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A Psychological Guide for Families: Soiling in Childhood

Child & Family Psychology and Therapies Service

Introduction

This booklet is part of a series that has been written by Clinical Child Psychologists from the Gwent Child and Family Psychology Service. Many parents and carers experience some concerns about their children and at times look outside of their family for extra advice or suggestions. We hope that this booklet will add some ideas to the things that you are already doing. Many suggestions are given in this booklet, and all of the ideas given have been helpful to families. Choose the ideas that fit for you, your child and your family.

Children soil when they empty their bowels in their pants, on the floor or in other inappropriate places. It is not an uncommon problem but it can feel enormously stressful for all those who are affected by it. These may include the child, the parents, the extended family and school. Below are some figures that reflect the extent of the problem.

Number of Children Affected

Approximately 1 in 25 children between the ages of 5-7 years

Approximately 1 in 50 children between the ages of 8-10 years

Approximately 1 in 60 children between the ages of 11-12 years

(Van der Wal, Benninga & Hirasing, 2005; Friman, Hofstadter & Jones, 2006)

Some Guidelines on Bowel Control:

- Most children can control their bowels before their bladders.
- Most children achieve day and night bowel control between the ages of 3 and 4.
- About half of the children who soil have achieved bowel control for a year or so then lose it later on (this is sometimes called secondary soiling).

Reasons why children may soil:

There are many reasons why children may soil and it is important to understand why they may be soiling before taking action to help them stop. Some reasons why children may soil include:

Developmental:

- They have never learnt to poo in the toilet.
- Children with learning difficulties and/or developmental delays may find it more difficult to identify when they need to use the toilet.
- Physical health difficulties may also interfere with toilet training and bowel control.

Biological:

- They may start soiling following a gastrointestinal illness or anal fissure.
- Restricted or poor diet.
- They may have had a painful experience going to the toilet in the past may have resulted in the child avoiding going. This in turn can lead to constipation and overflow incontinence.

Behavioural:

- Fear of using the toilet.
- Children who are active can ignore or miss the signs that they should go.

Contextual:

- Stressful life events and experiences.

Toilet Training: Some General Guidelines

Children differ in terms of their readiness and desire to come out of nappies. Some general guidelines to help this process are listed below:

- Provide your child with lots of praise and encourage small steps towards independent toileting. Talk to them about the benefits of growing up.
- Avoid entering into conflict around toileting issues, such as offering negative consequences for lack of success.
- Give your child simple instructions like 'put down your mug and go to the toilet'.

- Encourage your child to sit on the toilet at regular intervals each day. Most children need to go for a poo about twenty minutes after a meal.
- Make sure the toilet is a fun and relaxed place to be (you may want to put some pictures on the wall and have toys available for the child to play with).
- Blowing uses the same muscles as doing a poo. Blowing up a balloon or into a toy instrument will make practising this more fun.
- If your child is scared of the toilet, they need to learn that it is not a scary place.

You may do this gradually by:

- Asking your child to help you to clean the toilet.
- Encourage your child to sit on the toilet with his or her clothes on to begin with. Make a game of them sitting on your knees.
- Sit your child on the toilet with their pants down and encourage blowing.
- Give your child lots of praise for doing a poo. It can also be important to praise attempts to do a poo, especially at the start of the learning process.
- Use a doll that pretends to go to the toilet.
- Use a foot support.
- Use a small trainer toilet seat.
- Make sure the toilet is warm

If the child will only poo in a nappy you may start by sitting them on the toilet with the nappy on. You could also cut out a hole in a nappy and make this bigger and bigger so that the area covered by the nappy becomes smaller and smaller.

Bowel Control at 4 years

Children develop at different rates. Some children will naturally achieve bowel control early but will be later with other skills, for example, talking. For others, bowel control can take a little longer.

What can you do?

The general rule is to continue using the same principles as you would for normal toilet training. You may want to pay particular attention to the following:

- Make sure your child knows what a full bowel feels like. When your child can recognise that feeling encourage him or her to ask for the toilet.

