


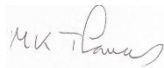


Gwaunfarren Primary School

Toileting Policy

Autumn 2025

Toileting Policy

Headteacher	Mr A. Lewis	
Date	October 7 th 2025	
Chair of Governors	Mrs M. Thomas	
Policy Date	Autumn Term 2025	
Policy Review	October 2026	

Joint Guidance Document on Toileting Strategies for Early Years Settings and Schools

It is primarily the role of parents to toilet train their children, with support offered by Early Years settings and Health Visitors at specific points as shown within the Merthyr Tydfil Early Years Toileting Pathway (See Appendix 2).

Toilet training is a very important milestone for each and every child. Children require reassurance and guidance at every step to make sure that they are fully supported and encouraged during this stage of their development.

Early years practitioners are trained and experienced in supporting children with their personal care needs during their attendance at the setting. This might include toileting support and they should provide this sensitively when requested.

Health Visitors will be key partners to introducing the recommended pathway to toilet training children from 15 months.

Schools should support children, parents/carers where continence has not been achieved prior to entry. Toileting for nearly all pupils will have been achieved prior to school entry. Under the terms of the Equality Act 2010, schools **must not** refuse entry to a child who is not toilet-trained because of a disability and/or developmental delay. It is the parent/carer's duty to inform the school of any special toileting needs that a pupil may have, prior to school entry. Where this may be the case a positive and structured approach developed in partnership with parents and carers is likely to be successful.

Key Recommendations:

1. All Early Years settings and schools should be aware of bladder and bowel conditions and their role in supporting affected children.
2. All Early Years settings and schools should be aware of how to promote healthy bladder and bowels by:
 - Encouraging learners to remain hydrated throughout the hours they are on the school site – they should have half of their daily fluid requirement in core school hours
 - Ensuring learners have access to clean, well stocked toilets at intervals appropriate to the needs of the individual child
3. Children **must not** be refused admission to school due to continence difficulties
4. Learners who are known to have continence difficulties should be offered a care plan, to ensure their individual needs are met in early years settings or schools
5. Parents should not be expected to come to Early Years settings or schools to change their children

Equalities Act 2010

Under the terms of the Equality Act 2010, schools **must not** refuse entry to a child who is not toilet-trained because of a disability and/or learning need. Children and young people with global developmental delay, which may not have been identified by the time they enter nursery or school, are likely to be late achieving independence with toileting; some may never achieve independence with toileting. However, it is unacceptable to refuse admission to other children who are delayed in achieving continence. Delayed continence is not necessarily linked with learning difficulties.

This guidance will apply to pupils who, due to their additional learning needs, or a medical condition, require toilet training or special arrangements with toileting in preschool, school or other education settings.

Achievement of continence has a number of benefits:

Greater dignity for the child – particularly important as they become older
Everyday routines/activities of family life are not compromised – e.g. being able to go swimming; not having to rely on there being appropriate changing facilities when accessing other activities, children being able to stay overnight with friends and family. Reduced costs for families.

The purpose of this document is to set out an agreed approach to be taken by the various agencies working with children in Merthyr Tydfil to achieve continence on an individual basis wherever possible and at the right time for the child. Adopting a consistent approach, which is based on a well understood pathway, will be essential to supporting parents and children in this matter.

This guidance:

- Identifies the importance of working in partnership with parents/carers
- Sets out the principles of good practice
- Provides practical guidance for preschools and schools
- Clarifies the implications of the Equalities Act
- Sets out guidance for all children
- Emphasises the employer's duty to safe-guard the health and safety of pupils and staff
- Raises awareness of the need to protect the dignity of the child.

Where document refers to child/children, this includes children and young people of pre-school and school age.

Attending preschool settings and starting school

Children with toileting difficulties should be admitted into pre-schools and into nursery and reception classes with their friends in the same way as any other child.

Education providers have an obligation to meet the needs of children and young people with delayed personal development in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Children should not be excluded from normal pre-school or school activities solely because of incontinence.

