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PREFACE

These guidelines on continence and toileting issues have been put together by a group including LEA officers, advisers, and Health Service practitioners, assisted by Headteachers and colleagues from other disciplines. They are intended to offer helpful background information to colleagues in schools as well as providing practical advice on what at times can appear to be a difficult if not insoluble problem. Any further assistance on continence and toileting issues should be sought from the School Health Service in the first instance and, in respect of facilities required for children with continence problems, from the Occupational Therapy Service.

The guidelines are divided into two sections. Part One offers general background information on continence issues whereas Part Two concentrates on practical suggestions to school-based colleagues who may be actively involved on a day-to-day basis with children who have toileting and continence difficulties.

PART 1 - BACKGROUND INFORMATION

1. INTRODUCTION

Schools and nursery schools are increasingly admitting a number of children onto their rolls who have toileting/continence difficulties. The reasons for these difficulties are likely to be many and various but may include such causes as:

- general developmental delay
- congenital abnormalities
- long-term medical conditions
- short-term infections
- psychological issues
- latter stages of normal acquisition of toilet training
- lack of appropriate parental guidance at the correct age.

Whatever the cause of such problems, schools are frequently asked to cope with the practical effects of incontinence on a daily basis. There are a number of sensitivities with regard to children who have toileting/continence difficulties, not the least of which concern the child's and family's self-esteem, the need for privacy and confidentiality, and the potential for name-calling/bullying owing to body odour. The potential vulnerability of members of staff who are likely to be involved in assisting children with continence problems also needs to be acknowledged.

Before admitting a child who has toileting/continence difficulties, Headteachers should check that the facilities which they have available can assist in coping with any potential problems. It should be noted that admission to school cannot be refused simply because the child has difficulties with continence and the extract from the Code of Practice for Schools on the Disability Discrimination Act 1995, as amended by the Special Educational Needs and Disability Act 2001 (included as Appendix 1 to this document), should be referred to in this context. It is also worth noting that continence may be just one of a range of problems affecting a child - if this is the case and the child also has a statement of special educational needs, further information on continence as it affects the child should be included within the statement itself.

Headteachers may also find it helpful to obtain as much information as they can about the child and his/her difficulties from the child's parents and from the School Health Service. How parents cope with an incontinent child at home, the effects of incontinence on other members of the family, sharing points of detail about a child's development and behaviour, can be of immense practical help to schools when putting together a management plan for meeting a child's toileting needs. However, approaches to parents need to be handled with the utmost care given the general sensitivities around this topic.

2. GENERAL ISSUES

Becoming continent is the result of the interaction of two processes:

- socialisation of the child
- maturation of the nervous system.

Normally continence is achieved by the time a child reaches 3 years of age, with most children achieving full control by the age of 4 years. It should be remembered, however, that a percentage of 3 and 4 year olds are not likely to be fully toilet trained and therefore, when working with nursery age children in particular, 'accidents' will frequently happen.

Schools may encounter minor difficulties with some young children who may have continence problems owing to a general delay in acquiring bowel and bladder control. However, children in this category will normally be able to remain clean and dry provided they are prompted and reminded to go to the toilet. This does depend on them having regular and frequent breaks throughout the day and open access to the toilets at all times. No other management/ treatment method is required. The structured day within the school setting and the wish to conform will help to speed up the learning process as most children do not like to be seen to be different.

Promoting continence in children is important, not only from a social but from a health point of view. Factors which need to be taken into account include:

(i) Clothing

For all children items of clothing need to be easy to pull up or down and items of clothing can be adapted for ease of use in these situations. Zips and buttons can be difficult to undo if the need is pressing, particularly with very young children! Schools are not required to launder soiled clothing and, in appropriate cases, parents should be requested to provide a change of clothing to keep at the school and their advice sought on the disposal of soiled items.

(ii) Toilets

Toilets need to be:

- safe, pleasant and warm
- accessible at all times and easy to reach
- able to provide privacy
- cleaned and flushed regularly
- provided with toilet paper
- provided with adequate hand washing facilities, soap and paper towels/dryer.

(iii) Intake of Fluids

Children need to drink regular amounts of fluid during the school day and a minimum recommendation is for 3-4 full drinks per school day (one full drink = 200 mls). This should be increased when children are exercising or during spells of hot weather. Inadequate fluid intake can result in concentrated urine which can irritate the bladder and create incontinence problems. Likewise inadequate fluid intake can also contribute to the development of constipation and/or dehydration, both of which can lead to difficulties in concentration.

3. DESCRIBING COMMON SYMPTOMS

(i) Daytime Wetting

(a) Frequency

The child may feel the need to pass urine at frequent intervals, which can be as often as every 15 minutes or so. This can obviously be distressing for the child and also disruptive if the child has to leave class frequently to go to the toilet. However, it is wise to check with the parents as to whether or not the child may have an infection which is causing these symptoms.

