EARLY CHILDHOOD · PRIMARY-CARE TEACHING AID

Toddler Taming

Behaviour, feeding, toileting and sleep in the under-5s — the calm, practical advice to give parents, brought in line with current UK guidance.

START HERE — THE ONE IDEA TO HOLD ONTO

Most under-3s are not being *naughty*. Their **thinking brain is still being built**, so they cannot yet reason, wait or see another point of view. Our job is to **guide behaviour calmly**, not to win arguments. Everything below flows from that. It is aligned to NICE, the NHS and ERIC, and written for GP trainees and international medical graduates to teach from and learn quickly.

1 Where behaviour comes from

Older teaching blamed parents for everything a child did. We now know behaviour grows from **two forces working together**:

- **Temperament** — the child's inborn wiring, present from birth. Some are easy-going; others are intense, demanding, hard to satisfy and poor sleepers.
- **The world around them** — the standard of parenting, plus life events such as illness, money worries or lack of support.

Behaviour is the product of both — change what you can (the soil), accept what you cannot (the seed).

Temperament	×	Parenting + environment	=	The behaviour you see
the "seed" inborn, from birth		the "soil & weather" care, stress, support, events		not a verdict on the parent and not fixed — it can be shaped

The seed & soil model — a hard-to-settle child can make excellent parents look as if they are failing.

HOW TO SAY IT TO A STRUGGLING PARENT

"A tricky seed can still grow well in good soil — but the best soil cannot change the seed overnight. Your child's temperament is not your fault, and it is not a failure. It just means you have to work with different weather."

WHAT'S CHANGED FROM OLDER TEACHING

- **Physical punishment** — now known to **harm and never help**. It is **unlawful in Scotland (2020) and Wales (2022)**. Advise strongly against smacking. (RCPCH; NHS)
- **Potty training** — "just wait for signs of readiness" is out. **Prepare early and aim to be out of nappies by 18–30 months.** (ERIC)
- **Toddler diet** — **full-fat** milk and dairy under 2 (not low-fat). The old "cut the fat" message applies from **age 5**, not before. (NHS)
- **Bedwetting** — over **20% of 5-year-olds** still wet the bed; it is common. Alarms are **first-line** and treatment can start from age 5. (NICE CG111)
- **Constipation & soiling** — affects **1 in 3 children**; soiling is usually **overflow** from constipation, not naughtiness. (NICE CG99)

2 Why children behave as they do — the four drivers

Behaviour rarely comes from nowhere. Most of it has one of four roots. Naming the root points you to the fix.

1 · Seeking attention

Little children need a lot of it. If they cannot get warm attention for **good** behaviour, they will take any attention — even a telling-off.

Fix: catch them being good.

2 · A brain still under construction

Under-3s (especially under 2½) cannot yet reason, wait, share or see another view. This is not defiance — the "thinking" part matures last.

Fix: distract, don't debate.

3 · Not wanting to separate

Clinginess is normal. It peaks around 1–1½ years and eases by 3–4. It flares with stress, illness or change (new baby, house move, nursery).

Fix: short, warm, predictable goodbyes.

4 · Picking up adult stress

Children read the atmosphere. When the adults are tense, children often "act out" what they cannot yet name.

Fix: check the problem is theirs, not yours.

Four common drivers of everyday under-5 behaviour, each with its practical antidote.

THE ATTENTION LADDER — WHY "TELLING OFF" CAN BACKFIRE

A child who cannot reach warm attention at the top will **climb down** to the rung that always works — misbehaviour. A telling-off is still attention. So we deliberately put the **warm attention at the top** (praise, cuddles, noticing the good) so they never need to climb down for it.

3 Discipline that works

Most discipline is quiet. Your **tone, closeness, touch and body language** teach far more than punishment ever will. The aim is to *discipline from a platform of peace* — and to match your response to the child's stage, remembering there is no malice in an under-3; they simply don't yet think it through.

▲ YOU MUST NOT

- × Use physical punishment. It **worsens** behaviour and makes children fearful.
- × Try to reason with a child who is already out of control.
- × Let whingeing overturn a "no" — it teaches that "no" is negotiable.