Before the child starts at any setting/school it is important to:

- Gather information from parents, child and any professionals involved
- Establish effective partnership with parents/carers, child and any professionals involved
- Focus on health and safety implications and determine whether a risk assessment is required
- Decide, in consultation with parents/carers, whether you need further advice from Health or the Additional Learning Needs Team
- Arrange for any specialist advice, training, resources, equipment to be in place before the child begins attendance
- Agree a plan with parents/carers and child and make a written note of your agreement
- Make sure that all staff are informed and clear about their responsibilities.

It is important for all parties to monitor and review the plan regularly to ensure it is still meeting the needs of the child.

Partnership with Parents/carers

Open and supportive communication with parents (including carers) is fundamental to planning for and meeting the child's toileting needs effectively and sensitively. Many parents may feel anxious that their child is not able to use the toilet independently and may have already experienced some difficulties with toilet training and/or experienced negative attitudes from others towards the issue. For some children their toileting needs may be relatively short term and related to initial toilet training, whereas others may require a long term toileting programme. Parents will need to feel confident that the setting is able to support their child's toileting needs and is positive about doing so, and should be encouraged to be open about and able to discuss any concerns in this area.

Partnership with Children and Young People

The active involvement of the child in their toileting programme is vital to make sure they have ownership and understanding of their targets.

Good Practice for Schools and Settings

All children have an educational entitlement irrespective of their difficulties with toileting.

Normally, continence is achieved by the time a child reaches three years of age, with nearly all children achieving full control by the age of four years, albeit that “accidents” may still occur.

- Children with a general delay in acquiring bowel and bladder control can often remain clean and dry if they are reminded to go to the toilet and given the opportunity for regular and frequent breaks throughout the day.
- Clothing which is easily removed is obviously important or alternatively easy for the child to pull up and down. Wherever possible it is better to train the child with appropriate clothing rather than continuing to rely on the nappy/pad.
- Ensure adequate fluid intake throughout the day. Inadequate fluid intake can also contribute to the development of constipation. A minimum recommendation is for children to drink at least 3-4 full drinks per school day (one full drink = 200 mls).
- Children or young people who need assistance with toilet training or special toileting arrangements must be treated with respect, dignity and sensitivity.
- Work in partnership with parents and carers in planning for toileting needs and effective toilet training, acknowledging that continence and independent toileting may not be achieved by some children.
- Adopt consistent approaches at home and at the setting/school.
- The setting/school, in partnership with parents/carers, child and any other professionals involved, should make and review care plans, working towards achieving maximum independence of the child with toileting.
- The school, supported by head teachers, governors, and senior managers, should positively address issues raised by toileting needs in a constructive and problem solving way.
- Staff should be provided with access to appropriate resources (e.g. changing mat, disposable gloves, aprons, antibacterial spray, soap and water) and be supported by clear plans, policy guidelines and training.
- A student on placement should not change a nappy unsupervised.

- Headteachers and Managers should be aware of, and ensure implementation of, appropriate health and safety procedures and risk assessments.
- Headteachers, Governors and Senior Managers should be aware of their duties to comply with the Equalities Act.
- For children on the Child Protection Register, settings should consult the Social Worker whenever planning toilet training or special toileting arrangements.
- Alert the Educational Inclusion Officer if any school attendance difficulties develop because of toileting concerns.
- Changing facilities should have a high priority in any school's Access Plan. If it is not possible to provide a purpose built changing area, then it is possible to purchase a changing mat, for those children who unable to weight bear, and change the child on the floor or on another suitable surface. If a child can weight bear, they should be changed standing up.
- It is anticipated that existing staff will support pupils with toilet training or special toileting arrangements in school and preschool. Where incontinence is caused by an underlying impairment, it is a necessary reasonable adjustment for staff to carry out personal care. When recruiting new staff it is important that duties relating to personal care are specified in the contract of employment and job description. Managers should ensure that staff carrying out such procedures feel confident and supported by relevant training and protocols to ensure the dignity of the pupil and protection of the staff.
- No child should be left wet or dirty for a parent/carer to change later.
- It is not reasonable to expect parents or carers to be on emergency stand-by to change children during the school day.
- Staff should ask parents/carers to provide the school with a couple of appropriate changes of pants/trousers etc in case of accidents.
- It is the responsibility of parents/carers to deal with wet/soiled clothing. Staff should liaise accordingly and make the necessary arrangements.
- Organise that a member of staff familiar with the child is given the responsibility of taking the child to the toilet at fixed, appropriate intervals throughout the morning/day. Careful observations and discussions with the child may identify when the child "needs to go".
- Children may be anxious and pre-occupied by toilet difficulties but usually respond to praise, encouragement and confidence building. It is important to promote self-esteem in other areas.

