



Toilet Training Children: A Skill Development Programme

Introduction

Many families are anxious about toilet training. However, for those whose children have developmental or learning disabilities this milestone may seem unobtainable. However, clinical experience shows that most children can learn the skills needed for toilet training and can successfully become clean and dry.

Typically developing children usually learn to use the potty or toilet in the day between the ages of 2 – 4 years old. However, there is significant evidence that this is later than in previous generations.

Since the 1960's the focus has been on a child-centred approach, with families waiting to start toilet training until their child showed an interest or appeared ready to be toilet trained. That worked very well when children wore cloth nappies. The mother or main carer would usually sit the child on the potty after feeds, drinks, or meals. Some started this when their child was a few days old, but most did this once their child could sit independently, at about six months of age. This enabled catching some of the wees and poos and saved some washing. The child had the opportunity to learn to recognise that success on the potty resulted in praise. They also learnt that a full bladder emptied into the nappy resulted in feeling wet and uncomfortable. These factors often resulted in the child alerting the parent when they needed to wee or poo, which led to the family removing the nappy during the day and starting formal toilet training.

Unfortunately, that 'wait until the child is ready' approach persists today, even though most children wear disposable nappies. This means that many of the factors that would trigger the family to start toilet training are no longer evident. Families delay starting to work on the skills for toilet training because they do not think the child is ready until the child starts to indicate that they know when their nappy needs changing or is about to be filled. However, the child may not know they are meant to indicate this and may not want to stop wearing a comfortable portable toilet (the disposable nappy), that is so convenient to use.

For typically developing children, even though many are now starting nursery in nappies or pull-ups, they quickly work out that they need to be using the toilet like everyone else and become fully toilet trained. For children with learning and/or processing difficulties however, the lack of interest from the child often results in the

initiation of work to build the skills needed for toilet training being further delayed until the child appears ready. Unfortunately, some children may never appear to be ready.

Toilet training is often also influenced by other factors, such as the child requesting to wear pants, or starting nursery school, or advice from wider family, friends and healthcare professionals. Many parents and carers rely solely on these factors when deciding to start toilet training, which means the process often begins much later than it used to. This may make learning the necessary skills even more difficult for children with additional needs, particularly if they struggle with changes to their routines. For children with typical development leaving toilet training until they are older may increase the pressure on the family to achieve training quickly, before their child starts nursery.

So, what can professionals, parents and carers do to ensure that toilet training is started at the right time?

Clinical experience has shown that all children benefit from an early introduction to the skills they need for toilet training. They can start to learn to sit on the potty before their first birthday and to learn to manipulate clothes, wash hands etc in the second year of life. Bladder and bowel maturity develop during the early months and there is evidence that starting to work on toilet training after the age of two may cause issues with continence later in childhood. There is also evidence that the process of toilet training may help to promote bladder maturity.

For children with learning or processing difficulties it is often a lack of understanding and social awareness that results in delayed toilet training, rather than an inherent problem within the bladder or bowel. If support is not given for early assessment and development of the skills needed for toilet training it may be even more difficult for the child to achieve their potential. Further, underlying problems such as constipation may be missed. Therefore, rather than waiting for the child with additional needs to be socially aware and motivated, families should be supported to help the child learn the skills needed for toilet training from an earlier age.

Learning the skills needed for toilet training is a process that can be broken into five steps. Addressing each step, one at a time, makes it more manageable for the family and more successful for the child.

‘One step at a time’ is an approach that has been used successfully with children who have typical development and with those who have differing learning and processing difficulties. Each step brings the child closer to the goal of being clean and dry.

Step 1: Setting the Scene

This step is about introducing and encouraging changes to routines for nappy changing. It also involves establishing healthy eating and drinking habits and sitting on the potty or toilet at regular intervals during the day.

Changing the child in the bathroom enables them to become more aware of the connection between wees, poos and the toilet. It helps if poos from the nappy are tipped into the toilet to show the child where they should go and if the child can see others using the toilet, to understand it is something everyone does.

For children who can stand unsupported, it is suggested that the child is changed standing up. This allows them to be more involved with the process, such as helping pull their pants up and down and starting to help with wiping their own bottom. Learning about wet and dry and to wash their hands after toileting, using consistent language for the toilet, wee and poo is also introduced at this stage.

Step 2: Developing the Skills Needed

This step focuses on helping the child learn to sit on the toilet for long enough to do a wee or poo in the right place. How to use rewards and praise appropriately is an important factor. Rewards help engage the child in developing new skills, but it is important that any rewards that are used are kept solely for achieving the target behaviour. If the child gets the reward at any other time it becomes meaningless. It is important that the reward is given immediately, with specific praise e.g. 'Good boy for sitting on the toilet!', so the child knows exactly what the reward is for. The reward can gradually be faded out over time, while continuing with the verbal praise. Toilet toys, such as seaside windmills to blow, or squeezey or tactile toys, can help encourage the child to stay on the potty or toilet.