✓ SAFE DEFAULTS THAT ALWAYS HELP

- ✓ Stay calm; keep your voice low and slow.
- ✓ Be **consistent** — a rule that stands today stands tomorrow.
- ✓ Let children feel that "the big people are in charge" — it makes them feel safe.

1 Keep calm, be selective

Let the small things pass; spend your energy only on what matters. Do not nag, nitpick or stir.

2 Catch them being good

Notice and praise the behaviour you want more of. Give your best attention for good, not just for trouble.

3 Mean what you say

Say it once, clearly, then follow through. Children feel safest when adults are predictable and consistent.

4 When it boils over, step away

Keep everyone safe, give a short calm-down time, take a breath. When a parent "loses it," nobody wins.

Tantrums — big feelings, small words

Tantrums are **normal from about 2–3 years and fade by 4**. They happen because a toddler feels powerful emotions but has few words and little self-control. Think of it in three moves: **prevent → ride out → reconnect**. (NHS; NSPCC)

Stage	What to do
Prevent	Keep routines for sleep and food (avoid the tired-and-hungry trap). Flag what is coming next. Offer small choices. Get outdoors and active.
Ride it out	Stay calm and quiet. Distract *early* if you can. Once it starts, ignore the tantrum itself while keeping the child safe and staying near. Do **not** give in, and do **not** bribe.
Reconnect	When calm returns, reconnect with a hug, name the feeling ("that was frustrating"), and praise the calm. Never use force or smacking — it makes tantrums worse.

◎ EVIDENCE — WHEN BEHAVIOUR IS BEYOND THE ORDINARY

Most difficult behaviour is normal development. But when problems are **persistent, severe, or causing real harm** at home or nursery, NICE recommends an **evidence-based group parent-training programme** — such as **Incredible Years, Triple P or the Solihull Approach** — for children roughly aged 3–11. The **health visitor is your first port of call**. (NICE CG158)

▶ "NOTHING I DO WORKS" — THE HONEST REPLY

Something **always helps** and something **always makes it worse**. **Better:** staying calm, avoiding arguments, a brief calm-down time. **Worse:** shouting, threats, debating, and using logic on a child who is already out of control.

4 Feeding without fights

Two truths settle most feeding worries. First, **growth is your reassurance** — a child who is growing, active and well is almost certainly eating enough. Second, meals go best when parent and child **each stick to their own job**.

The parent decides…

- **WHAT** food is offered
- **WHEN** meals and snacks happen
- **WHERE** they eat (at the table)

The child decides…

- **WHETHER** they eat
- **HOW MUCH** they eat

Never force-feed — it always backfires.

Share the jobs. Battles start when a parent crosses into the child's lane and tries to control how much goes in.

▶ FOR THE FUSSY EATER

- Build meals on foods most toddlers accept — bread, cereal, pasta, potato — then add protein, dairy, fruit and veg.
- Offer a new food **again and again** — it can take **10–15 tries** before a child accepts it. Don't give up.
- Small portions, eat together, let them self-feed, praise, stay calm. A missed meal will not harm a well child.

✓ MILK & DRINKS — THE NHS NUMBERS

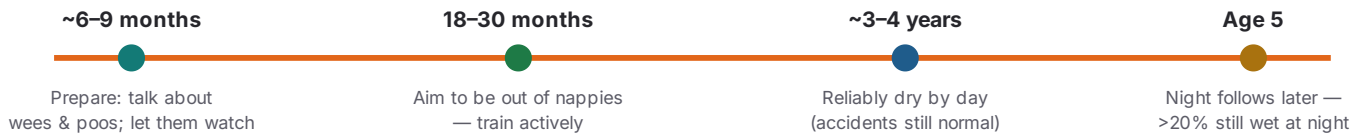
- ✓ **Whole milk** as a main drink from age 1; semi-skimmed only from age 2 if eating well; **not** skimmed/1% before age 5.
- ✓ Aim for about **350 ml** milk a day, or 2 dairy servings. Cap milk at about **1 pint** and offer water instead.
- ✓ Give vitamin A, C & D drops to under-5s (Healthy Start), unless taking >500 ml formula a day.

