

September 2005

Developing independent toileting skills

Introduction

The aim of the factsheet is to offer parents and carers of children with cerebral palsy a basic introduction to some of the issues that may need to be considered when starting to move from nappies to using a potty and the toilet.

Cerebral palsy is a condition that affects individuals in a variety of ways so it is impossible to make generalised statements about toileting that will apply to all children with the condition. The degree to which a child is ultimately able to be responsible for their own toileting needs will vary greatly between individuals. Some children, particularly those with severe or multiple impairments, may never achieve full independence in this area of their personal care. However, just mastering some of aspects of the skills discussed in this factsheet may lead to considerable increases in levels of personal dignity and self-esteem.

Is your child ready and able?

Typically children achieve daytime freedom from nappies by two or three years of age. Children with cerebral palsy may experience a number of additional challenges that may mean they are not ready to start learning toileting skills until later. Use the checklist at the end of this factsheet to help you assess if your child is ready to start training.

Before starting on the process of trying to toilet train your child it is wise to talk to your doctor to see if they are aware of any aspects of your child's condition that will affect their ability to control bladder or bowel movements. If cerebral palsy affects them in ways that mean they may be unable to feel when they need to use the toilet or to control the muscles needed to regulate the passing of urine or

faeces, it is best to seek specialist advice on how to manage their continence. Your family doctor should be able to refer you to a suitable health professional.

Some children with cerebral palsy experience problems with constipation that makes passing faeces extremely difficult or painful. If this is true, it may be wise to try to find a solution before toilet training. Having to strain or feel discomfort may set up a negative association about using the toilet or potty. Your family doctor may advise on medication or changes to diet that may help alleviate the constipation or suggest referral to a source of more specialist help, such as a paediatrician or dietician.

If there are no medical concerns about starting toilet training, it is worth spending a few days noting when your child naturally urinates and passes faeces. You may notice that a pattern emerges i.e. always after eating, at a certain time of day or at fairly regular intervals. This pattern will be a guide in knowing when to place your child on the toilet or potty. If there is not already a natural pattern it will be necessary for you to establish an appropriate regime once toilet training begins.

If other people are involved in the day-to-day care of your child it is sensible to talk to them about how you are planning to toilet train your child so that everyone is taking a co-ordinated and consistent approach.

Choose a time to begin when your child is in good health and not experiencing any other unusual changes to their routine. You need to be able to devote the necessary time to teaching your child. Some parents find it easier to begin toilet training at a time of year when the weather is mild, as less clothing means it is easier to get them on the potty or toilet quickly when they are in urgent need.

Sitting comfortably?

It is important to ensure that your child feels safe in using the toilet or potty.

For many children a good-quality potty with a wide stable base and probably some sort of back support will be adequate. Such potties are readily available in high street stores. For a little extra you can buy one that has additional features, such as a 'musical reward'. This may encourage use.

If your child has particular problems maintaining a sitting position it may be necessary to obtain more specialist equipment and advice. An occupational therapist is a good source of information on suitable equipment and sources of supply. Similarly, a physiotherapist may be helpful in showing you how best to position your child; especially for children who are wheelchair users and need specific help in transferring from wheelchair to toilet.

Language and communication

Some children are able to clearly state when their nappy needs changing or they want to sit on the potty or toilet. Even if your child has no verbal communication s/he may indicate discomfort at having a wet or soiled nappy by crying, fidgeting, pulling at the nappy or some other sign. Keeping the potty easily visible or providing a communication aid, for example a toilet roll, is likely to encourage the child to indicate their need. Try to make sure that everyone involved with your child's daily care knows how your child indicates their toileting needs and consistently use the same words or signs. Agree these in advance to avoid confusing the child.

If your child has a natural pattern as to when they urinate and/or defecate you need to enable your child to access their potty or the toilet just prior to this. If they don't have a pattern you need to help establish one by toileting them immediately after waking, before going to sleep, after eating or drinking and at regular intervals in between.

Let's get going

You have now established that your child is ready to begin toilet training, obtained a potty and/or other equipment necessary, sought appropriate professional advice, chosen a day to start and ensured that all concerned know what you are planning to do. Unless you have been advised otherwise the process will be much the same as for toilet training any other child, although it may prove to be more difficult and take longer.

Always communicate to your child what you are doing and why you are doing it. When your child 'performs' in the appropriate place, praise and reward them in whatever way seems to work best. Remember that it is very important that your child views using the toilet or their potty as a positive experience; in time they will indicate

to you when they need it in preference to using their nappy. If they don't manage to go don't leave them sitting there, just try later. If they are reluctant to sit on the potty try keeping a couple of favourite toys or books that they are only allowed whilst using the potty or toilet.