- Reminders to use the toilet should be discreet and staff may consider the use of signs, pictures or code words.
- Make little fuss over accidents that do occur and ensure that they are dealt with swiftly, appropriately, sympathetically and in a calm, low-key way. Praise when the child has made the effort to go to the toilet independently.
- After a period of training it may be sufficient to remind the child to go to the toilet on their own. Be positive and patient and praise the child for effort.
- It is important to anticipate toileting needs for these pupils before planning off site activities. Children should not be excluded from off-site activities because of their toileting needs.
- Where difficulties persist there may be more complex issues to consider and further guidance and support may be needed from other professionals.

Children with special educational needs and disabilities

In addition to the good practice guidance described above the following considerations may apply:

- In consultation with parents, Health service staff will provide any relevant medical information, training and advice
- It may be appropriate to consult the Additional Learning Needs Team Leader who can provide guidance and assistance with risk assessments
- Specialist equipment may be accessible through the Additional Learning Needs Team Leader.

Health and Safety considerations

The LA, Headteachers, Governors and early year's settings have a duty to safeguard the Health and Safety of pupils and staff. Schools and other settings registered to provide education will already have hygiene or infection control policies as part of their health and safety policy and will follow these when managing a child with toileting needs. Ensure all known allergies are considered when planning and carrying out each child's toileting programme.

Child Protection concerns

The normal process of changing a nappy/pad should not raise child protection concerns, and there are no regulations that indicate that a second member of staff must be available to supervise the nappy changing process to ensure that abuse does not take place. Few settings will have the staffing resources to provide two members of staff for nappy changing

and DBS checks are carried out to ensure the safety of children with staff employed in childcare or education settings. Where there are concerns the usual child protection procedures should be followed.

Supplementary advice and resources for schools and parents are available through the Health Visitor and Team Leader Additional Learning Needs.

Legislation

Education act 1996

Equality Act 2010

UN Convention of Rights of Child (article 3)

ALN & Educational Tribunal Act Wales, 2018

Good practice

Link to Early Year’s Toileting Pathway

Steps to Toilet Training

Link to guidances for Early Years & Schools found at....

[School toilets: good practice guidance | GOV.WALES](#)

[Toilet or Potty Training | GOV.WALES](#)

[Toilet or potty training \(suitable from 2 years\) | GOV.WALES](#)

Useful websites:

Bladder and bowel UK - <https://www.bbuk.org.uk/>

ERIC website - <https://www.eric.org.uk/>

Do to learn website for visual aids -

https://do2learn.com/picturecards/printcards/selfhelp_toileting.htm

National Autistic Society - <https://www.autism.org.uk/about/health/toilet-training.aspx>

Snap Cymru Wales - <https://www.snapcymru.org/>

Useful contacts:

<p>Health Visitors Deputy Senior Nurse Generic Service) 2nd Floor Keir Hardie Health Park Aberdare Road Merthyr Tydfil CF48 1BZ</p> <p>Tel. No: 01685 351311</p>	<p>Early Years Advisory Teacher Integrated Children’s Centre Duffryn Road Pentrebach Merthyr Tydfil CF48 4BJ</p> <p>Tel. No: 01685 727374</p>	<p>Additional Learning Needs Team (manual handling training for school staff and toileting queries) Schools Department Unit 5 Triangle Business Park Merthyr Tydfil CF48 4TQ</p> <p>Tel. No: 01685 724616/ 724605</p>
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<p>Clinical Nurse Specialist for Children with Additional Needs Children’s Centre Ysbyty Cwm Cynon New Road Mountain Ash CF45 4BZ</p> <p>Tel. No: 01443 715248</p>	<p>Team Leader School Nursing Team Keir Hardie Health Park Aberdare Road Merthyr Tydfil CF48 1BZ</p> <p>Tel. No: 01685 351322</p>	<p>School Nurse for Enuresis Clinic Keir Hardie Health Park Aberdare Road Merthyr Tydfil CF48 1BZ</p> <p>Tel. No: 07786541705 (open referral with parental permission via school nurse following GP appointment, for all toileting referrals)</p>
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Further information and advice

