

Supporting good practice with toilet training

There are approximately 351,000 children aged 0-17 with a learning disability in the UK¹. Learning difficulties range from mild to severe and can affect children in different ways.

Toilet training and general health visiting practice

- Health visitors (HVs) have an important role in supporting toilet training for all children and assisting school readiness². Toilet training involves important skills that HVs can promote and discuss with families, regardless of the child's ability. There is an opportunity at the 12-month development review (if this is appropriate) to talk about toilet training.
- Parents/carers can be encouraged to develop their child's toileting skills and introduce small changes, such as changing their child's nappy in the bathroom. This small change can help a child understand more about toileting.
- Over recent decades, the age at which bowel and bladder control is mastered has risen. There is little rationale for this change, although a number of factors may play a part: from prolonged use of disposable nappies or "pull-ups", to families' lack of awareness about how to support their child with toilet training and misconceptions around when to start toilet training.
- Up to 30% of all children can have a wetting and/or soiling problem at any one time, such as constipation, nocturnal enuresis, or daytime wetting – all of which need to be treated appropriately. NICE has developed a clear set of Guidelines, Quality Standards, and recommendations regarding the assessment and treatment of constipation and bedwetting^{3,4}.
- HVs can refer parents/carers to:
 - **iHV Parent Tips** - Toilet training: <http://bit.ly/3bk6l3m>
 - **Bladder & Bowel UK**: <https://bit.ly/3UOYsdr>
 - **ERIC**: <https://bit.ly/3eGILLO>

Children with learning difficulties and toilet training

- Toilet training can be a source of anxiety for many families caring for a child with learning difficulties. HVs need to approach the subject with sensitivity, taking into account that each child is an individual with their unique family situation, while offering encouragement to try out a structured approach. HVs are able to act both as professional advisor for the parent/carer and as advocate for the child.
- Some children are born with a condition that may need specialist care and support. Such conditions include cerebral palsy, spina bifida, Hirschsprung's disease, and anorectal abnormalities.
- Children with evolving conditions, such as autism or dyspraxia, may be identified by attempting the process of toilet training. It is important to support these children with learning the skills needed for toilet training as early introduction to these skills is often helpful.
- Other children may have a condition that results in such profound and multiple difficulties that toilet training will either be delayed or may not be achievable. In this case, it is important that these children are appropriately supported, and healthy bladders and bowels are promoted. For example, ensuring that any underlying constipation is treated appropriately.

More information on page 2

For additional resources see www.ihv.org.uk

The information in this resource was updated on 17/04/2023 with the support of Bladder & Bowel UK. <https://www.bbuk.org.uk/>

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- For some children with autism (and some others with and without a disability), their difficulties having a bowel movement on the toilet may stem from the feeling, or belief, that part of their body is falling away. This issue needs to be addressed and supportive toileting programmes put in place.
- For children with specific sensory processing issues, the problem could be about the literal sound, smell and feel of toilets, rather than anything physiological. A referral to an occupational therapist (OT) may be beneficial for sensory issues, as well as difficulties with proprioception, interoception and poor sitting balance. By having a good understanding of sensory issues, HVs can support families whilst they are waiting for more specialist support, as referrals to OT can take some time. Signposting parents/carers to helpful resources on sensory issues and toileting is helpful^{5,6}.
- There is often a misconception that toilet training should wait until the child is ready before it can be started⁷. There is evidence that, by introducing the potty/toilet early on (in the same way that tooth brushing is introduced early once the infant has started to get some teeth – we don't wait until all their milk teeth have come through), the potty training naturally follows in a much more successful and stress-free way.
- Key points:
 - Becoming toilet trained is the interaction of two processes: firstly, physiological maturation of the bladder and bowel; and secondly, the child's social awareness and understanding.
- An early holistic assessment (around 18 months) is the key to identifying a child's individual specific needs, including any potential additional support they will need to learn the required toileting skills.
- A behaviour modification programme, adaptation of the environment, and the use of motivators and rewards can help address the child's lack of awareness, or understanding, and reinforce positive toileting behaviour.
- Make sure you give accurate advice. Parents/carers report that they are often given misguided advice that their child may be delayed in toilet training. They may also be given conflicting advice and are rarely given any encouragement to start working on the skills needed in an age-appropriate way.
- Assumptions should not be made regarding the ability of children to become toilet trained. Every child is an individual - the approach should be tailored to the child's needs and appropriate support should not be delayed or denied.
- Some children will not show any signs of toileting readiness, but may still be able to learn the required skills with appropriate help and support. Therefore, not having signs of readiness for toileting is not a reason to delay potty training.

