Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges

Guidance for school leaders, proprietors, governors, staff and health and social care professionals

July 2025

Title	**Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges** Guidance for school leaders, proprietors, governors, staff and health and social care professionals.
Document purpose	To provide information for professionals working in education settings on managing issues related to bladder and bowel issues and toileting in schools.
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Target audience	Nursery, school and college governors, leaders and proprietors, SENCos/ALNCOs, school staff, early learning practitioners, health visitors, school nurses, children's community nurses, specialist children's nurses, community paediatricians, social care professionals, parents and carers, children and young people.
Description	This guidance document provides a framework to help education, health and social care professionals understand bladder and bowel difficulties and issues faced by children and young people in educational settings. It outlines the measures that should reasonably be taken to support them, so that they have a positive experience of education and attain their potential.
Action required	For dissemination, discussion and implementation across educational settings in the UK, including nurseries, schools and colleges. For healthcare professionals who work with education settings to be aware of this guidance and support implementation.
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A word from the authors

Bladder and bowel conditions are among the most common health issues affecting children and young people. They can have a profound impact on a child or young person's life. However, they are poorly understood and under supported. Bladder and bowel difficulties are associated with stigma, embarrassment and shame; they cause avoidance of school trips and sleepovers; they impact social interactions, wellbeing, educational attainment and progress.

> "I can't remember a time I wasn't bullied because of my wetting problem… I would have regular accidents and be taunted constantly in the playground for 'smelling like fish'. I didn't have any friends. I always wanted to sit inside at break to avoid the bullies". Beccie

Many people incorrectly believe that issues are the result of poor parenting, delayed development or psychological issues. The Bladder & Bowel UK and ERIC helplines hear daily from families who are left with feelings of despair due to children, young people and families struggling alone with the burdens of disturbed sleep, constant washing and having to take unplanned time off work due to the unpredictability of soiling and/or wetting accidents.

Against this background, many find it difficult to ask for help. If they are met with an inappropriate response or lack of understanding from health services, nursery, school or college their problems are compounded. Motivated by this and because we know that educational settings aim to provide the best learning environment for their learners, the charities, Bladder & Bowel UK and ERIC have teamed up to provide comprehensive, clear, concise and practical information to nurseries, schools and colleges about bladder and bowel health issues.

We hope this guidance, which is an update of the original published in 2019 and a subsequent version published in 2022, will raise awareness of the prevalence and range of different bladder and bowel issues, encourage positive action between school and home whilst providing information and strategies for preventing and managing bladder and bowel issues in educational settings. If implemented, we feel confident that in the future no young person will express their continence difficulties as "*not life threatening, but life ruining*" and will be able to fully engage with education, so they reach their full potential.

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Glossary of common terms

Bladder and/or bowel issues: The terms 'bladder and/or bowel issues', 'bladder and/or bowel problems', 'bladder and/or bowel dysfunction', 'bladder and/or bowel conditions' are often used interchangeably. They all relate to medical conditions that have an impact on the way the bladder and/or bowel function. For some individuals, but not all, this may result in incontinence of urine (wetting) and/or incontinence of faeces (soiling). In this document, bladder and bowel issues will be used to cover all bladder and/or bowel difficulties or dysfunction, including incontinence.

Children: This document refers to all children and young people as 'children'. It is written to be relevant to all education, health and social care professionals who work with children and young people up to the age of 19 years who attend nursery, school or college. It is also relevant to parents and carers as well as to the children and young people themselves.

Children with disabilities: In this document the terms disabilities will refer to children with additional needs, additional support needs or special educational needs due to physical or learning disabilities.

Continence containment products: The term used to describe protective clothing that is designed to prevent urine or faeces leaking into outer garments. 'Disposable continence containment products' is the term used to describe nappies, pant-style products (often referred to as pull ups), and pads that are designed to contain and conceal incontinence and to be discarded when at least two–thirds full of urine or soiled. 'Washable continence containment products' is the term used to describe products that are usually shaped like boxer shorts or standard pants but have extra padding and/or waterproofing to contain and conceal incontinence, but can be washed, dried and reused.

Parents: The term parent(s) is used in this document. It also refers to carer(s) and those with parental responsibility.

Pupil and student: This document refers to all children and young people under 19 years of age, who attend a nursery, school or college as learners.

Schools: This document will refer to all education settings (nurseries, schools and colleges) that cater mainly for children and young people under the age of 19 years as schools.

For a full glossary of terms used to describe bladder or bowel problems see Appendix Two.

Review

This guidance has been subject to full review between October 2024 and July 2025. The review included feedback from children's bladder and bowel nurses, school nurses, health visitors, parents, schools and education and health departments from the devolved nations.

1.1 Introduction

An increasing body of research suggests that many children are unhappy with school toilet facilities[1 2 3]. This impacts their behaviour around toileting and is linked with bladder and bowel dysfunction. While many adults can successfully delay toileting without adverse effects[1], habitually delaying using the toilet in childhood is associated with children experiencing constipation, urinary and faecal incontinence, urinary tract infection and other bladder issues[1]. Delaying toileting is only one cause of issues. New or ongoing bladder and bowel issues can occur in any child or young person, at any stage of development and for a variety of usually medical reasons. Some have difficulties into adulthood.