Praise your child when they manage to stay clean and dry. Check with them regularly if 'they need to go' but avoid asking so often that they become stressed, anxious or simply bored with the question.

Hopefully, in time your child will develop the ability to use the potty or toilet more than nappies, especially during the day.

As your child grows, they will need to progress from the potty to using the toilet (possibly with adaptations). This is often a fairly straightforward process as most children are keen to copy older children or siblings and be 'grown up'. Some children may be fearful of the toilet – often such fears are based on either falling down it or something coming up to get them, some are fearful of the flush. However, with sensitivity, support and lots of praise such fears are normally quickly overcome.

For most children it takes longer to master staying dry overnight. Your child may wear pants during the day but continue to wear a nappy or training pant at night. Bedwetting (nocturnal enuresis) is a common problem in children. It can often be remedied by simple measures such as waking them to use the potty / toilet and praising them for 'dry nights'. Your doctor or health visitor may also be able to offer further advice.

Occasionally some children will continue to soil their pants or defecate in inappropriate places even after mastering the skills necessary to use the toilet. This is known as encopresis and the causes are varied; it may be a physical problem or a psychological issue.

If after a reasonable period of time little progress is made with toilet training, or there is evidence of persistent nocturnal enuresis or encopresis, you should seek professional help. Your family doctor is a good starting point. There is also a specialist organisation called ERIC (details given in the 'further information' section of this factsheet) that can advise and support you.

Accidents happen

Even when a child is fully trained it is normal for accidents to happen especially if a child is excited, fearful, unwell or concentrating very hard on something else. They may also occur if a child is feeling unsettled by a change to their normal routine, such as starting school. Try not to be critical or draw too much attention to what has happened, as this may result in making the child anxious and making matters worse. However, if there are repeated and unexplained accidents, consult your doctor.

Checklist

Use the checklist below to assess your child's readiness for toilet training. Not all of the items on the list will be appropriate to every child but the more items on the list that you have ticked, the more likely it is that successful toilet training will be achieved at this time. Children's skills and abilities may improve as they grow and develop so try not to be too disheartened if you have not been able to tick many of the boxes yet.

- My child is able to stay dry for an hour or more.
- My child knows what a potty or toilet is for.
- My child knows if s/he has a wet or soiled nappy on.
- My child's faeces are solid and well-formed.
- My child is NOT currently experiencing any particularly stressful situations.
- My child can sit (with or without support).
- My child imitates the actions of others.
- My child is able to concentrate on a task for five minutes or more.
- My child understands basic questions like "Do you want a drink?"
- My child is able to indicate her/his needs (using words, signs or gestures).

Further information

ERIC – Education & Resources for Improving Childhood Continence

Telephone: 0117 960 3060

Fax: 0117 960 0401

Email: info@eric.org.uk

Website: www.eric.org.uk

ERIC provides support and information to children, parents and professionals on all continence issues, also sells a range of continence products. They have a child section on the website and one specific for young people with continence difficulties. See www.trusteric.org

Incontact - Action on Incontinence

Tel: 0870 770 3246

Email: info@incontact.org

Website: www.incontact.org

Information, support and newsletter. There are local groups and helplines around the country who can offer local support and advice.

NASPCS (National Advisory Service to Parents of Children with a Stoma)

Tel: 01560 322024

Practical advice and support for families of children with a range of conditions. Newsletter and books. Contact with other parents.

This document is for information purposes only.

For more information about cerebral palsy and Scope services

Contact Scope's Cerebral Palsy Helpline for information, advice and support. Copies of all Scope's information sheets can be downloaded from the website or obtained from the Helpline. Referrals to Scope's Community Teams and services can be made through the Helpline.

The Helpline hours are:

Monday - Friday 9 am to 9 pm. Weekends 2 pm to 6 pm

Cerebral Palsy Helpline

PO Box 833

Milton Keynes

MK12 5NY

Tel: 0808 800 3333

Fax: 01908 321051

Email: cphelpline@scope.org.uk

Scope's website address is www.scope.org.uk

Scope acknowledges the help and support of everyone who has been involved in the production of this information.

This information can be made available in other formats if required e.g. large print or tape. We also have information about Scope and cerebral palsy available in 13 languages on audiotape and can offer a telephone interpreting service to people whose preferred language is not English.

Please contact Scope's Cerebral Palsy Helpline for more details of these services.

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