Enureris Resource & Information Centre

(ERIC), 34 Old School House, Britannia Road, Kinswood, Bristo, BS15 8BD. Telephone: 0117 960 3060
Website www.eric.org.uk

Good Practice in Continence Services, 2000

Available free from Department of health, PO Box 777, London SE1 6XH or
www.doh.gov.uk/continenceservices.htm

Managing Bowel and Bladder problems in Schools and Early Years Settings (Guidelines for good practice)

PromCon, Disabled Living, Red Bank House, 4 St Chad’s Street, Manchester M8 8QA.
Telephone: 0870 777 4714.
Email: promocon@disabledliving.co.uk Website: www.promocon.co.uk

Keep it clean and healthy, Infection Control Guidance for Nurseries, Playgroups and other Childcare settings

Published by Pat Cole, Hartford Cottage, 1 Longstaff Way, Hartford, Huntingdon, Cambridge, PE29 1XT. Email: pat@cole-hartford.fsnet.co.uk

Mind the Germs! Infection Control Guidance, 2006. Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ.

www.cymru.org.uk

Managing medicines in schools and early years settings 2005, UNISON

Telephone: 0845 355 0845
Email: education@unison.org.uk

Your Guide to Toilet Training Your Child 2008. Mencap

123 Golden Lane, London EC1Y 0RT.
Telephone: 020 7454 0454
www.mencap.org.uk

References

Equality Act 2010

The Special Educational Needs and Disabilities Act 2001, The Stationary Office Ltd.

School Toilets: Best Practice Guidance for Primary and Secondary Schools in Wales, 24/01/2012. Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ.

www.cymru.org.uk

Acknowledgements

‘Guidance on Special Toileting Needs in Schools and Early Years Settings’, Warwickshire County Council

‘Promoting personal development in foundation and key stage 1 – continence’
Leicester City Council

‘Guidance on Toileting Needs in Schools and Early Years Settings’, Hampshire County Council

Appendix 1 - Common Conditions/Symptoms

(i) Daytime Wetting

(a) Frequency

The child may feel the need to pass urine at frequent intervals, which can be as often as every 15 minutes or so. This can obviously be very distressing for the child and also disruptive if the child has to leave class frequently to go to the toilet. However, it is wise to check with the parents as to whether or not the child may have an infection which is causing these symptoms.

Children in this category will normally require a more formal type of intervention, which could include medication in some cases in order to help achieve normal bladder control. Treatment usually involves a bladder re-training programme (i.e. teaching the bladder to “hold on”), necessitating ready access to a toilet and to drinks.

A typical toileting programme may involve the child going to the toilet “by the clock” at 1-2 hourly intervals initially. The child will also require extra drinks during the school day. Consider constipation as one of the main causes of daytime wetting.

(b) Urgency

With urgency the child feels the need to pass urine straight away, without the ability to “hold on”. Urgency is commonly seen in conjunction with frequency although it can occur on its own or as a result of an infection. Unless the child has immediate access to a toilet there will be a problem in continence.

A child with urgency problems will need to undergo a bladder re-training programme established in collaboration with parents/carers and the School Health service in order for the child to learn to recognise and respond appropriately to signals from their bladder.

(ii) Behavioural

The passing of normally formed stools in a socially unacceptable place is thought to be behavioural in origin. Children may not have underlying constipation, which causes the soiling. The involvement of one of the community nursing services may be appropriate in these cases.

(iii) Overflow Soiling

Overflow soiling, by contrast, is the uncontrolled passing of faecal matter into the underclothes as a direct result of chronic constipation, all of which remains totally outside the child's voluntary control. Faecal matter may be liquid or solid.