Increasing numbers of children start school without having fully mastered bladder and bowel control (continence)[4], and many children continue to have bladder and bowel issues in the long term. Bladder and bowel issues in childhood are sometimes assumed to be caused by disability, behavioural issues, or ineffective parenting. This is rarely the case. If not managed appropriately these issues can cause unnecessary stress for the child, their parents, and for those working in educational settings.

This guide is designed to help early years, education, health and social care professionals working with children who attend educational establishments, as well as parents and carers understand the issues around bladder and bowel health (toileting difficulties / continence issues) in childhood. It outlines how to promote good bladder and bowel health, as well as the impact of issues and what should be done to support affected children. Wherever possible, the guide will refer to appropriate legislation, guidance and resources[5].

1.2 Key recommendations

1. Education settings should be aware of their role in supporting children affected by bladder and bowel issues

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[1] Jørgensen et al (2021)
[2] Zemer et al (2023)
[3] Haines Lyon et al (2024)
[4] Kindred[2] (2025)
[5] While there is some legislation, guidance and policy that is relevant to all the countries of the United Kingdom there are also some differences. More detail about these is available in Appendix Four

2. Education settings should be aware of how to promote healthy bladder and bowels by:
    - Encouraging all learners to remain hydrated throughout school hours – they should have half of their daily fluid requirement in core school hours[6]
    - Ensuring learners have open 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 bladder and/or bowel issues, including incontinence
4. Education settings must not refuse to support children with medical needs, including with catheterisation, stoma care, supporting proactive toileting, or changing wet/soiled clothes where the children are unable to be totally independent.
5. Learners who are known to have bladder and/or bowel issues should be offered a care plan, to ensure their individual needs are understood and fully met in school
6. Parents should not be expected to come to school to change their children or provide routine interventions, such as support with stoma care or catheterisation.

1.3 Scale of the problem

> About 1.5 million children are affected by bladder and bowel issues...

It is thought that about 1.5 million are children affected by bladder and bowel issues, although this is considered an under-estimate[7].

Prevalence figures for bladder and bowel conditions vary according to definitions used. It is thought that functional constipation lasting more than eight weeks affects up to 12.4% of children in Europe and North America[8]. Soiling (faecal incontinence) affects 0.8 – 7.8% of children[9]. 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[10].

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[11]. Children with additional needs are more likely to have bladder and bowel issues than their typically developing peers[12].

[6] Information about drinks in schools and how much learners should be drinking is provided in 1.6.1 on page 11
[7] Paediatric Continence Forum (2024)
[8] Koppen et al (2018)
[9] Ambartsumyan & Nuurko (2013)
[10] Butler et al (2005)
[11] Heron J et al (2017)
[12] von Gontard et al (2016)

There is evidence that children are becoming independent with toileting at a later age and developmental stage than in previous generations[13 14]. This is thought to be 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, including those with disabilities, not being offered support to learn the skills needed for toileting at an early stage[15] and may be a reason for the increasing numbers of children starting school not fully independent with toileting.

1.4 The impact of bladder and bowel issues on children

> Bladder and bowel issues can have a devastating impact on a child's learning...

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.

Children with continence issues are at high risk of bullying and withdrawing from social situations. They may miss out on education and in some cases do not attend school. Most suffer embarrassment and stigma as well as feeling different from their peers. Furthermore, bladder and bowel issues may also be associated with behavioural or psychological problems, mental health issues, poor self-image and peer victimisation. 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[16].

1.5 Development of continence

1.5.1 Continence development in children

In previous generations most children were able to remain clean and dry, albeit with some carer support, by the time they were two years old[17]. Currently, most typically developing children are achieving the skills to enable this by the time they are 3 – 4 years old.

Young children have small bladders: they hold about 120mls of urine at age three years and increase in capacity by about 30mls a year. However, their kidneys produce urine at the same rate as older children's kidneys (about 60mls an hour). Additionally, younger children usually become aware of the message that the bladder needs emptying at a later

[13] Kaerts et al (2012)
[14] Kindred[2] (2024)
[15] Richardson (2016); Rogers (2010)
[16] Whale et al (2017)
[17] Rogers and Richardson (2024)

stage than older children. Therefore, young children will need to use the toilet frequently and at short notice. As children get older, if their bladder is working well, they become aware of the need to pass urine before the bladder is full, giving them the time and notice to use the toilet at convenient intervals, such as at break time.

If children are drinking adequately[18], their urine should be pale in colour, they should be passing urine 4 – 7 times a day and the bladder should be empty when they have finished passing urine.

The frequency with which individual children open their bowels will vary. By the age of three years old, children should be opening their bowels between three times a day and three times a week. If they do not respond to the need to open their bowels in a timely manner they are at increased risk of developing constipation. It is normal to have the urge to open the bowels after a meal or warm drink.

It is important for children to respond to the urge to void or defecate in a timely manner. Limited access to the toilet due to school policies, or avoidance of the toilet, which may be associated levels of cleanliness, lack of working locks or toilet paper, low levels of privacy, or perceived risk of bullying, results in withholding behaviours. In the longer term these can cause bladder and/or bowel dysfunction[19 20 21]. They are also detrimental to those with pre-existing bladder and bowel issues.

