HELPING SCHOOLS MANAGE CONTINENCE PROBLEMS

The Right to Go
Continence problems in childhood are common and as a result it is not unusual for schools to have at least one child with a wetting or soiling problem. Also the current trend for later toilet training means that a number of children will also start nursery classes still in nappies.

Wetting and soiling problems are usually linked to an underlying bladder and/or bowel problem and any ‘accidents’ happen outside the child’s control. There are approximately 900,000 children and young people in the UK aged 5-19 years who have a continence problem.

For example at 4.5 years:
- 15.5% have daytime wetting
- 9% have day-time faecal incontinence

*NICE Paediatric continence service: Commissioning guide 2010*

**Delay in achieving continence**

The age at which children are toilet trained has gradually increased and the majority of children are now not fully toilet trained until around the age of 3 years, with the rest becoming fully trained by the time they are 4 years. This tells us that some children start nursery school at 3 years still in nappies and schools need to be aware of this trend. Most of these children will become toilet trained quite quickly without much formal intervention and will go on to have no further problems.

However, there will be a group of children who may require extra support until full toilet training is achieved and another smaller group of children who, because of underlying medical problems will require on-going support for toileting and changing.
Daytime wetting problems

Daytime wetting is the involuntary wetting at an inappropriate time and place in a child 5 years old or more. Children with daytime wetting problems often have a condition called an Overactive Bladder which typically presents with frequency (passing urine more than 7 times per day) and urgency (needing to go to the toilet straight away).

A child with urgency problems will require easy access to the toilet and may need encouragement and support – such as prompting to go to the toilet, for example at the end of a lesson, to ensure that the bladder is emptied regularly. The child will usually need a bladder training programme to be established by the healthcare professional who will work with the family to help the child learn to recognise and respond appropriately to signals from their bladder.

Schools should work closely with the family and healthcare professional involved with the child to ensure a proactive approach to managing the child’s problem is taken and appropriate treatment plans are put in place.

What schools can do to help

- Understand that bladder problems or delayed bladder control may be the result of a number of factors – most of which are outside the child’s control
- Recognise that the achievement of full bladder control can take time and some children may require bladder training programmes in order to be able to achieve this
- Encourage the removal of disposable ‘pull ups’ for nursery aged children if delayed toilet training is not due to a diagnosed underlying medical condition
- In conjunction with the family, liaise with the school nurse or other appropriate healthcare professional to support and implement any toileting programmes
- Ensure that each affected child has an individual care plan drawn up in conjunction with the parents and school nurse or other appropriate health care professional to ensure that the child’s toileting needs are appropriately managed in school
- Support any bladder or toileting programme that is in place by allowing free access to the toilet as necessary
- Promote independence as much as possible by supporting the child to enable them to self-manage their toileting in an age / developmentally appropriate way
- Be alert to the potential for bullying and name calling by addressing any wetting accidents in as discreet a way as possible
- Respect the child’s right to privacy about their condition – the child and family should decide how much and what other pupils are told about the condition
**Constipation and overflow soiling**

Soiling is the involuntary leakage of faeces (stool, poo) from the bottom (anus) into a child’s underwear. It can occur for several reasons but the most common reason is a direct result of chronic constipation and importantly, it may be the first symptom that the child presents with having suffered with constipation undetected for many months previously. In fact chronic constipation is said to be the cause of soiling in 95% of affected children.

Constipation is very common in childhood - a study of British children aged between 4-11 years identified that 34% had been constipated with 5% experiencing chronic constipation lasting more than 6 months (Yong & Beattie 1998).

Idiopathic constipation is difficulty, pain or straining when passing stools, and/or passing stools less often than normal. Constipation is referred to as ‘idiopathic’ if it cannot be explained by anatomical or physiological abnormalities.

It is important to stress again that soiling occurs outside the child’s voluntary control and children need to be treated sympathetically when this occurs. Many children suffer from low self-esteem and shame as a result of the soiling and are often at risk of bullying and name calling. Many children are reluctant to open their bowels at school because of lack of access and privacy. But as most children being treated for constipation and soiling will be on large doses of laxatives, and will be told not to ‘hold on’, easy access to the toilet is an essential part of the treatment programme.