▶ THE MILK TRAP — A MEMORY HOOK

Milk is a food, not just a drink. A calf grows into a cow on milk alone — so a child who fills up on milk has **no room left** for the rest of the plate. Too much milk also **crowds out iron** and can cause anaemia. If a "milk-aholic" eats little, cut the milk back and watch the appetite return. (NHS)

5 Toilet training without tantrums

The modern approach has shifted. Don't sit back and *wait* for a magic sign of readiness — **prepare early and train actively**. Aim to be out of nappies **between 18 and 30 months**; the longer you leave it, the harder the skill becomes and the higher the risk of bladder and bowel problems. (ERIC; NHS)



A realistic timeline. Daytime dryness comes first; night dryness is a separate, later milestone.

✓ THE METHOD

- ✓ Sit on the potty at natural times — **after meals** works well (eating triggers the gut).
- ✓ Use a **footstool** so knees sit above hips — this relaxes the muscles and empties fully.
- ✓ Keep it calm and fun; praise every success; stay relaxed about accidents; **never punish**.
- ✓ Pick a settled time — avoid a house move, new baby or starting nursery.

▲ WATCH FOR CONSTIPATION — IT DERAILS TRAINING

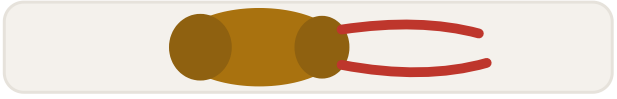
If poos are hard, painful, infrequent or the child **withholds**, treat it early. A child who hurts on the potty will avoid it — and the problem snowballs.

See the constipation panel below before pressing on with training.

Constipation & soiling — the point everyone misses

Constipation affects **1 in 3 children** and 95% has no serious cause. The classic trap is **soiling**: loose stool leaking around a hard, backed-up mass. (NICE CG99)

Overflow soiling



Liquid stool finds its way past the blockage — the child cannot feel it and cannot help it.

▶ MANAGE IT — DON'T BLAME IT

Do **NOT** treat overflow soiling as diarrhoea or naughtiness. First-line is a **macrogol** (polyethylene glycol 3350 + electrolytes): disimpaction, then maintenance for **months**, plus a toileting routine, footstool and rewards.

Doses per NICE CG99 / BNF for Children. Warn families soiling may briefly worsen during disimpaction.

▲ RED FLAGS — DO NOT JUST TREAT AS CONSTIPATION; REFER

Failure to pass meconium in the first 48 hours · faltering growth · gross abdominal distension · abnormal lower-limb neurology or spine (e.g. sacral dimple or hair tuft) · ribbon stools · or anything raising a **safeguarding** concern. (NICE CG99)

6 Bedwetting (nocturnal enuresis)

Bedwetting is **common and involuntary** — over 20% of 5-year-olds still wet. You must **NOT** let parents blame or punish the child. Work through it in order. (NICE CG111)

FIRST — LOOK FOR A TREATABLE CAUSE

Check for and treat **constipation** and **daytime wetting/urgency** first. Review drinking habits. Exclude **UTI**, and — if bedwetting is new with thirst and passing lots of urine — think of **diabetes**. New (secondary) bedwetting or any safeguarding concern needs review.

Simple first steps for everyone: sensible daytime fluids, regular toileting, treat any constipation, and a reward system for *agreed behaviours* (drinking well, using the toilet before bed) — **not** for dry nights, which the child cannot control.

If that is not enough, two treatments do the heavy lifting. The memory hook:

Alarm — trains the brain

FIRST-LINE

Teaches the child to wake to a full bladder.

Slower to work, but the **best long-term cure**.

Not ideal if wetting is very infrequent, or if the family is overwhelmed or angry about it.

Desmopressin — turns down the tap

RAPID / SHORT-TERM

Reduces urine made overnight. **Fast** — but works only while it is being taken.

Consider ages **5–7** if rapid/short-term dryness is the priority or an alarm is unsuitable; offered >7.