> Limited access to the toilet results in withholding behaviours... that can cause bladder and/or bowel dysfunction

1.5.2 Why some children have difficulty learning toilet skills

Not all children become independent with toileting at the same age. It is usually considered that continence will be acquired when the child becomes aware of their bladder and bowel and of social expectations around toileting. Therefore, most parents wait until their child is showing signs of awareness of passing urine or opening their bowels before supporting their children to learn the skills that they will need for independent toileting. However, not all children will display signs of awareness or have the social motivation to change the routine of using a nappy, if this has worked well for them since birth. Furthermore there is evidence that bladder maturation is promoted by early support with learning the required skills[22 23 24].

If a child has a bladder or bowel health issue, independence with toileting may be delayed[25]. If the child has a disability or chronic illness, supporting the child to learn the

[18] Recommended fluid intakes for different ages is given in section 1.6.1 on page 11
[19] Jørgensen et al (2021)
[20] Zemer et al (2023)
[21] Haines Lyon et al 2024)
[22] Joinson C et al (2009)
[23] Huang HM et al (2020)
[24] Li X et al (2020)
[25] For details of different bladder and bowel conditions see Appendix Two

skills required for toileting may have been postponed in favour of other interventions, or because assumptions may have been made about the child's abilities in this area.

1.5.3 The causes of bladder and bowel issues in childhood

Bladder and/or bowel issues commonly cause delayed acquisition of continence or may result in incontinence at any age or developmental stage. The most common underlying cause of wetting and of soiling in childhood is constipation.

Daytime wetting may also occur as a result of bladder difficulties, including urinary tract infection. Difficulties may develop if children are regularly expected to hold on for too long or are not given sufficient time or an appropriate environment to fully empty their bladder and bowel. Equally sending children to the toilet too often may cause problems in the long term, because the bladder will become used to emptying more frequently than is typical, resulting in a reduced bladder capacity.

If schools have concerns about bladder or bowel issues in any child, they should discuss this with the child's parents and the school nurse (or health visitor for children in nursery) if appropriate. If other healthcare professionals are involved, the family should have had the cause of the issue for their child and the care that is required for treatment explained. They should be able to discuss this and any medical needs in school with relevant staff. They may also provide consent for school to talk directly to healthcare professionals who are involved in the child's care.

1.5.4 Children with additional needs[26] [27]

Although children with additional needs or disabilities should have healthy bladders and bowels, they may experience the same bladder and bowel issues as their typically developing peers and are more likely to develop lower urinary tract symptoms and/or constipation. Furthermore, they may face additional obstacles to achieving and maintaining continence, depending on the nature and impact of their additional need or disability.

Restricted mobility may make getting to the toilet more challenging; communication difficulties can hamper requests for help; reduced social awareness may impact on their desire to learn to use the toilet; sensory issues or processing differences may make them unwilling to use school toilets.

Some children with disabilities require adaptations to promote and support toileting. Liaising with their family and healthcare professionals is important to ensure that individual needs are understood and met. Some children with disabilities may already have a care

[26] Within education children with additional needs are referred to as having special educational needs and disabilities (SEND) in England and Northern Ireland, as having additional support needs (ASN) in Scotland, and as having additional learning needs in Wales (ALN).
[27] Information about toileting for children with disabilities is available on the Bladder & Bowel UK and ERIC websites

plan in school[28]. If so, any continence needs should be included in these. Learners without a care plan may benefit from one[29].

1.6 How schools can promote good bladder and bowel health

1.6.1 Access to drinks

Children should be drinking 6 – 8 water-based drinks each day. Thirst should not be relied on as an indicator of the need for a drink in children, as this cue may not be well developed, or children may have reduced awareness of it. The total volume that a child needs varies according to their age, size, activity levels and environment, with more required for children who are overweight, when the environment is hot, or when children are exercising. The latter includes PE and playing outside at break times.

Age	Sex	Total drinks per day
1 – 3 years	Female Male	900 – 1000 ml 900 – 1000ml
4 – 8 years	Female Male	1000 – 1400ml 1000 – 1400ml
9 – 13 years	Female Male	1200 – 2100 ml 1400 – 2300 ml
14 – 18 years	Female Male	1400 – 2500 ml 2100 – 3200ml

Normal fluid requirements according to age

As well as preventing dehydration, which is detrimental to learning and wellbeing, good drinking habits promote good bladder and bowel health, helping to prevent urinary tract infections (UTI) and constipation. The table outlines suggested total intake for most children, during waking hours.

Good practice requires the following to be implemented:

- Ensuring children have a good fluid intake. The majority need encouragement with this, so all children should be prompted to drink regularly throughout the school day
- Children should be having half their daily water-based fluid intake in school hours
- Children should be encouraged to drink water. However, those who will not drink water should be allowed to have diluted fruit squashes. 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
- Children should avoid fluids that contain caffeine (tea, coffee, hot chocolate, cola and many energy drinks) as these irritate the bladder
- Fizzy drinks should be avoided, as they may irritate the bladder

[28] Children may have a health care plan, or if they have more extensive needs, they may have the following, depending in which country of the UK they live: England – Education and Healthcare Plans (EHCPs) Northern Ireland – Statement of Special Educational Need (SEN) Scotland – Co-ordinated Support Plans (CSPs) Wales – Statement of Special Educational Need (SEN)
[29] For more information on care plans see section 1.10. A sample care plan is available in Appendix Six

