

Leaflet for parents

Toilet training: a child's perspective

Look, I can pull my pants up and down myself (avoid dungarees and belts).

The toilet is scary; it's a big hole and makes a noise.

I've only just started walking. I find it hard to squat.

If my poo's horrible, am I horrible?

Why don't they understand what I'm saying? Ooh too late!

I don't want to use a potty. I'm a big girl – I want to use the toilet like Mummy and Daddy.

The toilet/potty is too far away; I'll never get there in time.

It's dark in here – I can't reach the light.

Everyone is clapping – aren't I clever?

Don't take my nappy off; it's soft and warm and it catches everything that's mine.

My Mummy/Daddy looks upset, but at least they are with me now.

My poo will get lost down there – I'll hold on!

I'd rather carry on playing than bother with the toilet.

I like my potty. I helped to choose it.

It hurt last time I went; I'll hold on to it.

Why are they all watching me? I want some privacy behind the settee.

You said these are pants. They feel like nappies.



Toilet training: a parent's perspective

My mum had us all potty-trained at 18 months. What's wrong with my child? He must be naughty.

He's doing it to get at me.

I can't wash one more pair of pants.

She's asking for a nappy like the baby.

My friend's child can do it and she's 6 months younger.

If he can use the toilet once he can do it again. He must be doing it deliberately.

He just stood there and pooped his pants in the supermarket. It was so embarrassing.

I get so angry when she does. I know it doesn't help.



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Toileting chart

Name _____ DoB _____

Date/time	Food and drink Times eaten or drank Type of food or drink Where food or drink is consumed	Toileting Times uses potty/toilet Wee/poo	Comments How your child is feeling? How you are feeling?

Leaflet for parents **A guide to toilet training**

Toilet training as with other parts of your child's development is an important and key milestone, just like walking for the first time or starting to take solid food. It can be a time that is filled with strong feelings for both you and your child. Such as excitement, worry or uncertainty about what the process of toilet training will be like, a sense of achievement when your child uses the potty or toilet instead of nappies and sometimes a feeling of astonishment when it finally happens. Every child is different and every parent too. It can be emotional as well as practical and your journey together may be smooth or have ups and downs. Much is written about when to start toilet training, how long it will take, what signs to look out for and how to do it. We hope this leaflet will be a helpful guide as you start to think about embarking on this next stage in your child's development.

For most children, daytime toilet training where a child no longer wears nappies during the day is generally achievable between 18 months and 3 years of age. For a child to achieve this they need to be physically mature, emotionally secure and able to understand what is happening. However, a child's toilet training journey will begin before they have the physical maturity or a full understanding to achieve toilet training. This is because it is important to introduce the potty to your child so they have time to learn about and become familiar and confident with the newness of the potty. It is a time where they can become used to the idea of a different 'toileting way' to that of wearing a nappy. They can explore and gradually accept the use of the potty or toilet as an ordinary part of their daily routine. When they sit on the potty at this stage of their learning and development you are most likely not expecting your child to consciously pass urine or faeces, often referred to as wee or poo although you may have your own family names for these bodily functions. That is not to say they may not occasionally use the potty in this phase of their learning and before they are able to use the potty or toilet instead of their nappy. This learning stage is an important time in your child's development where you are helping them to prepare for the next more intense phase of toilet training.

This next phase after this preparation stage is often referred to as being 'ready to toilet train'. While your child is in the learning and practicing phase you will be looking for signs that they are becoming physically able and emotionally ready to toilet train. Deciding when the time is right to start putting into place a more structured plan to gradually reduce the use of nappies and increase the times your child uses the potty or toilet will depend on your individual child. You will be watching for signs that your

child is aware they have done a wee, may be fidgety just before, may start to look for the potty or even sit on it with or without their nappy on.

The most important parts of toilet training are having a calm attitude and settling into a routine that suits your child and your family. Once your child has settled into the routine of sitting on the potty, he will develop the skills to use it. As a parent you will need to be patient, to encourage your child and not give up. You may find it helpful to explore your own anxieties. If you have anxieties connected to experiences around toileting it may be helpful to take some time to think what they might mean for you or talk to a health practitioner such as a health visitor.

It is important to be aware that your child might have lots of fears and ideas about the toilet and their own body (see leaflet on Toilet training: a child's perspective). You can help calm these fears in the way you approach the experience of toilet training together.

All children develop at different rates and the carer needs to support their child through each stage.

At first, emptying of bowel and bladder is a reflex action. A baby cannot use the potty until he is developed enough to control his bowels and bladder voluntarily, just like an adult. This usually happens around two years of age, sometimes later.