Two tools, two mechanisms. The alarm re-educates; desmopressin buys dry nights while taken (e.g. for a sleepover).

KEY RULES

- ✓ Do **NOT** exclude a child from treatment on age alone — under-7s can still be helped.
- ✓ **Persist**, and combine treatments, if the first choice does not work.
- ✓ Prescribing (drug, dose, review) per **NICE CG111** and the **BNF for Children**.

7 Solving sleep problems

Start by **normalising** early waking: young babies wake to feed, and some wake through much of the first year. Accepting this early protects the parent–child relationship far better than fighting it. A little night waking for comfort in a toddler is fine — **if the household copes**. When constant waking starts to wear the parents down, it is time for a calm, firm plan.

WHAT HELPS

- A consistent **wind-down routine**: bath, dim lights, a story — same order every night.
- A calm, dark, cool room; a **comforter** can help.
- Settle **drowsy but awake**; over several nights, gradually reduce your presence (gradual retreat).

CHECK THE USUAL CULPRITS

- Over-tiredness, hunger or over-stimulation before bed.
- Too much **screen time** in the evening (older children).
- Mixed messages — boundaries that change night to night keep the waking going.

Keep boundaries **kind but firm and consistent**. The same principle runs through every topic in this aid: children settle when the adults are calm, predictable and clearly in charge.

8 Red flags & when to refer

Most of what you see is normal childhood. These are the signals that need more than reassurance.

ESCALATE / REFER

- **Safeguarding** — any injury from punishment, unexplained marks, or a disclosure → follow your local safeguarding pathway. Physical punishment is unlawful in Scotland and Wales.
- **Growth & health** — faltering growth, weight loss, or a child who is simply not thriving.
- **Development & behaviour** — loss of skills (regression), marked speech or language delay, concerns about social communication (possible autism), or extreme, pervasive overactivity/inattention out of keeping with age (possible ADHD). Discuss with the health visitor; refer per NICE.
- **Bowel & bladder** — constipation red flags (see Section 5) and secondary or complex bedwetting.

YOUR KEY ALLY

The **health visitor** is the first port of call for behaviour, feeding, toileting and sleep concerns — and the gateway to parenting programmes, continence clinics and early developmental review.

One-page memory card

- **Big idea:** temperament × environment. Guide, don't fight.
- **Attention:** catch them being good; praise the good.
- **Tantrums:** prevent → ride out → reconnect.
- **Milk:** whole to age 2, ~350 ml/day, cap ~1 pint.
- **Soiling:** usually overflow constipation — treat, don't blame.
- **Sleep:** routine, drowsy-but-awake, gradual retreat.
- **Under-3s:** no logic yet — distract, don't debate.
- **Discipline:** calm, selective, consistent. No smacking.
- **Feeding:** parent = what/when/where; child = whether/how much.
- **Potty:** prepare early; out of nappies 18–30 months.
- **Bedwetting:** alarm first-line; desmopressin for speed.
- **Refer:** safeguarding, growth, regression, red-flag bowel.

Sources & acknowledgements

Topic	Primary UK source
Behaviour & parent-training	NICE CG158 — Antisocial behaviour & conduct disorders in children and young people; NHS; NSPCC
Physical punishment / law	RCPCH position statements; Children (Equal Protection from Assault) (Scotland) Act 2019; Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2022
Feeding & milk	NHS — *What to feed young children*; Healthy Start vitamins
Toilet training	ERIC — The Children's Bowel & Bladder Charity; NHS — *How to potty train*
Constipation & soiling	NICE CG99 — Constipation in children and young people; BNF for Children
Bedwetting	NICE CG111 — Bedwetting in under-19s; BNF for Children
Tantrums & sleep	NHS Start for Life / NHS; Healthier Together (NHS)

✓ **PRESCRIBING NOTE**

No drug dose in this aid should be given from memory. All prescribing — including macrogols for constipation and desmopressin for bedwetting — must be checked against **NICE CKS**, the relevant **NICE guideline**, and the **BNF for Children** before use.

▶ **ACKNOWLEDGEMENT**

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