- When children initially increase their fluid intake, they may require more frequent access to the toilet. However, as their bodies adjust, so long as they are drinking within normal limits, their bladder capacity should improve and the need for extra toilet visits should reduce

Schools should consider how they could facilitate good drinking habits among all their learners. This may include:

- Open access to drinks and allowing learners to have their drinks next to them, unless this is clearly inappropriate, for example, in science or computer laboratories
- Provision of easily accessible water fountains or taps to top-up water bottles
- Encouraging learners to bring their own water bottles in from home, or providing water bottles in school

1.6.2 Access to the toilet

Schools should be aware that some learners avoid eating and/or drinking in school so that they can avoid using the toilet. This is more likely if they feel that toilet access is restricted, if they feel the need for additional privacy, or if school toilets are poorly maintained and stocked[30 31 32].

Learners should have open access to clean, well-stocked toilets that feel safe, throughout their hours at school. This is particularly important for younger children, those who have difficulties with their bladder and/or bowel, for learners who are menstruating and for gender-diverse students[33]. Some learners, particularly younger children, those with additional needs and those with identified bladder and/or bowel issues will need prompting to use the toilet; it may be appropriate to do this after breaks, meals and snacks.

> Learners should have open access to clean, well-stocked toilets that feel safe…

As children mature their ability to use the toilet opportunistically increases. For most this means they will go at break time. However, all learners should be allowed open access to the toilet. This is particularly important for those learners known to have an issue. A system should be provided to allow them to have open access as soon as they need it. For primary school children this may be a non-verbal sign that they are going to the toilet, as many are too embarrassed to put their hand up and ask. For those at secondary school or college it might be more appropriate to issue them with a 'medical' or 'time out' pass, which grants them liberty to leave the classroom as they require. Learners may be reluctant to use a pass that states it is for toileting.

30 Bottom of the Class: are falling standards failing primary school children Essity
31 Zemer et al (2023)
32 Jørgensen et al (2021)
33 Haines Lyon et al (2024)

> ...policies or procedures that restrict access to the toilet or to drinking water may be in breach of legislation...

Although schools can take action to minimise disruption to teaching, policies or procedures that restrict access to the toilet, or to drinking water may be in breach of legislation[34], because they may have a disproportionate negative effect on learners with disabilities or health conditions. If access to toilets and drinks is not granted universally, the affected young people are likely to have increased anxiety about their condition, associated with the embarrassment and stigma of such personal health problems.

1.6.3 Hygiene standards in school toilets[35]

Many surveys have been undertaken about the state of school toilets and there is an increasing body of research[36] [37] [38] [39] on this topic. While some schools have toilets of a high standard, too often learners report dirty, poorly stocked toilets, with limited privacy, where negative behaviour is not uncommon, resulting in fear of bullying.

> If we want to teach learners to respect adults, then we need they need to be shown respect. This includes provision of suitable, clean and safe toilet

It is important that school toilets:

- Are cleaned and restocked as required during the day, so that learners have access to suitable facilities
- Are appropriately heated, ventilated and lit
- Have sufficient toilet paper within the cubicle, soap and paper towels or hand driers available throughout the time learners are on site
- Have doors that ensure privacy
- Avoid having movement sensors for lighting as they may switch lights off while a learner is still using the toilet
- Waste bins should be provided within all cubicles for both sexes. Girls who have reached puberty require appropriate provision for sanitary wear, but any learner may need to dispose of catheters, stoma bags or continence containment products. The bins should be inside the cubicle to allow for privacy, have an attached lid, be lined with a disposable rubbish bag and have an opening of sufficient size to easily accept large pads, catheters etc, as well as sanitary protection. All learners

> Waste bins should be provided in all cubicles for both sexes.

34 See Appendix Four for relevant national legislation
35 Also see section 1.6.4 and Appendix Seven, School Toilet Charter
36 Bottom of the Class: are falling standards failing primary school children Essity
37 Zemer et al (2023)
38 Jørgensen et al (2021)
39 Haines Lyon et al (2024)

using such equipment should have disposal bags provided by home for these items. This allows discrete and hygienic disposal and ensures double bagging

- Waste bins should be emptied as required during the school day to ensure they are not overfilled
- Learners with disabilities or those with bladder or bowel issues may require extra space and privacy than is afforded by most school toilets. Provision should therefore be made for them to use a disabled toilet. Those with sensory issues may also need special provision or appropriate adaptations, such as access to a toilet that does not have hand driers
- Consideration should be given to a discrete location close to a toilet, as well as discrete means of access for learners to store and retrieve spare clothes or accessories required for toileting or changing, including items such as catheters and wipes
- Soiled items that need to go home for laundering should be returned to the learner or their parent/carer discreetly

1.6.4 School toilet provision[40]

Schools must meet the minimum standards required by legislation. Requirements for the provision of school toilets vary in the different countries of the United Kingdom[41].

