

Top tips for Ofsted Inspectors: Managing issues related to continence (bladder and bowel health) and toileting in nurseries, schools and colleges.

Introduction:

It is important that education settings understand bladder and bowel difficulties and issues faced by children and young people. When measures are put in place to support learners and good practice is combined with timely and sensitive management by education staff, children will benefit from a positive experience of education and attain their potential.

Scale of the problem:

In excess of 900,000 children in the UK have continence difficulties. Not only are increasing numbers of children starting school each year without having fully mastered bladder and bowel control (continence), but many children continue to have issues with continence in the long term. Some have difficulties into adulthood.

Estimates of how many children have issues with day and night time wetting, constipation and soiling vary, but it is thought that constipation affects up to 29.6% of children, becomes chronic (lasts more than four weeks) in up to a third of these and results in soiling (faecal incontinence) in 0.8 – 7.8% of children.

Daytime wetting affects about 2.8% of 6 – 14 year olds; bedwetting is a problem for up to 15.5 % of 7 ½ year olds.

Risks of making assumptions:

Continence difficulties in childhood are sometimes assumed to be as a result of disability, behavioural issues, or ineffective parenting. This is rarely the case and if not managed appropriately these issues can cause unnecessary stress for the child, their parents, family and for school staff.

The impact of continence issues on children:

Bladder and bowel issues such as daytime bladder problems, bedwetting, constipation and soiling can have a devastating impact on a child's learning, development and quality of life, as well as causing increased stress to their families. A lack of awareness amongst health and education professionals, along with concern that their peers will discover their difficulty, negatively affects many learners' experience of school.

Longer term consequences:

Children with continence issues are at high risk of bullying and withdrawing from social situations. Most suffer embarrassment and stigma. Furthermore, continence difficulties may also be associated with behavioural or psychological problems, poor self-image and peer victimisation. Recent research has also found that teenagers with incontinence are at greater risk of underachieving academically and need more support to remove barriers so they can reach their academic potential.

TOP 5 TIPS FOR ALL AGE GROUPS:

1. Education settings should be aware of bladder and bowel conditions and their role in supporting affected children. All school staff need education/information about continence problems in young people in order to provide appropriate support.
2. Education settings should be aware of how to promote healthy bladder and bowels by:
 - Encouraging learners to remain hydrated throughout the hours they are on the school site – they should have half of their daily fluid requirement in core school hours
 - Drinking should be promoted throughout the school day. Water is ideal but suitable alternatives should be allowed.
 - Ensuring learners have access to clean, well-stocked toilets at intervals appropriate to the needs of the individual child
3. Children must not be refused admission to school due to continence difficulties
4. Learners who are known to have continence difficulties should be offered a care plan, to ensure their individual needs are met in school
5. Parents should not be expected to come to school to change their children

NURSERY 0 – 4 years

Background info:

- Children are ready for potty training between about 18 months and 3 years old. Toilet training is happening at a later age and developmental stage than in previous generations due to environmental, cultural and social changes.
- Assumptions based on new norms, that children will not toilet train until they are about 2 ½ - 3 years old or older, may result in children with disabilities not being offered support to toilet train at an early stage.
- Constipation can begin in babyhood and is particularly common when children are being potty trained or starting a new routine (transition from home to nursery for example).
- Young children have small bladders; they therefore need to use the toilet frequently.
- Children should open their bowels three times a day to three times a week. It is normal to have the urge to open the bowels after a meal or warm drink; delaying leads to constipation.

TOP TIPS

1. A potty training policy should be in place with open communication between nursery staff and family.
2. A policy should be in place for discussing continence problems with family.
3. Staff should be able to recognise signs of constipation and act accordingly so that parents/carers know they should seek medical help.

4. Pull ups/nappies should not to be used during potty training process.
5. Drinking should be promoted throughout the school day. Water is ideal but suitable alternatives should be allowed.

PRIMARY 4 – 11years

Background info:

- Children should open their bowels three times a day to three times a week. It is normal to have the urge to open the bowels after a meal or warm drink; delaying leads to constipation.
- Both bladder capacity and awareness increase as children get older. Beyond the age of 5 years, children usually void 5-7 times a day.
- Those who continue to have problems with bladder control when they are 4 - 9 years old are at increased risk of ongoing continence problems in adolescence.
- If not managed appropriately these issues can cause unnecessary stress for the child, their parents, family and for school staff. A lack of awareness amongst health and education professionals, along with concern that their peers will discover their difficulty, negatively affects many children's experience of school. Affected children are at high risk of bullying and withdrawing from social situations.
- Continence problems may also be associated with behavioural or psychological problems, poor self-image and peer victimisation.

TOP TIPS:

1. Drinking should be promoted throughout the school day. Water is ideal but suitable alternatives should be allowed.
 - Children should be having half their daily fluid intake in school hours
 - Children in wrap-around care should be consuming at least 75% of their fluids during the extended school day.
 - If children will not drink water, they should be allowed to have diluted fruit squashes, preferably sugar-free. These should be provided by parents and brought to school ready to drink in a sports-style water bottle that is opaque, so other children do not realise they are having something different
2. Children must be allowed free access to clean, well-stocked toilets.
 - School toilet facilities should allow privacy and must include bins for continence waste for boys and girls.
 - Younger children may require prompting to use the toilet particularly after lunch.
 - Toilet facilities should be clean, private and well stocked.

3. All schools should have a clear and discreet procedure for pupils to disclose continence problems.
4. Schools should have a clear policy for appropriate use of toilet/medical cards during class and ensure that supply teachers are made aware.
5. Staff should be aware of how a change in routine such as moving to a new class and using a different toilet can potentially affect a child with bladder and bowel difficulties.

SECONDARY 11 – 18 years

Background info:

- Young people of this age usually toilet independently; young people with additional needs however may need prompting and/or supervised toilet visits. Those with bladder/bowel difficulties may need to use the toilet more frequently and may have little warning of the need to go.

TOP TIPS:

1. Drinking should be promoted throughout the school day. Water is ideal but suitable alternatives should be allowed.
 - Children should be having half their daily fluid intake in school hours
 - Children in wrap-around care should be consuming at least 75% of their fluids during the extended school day.
 - If children will not drink water, they should be allowed to have diluted fruit squashes, preferably sugar-free. These should be provided by parents and brought to school ready to drink in a sports-style water bottle that is opaque, so other children do not realise they are having something different
2. Children must be allowed free access to clean, well-stocked toilets.
 - School toilet facilities should allow privacy and must include bins for continence waste for boys and girls.
 - Toilet facilities should be clean, private and well stocked.
3. All schools should have a clear and discreet procedure for pupils to disclose continence problems.
4. Schools should have a clear policy for appropriate use of toilet/medical cards during class and ensure that supply teachers are made aware.
5. There should be clear procedures for catching up with lessons and arrangements for exams.