Children in this category will normally require a more formal type of intervention, which could include medication in some cases in order to help achieve normal bladder control. Treatment usually involves a bladder re-training programme, necessitating ready access to a toilet and to drinks.

A typical programme may involve the child going to the toilet 'by the clock' at 1-2 hourly intervals initially. The child will also require extra drinks during the school day.

(b) Urgency

With urgency the child feels the need to pass urine straight away, without the ability to 'hold on'. Urgency is commonly seen in conjunction with frequency although it can occur on its own or as a result of an infection. Unless the child has immediate access to a toilet there will be a problem of continence.

A child with urgency problems will require 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 also need to undergo a training programme established in collaboration with parents/carers and the School Health Service in order to learn to recognise and respond appropriately to signals from their bladder.

(ii) Encopresis

Encopresis is nowadays generally used as a term to describe the passing of normally formed stools in a socially unacceptable place and is thought to be behavioural in origin. Children with encopresis normally do not have an underlying constipation which causes the soiling. The involvement of local Child and Adolescent Mental Health Services or the local Educational Psychology Team may be appropriate in these cases.

(iii) Overflow Soiling

Overflow soiling, by contrast, is the uncontrolled passing of faecal matter into the underclothes as a direct result of chronic constipation, all of which remains totally outside the child's voluntary control. Faecal matter may be liquid or solid.

The child may be unaware that soiling has taken place and of the associated smell. Many children suffer from feelings of low self-esteem and shame because of the condition and treatment programmes can become protracted if no early solution is found. Easy access to appropriate toileting, changing and washing facilities is an essential part of any treatment programme.

(iv) Conditions/Disabilities

There are various medical conditions and disabilities which can have an effect on a child's continence. Further details can be found attached as Appendix 2.

APPENDIX 1

Disability Rights Commission - Code of Practice for Schools
(*DD Act 1995 as amended by the Special Educational Needs and Disability Act 2001*)

Para 5.17

A mother seeks admission to a nursery school for her son who has Hirschsprung's disease. The school explains that they could not admit him until he is toilet trained. That is their policy for all children.

Q. ***Is this less favourable treatment for a reason related to the pupil's disability?***

A. The child has difficulty in establishing bowel control as a consequence of having Hirschsprung's disease, so the reason given is related to the child's disability.

Q. ***Is it less favourable treatment than someone gets if the reason does not apply to him or her?***

A. The treatment he receives has to be compared with a child to whom that reason does not apply, that is, the comparison is with a child who is continent. A child who is continent is not asked to delay admission to the school. It is less favourable treatment than is given to a child who is continent.

Q. ***Is it justified?***

A. In this case the decision was not based on any assessment of the circumstances of the particular case but on a blanket policy and so there is unlikely to be a material and substantial reason. It is likely that this is unlawful discrimination.

APPENDIX 2

Conditions and Disabilities which can effect continence

An increasing number of children with physical disabilities and/or long-term medical conditions are finding places in mainstream schools. Some of the conditions which can have an effect on bowel or bladder control include the following:

Autistic Spectrum Disorder - a lifelong, non-progressive neurological disorder characterised by language and communication deficits, withdrawal from social contacts and extreme reactions to changes in the immediate environment.

Crohn's Disease - an inflammatory bowel disease characterised by severe chronic inflammation of the intestinal wall or any portion of the gastrointestinal tract.

Hirschsprung's Disease - a rare disorder of the bowel, the symptoms of which can include constipation, distension of the bowel, and vomiting.

Imperforate Anus - a congenital abnormality in which the anus is not fully formed.

Irritable Bowel Syndrome - a bowel condition characterised by abdominal pain and by wide variations in the frequency and predictability of bowel movements.

Spina bifida - the incomplete development of the spinal column which can cause difficulties with bladder and bowel control.

Various infections which are of a temporary nature can also affect bowel or bladder control.

PART 2 - PRACTICAL ISSUES FOR SCHOOLS

BE AWARE AT ALL TIMES OF THE CHILD'S DIGNITY, INDEPENDENCE, NEED FOR PRIVACY AND SELF ESTEEM

1. If it is known that a child has problems with continence a meeting should be arranged prior to starting school with the Headteacher, class teacher, parents/carers and relevant health professionals involved. The child should also be included if old enough to contribute to the meeting.

2. Likewise, if a problem over continence comes to light in the school, a meeting should be convened as in (1) above.

3. A full assessment of the child's difficulties should be undertaken with assistance from colleagues in the School Health Service and some form of monitoring system put in place. The child's progress can then be measured against a set of agreed targets and reviewed at agreed intervals of time.