Good facilities reduce health issues, prevent toilet phobia and promote respect:

It is good practice for schools to consider:

- Provision of sufficient toilets to cover peak use in break times
- Ensuring that there is open access to toilets throughout the times that learners are on site – toilets should not be locked or have access restricted in any way at any point during these times.
- Whether toilets should be provided separately for girls and boys. Anecdotal evidence suggests that learners prefer these

> Schools should provide open access to toilets while learners are on site…

- Whether there should be some gender-neutral toilets. Gender neutral cubicles offer choice to learners, increase accessibility, meet legislative requirements for schools to provide for learners who are taking steps to live in the opposite gender and are what learners are used to using at home. However, many learners have expressed dislike for gender neutral facilities in schools
- How behaviours in and around the toilets will be managed, so they are a safe space for all

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[40] Also see section 1.6.3 and Appendix Seven, School Toilet Charter

[41] For legislation relevant to the different countries of the UK see Appendix Four

- That single cubicles with washbasins provide privacy for learners who need to clean themselves after an episode of incontinence. The disabled toilets may already have this facility.
- Toilets, including disabled toilets should not be used as storage facilities.
- Whether all toilets should have bins provided. This allows for disposal of sanitary items for learners who are menstruating, but also for used continence pads, catheters etc.
- That many learners do not like having toilets that open directly onto a school corridor, as they do not like feeling they are being observed going into the toilet
- Involving the learners in decisions about school toilet provision and delegating responsibility for improvements to specific staff in conjunction with learners[42]

1.7 Supporting children following an episode of incontinence in school [43]

Episodes of incontinence may occur for a variety of reasons. If it is known that a child may have bladder and/or bowel issues their parents should ensure that sufficient clothes/equipment for individual requirements are always available in school.
It is not acceptable for any educational establishment to suggest that any learner, including those with additional needs or disabilities, uses disposable continence containment products (nappies, pads or disposable pants) as a means of managing incontinence.

> It is not acceptable for any educational establishment to suggest that any learner… uses disposable continence containment products (nappies, pads or disposable pants) as a means of managing incontinence.

Disposable continence containment products reduce the sensation of wetting and soiling and may give the learner the impression that it does not matter where they pass urine or open their bowels. Disposable continence containment products should only be used to manage incontinence in school if recommended by a healthcare professional who is involved in treating the learner's bladder/bowel issue.

If a learner is incontinent frequently and this is causing concern, either for the learner's wellbeing or in terms of management, parents and an appropriate healthcare professional should be consulted. Parents may be asked to provide washable pants as an alternative to disposables, although each situation should be assessed individually.

[42] Haines Lyon et al (2024)
[43] Also seen section 1.8 Safeguarding and Appendix five, sample intimate care policy and Appendix six, sample care plan

Schools should consider that time spent assisting a learner to use the toilet and/or change is an opportunity for a positive learning experience. The time taken should be used to assist them to become as independent as they are able and is not dissimilar to the time allocated to working with a learner towards an individual learning target.

Schools should ensure that learners with incontinence have their individual needs outlined on a care plan. These should include information about who will support the learner with changing if required. They should also consider how to support skill development for increasing independence with toilet training for all children who have not achieved this. For example, children who can stand independently should stand up during changes, as they are more able to be involved in the process in this position, than when they are lying down. School should mirror any toilet skill development work that is being used at home and vice versa, with adjustments made according to the learner's progress.

When considering a care plan for learners with bladder and bowel issues, the learners right to privacy and dignity must be respected and religious and cultural values taken into consideration.

1.8 Supporting learners who use continence containment products (nappies or pads)

A minority of learners may be unable to ever be continent, either due to injury, disease, a congenital issue affecting their bladder or bowel or due to the extent and complexity of their individual needs. These children will usually be prescribed products by their local NHS, from the age of five years old, following an individual assessment that is reviewed at least annually[44].

Continence containment products should be changed when soiled or when they are unlikely to be able to hold another full void, rather than in a routine based around the school timetable. This is to ensure that the child remains comfortable, to minimise time out of the classroom, to ensure the most efficient use of NHS resources and to minimise the environmental impact of the products. The school nurse or the local bladder and bowel service should be able to provide information to school staff about how to ensure best use of the products to minimise leakage and maintain the comfort and dignity of the learner[45].

1.9 Supporting learners who use catheters

Catheterisation (passing a small, soft, flexible tube into the bladder) is a safe and effective way of achieving bladder drainage in those who are unable to adequately empty their bladder in the usual way. The most common way of undertaking this is known as clean

[44] There may be local policies on provision of continence containment products. There is also national guidance available at Guidance for the provision of continence containment products to children
[45] There is information on Getting the best out of disposable continence products on the Bladder & Bowel UK website.

intermittent catheterisation (CIC): a procedure where a catheter is inserted, held in situ for a short time (usually about two to three minutes) while the bladder drains and is then removed.

Due to their age and/or development and/or due to disability, many children who need to undertake catheterisation require support, although many will be able to learn to carry out the procedure independently with time. Some will require ongoing supervision and help. This is provided by family members when children are at home.

Catheterisation can and should be carried out in schools, in accordance with individually agreed care plans to meet the medical needs of the individual learner. It should be undertaken in a private space with accessible handwashing facilities that are adequate for the individual and any staff members supporting them.

Catheterisation can and should be carried out in schools, in accordance with individually agreed care plans…

Consideration may be needed for sufficient space for a wheelchair user, or for a changing bed/mat if the learner needs to lie down to catheterise.

Schools are required to provide for medical needs of their learners. Therefore, it is the responsibility of the school to ensure that appropriate insurance is in place to cover staff providing any such care or support to learners, as would be the situation for any other medical procedure undertaken in school.

