

Pathway for Health Visitors and School Nurses on toilet training and product requests

SKILLS FOR TOILET TRAINING`

Working on the skills for toilet training should not be delayed due to disability.

- Ensure the child has a good varied diet and adequate fluid intake.
- Encourage the child to sit on the toilet or potty regularly. The potty may be better for smaller children due to them feeling more secure and having feet well supported on the floor. However, if the toilet is used the child may require an insert seat and stool on which they can rest their feet when sitting, to ensure they are in the correct position to pass urine or open their bowels.
- If the child has any physical or sensory issues, they should have an early referral to the occupational therapist for assessment of their toileting needs.
- Start to sit the child on a potty or adapted toilet once a day for short periods of time and gradually increase frequency and time of sitting. Do not sit the child for more than 3-4 minutes.
- Encourage regular drinks (about 2 hourly) and then potty/toilet times after drinks. About 10-15 minutes later is often best if parents/carers can manage this, otherwise straight away.
- Tip solid poos down the toilet and then flush them away, with the child present.
- Change all nappies in the bathroom or toilet area if possible.
- If the child is mobile try to change their nappy standing up. Encourage the child in flushing the toilet.
- Have an open door policy for toileting so the child sees parents/ siblings using the toilet
- Use the same words to describe wee and poo. Avoid using the word 'dirty' for poo as this has other meanings
- Discuss the difference between wet and dry
- Consider using stories, videos etc.
- Children who have communication, processing or learning difficulties are often helped by the use of picture cue cards
- Encourage the child to learn to help dress and undress themselves.
- Use clothes that are easy for the child to manage
- Encourage the child to say (or sign) when they are wet or have opened their bowels.
- Modern nappies are very efficient at drawing moisture away from the skin, so reduce the child's awareness of passing urine, or opening their bowels. Consider using cotton underwear or kitchen paper inside the nappy for a short period of time to raise awareness if they are wet or dry.
- Ensure the parent/carer has a plan for dealing with wetting or soiling when away from home and has good routines established.
- When the child appears to be progressing, pick a time when the parent/carer is able to be home for a few days and try to remove nappies.
- Start using underwear or training pants during the day.

- Praise and reward success, change in the bathroom when needed with minimum fuss and feedback
- Consistency is important and once progress being made, the parent/carer should be encouraged not to return to nappies during the day.
- Keeping a record, using a toileting chart (see appendix) for at least three days, of when the child is drinking and when they are passing urine can help parents/carers to see their child's natural pattern and help them to get the child to the potty/toilet at the right time. Consider using underwear or kitchen towel inside the nappy on the measurement days.
- Using positive reinforcement (praise, reward charts with time based rewards) for targeted behaviours.

TOILETING ASSESSMENT CHART

Failure to fully assess a child's bladder and bowel health may result in problems being missed, with serious long-term consequences. Any problems detected on assessment, such as constipation, constant dribbling of urine, inability to sit, behaviour problems etc. must be addressed.

- The toileting chart should be given to parents/carers to complete for 3 days; instructions are on the reverse. It is usually better to complete the chart when the child is going to be with their parent/carer all day such as a weekend or in school holidays. These days do not need to be consecutive.
- As modern disposable nappies are so absorbent, it is sometimes difficult to tell the child has voided if they have only passed small amounts of urine. Therefore it is recommended that the child wear cotton pants inside the nappy, or that the parent/carer fold a piece of kitchen towel inside the nappy. It is very obvious when these are wet. The pants or piece of kitchen towel should be changed if they are wet when the nappy is checked, but the nappy does not need to be changed more often than usual.
- The toileting chart should be reviewed when completed to see if:
 - the child is having the recommended intake of drinks,
 - to ensure they are not having excessive milk,
 - to see whether they appear to be having normal bowel actions and no constipation issues,
 - To see if they are able to stay dry for more than an hour at a time.
- Where a dietitian is involved, they should be consulted prior to advice being given to the parent/carer about diet, fluid or milk intake.

CHILDREN'S ASSESSMENT TOOL FOR TOILET TRAINING READINESS

Complete the assessment tool for toilet training readiness. This should be done with the child and parent/carer.

- Frequent daily soiling means that the child is opening their bowels into their nappy or pants more than three times a day. Regular normally formed bowel movements refer to a child passing type 3 -5 stools three times a day to once every three days.
- Section c) may be completed based on information from the toileting chart and the parent/carer. Products are not normally provided for children with

- enuresis (night time wetting), as this is considered a treatable condition. If the child is dry during the day, the enuresis pathway should be followed.
- Section d) may be completed based on information from the toileting chart and the parent/carer. If a child is opening their bowels at night and is more than one year old, this is normally an indication of constipation. The constipation pathway should be followed.
 - High scores for sections e), f), or g) do not mean that a child cannot toilet train. Efforts should be made to address the problems. Hints on how to do this are provided on the assessment tool.
 - Inability to handle clothes is of itself not a reason for a child to be prevented from toilet training. Assistance should be given to help the child to learn to handle their clothes, where possible. Advice should be provided to parents/carers about using clothes that are easier to adjust, or about appropriate adaptations. The occupational therapist may be able to make suggestions or offer help.
 - If it is found that a child never passes urine or opens their bowels on the toilet or potty (sections h) and l)) then appropriately timed toileting should be tried if the child's scores on the tool are low in other areas. The toileting chart can be used to see if there is any pattern to wetting/soiling or if these are related to drinks or meals. This information can be used to inform toilet visits.
 - High scores for section j) do not mean that a child cannot toilet train. Efforts should be made to address the problems. Hints on how to do this are provided on the assessment tool.
 - Section k) can be completed using discrete observation of the child in an environment where they are happy and comfortable e.g. home or school. This section considers general behaviour, understanding of simple requests and ability to comply.