The child may be unaware that soiling has taken place and of the associated smell. Many children suffer from feelings of low self-esteem and shame because of the condition and treatment programmes can become protracted if no early solution is found. Easy access to appropriate toileting, changing and washing facilities is an essential part of any treatment programme. A referral to either the continence service or the School Nursing service should be considered.

(iv) Conditions/Disabilities

There are various medical conditions and disabilities which can have an effect on a child's continence.

Some children with physical disabilities/long-term medical conditions may also have problems with bowel and/or bladder control:

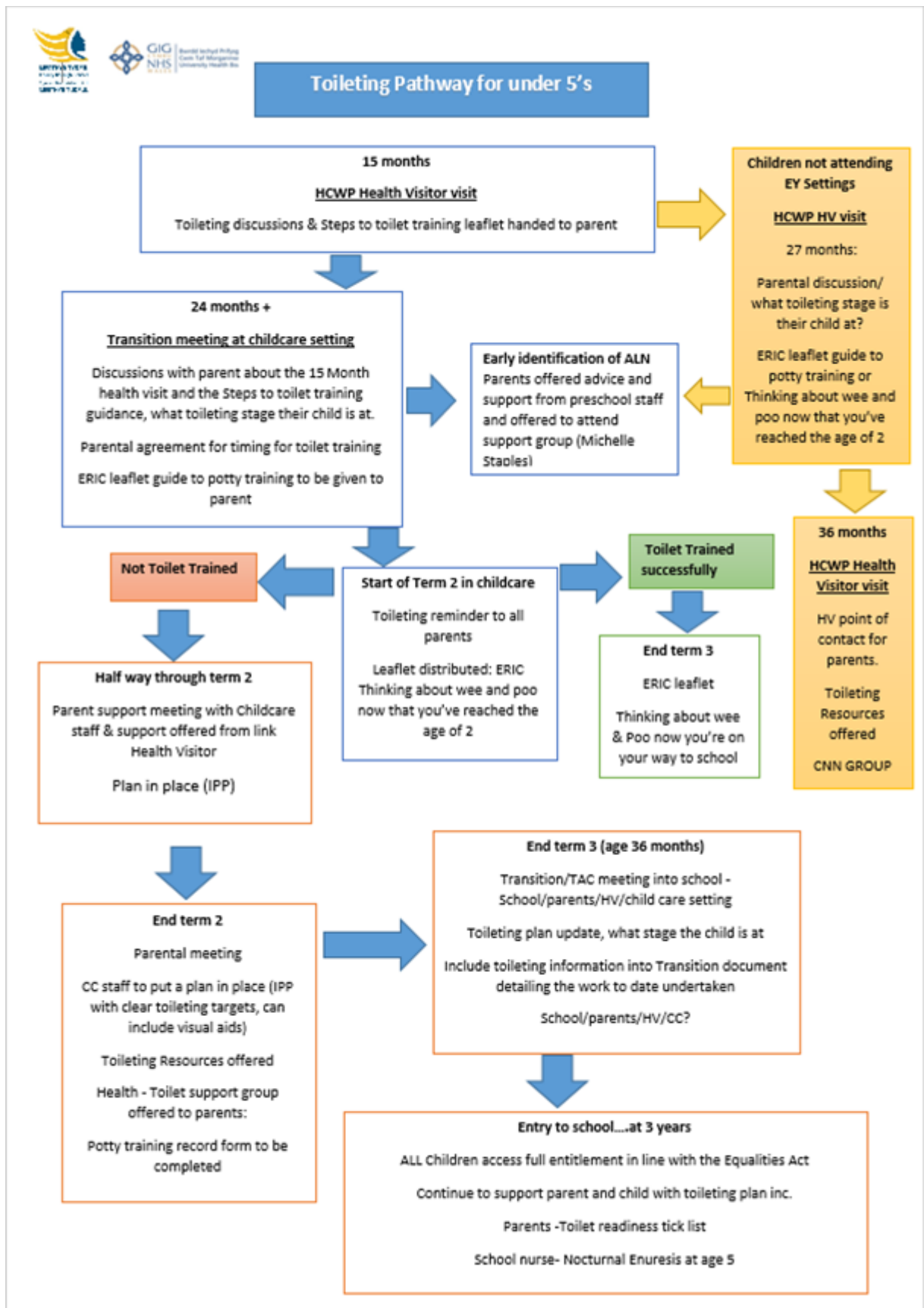
Crohn's Disease	an inflammatory bowel disease characterised by severe chronic inflammation of the intestinal wall or any portion of the gastrointestinal tract.
Hirschsprung's Disease	a rare disorder of the bowel, the symptoms of which can include constipation, distension of the bowel and vomiting.
Imperforate Anus	a congenital abnormality in which the anus is not fully formed.
Irritable Bowel Syndrome	a bowel condition characterised by abdominal pain and by wide variations in the frequency and predictability of bowel movements.
Spina Bifida	the incomplete development of the spinal column which can cause difficulties with bladder and bowel control.