Schools should consider the following when deciding how to support individual learners:

- Schools should identify staff members to support children with catheterisation as soon as they become aware the child will be coming onto role or that a learner needs to catheterise. Usually two or three staff will be needed to ensure provision to cover leave, out of school activities etc. and to ensure that reasonable provision is made to ensure that there is always someone available who is appropriately trained
- It is good practice to have one staff member who is the primary trained person who supports the learner as they need. The other staff trained to provide support should cover absences of the primary trained person and provide the learner with support at least once a week to maintain their competence
- A specialist healthcare professional (usually a specialist nurse or community children's nurse) will provide theoretical information and training to identified and other relevant staff, as appropriate, about the need for the catheter and usual care of a child with a catheter. This may be offered in-person or virtually
- The specialist healthcare professional should provide school with sufficient information, in writing, about the learner's needs to support completion of a health

care plan[46] for the learner. The health care plan should be written by the school, in conjunction with the learner (if appropriate to their age and developmental ability) and their parent(s). The health care plan must include all aspects of the learner's needs when catheterising, including timing, logistical and hygiene requirements. Any other healthcare needs may be included on the same health care plan

- The parent(s) are the experts in their child's care and how the procedure should be undertaken for their child. They will have been taught by specialist healthcare professionals and had their competence assessed and reviewed at regular intervals. Therefore, they will usually be the most appropriate person to provide training on the practical aspects of the catheterisation procedure with their individual learner to identified staff members
    - The parent should attend school, initially to demonstrate the procedure and then to supervise the staff member(s) undertaking the catheterisation. This latter step will be undertaken as often as necessary to train the identified staff members who will support the learner
- When the learner, their parent and the staff are happy that they are competent to undertake the procedure without further family support, the specialist or children's community nursing service will be contacted to confirm competence of the staff members[47]. Face-to-face assessment is not necessary, so long as the parent signs the consent form for catheterisation to be undertaken by the trained staff member(s)
    - There should be no undue delays in completion of training for staff member(s) and confirmation of their competence
    - Once training has been undertaken and competence confirmed parent(s) should not be expected to come into school to support the learner with catheterisation or for other healthcare needs

Any problems with the procedure or concerns about the child should be managed as outlined in the learner's health care plan and in line with school policies and procedures.

1.10 Health and Safety

> Schools are expected to take care of a learner in the way a responsible parent would.

Schools are expected to take care of a learner in the way that a responsible parent would. Staff should receive the training required to maintain safety and manage risks. Training to support children with bladder and bowel issues can be obtained from

[46] A sample care plan is available in Appendix 6
[47] Competency documents are available for catheterisation are available from Bladder & Bowel UK for males and females

guidance such as this or from relevant healthcare professionals[48].

For specific concerns related to individual learners it is usually appropriate to discuss the child's needs with their parent(s) and health care professionals. The school nurse is in a unique position to be able to support and coordinate this. An individualised care plan is appropriate for many children with care needs related to their bladder and/or bowel[49].

1.11 Safeguarding

Safeguarding is about protecting children from harm. Most children who develop incontinence will do so due to a bladder or bowel health issue. However, changes in continence may, in rare circumstances, be an indicator of abuse. Therefore, those working in educational settings should maintain professional curiosity and share concerns and seek advice as outlined in local safeguarding policies and procedures.

> Knowingly leaving a child in soiled or wet clothing is neglectful…

Knowingly leaving a child in soiled or wet clothing is neglectful and could be seen as abuse. The priority is for the learner to be appropriately supported and for school to ensure that their needs are met. Children who are left in a soiled state are at increased risk of sore skin and urinary tract infections. There is also likely to be a significant impact on their psychological wellbeing and an increased risk of name-calling or bullying. Equally it is inappropriate to suggest that a child uses disposable continence containment products to manage incontinence[50], unless that is recommended by a specialist children's bladder and bowel nurse or other appropriately experienced and skilled healthcare professional.

All staff who work in school will have had relevant pre-employment screening to help prevent unsuitable people from working with children. Therefore, there are no regulations requiring more than one person employed by a school to be present to support a learner with changing, or to assist them with bladder and/or bowel management. Furthermore, having more than one person is unlikely to promote continuity, dignity or privacy for the child.

> …there are no regulations requiring more than one person employed by a school to be present to support a learner…

There will be some circumstances where an individual learner will require two people to support them with changing. For example, if a hoist is used or if two are required for safe handling. Rarely the head teacher may decide that, for an individual learner, it is

48 This may be the school nurse, or if involved the specialist nurse, learning disabilities nurse or children's bladder and bowel nurse. Further advice and training may be sought by contacting Bladder & Bowel UK or ERIC – see Appendix Eight

49 A sample form for a care plan can be found in Appendix Six

50 For more information on managing incontinence see section 1.6.5

appropriate for two members of staff to be present for changing. However there must be a sound rationale for this.

As far as possible the same person should assist the learner each time they need support

It is good practice that, as far as possible, the same person assists a learner each time they need support, but there may need to be two or three people trained to cover absences, school trips etc. Another member of staff should be aware when the care is being undertaken. Where possible, staff of the same gender as the learner should be supporting them with intimate care. If this is not possible, it should be discussed with the parent(s) and learner. The priority is to provide the required support for the learner.