The assessment tools should be looked at and actions should be taken as indicated by the prompts.

SCORING

30 and above: Indicates a **HIGH** clinical need but the child may have potential for toilet training in the future. A disposable product be be required.

17 – 30: Indicates **MEDIUM** clinical need. The child may have potential for toilet training and should commence or continue a toilet skill development programme. The child may need a short term supply of disposable containment products, until they have acquired the appropriate skills for formal toilet training. However they may also be appropriate for the provision of washable containment products, which can be provided from the Children's Continence Service.

Up to 16: Indicates a **LOW** clinical need. These children may respond positively to a toilet training programme with regular review from Health visitor or School Nursing teams. The Continence Service will not provide products.

Exceptions

There will always be exceptions within the scoring system. The assessment tools have been designed as an aid to decision making. It does not override clinical expertise and specific issues relating to individual child. For example there may be some children with congenital ano-rectal anomalies and ongoing soiling (such as those with imperforate anus, or Hirschsprung's disease), who may score LOW but may be eligible for disposable containment products, while they are waiting for corrective surgery or treatment intervention.

There may be other children who score HIGH, because they have not been exposed to a toileting routine previously and have total lack of awareness of their bowel or bladder. Many of these children progress well on a toilet training programme and therefore it would be detrimental to them to provide disposable containment products, which would further delay toilet training. Products will therefore not normally be authorised until interventions are in place and a three month formal trial of toilet training has been undertaken.

The continence service should be consulted as required. In line with the National Guidance for Provision of Continence Containment Products 2016 (available from Bladder and Bowel UK), products will only be provided to children who are at least four years old and have undertaken full assessment and toilet training trial as above. However, every child will be considered on an individual basis and decisions will be made based on the outcome of assessment. Any concerns or queries please telephone the Children's Continence Service on 01287284112.

Once you have completed the toileting chart and assessment tool please complete a referral form and send all of these 3 forms to the Children's Continence Service via post or email.

What happens next:

If possible a measurement of the Child's waist and hips by the parent/carer is an advantage. Please add the measurements to the assessment form. If a measurement cannot be obtained the Children's Continence Service will contact parents/carers to arrange to measure the child.

Once measurements have been completed the Children's Continence Service will arrange samples of disposable or washable products but not both and these will be sent out in the post for the child to try at home.

Parents/carers are asked to telephone the children's continence service on 01287 284112 once the products have been tried to let us know if they are suitable or not. If the sample of a product was not suitable the children's continence service will arrange another sample of a different product or size to be tried.

Once samples of a product have been tried and are deemed suitable the Children's Continence Service will place the appropriate order.

Once the order has been activated it cannot be changed until to the next delivery. Disposable products are on a 4 month delivery cycle for more than 1 product a day prescribed but if only 1 product per day is prescribed the delivery is six monthly.

Once parents/carers receive the first delivery they will be provided with information on how to request further deliveries by contacting NHS supply chain on 0800 030 4466.

Leaflets are available on how to get the best from your products and continence containments products and parents should receive a copy of these. These will explain how to fit the product; disposable products should be folded prior to fitting to ensure they are cupped in the groin area and the elastic is activated. Parents/carers should be advised to only use talc and creams if essential.

We do not provide products for night time wetting or soiling, as these are considered as treatable conditions. We do not normally provide pull-up products as there is no evidence that these are effective for toilet training and are not as absorbent as other products.

If the child attends KTS Academy, Priory Woods or Kirkleatham Hall schools the reassessments for products will be completed by the school nurses based at those schools. All other schools, the reassessment will be completed by the Children's Continence Service yearly.

If the child needs' change, grow or there are any problems with products and they attend one the above schools, parents/carers should contact the school nurse based at these schools.

If they do not attend one of these schools the parent/carer should contact the Children's Continence Service on 01287 284112.

If you come into contact with families who have unwanted products that have been supplied from the Children's Continence Service, please contact the Children's Continence Service on 01287 284112 and they will arrange to collect these products.

More resources to support toilet training are available online from

Bladder and Bowel UK: www.bladderandboweluk.co.uk

ERIC: www.eric.org.uk

('One Step at a Time - A Parent's Guide to Toilet Skills for Children with Special Needs.' Continence Foundation of Australia 2010)

'Toilet training of infants and children 2010 parental attitudes and practices'. A. C. Jursi (The Restraint Project UNSW))

NHS supply chain 0800 030 4466

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