Good practice points for health visitors

- The bowel and bladder are simply vessels that need to be emptied regularly.
- Constipation is common, particularly at the age that children are often toilet trained. Being constipated makes it more difficult for a child to control their bladder⁸. It is important to resolve constipation for a child by ensuring the family seek medical advice. For information on signs and symptoms of constipation⁹, see NHS - National primary care clinical pathway for constipation in children 2023: <https://bit.ly/3GLKqTR>
- Routine toileting, for example after meals, may help promote some level of continence, either bowel or bladder or both, during the day.
- Suggest nappy-free periods. Most two-year-olds wear a nappy 24/7, yet bowels are only opened 1–3 times a day and bladders emptied 4–8 times a day.
- There is an important role for health visitors in encouraging parents/carers to consider working on the skills for toilet training with their child, and to be open to discussing how to support parents/carers to approach this.
- By focusing on the child and understanding their needs, research in practice conducted by Rogers has found, and experience has also shown, that children with learning difficulties can become toilet trained¹⁰.

More information on page 3

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Good practice points cont'd

- Once children have commenced on a toilet training programme, the use of disposable nappies or nappy pants (pull-ups) should be discontinued. Feeling wet is part of the toilet training process - helping the child learn to recognise bladder signals as the need to go to the toilet. The use of washable trainer pants instead of disposable products should be promoted.
- Take account of safeguarding best practice: Toilet training safeguards children from the need for intimate care, providing a level of safeguarding which not only supports dignity, but also protects the child and carer.
- Toilet training is about learning a set of skills that can be broken down into a number of easy steps. Addressing each step at a time makes the whole process a lot easier and more manageable for the family. 'One step at a time' is a five-step approach developed in Australia that covers:
 - setting the scene
 - developing the skills needed
 - raising awareness
 - using the toilet for 'wee' and 'poo'
 - night-time control.
- 'One step at a time' has been used successfully with children with a whole range of learning difficulties, with each step bringing the child closer to the goal of being toilet trained^{11, 12}. However, the programme originators acknowledge that children with conditions such as spina bifida or cerebral palsy will require a special bowel and bladder management programme outside of the scope of 'One step at a time'.
- NHS England's Excellence in Continence Care states (p11) that '*It must be the exception, rather than the rule, that children and young people are provided with containment products*'¹³. However, this requires that all families are able to access the right support when they need it.
- Children with physical disabilities may be under the care of a secondary care provider, so working in partnership with them is also important. Toilet training for some children may involve ongoing support by health visitors and additional support from continence specialists such as children's bladder and bowel nurses, depending on local service provision. It is also worth considering how to encourage toileting for a child attending nursery or preschool and the transition to school. HVs and school nurses can work together to promote a child's continence.
- Occupational therapy is important for children with physical or sensory issues. They can recommend appropriate aids and equipment like adapted toilet seats, rails and footrests.
- Even when it is clear that a child may not be able to achieve continence due to a complex physical or learning disability, the HV should still promote independence with toileting in a way that is appropriate for that child. Every child has the right to maintain a sense of privacy and dignity around toileting. If possible, nappy changes should be carried out in a bathroom/ separate changing area in privacy. The child should also be encouraged to participate and help with changes where possible, for example by learning to pull pants up and down.

[More information on page 4](#)

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Further information:

- **Bladder & Bowel UK:**
 - » Guidance for the provision of continence containment products to children and young people (2021): <https://bit.ly/3MKOHL4>
 - » Booklets and information leaflets for children and young people with bladder and bowel problems: <https://bit.ly/3aQfFQA>
- **Continence Foundation of Australia** - 'One Step at a Time - A Parent's Guide to Toilet Skills for Children with Special Needs' resource: <http://bit.ly/2H5IHJL>
- **iHV's Good Practice Points** - Supporting children with Down's syndrome and their families: <http://bit.ly/38bEAYw>
- **Journal of Health Visiting** - MAG Online Library "Toilet training for children with additional needs": <https://bit.ly/34cZqpk>
- **ERIC** - Let's Talk About Poo: <https://bit.ly/2RzmTyK>
- **Positive about Down syndrome (PADS)** have worked with June Rogers to develop some resources to promote toilet training for children with Down syndrome. Available here: <https://bit.ly/407ps8L>. June's article "Early intervention toilet training for children with Down syndrome" can be accessed here: <https://bit.ly/3OLcQOW>.

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