A signed record should be kept of all personal care given, including times that the learner and carer left and returned. If there is any variation from the usual routine this should be recorded and the parent(s) notified. Consent from a parent should be obtained, if a person other than those trained and named on the care plan is required to support a learner with intimate care, due to exceptional circumstances.

If there are any concerns for the wellbeing of the child, the school's safeguarding policy and procedures must be followed[51].

Schools should work with parents to ensure that children understand appropriate and inappropriate touching and that children understand that they should tell a trusted adult if they feel uncomfortable[52].

1.12 Infection control issues

Handwashing is the most important way to prevent the spread of infection. All learners should be encouraged to wash their hands after toileting, as well as at other appropriate times. Staff who are supporting learners with toileting or changing should also wash their hands before and after providing the care and between each learner, if they are supporting more than one individual.

School should provide staff members who are helping learners with bladder and/or bowel care or changing with non-powdered vinyl or latex-free CE marked disposable gloves and plastic aprons. These should be used whenever the staff member is supporting a learner with this care.

Changing of continence containment products (disposable nappies or pads) should be undertaken in a designated area. Children who can stand may be supported with changing in the toilets. It may be appropriate to use the disabled toilets for this as there is often more space and privacy.

[51] Schools should follow statutory guidance Keeping Children Safe in Education (2024)
[52] Pants resources for schools and teachers

Handwashing facilities must be available for learners and staff to use after each nappy change and before leaving the area. Changing mats or potties and other equipment should be cleaned with soapy water after each use and if visibly soiled[53]. They should be checked at least weekly for evidence of damage and replaced immediately if the cover is damaged. Potties should be cleaned in a designated sink in the area where they are used.

Any spills of bodily fluids including urine and faeces should be cleaned immediately. This should be done using a product that contains both detergent and disinfectant that is effective against bacteria and viruses and following the manufacturer's guidance, as per the school's health and safety policy. Disposable paper towels or cloths should be used and disposed of after use.

Any clothing contaminated with urine or faeces should be changed as soon as possible. The clothing should be placed in plastic bag to be sent home with the child for laundering, unless the care plan states otherwise (some parents may prefer soiled undergarments to be placed straight in the refuse).

The UK Health Security Agency provides guidance on infection control for schools: Health protection in children and young people settings, including education is updated regularly and provides relevant information including for early years, special educational need, residential settings and outdoor learning.

The child's healthcare professional may be able to provide advice and information for specific issues.

1.13 Intimate or personal care policies for schools[54]

A clear stand-alone intimate or personal care policy in schools, or as a part of the medical policy, will not only help to safeguard both learners and staff but will ensure that arrangements and expectations are clear. It will ensure that learners' independence and welfare is promoted, their dignity and privacy is respected and there is continuity with any toileting plans or treatments that are undertaken at home. It will also promote confidence in the child and parent(s) that school is supportive of their needs.

> Learners with bladder and bowel issues who receive support from school are more likely to achieve their full potential.

Learners with bladder and bowel issues who receive support from school are more likely to achieve their full potential[55]. Personal care is usually included in job descriptions for school support staff. Assisting a child who is not fully independent with toileting in such a way that

[53] There is governmental guidance available on Preventing and controlling infections - GOV.UK
[54] Also see section 1.15 unacceptable practice. This should be reflected in an intimate or personal care policy
[55] Whale et al (2017)

they learn the skills needed for independence with their personal care, as far as their medical condition and level of ability allows, should form part of their one-to-one education.

The policy should outline the circumstances when it is appropriate for a child to have a care plan[56].

The policy should make it clear that parents should be involved in writing of care plans. If there is conflict of opinion between the family and school or clarity is required, the school nurse or other appropriate healthcare professional should be involved.

1.14 Health care plans to meet individual needs[57]

All learners who require support with management of their bladder and/or bowel care or personal hygiene in school should have a health care plan. Alternatively, for learners who have more than one support need in school, bladder and/or bowel care may be addressed within an existing health care plan.

School staff should agree the care plan with the parent(s), and the learner, where they are able to participate. Healthcare professionals may be involved in the plan[58] [59], particularly if there are specific issues, such as catheterisation, stoma care, or if there is disagreement about the level of support required[60].

All health care plans should be reviewed at least annually or sooner if the learner's needs change.

1.15 Communication between home and school

Parents should provide school with sufficient information for them to meet the child's medical or health needs. Similarly, school should keep parent(s) informed about their child's progress and any concerns.

> Parents should provide school with sufficient information for them to meet the child's needs

Parents should provide sufficient portable items of equipment required to attend to the learner's continence needs throughout each school day. This might include, but is not restricted to, catheters, urinals, stoma bags, spare clothes, wipes, plastic bags, continence containment products if used[61]. Products should only be used by the individual for whom they are provided.

[56] A sample policy is available in Appendix Five
[57] Also see section 1.12
[58] In Northern Ireland care plans should be completed in collaboration between health and education
[59] In Wales guidance in the document Supporting Learners with Healthcare Needs and information on the Health and Wellbeing in Schools page of the Welsh government website should be followed
[60] See Appendix Six for a sample care plan
[61] See Department of Education guidance: Supporting pupils at schools with medical conditions (2015) for more information on working with parents

Discussion should be had, in conjunction with the child's occupational therapist if appropriate, about who is responsible for larger items such as specialised toilet seats, hoist slings etc.