**What schools can do to help**

- Understand that bowel problems or delayed control are often the result of chronic constipation
- Recognise that the achievement of full bowel control can take time to achieve
- Ensure that each affected child has an individual care plan drawn up in conjunction with the parents and school nurse or other appropriate health care professional to ensure that the child’s toileting needs are appropriately managed in school
- Support any bowel or toileting programme by allowing free access to the toilet as necessary
- Promote independence as much as possible by supporting the child to enable them to self-manage the toileting in an age / developmentally appropriate way
- Be alert to the potential for bullying and name calling by addressing any soiling accidents in as discreet way as possible
- Respect the child’s right to privacy about their condition – the child and family should decide how much and exactly what other pupils are told about the condition
Soiling and faecal incontinence due to a medical problem with the bowel

More rarely soiling can be due to an underlying congenital abnormality affecting the bowel – usually labelled as faecal incontinence. Soiling happens outside the child’s voluntary control and in many cases the child may be unaware that the soiling accident has occurred.

Some children are born with bowel problems, such as Hirschsprung’s disease or an ano-rectal abnormality or conditions such as spina bifida which affect the ability to control their bowels. Although affected children often undergo surgery in infancy to help correct the abnormality almost all will have on-going bowel problems to a greater or lesser degree throughout childhood.

Other children may develop a problem such as coeliac disease, which once diagnosed and treated, should mean the bowel problem resolves. Bowel problems may also be part of other syndromes and conditions – cerebral palsy, autism and Downs syndrome; but with treatment can often be improved or resolved.

Affected children may start school without having yet achieved full bowel control or have on-going problems with constipation and soiling. A number of affected children can also have a problem with their bladder which may result in problems with bladder control as well.

Encopresis

Encopresis is the term for the passage of a normal stool in an inappropriate place, usually in pants, but maybe elsewhere, and is not associated with constipation. Children who have this problem usually have an underlying behavioural problem or severe learning disability and soiling can occur for a number of reasons. The child may not have the full understanding to recognise when they need to open their bowels or they may have a ‘learned behaviour’ of not using to toilet to open their bowels. Some children may have developed a phobia or fear of sitting on the toilet. These children will require a different approach to help them overcome their problems and the involvement of the CAMHS team is often required.

Children with complex bladder and / or bowel problems

A small number of children may require more intimate care procedures to be carried out in schools such as catheterisation of the bladder or changing a stoma bag. The document ‘Managing Bowel and Bladder Problems in Schools and Early Years Settings’ (PromoCon 2006) sets out guidance for children who require such intimate care in schools.
**Access to toilets**

It is recommended that teachers find a way of ensuring the child has easy access to a ‘user friendly’ toilet that offers privacy and has good ventilation with a good supply of toilet paper. Some schools have made use of redundant staff toilets for children with bladder and bowel problems or allowed them to use the ‘disabled’ toilet. Schools also need to safeguard children from bullying which often takes place around the toilet area.

**Who to refer to**

In consultation with the child’s parents, children should be referred to the school nurse in the first instance. Dependent on what services are available locally the school nurse will either offer an assessment or refer the child on to the most appropriate service.

Teachers should be aware that continence problems in children are not uncommon, however, if it becomes apparent that a large group of children in one area are starting school with delayed continence (without any other issues which prevent them from achieving continence), there should be a dialogue between the school and local school nurses and health visitors to see what measures can be put in place to support achieving continence in the local community at an appropriate age.

**Legal responsibilities**

The normal process of assisting with personal care, such as changing a nappy should not raise safeguarding concerns. Any member of staff who does not have a valid CRB check should not be involved with any intimate care procedures.

It is good practice for the member of staff who is going to change the child or carry out a procedure informs the teacher that they are going to do this. There is no requirement that two adults must be present and staff will need to make their own judgement based on their knowledge of the child / family (Including Me, The Council for Disabled Children, 2005), however if there is known risk of false allegation by a child, then a member of staff should not change a child on their own.

All schools and settings registered to provide education will already have a policy relating to hygiene and infection control as part of their health and safety policy. This is a necessary statement of the procedures the setting / school will follow when a child accidentally wets or soils, or is sick while on the premises. The same precautions will apply for nappy changing.
Further information

The Right to Go

A Guide to Helping Early Years Settings and Schools Manage Continenence

can be downloaded from

www.eric.org.uk

This leaflet was made possible thanks to funding from
The Roddick Foundation
ERIC
(Education and Resources for Improving Childhood Continence)
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ERIC is a registered charity which offers information and support to children, young people and their families and professionals on childhood continence problems including bedwetting, daytime wetting, soiling and constipation and toilet training.

PromoCon
Helpline: 0161 607 8219
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PromoCon, part of the charity Disabled Living, provides professional impartial advice and information regarding resources, products and services for children and adults with bowel and / or bladder problems. Charity no: 224742.