

ADVICE ABOUT BLADDERS, BOWELS AND TOILETING FOR CHILDREN WITH ADDITIONAL NEEDS



WHAT DOES CHILDREN WITH ADDITIONAL NEEDS MEAN?

- Children with SEND (Special Educational Needs and Disabilities)
- Children with ALN (Additional Learning Needs)
- Children with Global Developmental Delay
- Children who are neurodivergent

There are so many collective terms used, as well as a multitude of diagnoses such as cerebral palsy, autism and Down's syndrome.

Although individual children's needs are varied and unique, there are principles we can apply to help us look after all these children's bowels and bladders, and guide them towards the toilet.

THE MAIN MESSAGES

- If your child has a learning or physical disability, that does not necessarily mean they can't be toilet trained.
- Nearly all children can learn to be clean and dry – it may take longer, and they may need more support, but toilet training is a life skill. Learning to wee and poo in the toilet will change your child's future.
- The longer your child wears a nappy, the harder it may be to introduce a new place for them to wee and poo, so don't delay.

WHERE TO START



The evidence-based 3 step Let's Go Potty approach is ideal for children with additional needs. Look at [Advice about children's bladders and bowels - from birth to potty training to school](#) – the information here applies to all children.

Give children with additional needs the same opportunities to progress with toileting as you would any other child. Use the 3 step [Let's Go Potty](#) approach right from the start.

WHAT IF MY CHILD IS OLDER?

Don't worry! Although it is ideal to start early, older children can still be helped to achieve their toileting potential. The starting point is still going to be promoting healthy bowels and bladders.

ALWAYS SUSPECT CONSTIPATION

A third of all children get constipated – and it is even more common in children with additional needs. There are many different reasons for this, such as:

- Communication difficulties
- Mobility problems
- A limited diet
- Low fluid intake
- Constipation may be a side effect of their essential medication

If your child's poo has always been the same, you may not realise they're constipated. Look at [Advice for children with constipation](#).

Sometimes children have to take large doses of laxative to clear out a backlog of poo. This is called disimpaction. You can't hurt your child by giving them laxatives – but undertreating constipation will cause problems for both bladder and bowel, and will prevent progress towards toilet training.

If in doubt – clear them out!

WHAT ABOUT THE BLADDER?

It can be really difficult to encourage children with additional needs to drink enough. They may be reluctant to drink, find it physically difficult, or may have particular sensory needs and so might not recognise when they're thirsty.

The important thing to remember is: don't give up! Be persistent and imaginative. Here are some ideas that may help:

- Develop a routine – a drink with each meal and at least one drink midway between meals. Don't ask your child if they're thirsty, or if they would like a drink. Simply say: "It's drink time!"
- Make drinks interesting. Look at [Tips for better drinking](#) for ideas like offering a range of bottles/sippy cups/fun cups/straws as well as a variety of flavours and temperatures.

- If possible, include foods with a high water content like fruit, jelly, soup, salad and yoghurt.
- If your child is tube fed, talk to their dietician – check if they are getting enough water in addition to their feeds.

EXTRA SUPPORT

- Does your child need a **special potty or toilet chair**? Ask for an OT (Occupational Therapist) assessment if you think they are not able to sit safely and comfortably in the right position on the family toilet.
- **Consistent communication** will play a big part in your child's acceptance of the potty or toilet. Talk to everyone who looks after your child: agree which words/signs/picture symbols/photos you will use to communicate that it's toilet time. Some children may respond to an object of reference, such as showing them a toilet roll.
- Consider your child's **Sensory needs**. Most people have the ability to filter out a lot of the sensory information (sights, sounds, smells, touch) they receive from the world around them. Children often cannot do this so well, and can easily become overwhelmed. Our senses of sight, hearing, smell and touch are bombarded as we enter the bathroom – bright lights, strange sounds, strong smells and cold, hard surfaces can make it a very difficult place. Your child then won't be able to relax – but they will need to relax to let the wee and poo out. Make sure you take time to adapt the bathroom, to create the right environment for your child.
- Ideally, time in the bathroom on the potty/toilet will have been part of your child's day from a very young age. Sometimes though, that has not been possible, and the child may become **anxious** and try to avoid using the toilet. Look at Toilet anxiety, Stool withholding and Children who will only poo in a nappy and other toilet avoiders. Follow the strategies suggested to gently guide your child towards the toilet.