4. It might be appropriate also to develop a Continence Management Plan for the child in collaboration with the relevant health professionals and the child's parents/carers. A suggested format for a Continence Management Plan can be found on pages 14 to 16 and an example of a completed Continence Management Plan for guidance purposes can be found on pages 17 to 19.

5. Targets for improving continence can include:
    - increasing the child's awareness that there is a problem
    - going to the toilet at regular intervals or at specific times
    - going to the toilet independently
    - ability to clean him/herself after using the toilet, eg wiping bottom
    - ability to tell an adult if he/she has had an "accident"
    - ability to wash hands after using the toilet.

6. An assessment of the facilities available in the school and of the child's daily toileting routines should be included as part of this process. It is also important to establish that the child can go to the toilet when he/she feels the need to go. Where a child has particular difficulties it is suggested that the use of disabled toilet facilities is considered. Indeed, schools which have no disabled toilet facilities currently available should seriously consider the provision of such facilities as a matter of some urgency.

7. The teacher and any named carers in school who are to be involved with the child should be given individual guidance and training on the relevant issues by the health professional(s) responsible for the child. The parents/carers and the child should also be included in the guidance/training session if appropriate.

8. If it is decided to complete a Continence Management Plan a copy of the Plan should be retained on the child's school file and a copy given to the child's parents/carers.

9. The Continence Management Plan should include advice and guidance on managing the child's toileting needs on school trips and other visits away from the school premises.

10. Assistance with the disposal of soiled waste material can be obtained from local Environmental Health Departments or from specialist sanitary collection services (see Yellow Pages).

11. Members of staff who are involved in changing and/or cleaning children with continence difficulties should use appropriate protective garments and latex or plastic gloves.

ASSISTING CHILDREN

Some ideas for assisting children who have special toileting needs are given below:

- Sensitive arrangements should be in place to allow children to toilet themselves at intervals to suit their needs and not at the demand of school routine or class requirements.
- Boys may need to sit on the toilet even at an older age if standing balance is not good. Give the child a choice.
- Use of a male or female 'bottle' may have to be considered for children who are wheelchair users.

For further information on these items of equipment contact:

School Health Service
Continence Adviser (local Primary Care Trust)
PromoCon - details on page 12

- Rails or a smaller seat are useful for a child with poor balance or poor postural security or anxiety (seek Occupational Therapy advice).
- A foot box (small step) to support feet or help the child get onto the toilet could be useful in some cases (seek Occupational Therapy/Health and Safety advice prior to use).
- Place a potty on a firm surface in a corner rather than in the middle of the toilet area.
- Adolescent children who have cerebral palsy sometimes experience difficulty with their bowel movements and need to sit for a long time.
- Sitting while leaning forward over a pillow/V cushion can provide a comfortable position for a child with cerebral palsy.
- A potty can be lined with a disposable nappy or other soft material if the child is 'bony'.
- Give the child sufficient time to empty the bladder/bowels fully.
- There are certain chairs/toilets available which can help with these issues. Advice should be sought from the Occupational Therapy/ School Health Service.
- Schools need to be sensitive to issues of smell and privacy and should check that they have the appropriate number of toilets readily available for their pupil populations.
- Some pupils, particularly those in the older age-group, are capable of cleaning themselves and may only require minimal supervision. Indeed, the ability to clean him/herself is an important life skill which will assist in promoting independence in later life. In appropriate cases agreement should be obtained from the pupil and the pupil's parents/carers, and procedures established (including the degree of supervision required) which could be included within a Continence Management Plan.

USEFUL CONTACTS

Schools may find it helpful to note the contact details for the following colleagues within their locality:

School Nurse	
Health Visitor	
Consultant Community Paediatrician	
Paediatric Occupational Therapist	
Paediatric Physiotherapist	
Continence Team (via local Primary Care Trust)	
Health and Safety Team	**01772 531862**
PromoCon Helpline	**0161 834 2001**

CONTINENCE MANAGEMENT PLAN

As suggested earlier in this document, schools may find it helpful to prepare a Continence Management Plan for those children whose toileting/continence difficulties present particular difficulties. A proposed format for a Continence Management Plan can be found on the following pages and it is suggested that when completed a copy of the Plan should be placed in the child's school file and a copy given to the child's parents/carers. An example of a completed Continence Management Plan is provided too for guidance purposes.

Responsibility for completing the Plan should ultimately rest with the school although advice and guidance from parents/carers and colleagues from various services, particularly those in the School Health Service, are likely to be sought during its preparation. Continence Management Plans should be reviewed at agreed regular intervals and maintained for as long as they are felt to be needed.

Within the Continence Management Plan itself it will be helpful to be consistent with terminology used by the child and family for bodily functions so that the child can fully understand any prompts.