- Make sure your child drinks enough. About six or seven cups of water or water-based juice throughout the day is a reasonable amount. This will help the poo to stay soft.
- A balanced diet – any food which leaves behind fibre when it passes through the bowel will help to keep stools soft. All high fibre foods (e.g. cereals, fruit, vegetables, etc) need to be taken with plenty of fluids to have an effect. Some foods slow down the bowels and can contribute to constipation. Too much milk (more than a pint a day) and other dairy products can do this.
- Help your child feel happy about using the toilet - see under general guidelines for toilet training.
- Plenty of exercise - regular exercise promotes health and healthy bowel activity.
- Make toileting fun – see general guidelines for toilet training.
- Help your child to get to the toilet and undress easily.
- Encourage your child to go to the toilet regularly - a routine of going after breakfast and supper can establish a pattern.
- Encourage the “feel good” factor – clean clothes and showers or baths daily can increase self-awareness and self-confidence.
- Make sure your child is not constipated (see below).

Constipation

This is when there is a difficulty or a delay in passing stools. The rectum is therefore usually full. It may occur if the child is:-

- Not drinking enough
- Has had a major illness (thereby increasing the body’s need for water)
- Not listening to or recognising the body’s signals which can delay emptying the bowels

Solutions

Constipation can lead to retention with over flow. It is not under the child’s control and is therefore not deliberate. The problem can usually be solved. It is important to seek help from your family doctor or Health Visitor who may, in some instances, refer your child to a Community Paediatrician. The following may also be recommended:

- Plenty of fluids

- Medicines to help soften the mess of hard stools
- Medicines to help the large bowel contract more

Bowel Control from 5 years onwards

Soiling incidents can cause embarrassment and stress for children at school so it is important to seek advice from your school nurse or family doctor before the first school term. It may be helpful to provide the family doctor with a record of the pattern of soiling in the 2/3 weeks before your appointment. It will help the doctor understand the pattern of bowel activity and what might be causing the soiling.

What can you do?

- Help establish a regular, comfortable routine for toileting. A diary or record chart will help you and your child to see when they usually empty their bowels.
- Encourage your child's involvement in the toilet routine so that he goes to the toilet without prompt and is praised for doing so.
- Encourage your child to stay on the toilet for 5-10 minutes but do not force longer than this.
- The family may have to get up earlier than usual so that there is time for breakfast and time for your child to relax on the toilet before going to school.
- You may set up a reward points scheme so that your child earns a point for behaviours that they do have control over, such as sitting on the toilet without prompting, staying on the toilet, keeping an accurate record chart, telling you if they soil their pants, dealing with soiled pants as agreed. In advance you may want to negotiate what your child could cash in their points for. It does not have to be a present, it could be extra time with you playing a game or reading a story.
- Do not reward clean pants as this may encourage your child to 'hold back' leading to constipation.
- Gradually encourage your child to take over the toileting routine with less supervision from yourself.
- Check with the teacher that there are not any problems with the toilets at school.
- Try to enlist the support of teachers and school nurse so that they can ease the way for your child. Have a change bag readily accessible so your child can wash and change with the least amount of fuss.
- Help your child to think positively that he or she will achieve bowel control.

- Encourage your child to have a bath or shower every day.

For further advice and guidance on Soiling and other toileting concerns visit:

<https://eric.org.uk/>

We hope that you have found some ideas in this booklet that you would like to try out. In our experience, change can be a difficult process for everyone in the family, and things can get worse before they get better. It can be hard to keep going, but many families tell us that it is worth persevering.

Please let us know what you think about this booklet

1. How easy is this booklet to understand?

Not at all easy	1	2	3	4	5	Very easy

2. How helpful are the ideas in this booklet?

Not at all helpful	1	2	3	4	5	Very helpful

3. What might you do differently now that you have read this booklet?

4. Please tick the box and give us your address if you would like to receive another booklet from our range.

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Do you have any other ideas for booklets?

Your name and address

Thank you for taking the time to give us your comments. Please return this slip to us directly or by giving it to the person who passed the booklet on to you.

Please return to Child and Family Psychology and Therapies Service
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