



## **Information Sheet on Toilet training children with special needs**

### **Introduction**

Becoming toilet trained is a milestone all parents strive for and for some parents of children with 'special needs' this milestone can seem unobtainable. However clinical experience has taught us that for many children becoming toilet trained is an achievable goal.

Most normally developing children become clean and dry in the day between the ages of 2-4 years however there is good evidence that there is a trend of later toilet training amongst the general childhood population, particularly within the UK.

In the 1960's there was a focus towards a very 'child centred' approach when the family would wait to start toilet training until the child showed an interest or appeared ready to be toilet trained. That approach worked very well at a time when children wore cloth nappies. The mother was able to identify quite early on when the child was developing bladder maturity with increasing time between voids and being dry after naps, for example. Also the child had the opportunity to learn to recognise the consequence of full bladder signals by feeling very wet! These factors often were the 'triggers' that led to the initiation of toilet training.

Unfortunately that 'wait until the child is ready' approach still persists today despite the fact that most children are in disposable nappies. This means that many of the factors that would trigger the family to start toilet training are no longer evident and when parents are asked why they have not started to toilet train their rising 3year they say it is because they do not think he is ready – and from a child's point of view why would you want to stop wearing your nice comfortable portable toilet that is so convenient to use!

For normally developing children, even though it means many are now starting nursery in nappies or pull-ups, after a few weeks they suss out they need to be using the toilet like everyone else and they very quickly become fully toilet trained. For children with learning difficulties however the lack of interest from the child often results in the initiation of toilet training being delayed until the child 'appears ready', unfortunately for some children, if we waited until they appeared ready and interested in toilet training we would be waiting a very long time!

Certainly the use of disposable nappies has meant that parents can no longer rely on trigger factors, such as being dry after a nap and increasing intervals of dryness to indicate that the child may be becoming ready for toilet training. Toilet training is often also influenced by socio-emotional readiness such as the child requesting to wear pants or external factors such as starting nursery school. Many parents rely solely on external triggers before starting toilet training, which often means the process starts late and there is pressure to complete it quickly before their child starts nursery. So what can parents do to ensure that toilet training is started at the right time?

Certainly clinical experience has shown us that we need to take a different approach to toilet training children with learning difficulties (LD) than we do with normally developing children. Becoming toilet trained is the interaction of two main processes – physiological maturation of the bladder and bowel and social and cultural awareness. For children with LD it is often the lack of understanding and social awareness that results in delayed toilet training rather than an inherent problem within the bladder or bowel. So rather than waiting for the child with LD to be socially aware and motivated before toilet training commences we use maturation of the bladder and bowel as the trigger factor for starting training. The social awareness and motivational aspect we add in as a behaviour programme involving lots of positive reinforcement!

Toilet training is a skill that can be broken into a number of steps and by addressing each step at a time makes the whole process a lot easier and more manageable for the family. Putting children on a toilet skill development programme enables them to learn the skills they would need in order to be toilet trained and once those skills are in place more formal *toilet training*, involving removing the day time nappy and scheduled sitting on the potty/toilet, can begin.

‘One step at a time’ is an approach that 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.

### **Step 1: setting the scene**

This step is mainly about introducing and encouraging changes to the routine of nappy changing which enables the child to learn new skills and start on the path towards toilet training. It involves establishing healthy habits with eating and drinking and sitting on the potty or toilet at regular intervals during the day. Changing the child in the bathroom enables them to be more aware of the connection between wees and poos and the toilet. For those children who are able to stand unsupported we also suggest the child is changed standing up as that way they can get more involved with the process such as pulling pants up and down and learning about wiping their own bottom. Learning about wet and dry is also introduced at this stage

### **Step 2: developing the skills needed**

This step focuses on the skills required to use the toilet including sitting on the toilet, pulling pants up and down and knowing what the toilet is for including flushing and washing and drying hands. How to use rewards and praise appropriately is an important factor. Rewards help with engaging the child in developing new skills but it is important that any rewards that are used are kept solely for achieving the target behaviour as if they get 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 a period of time while still continuing with the verbal praise. Toilet toys can help encourage the child to sit and stay on the toilet such as a bubbles or squeeze / tactile toys

At the end of this step the child should be happily sitting on the toilet for up to 2 minutes or so (long enough to do a wee/poo) although at this stage we are not really expecting the child to use the toilet as that will hopefully be achieved in step 4

### **Step 3: raising awareness**

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 – starting with the first nappy change of the day and checking and keeping a note hourly will help give an idea of how often the child wees and how long they can stay dry for.

At this stage once we have identified the child is able to stay dry for increasing periods we would be looking at moving towards the child coming out of disposable products into normal washable underwear or trainer pants. Before the child can move on to that next step we would suggest they need to be able to stay dry for at least 1 1/2 hours if not longer and have no underlying problem with their bowels such as constipation.

#### **Step 4: using the toilet for wee and poo**

The necessary skills will have been practiced so at this stage we would expect the child to cooperate when taken to the toilet and happily sit on and attempt to pull their pants up and down. The skills introduced and developed at this stage include using the toilet to wee and poo, bottom wiping and using unfamiliar toilets.

Simple advice regarding using the 'gastro colic reflex' ( this is when movement along the bowel is stimulated after eating) to help facilitate bowel evacuations on the potty/toilet may be helpful also the fact that most children void upon waking after sleep or a nap and within an hour of drinking a significant amount will help when deciding the best times to sit the child on the potty/toilet.

Toilet training is best started when the child is not experiencing any other change, such as a new sibling or moving house and introduced in a matter of fact way as a normal every day activity.

Having an open door policy in the bathroom will allow the child to see other members of the family using the toilet and will be seen as something everyone does.

#### **Stage 5: night time control**

Once the child is dry during the day some children will spontaneously become dry at night within a few months, if not sooner. However a number of children may persist with bedwetting for some considerable time. Most children will be dry at night by the time they are 5-6 years but we know there are some children whose bedwetting (nocturnal enuresis) persists over the age of 5 years and for those children families need to be aware that bedwetting is a treatable condition and seek help to correct the problem rather than just leaving the child in nappies.

#### **Discussion**

The time it takes and the overall success with toilet training will depend very much on the child's individual ability so will vary from child to child. Also there will be some children who will always require additional help or support to use the toilet or need the occasional prompt to go to the toilet, particularly if they are busy or distracted. Once the toilet training starts it is important that everyone involved with the child both at home and school is aware of the programme so a consistent approach can be maintained.

Both families and health care professionals should remember that up to 30% of **all** children can have a wetting and or soiling problem at any one time, such as constipation, nocturnal enuresis or day time wetting associated with underlying pathology – all of which need to be treated appropriately. There should not be a presumption for any child with learning difficulties who presents with wetting and/or soiling that the problem is due purely to a delay in toilet training or a 'behaviour' problem. All children, including those with 'special needs' who present with any continence or toileting problem should have a holistic continence assessment carried to not only exclude any underlying pathology but also give a correct diagnosis of the problem and help inform the direction of the toilet training programme to be implemented.

Families need to understand that toilet training is a skill development not a war! So if parents feel they are fighting a losing battle to get their child toilet trained then they need to contact their local healthcare professional for appropriate advice and support. Further advice and information is also available, particularly for children with special needs, from PromoCon 0161 607 8219