GETTING GOING WITH TOILETING

Once you've worked on a healthy bowel and bladder, and made sure the bathroom is a familiar and happy place, what do you do next?

Think back to the 3 step Let's Go Potty approach. You have now completed Step 1 – Preparation, and everything is in place for Step 2 – Practice.

So next, it's time to help your child to practice sitting on the potty or toilet. Build up a routine so they are practicing sitting at similar times every day. Add a collection of toys and activities to the bathroom, so it's a fun place to be.

It may feel daunting working out when to move onto Step 3 – Stopping Using Nappies, but there are some tools to help you decide when the time is right:

1. Complete a [Bladder/Bowel Assessment Chart](#). This is a simple tool to help you work out exactly when your child wees and poos, and to help you spot if there's anything that needs attention to promote a healthy bladder and bowel.

2. Use the data you collect to complete a [Toilet Readiness Assessment](#). This is another simple tool to help determine if it's the right time to move into pants, or whether there are things to work on first.

3. Plan ways to guide your child through each stage:

Communicating that it's toilet time – look at [Potty prompt cards](#)

Working through the steps involved in toileting – look at [Toilet visual schedule](#), [Tom Tag toilet routine mini kit](#) and [Toilet Time Resource Pack](#)

Making it a special journey for your child – look at [Toileting social script](#)

4. Talk to everyone involved in your child's care. Plan together – your child needs consistency. Make it a gradual journey – choose one or two small steps to work on at a time.

5. Continue to use the tools to shape your child's next steps. When they're ready to stop using nappies, use what was learnt from the Bladder/Bowel Assessment Chart to create a toileting timetable, so everyone who looks after your child will know their toileting times. Build the timetable around your existing practice routines.

Don't expect instant success. Even with the best preparation and practice, accidents are going to happen when you stop using nappies. Look for more information on the ERIC website, and if you can't find what you need contact the [ERIC Helpline](#).

Be patient, persistent and positive.

WHAT ABOUT CHILDREN

WHO ARE NOT GOING TO ACHIEVE CONTINENCE?

Whatever level of continence your child is going to achieve, promoting a healthy bowel and bladder is vital. Undertreated constipation can lead to frequent, loose poos which can cause sore skin. A full bowel occupies the space the bladder needs, resulting in frequent small wees and a big risk of Urinary Tract Infection (UTI).

ALL children need to drink plenty of fluids, avoid constipation and have their wees and poos monitored.

In children for whom toilet training is unlikely to be possible, the priority is containing the wee and poo in the most comfortable and effective way possible.

Your child may be eligible for NHS nappies or pads from the age of 5. There are nationally recognised guidelines determining children's eligibility for products and the process for supplying them. Your local continence service will also have its own criteria. Look at [Flowchart - Children with Additional Needs](#) to find out how your local health care professionals should support your child.

Make sure you get the most out of your products. Look at [Guidance for parents/carers using disposable containment products \(nappies, pull-ups, pads\)](#) for tips on storage, fitting, use of creams etc. Most leaks can be avoided if you know the best way to use the products.

MORE INFO

- [Interception and toileting](#)
- [Information in other languages](#)
- [Using the toilet at school](#)
- [Smearing](#)
- [Family events - ERIC](#)

There is a specially designed Online Learning programme for Early Years Practitioners such as Nurseries and Childminders, to guide their care of children's bladder and bowel health and how to manage potty training, including in children with additional needs.