This is often around the same time as you are getting your child ready to start pre-school or nursery. It is important not to rush them into toilet training. If the introduction of the potty and the final stage of toilet training is timed to suit your child and your family life it will happen more smoothly and over a shorter period of time. Just as with other parts of your child's development you will be building up a picture of what they can do and how this is changing. It is this knowledge that you have about your child that enables you to anticipate and decide when to support your child to move to the next step in their development. In this case their toilet training. You may wish to talk about this stage in their development with the pre-school leader or your health visitor.

Think of yourself as being there to help a natural development. You should see how your child is getting on and think about how you and your child may be feeling about the process and experience.

Your child will be able to control her bowels before she controls her bladder. The sequence is usually as follows, but may vary:

- First, bowel control at night
- Next, bowel control during the day
- Then, bladder control during the day

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- Finally, bladder control at night.

Bowel movements are more predictable than urination, so try to note at what time of the day he regularly goes, and encourage him to use the potty at this time. This may be after a meal or a warm drink, first thing in the morning, or before bed.

Your child may feel uncomfortable opening his bowels on his potty to begin with, and may hold on until his nappy is put on.

Look for signs of needing a bowel movement, such as reddening of the face, hiding, standing still, crying, pointing.

Your child's toilet training may stir up your own worries about loss of control and being messy.

As you aim for dryness during the day:

While you are introducing and helping your child to become familiar with using the potty look for signs:

- their nappy may stay dry for a reasonable length of time
- your child may indicate that he has done a wee or a poo in his nappy
- he may use words to describe what he has done
- he may show signs of needing to pass urine or open his bowels.
- once your child has shown an interest in the potty and an awareness that they know how and when to use it.

Plan for a time when you are not rushed and it will fit into your family's routine. It's good to avoid times of change, e.g. the arrival of a new baby, moving house, illness in your child or other members of the family. Choose a time when you know you will have thinking space to focus on the practical elements of toilet training as well as everyone's emotions.

Top tips when toilet training your child

Find a calm time that does not feel rushed and gives you time to get into a pattern of toileting that suits you and your child.

Develop a routine that fits in with family life. For example, sit your child on the potty at regular intervals; at first this may be every 60 minutes. If your child is dry after 60 minutes, gradually increase the time until it is two-three hours.

Talk to your child with encouragement and praise, responding sensitively if they look worried or uncertain. Offering comfort if they get upset.

Talk to your child about 'wees' and 'poos' when changing his nappy.

When he wees without a nappy, talk about it; this will help build and reinforce the link between the feeling of needing to pass urine and then doing it.

You may find adding a nappy cloth to the nappy or using reusable nappies or trainer pants can be helpful to offer your child physical feedback for when they have done a wee or poo.

Use clothing that is easily removed, such as elasticated trousers and pants.

Choose the potty that you think will suit your child most. There are many available. Being sturdy so they will not tip up or selecting the most suitable design for a boy and girl.

Choose a warm accessible room to begin with or you may go straight for the bathroom or using the toilet. It will depend on what suits your child.

Encourage awareness of other members of the family using the toilet. You can start to think about buying toileting equipment to support the next stage of your child's development such as a your child's first toilet seat and step.

It may be a good idea to have extra members of your family around so you can spend time helping your child to the toilet.

Do not restrict drinks as this will make your child thirsty and fretful. Although try to avoid fizzy drinks, squash and tea as this may cause them to wee more often.

Accidents will happen, so clean up any mess calmly. Never punish your child as this may make them afraid or worried.

Once you have started get into a rhythm of toilet training

You may find you are only using nappies when going out or during a daytime sleep.

When your child sits on the potty regularly and happily, try to encourage him to ask for it, and introduce pants and trousers.

Watch for signs that your child can go for longer periods between needing a wee and try venturing out to shops without a nappy.

Ask your child regularly if he needs a wee and continue praise and encouragement.

Gradually introduce your child to using other toilets or using the potty in other places other than your home. New toilets or using the potty in new

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places can feel unfamiliar and worrying for some children. Preparing your child to use new toilets by talking about it and showing them the toilet will help them feel more confident. Some children will make the transition quickly while for others it can take a little time.

Dryness at night

Being dry at night is another stage in your child's development. What is needed at this stage of development is a chemical in a child's body at a level to tell the kidneys to produce less urine at night, the bladder to hold urine produced at night and the brain to send a signal strong enough to wake a child up when their bladder is full. Most children are dry between 3 -5 years of age. One in 5 children sometimes wet the bed at night after 5 years. If you have questions or concerns about your child not being dry at night you could talk to a health professional such as GP or health visitor.