Other children with global developmental delay and/or disabilities of a neurological nature may either lack the cognitive ability to learn to become continent or have an insufficiently mature neurological system.

Children with autism can experience problems with continence. For these children, establishing an appropriate toileting routine early in childhood is essential.

For most children, however, a consistent approach to toileting can yield positive results.

Appendix 2



Record of toileting of children and young people

Name of school/setting

Date	Child's name	Time	Details (No. 1/No. 2/nappy change/sanitary pad etc.)		Comments e.g. please note any rash/marks/loose bowels/constipation/etc.	Signature of staff	Print name
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
Parental signature and comments:							

Should a member of staff have ANY concerns regarding a child's or young person's safety or wellbeing they have a duty to report this to the school's Safeguarding Officer (add name of school's officer here)



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Appendix 4 - Individual Intimate Care Management Plan

Name of Pupil:

Date of Birth:

Name of School:

Year Group:

Name of Parent/Carer:

Names of Key Staff:

Identified toileting/changing area	
Method of changing (eg standing or lying down)	<i>*If a pupil can weight bare it is health and Merthyr recommendation that the pupil be changed standing up</i>
Resources provided by the parents: Continence products (including spares) Pull ups Wipes Spare clothing Cream (if required)	
Resources provided by the school: e.g. antibacterial spray, disposable hygiene roll, bio-hazard bin liners, step, paper towel, hand wash, gloves and aprons.	
Communication: Can the learner communicate that they need support with intimate care? How? What signs do staff need to look out for? How will staff communicate with the learner that it is time to go to the toilet/changing room?	

<p>Any code words to use/words to avoid?</p> <p>What does this look like on a good day/bad day?</p>	
<p>Level of assistance needed:</p> <p>e.g. undressing, dressing, hand washing, washing, drying, application of cream, talking/signing to child/young person.</p> <p>What does this look like on a good day/bad day?</p>	
<p>Storage of soiled clothing</p>	
<p>Frequency/toileting pattern-</p> <p>Please use Record of Toileting of Children and Young People (Appendix 5) to establish a child's toileting pattern and routine.</p>	
<p>Encouragement/Reassurance: e.g. how will staff positively encourage/reassure learners whilst meeting their intimate care needs/ any rewards used?</p> <p>What the member of staff will do if the child is unduly distressed?</p>	
<p>Disposal arrangements</p>	
<p>Considerations for off-site visits</p>	
<p>Sensory considerations</p>	
<p>Any other comments/ important information: e.g. medical information, learners own views/preferences/specific names for body parts.</p>	

NB-Any safeguarding concerns, please follow your school/setting policies and procedures.



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Appendix 5 – Record of Intimate Care Intervention

Child's Name:							
D.O.B:							
Date	Time in	Intimate care intervention (Full support, partial support, promoting skills of independence)	Nappy/Pull up/Pad/Pants Dry/damp/wet/soaking	Stools Quantity small/medium/large	Stool Type Bristol Stool number	Staff member	Sign



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Appendix 6 – Stool Type

What does healthy poo look like?

1		Looks Like: Rabbit droppings
2		Looks Like: Bunch of grapes
3		Looks Like: Corn on the cob
4		Looks Like: Sausage
5		Looks Like: Chicken Nuggets
6		Looks Like: Porridge
7		Looks Like: Gravy

www.eric.org.uk