



Ready or Not?

When to start toilet training children with additional needs

Becoming toilet trained is a milestone that all parents hope to reach with their child. For some parents, however, this seems an unachievable goal, particularly if their child has additional needs and professionals advise waiting. However experience shows that for the majority of children toilet training is achievable, if approached correctly. Delaying until the child is showing signs of readiness is not necessary and may be unhelpful.



Becoming toilet trained is like climbing a ladder. At the bottom of the ladder is the dependent nappy-wearing child who cannot meet any of their own needs. At the top of the ladder is the child who can use the toilet independently, including wiping their own bottom and flushing the toilet. The aim of toilet training is to enable the child to get as high up the ladder as they are able. Some children don't get to the top and may always need some help with some aspects of toileting.

With the right approach and the opportunity to try, many children get far higher up the ladder than their families and healthcare professionals ever thought possible. This means that they had unrecognised potential in this area of development. Families should be offered support with early toilet training, to enable every child to reach their full potential.

Many parents say they have not started toilet training their child, as they do not think their child is ready. However, children with additional needs do not usually ask to be toilet trained. Becoming toilet trained is a developmental skill, similar to learning to talk or walk; yet delayed toilet training is often treated differently to other developmental delays. Children who are struggling with speech and language are referred to a speech and language therapist. No one suggests waiting until the child appears interested in learning to talk. Similarly, children struggling to learn to walk are referred for an assessment to identify the cause, and then to a physiotherapist for support. Referral is not delayed until the child appears to want to walk.

This raises questions about why so many families whose children have additional needs are told that their child is not ready. What is the reason they are not offered help, if they have not toilet trained at the same age as their typically developing peers?

Toilet training is usually achieved through the interaction of two processes. The first is physical maturity of the bladder and bowel, which usually develops in the second year of life. The second is social awareness and motivation of the child to achieve in this area, helped by parents expecting them to be successful. Many children with additional needs do not have the same level of social awareness: they may not be motivated to do the same as others and use the toilet. Additionally their parents and professionals may have lower expectations of their abilities in this area.

Bladder and bowel issues are very common in childhood, including in those with additional needs. If expectations are low and therefore children with delayed toilet training are not assessed and supported, underlying bladder and/or bowel problems, such as constipation may be missed.

Suddenly presenting a child with pants and a potty and expecting them to get the idea, sit happily and wee or poo is unrealistic. They will have no idea of what is expected. Using consistent language for toileting, involving the child in nappy changes and doing these in the bathroom, will help raise the child's awareness of wee and poo. The potty should be introduced once a child has developed good sitting balance. For many children this will be when they are just six to eight months old. If they have a problem with sitting balance when they are two to three years old, the occupational therapist should be asked to recommend a toilet seat for them. Once they can sit safely and comfortably, if the potty is gradually introduced at set times during the day, such as after meals, drinks and sleeps, it will quickly become part of the child's daily routine.

As children are, more likely to wee or poo after a meal, drink, or sleep, parents may be able to 'catch' a wee or a poo in the potty or toilet. If this happens they should give lots of praise, so the child learns that this is a good thing to do. Once a routine has been established, the child has some awareness and understanding regarding wees and poos and what is expected and there are no major disruptions, such as starting nursery, moving house, or a new baby, then the nappy should be removed during the day and more formal toilet training started. Ideally this should happen no later than about age 3 years.

The formal toilet training process should only take a couple of weeks if all the background work, such as potty/toilet sitting, awareness of wee and poos etc has been done previously. If things are not going according to plan, parents should ask for help and avoid putting the child back into nappies. A change of approach may be needed rather than assuming the child is not ready.

For further information and advice regarding all aspects of toilet training look at the Bladder & Bowel UK website resources page at <https://www.bbuk.org.uk/children-young-people/children-resources/> or contact us via our confidential helpline Telephone: 0161 607 8219 or email bbuk@disabledliving.co.uk