Top Tips for dryness at night

Look for signs that your child has not had a wee during the night for several nights.

This can be different for each child

Talk to your child about the removing their nappy at night and choose a calm time to make the change.

When removing nappies at night you could initially put plastic sheets on their bed so that you both feel confident for him sleep without a nappy on.

Encourage your child to go to the toilet or sit on the potty before bed as part of their bedtime routine.

It is important not to restrict your child's drinks although you may find it helpful to give the last drink at least one hour before bed.

You may have heard of 'lifting a child' during the night. When this happens, parents wake a child in the night to take them to the toilet. Often a child does not fully wake up and sometimes parents carry them to the toilet. This may mean your child has a dry bed, but it can also encourage them to go to the toilet when they are not fully awake. Waiting for a child to meet their developmental milestone where they are physically able to be dry at night will occur without 'lifting'. If you have questions you could speak to a health professional.

As with toilet training in the day supporting your child with praise and encouragement will build their confidence as they achieve this next stage in their development.

Constipation in babies and children

Constipation is usually defined as the infrequent passing of stools, which are very hard. It affects 1-3% of the child population and accounts for 3% of referrals to general paediatricians and 25% of referral to paediatric gastroenterology centres.

Babies vary a lot in how often they pass stools. Some have a bowel movement at or around each feed; some can go for a day or even several days without having a movement at all. Either is normal.

Most babies strain and go red in the face or even cry when passing a stool. This is normal and does not mean they are constipated so long as the stools are soft.

It is common for mothers to complain that their babies are constipated by which they usually mean infrequent stools. In most cases the stools are of normal consistency and these mothers have not appreciated that the stool frequency varies widely from one infant to another, especially in breastfed babies.

Causes of constipation in babies include poor fluid intake, incorrectly prepared feeds and over-heating causing excessive sweating.

Constipation may occur in breastfed babies and bottle-fed babies.

Breastfed babies

Breastfed babies do not need additional fluids, especially in the first few months. If they are thirsty, they may breastfeed more frequently or if you think they are thirsty you may offer them a breastfeed.

If a breastfed baby becomes constipated, seek advice from a health professional, GP, health visitor or midwife.

For more information visit <https://www.nhs.uk/start-for-life/baby/feeding-your-baby/breastfeeding/breastfeeding-challenges/constipation/>

Bottle-fed babies

In bottle-fed babies, constipation may occur because formula milk is incorrectly prepared, resulting in poor fluid intake. It is important to always follow the instructions.

If a bottle-fed baby becomes constipated, seek advice from a health professional, GP, health visitor or midwife.

For more information visit <https://www.nhs.uk/start-for-life/baby/feeding-your-baby/bottle-feeding/bottle-feeding-challenges/constipation-and-bottle-feeding/>

Helpful hints

Following a warm bath:

- gently massage the abdomen in a circular, clockwise motion
- leave the nappy off and gently hold the legs in a relaxed bent position

Causes of constipation in children

Non-organic

Developmental:

inadequate toileting by parents
cognitive delay/disorder
ADHD (Attention Deficit and Hyperactivity Disorder)
Autistic Spectrum Disorder (some ASD children have chronic constipation at an early age, before diagnosis)

Psychological:

coercive toilet training
toilet phobia
school toilet avoidance
excessive parental intervention
sexual abuse
new sibling arrived
depression
family breakdown
home move

Environmental:

potty, toilet not comfortable
potty not easily accessible
multiple carers – or parents who spend little time at home
lack of predictable structure at home

Other factors:

- recurrent illnesses
- lack of exercise
- family history
- poor diet
- cow's milk protein intolerance.

The management of constipation in children

The management of constipation in children in the community falls easily into six categories, each playing a vital role in the treatment of constipation (Burnett and Wilkins, 2002; Rowan-Legg, 2011).

1. Medical/laxative therapy
2. Modification of dietary fibre and fluid intake
3. Behaviour modification
4. Exercise
5. Education and follow-up
6. Parental support.

For more information and advice about constipation in children visit <https://www.nhs.uk/conditions/baby/health/constipation-in-children/>

Encopresis (Soiling)

Encopresis also referred to as soiling is described as the passing of a bowel movement in a place other than the toilet in a child who has previously been toilet trained. This often happens in a child's underwear but a child may pass a stool in the bath, behind furniture or another location. Bowel control is generally established by four years of age which may explain why some definitions indicate it only refers to children over 4 years.

Normal bowel function is a complicated process involving both voluntary and involuntary actions. The action can be influenced by emotional states and diet. Most children are successfully bowel trained between two and four years of age irrespective of the training methods used (Buchanan and Clayden, 1992).

