Step 2:** The family wheelbarrow was placed beside the tree.

**Step 3:** The toys were gradually moved from the tree to the wheelbarrow; the wheelbarrow became the object of reference.

**Step 4:** The wheelbarrow, with toys, was gradually moved up the garden until it was outside the back door.

**Step 5:** The toys began to be moved into the doorway...

...and there the factual account ends.

George, however, can provide us with an example to work on; how could his journey be continued? It is clear that we need to plan a series of tiny steps, each an achievable goal that does not unsettle George.

**Step 6:** could be to gradually move the toys into a box inside the back door. The toys remain the objects of reference; the box has been added.

**Step 7:** the box of toys makes a slow journey from the back door into the family bathroom.

**Step 8:** the toys reach the toilet, and remain round it.

**Step 9:** now George will have to be introduced to the toilet, and over time learn to sit on it. Perhaps Peter's story can suggest some steps towards this.

**Step 10:** until George reaches the stage of sitting on the toilet, he will continue to poo in his pants/nappy/pull-up. Emptying the poo into the toilet and learning to flush the toilet could be additional steps towards his ultimate goal.

A poo journey like this is going to take a huge amount of time and effort and parents will need a lot of support. Encouragement to think about the future, without intervention, may be a useful incentive. At 6 years old changing George's pants or nappy when he poos is an easy option. That won't be the case when he is 16.