Families should be encouraged to try to sit their child on the potty as soon as they wake from sleep, as many children will want to pass urine at this point. Many children will only sit for a second or two to start with. However, using distraction and making potty time fun with toilet toys, songs, books and attention will help them learn to sit for longer. When the child is happily sitting for a minute or two once a day, then the frequency of sitting can be gradually increased until the child is sitting after all drinks and meals. Families should reward the child if they catch a wee or poo when they are sitting. However, passing urine and opening the bowels in the potty are not the focus at this stage – the child is learning to sit. Any wee or poo caught is a bonus.

If the child is old enough and not upset by the flush, they should learn to use the flush at this stage. They should also be learning to wash and dry their hands after potty visits and be starting to be more involved in pulling their pants and trousers up and down if they are able.

At the end of this step the child should be happily sitting on the toilet for up to two minutes or so (long enough to do a wee/poo), although at this stage the child is not really expected to use the toilet. That will hopefully be achieved in step 4.

Step 3: Raising Awareness and Identifying Patterns

This step involves identifying the child's habits - such as how long they can stay dry for and if there is a regular time when they have their bowels opened. Putting folded

pieces of kitchen roll in the nappy when the child wakes up and checking it every hour the child is awake, will help give an idea of how often the child wees and how long they can stay dry for. The parent needs to make a note on a chart every hour about whether the child was wet, dry, had their bowels open and whether they had a drink. This needs to be done for at least three full days (they do not need to be consecutive days). The child can be involved in the checking process. If the child is wet every hour that the nappy is checked, it is helpful to ask the family to check the nappy every 10 minutes for an hour or two, to try and determine if they have continuous incontinence or very frequent intermittent incontinence.

If there are any problems, such as constipation, or the child is continuously wet this should be addressed by the appropriate healthcare professional and then the child reassessed. Underlying bladder or bowel problems should be treated for a child with additional needs in the same way as for a child with typical development.

When about half of all the child's wees or poos are being caught on the potty or toilet, they are happy to sit and appear to have some understanding of the process, then the skill development programme should move onto step 4.

Step 4: Using the Toilet for Wee and Poo

When the child is cooperating with being taken to the potty or toilet and will sit happily and attempt to pull their pants up and down, if able, and is managing to get about half of their wees or poos in the potty or toilet it is time to remove the nappy. Initially the child is likely to need regular prompting or taking to the potty or toilet.

It is best to remove the nappies when the family is able to spend time getting their child to the potty or toilet and there are no other big changes happening, such as a new sibling, or moving house. Once the child starts to wear pants in the day, they should wear them all the time that they are awake, including when going out. Putting a nappy back on, even for a short time, may confuse the child and delay the process. Washable training pants may be used, or families can be advised to use waterproof sheets to protect furniture and car seats.

Stage 5: Night Time Control

Some children will become dry at night spontaneously within a few months of being dry during the day, if not sooner. Most children will be dry at night by the time they are five years old, but there are some children where bedwetting persists beyond their fifth birthday. It is then known as enuresis. Families need to be aware that enuresis is a medical condition, with assessment and treatment usually available from the age of five in children who have been toilet trained during the day for six months or more. Families should therefore be advised to seek help to correct the problem, rather than continuing to use nappies overnight.

Discussion

Different children will take different amounts of time to be successful learning the skills for toilet training. Some children who will always require additional help or support to use the toilet. Others may always need the occasional prompt to go to the toilet, particularly if they are busy or distracted. Once the skill development programme for toilet training starts it is important that everyone involved with the child, at home, in educational settings, childcare etc is aware of and follows the programme, so that a consistent approach can be maintained.

Families and professionals should remember that up to 30% of all children can have a problem with bladder and/or bowel health causing wetting and /or soiling. If present, these should be assessed and treated by a healthcare professional with the appropriate knowledge and experience. It should not be assumed that any child with learning or processing difficulties or developmental difference, who is wetting and/or soiling is doing so purely because of inability to toilet train, a delay in toilet training, or a behavioural problem. Every child presenting with any bladder or bowel difficulty should have a holistic continence assessment, not only to exclude any possible underlying causes, but also to provide a correct diagnosis of the problem and help inform the direction of the toilet skills development programme to be implemented.

Families who are struggling to support their child with this element of development should be encouraged to contact their local healthcare professional or be referred to for appropriate advice and support, in the same way that they would for any other developmental difficulty.

Further information

You may contact the **Bladder & Bowel UK confidential helpline** at email: bbuk@disabledliving.co.uk or Telephone: **0161 214 4591**

For further information about **Bladder & Bowel UK** services and resources visit our website at www.bbuk.org.uk

To see the full range of **Bladder & Bowel UK** information leaflets about children and young people's bladder and bowel issues visit: <https://www.bbuk.org.uk/children-young-people/children-resources/>



Bladder & Bowel UK, part of the charity Disabled Living, provides professional impartial advice and information regarding treatments, products and services for children and adults with bowel and/or bladder problems.

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