Encopresis affects 1% to 4% of children, although rates vary globally between 0.8% and 7.8% with higher rates in boys than in girls. Yulanli and Gokarakonda (2023). However, encopresis may go undetected unless health professionals directly inquire about toileting habits.

For a child who soils it is a most devastating occurrence that is hard to acknowledge, and often the child denies that he is soiling. It makes the child feel that he has lost his dignity and is often treated as a social outcast, especially at school. The soiling may also make it difficult to make friends and even more difficult to spend nights away from home with their friends, because of the constant fear that they may make a horrible smell, or make a mess in their clothes. It is not surprising that these children and their parents develop strategies for coping, often by withdrawing from social activities. Most childhood soiling is a result of chronic constipation.

Soiling can cause intense parental frustration. Parents sometimes feel deeply ashamed and embarrassed, and feel that somehow they are to blame. They may also feel that the child is doing it deliberately to wind them up. Parents may accurately recognise that the child is expressing feelings which may be negative e.g. hostility or jealousy, but it may well be that the child himself is not aware of this. The health visitor is in an ideal position to help parents think about their child's experience; encopresis can often be the first sign that the child needs some emotional support. Any disturbance in a child's regulation of bodily functions can be an indication of a temporary emotional 'disturbance'.

The child may be having to deal with some new feelings which feel disturbing e.g. jealousy at the impending arrival of a new sibling. The Solihull Approach provides a particularly useful model of thinking in such circumstances, as the emphasis is on exploring relationships.

For more information

Soiling NHS website visit <https://www.nhs.uk/conditions/soiling-child-pooing-their-pants/>

Soiling (encopresis) in children: causes & treatment visit <https://eric.org.uk/childrens-bowels/soiling/>

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Advice sheet daytime wetting

When thinking about your child's day-time wetting it is important to think through whether your child has ever been properly toilet-trained. Many children appear to do well for a few weeks and then go backwards. This is likely to mean that the child is not quite ready and it may be helpful to back off until she indicates she is ready to try again. However, if your child has been toilet-trained for some time then it may mean that she is expressing a feeling which is too difficult for her to understand. Children are inclined to wet themselves when feeling anxious or angry but they won't usually be able to tell you what is the matter. Talking gently to the child about their day may give you a clue as to what is upsetting them. For example, they may cry or get annoyed and try to stop you talking about something which they are bothered by.

- Encourage regular toileting (bowels and bladder).
- Check daily intake of fluids (six to eight glasses each day).
- Provide a healthy diet.
- Promote good hygiene at toilet visits – wiping bottom, shaking penis, and washing hands.
- Have a comfortable seat position on the toilet, using a footrest if needed.
- Have changes of clothes available.
- Do not scold or punish – the child may have little control and this may make them feel frightened and upset.
- Use a calm and positive tone and gain eye contact with your child.
- It may take time to achieve complete dryness. Don't expect too much too fast.
- Use a reward system for achievable goals (small steps).
- Be consistent and keep focused.
- Discuss with other carers, pre-school, childminders etc., and work together.
- Seek medical advice if the child experiences pain or discomfort when passing urine or stools.

What to do about bedwetting

Advice for parents

What is bedwetting?

It is a lack of nighttime bladder control.

What causes it?

There can be a number of causes. It can run in families.

Can my child help wetting the bed?

No! Children who wet the bed do not do it on purpose and are not lazy. It may be that something is worrying them or they could have a urine infection.

Is it common?

Yes. One in every six children starting school wet the bed. There are more boys than girls who wet the bed.

Is it my fault?

No! Some children take longer to gain full control of their bladder at night. All children are individuals and develop at their own pace.

Can it be cured?

Yes. Most children can be helped by giving them support and encouragement.

Helpful hints

- Your child should drink at regular intervals during the day.
- Milk or water is recommended.

At all times avoid

- Tea
- Coffee
- Chocolate flavoured drinks
- Fizzy pop
- **Encourage** your child to use the toilet before bed and again before going to sleep
- **Praise** your child for any dry nights and ignore wet nights
- Use a reward system for small steps.

See ERIC website for more ideas.

Check with ERIC the children's bowel and bladder charity www.eric.org.uk, for helpful books and online explanations.

Further reading for practitioners, parents and children

Helpful books for children, parents and practitioners are available from ERIC, the children's bowel and bladder charity www.eric.org.uk e.g. 'Softy the Poop: Helping families talk about poo' 'Seven Steps To Nighttime Dryness: A Practical Guide For Parents Of Children With Bedwetting' 'Effective Management of Bladder and Bowel Problems in Children'. There are also online explanations for children.