For example, what does the child call faeces – is it poo, or some other name? Likewise urine – is it wee, pee or whatever?

CONTINENCE MANAGEMENT PLAN

NAME OF PUPIL: DATE OF BIRTH: YEAR GROUP:

PROBLEM AREA	ACTION TO BE TAKEN

MEDICATION	SIDE EFFECTS

Does the pupil require a change of clothing to be kept at school? YES/NO

Does the pupil require separate towels to be kept at school? YES/NO

Name of GP .... Contact number ....

Name of consultant .... Contact number ....

Name of School Nurse/Health Visitor .... Contact number ....

ANY ADDITIONAL ISSUES FOR EDUCATIONAL VISITS, eg transport, ease of access to public conveniences

Date plan completed .... Review date ....

Completed by ....

....

....

Signed .... Date ....
Headteacher/SENCO/Teacher

.... Date ....
School Nurse/Health Visitor

.... Date ....
Parent/Carer

.... Date ....
Parent/Carer

EXAMPLE CONTINENCE MANAGEMENT PLAN (for guidance purposes only)

NAME OF PUPIL: John Smith   DATE OF BIRTH: 1 - 1 - 99   YEAR GROUP: Yr. R

PROBLEM AREA	ACTION TO BE TAKEN
1. Wetting and soiling at various times of the day, but not on a daily basis.	1. Monitoring programme with targets to be put in place and reviewed in four weeks' time. For example, a target may be to toilet the child at agreed times during the day.
2. Occasional smearing on toilet walls at school.	2. Oversight of John's visits to the toilet to be agreed with school staff and parents
3. No change of clothing available in school.	3. Change of clothing to be provided by parents.
4. John has low self-esteem.	4. Reward John with positive praise when he goes to the toilet.

MEDICATION	SIDE EFFECTS
1. John has 5 ml Lactulose given by his parents at night time.	1. Stools too loose.

Does the pupil require a change of clothing to be kept at school? YES

Does the pupil require separate towels to be kept at school? No

Name of GP: Dr Stephen Jones Contact number 01772 123456

Name of consultant: No consultant involved Contact number -

Name of School Nurse/Health Visitor: Mrs Mary Ward Contact number 01772 456123

ANY ADDITIONAL ISSUES FOR EDUCATIONAL VISITS, eg transport, ease of access to public conveniences
1. Ease of access to public toilet facilities so that the monitoring programme is not interrupted. 2. Need to stop at public toilet facilities if a long journey is to be undertaken. 3. Additional items of clothing, latex gloves, wipes.

Date plan completed: 30th September 2003 Review date: 31st October 2003

Completed by Mr L Smith - Headteacher

Mrs M Ward - School Nurse

Mrs D Evans - SENCO

Signed .... Date ....
Headteacher/SENCO/Teacher

.... Date ....
School Nurse/Health Visitor

.... Date ....
Parent/Carer

.... Date ....
Parent/Carer

TOILET TRAINING PROGRAMME

In collaboration with a child's parents/carers the school may wish to consider developing a jointly agreed toilet training programme. The following items of information and chart are offered to assist with that process if it is felt that this would be a suitable way forward in developing the child's confidence and regularity.

1. Record all trips to the toilet on the chart outlined on the following page.
2. Look out for gestures which indicate that the child needs the toilet, eg grunting, going red in the face, fiddling with pants.
3. Give appropriate praise when the child's prompts are successful.
4. Make visits to the toilet enjoyable – keep the visit to the toilet reasonably short, stay with the child and talk to him/her, maybe tell a short story.
5. Establish a suitable "toilet" language and use it consistently with the child.
6. Make sure the child is wearing clothes which are easy to pull down.
7. Never scold or punish the child.
8. Ensure regular dialogue with the child's parents/carers in order to evaluate progress.
9. The aim must be to establish a pattern of regularity for the child.

TOILETING CHART

CHILD'S NAME: ....

DATE BEGUN: ....

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Time	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet
7.00														
8.00														
9.00														
10.00														
11.00														
12.00														
1.00														
2.00														
3.00														
4.00														
5.00														
6.00														
7.00														

Pants:

D = damp

W = wet

BO = bowels open

PU = passed urine

S = soiled

Damp = a small volume of urine has leaked out

Wet = a larger volume of urine has leaked out

Toilet:

BO = bowels open

PU = passed urine

TOILETING CHART

CHILD'S NAME: ....

DATE BEGUN: ....

	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Time	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet	Pants	Toilet
7.00														
8.00														
9.00														
10.00														
11.00														
12.00														
1.00														
2.00														
3.00														
4.00														
5.00														
6.00														
7.00														

Pants:

D = damp
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Toilet:

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