Parents should not be asked to come into school to assist with changing their child, supporting toileting or bladder or bowel needs or be expected to take them home for this[62].

1.16 School attendance

> It is not acceptable to refuse admission or exclude a child who has not achieved continence…

It is not acceptable to refuse admission or exclude a child who has not achieved continence or continues to need support with this area of care. Some children may be missing significant amounts of school due to their incontinence or bladder and bowel symptoms. This should be addressed with the family and the healthcare professional(s).

It is recommended that schools do not penalise a learner for their attendance record if the absence is related to their healthcare needs, although it is not usually unreasonable to ask parents to provide evidence for this. Absence may be required for healthcare appointments, time to travel to those appointments, and recovery time from treatment or illness.

Parents should make every effort to facilitate school attendance including booking appointments outside school hours, or avoiding key lessons wherever possible. Where this is not possible, parents should minimise time out of school by ensuring their child attends before and/or after an appointment, as appropriate. Healthcare professionals should be mindful of the importance of school attendance when offering appointments.

1.17 Medication

It should be the exception that medications to treat bladder and bowel issues are administered at school. However, the advice of the child's healthcare professional should be followed. Where medications are required to be given in school hours this should be reflected in the child's care plan and the school's medical policy must be followed.

1.18 Unacceptable practice

It is unacceptable practice to:

- Prevent learners from attending an education setting due to a bladder or bowel issue

[62] Also see section 1.15 unacceptable practice

- Prevent learners from accessing the toilet or drinks as they need
- Assume every learner with a bladder and bowel issues requires the same support
- Ignore the views of the learner or their parents or evidence or opinions provided by healthcare professionals. These views may be queried with additional opinions sought promptly as required
- Send learners with bladder and bowel issues home frequently or prevent them from staying for normal activities, including lunch, unless this is specified as part of their care plan
- Send a learner who requires support with their continence to the toilet without someone who can provided required assistance
- Expect a learner who has issues maintaining continence and who wears washable pants at home, to wear disposable continence containment products (e.g. nappies or disposable pants) in school, unless school is advised that they need these by an appropriately experienced and skilled healthcare professional who is involved in the child's care
- Refuse to support a learner with interventions required to treat a bladder and bowel issue or to promote independence with toileting
- Not apply in good time to examination authorities for adjustments, including access to drinks and the toilet, for a learner with continence needs during examinations or tests, including mocks
- Prevent learners from drinking, eating or taking toilet or other breaks whenever needed to manage their healthcare needs effectively
- Require parents, or otherwise make them feel obliged, to attend the education setting, or off-site activity to provide support to the learner for issues related to their continence needs other than when they are undertaking required training for school staff to be able to effectively support the individual learner

> 'It is unacceptable... to require parents, or otherwise make them feel obliged, to attend school to... 'provide medical support to their child, including with toileting issues...' Dept for Education 2017

- Expect or cause a parent to give up work or other commitments because the education setting is failing to support a learner's continence needs
- Create unnecessary barriers to a learner's participation in any aspect of their education, including trips, e.g. by requiring a parent to accompany the learner

Appendix One

Understanding bladder and bowel issues

Bladder and bowel issues can occur in childhood for the following reasons:

- Commonly bladder and bowel issues occur with no apparent damage to the child's anatomy, physiology, or nervous system and where there is no diagnosable underlying problem. These are known as functional conditions and may be long lasting.
- Rarely, bladder and/or bowel conditions occur because of anatomical, neurological or physiological differences. Children may be born with these (e.g. spina bifida), they may occur due to an issue around the time of birth (e.g. cerebral palsy) or they may develop later, because of disease or injury (e.g. spinal cord injury due to an accident or tumour). These conditions may need corrective surgery, which might involve several procedures during childhood. However, despite surgery, many children with structural bladder or bowel conditions may continue to have challenges managing their continence throughout their childhood, or throughout life.

Incontinence is nearly always beyond the child's control. It is highly unlikely a child will wet or soil deliberately. Wetting and soiling are not a result of naughtiness or laziness. Most children with wetting or soiling have a functional or structural bladder or bowel issue. Diagnosis is not always easy. Furthermore, some parents may not seek early help due to the embarrassment and stigma associated with these issues, or the mistaken belief that their child will grow out of it, or a lack of understanding of what is typical with this area of development. For those who do have a diagnosis, treatment is often complex and protracted, regardless of the cause.

Many children with bladder and bowel issues have an associated behavioural difference, due to the psychological or mental health impact of their symptoms[63]. These often resolve with successful treatment of the underlying condition. Conversely, children with psychological or mental health problems may be more at risk of bladder and bowel issues[64]. Children with additional needs or disabilities are also more at risk of bladder and bowel issues[65], although they should have a typically developing bladder and bowel.

School staff should be aware that bladder and/or bowel symptoms rarely occur solely because of poor parenting, or a child's disability. Therefore, assumptions should not be made without the child undergoing a full assessment of their bladder or bowel health from an appropriately trained healthcare professional[66].

[63] Gordon et al (2023)
[64] Warne et al (2024)
[65] Von Gontard et al (2021)
[66] For further information on different bladder and bowel diagnoses and managements see Appendix Two

Appendix Two

Index of bladder and bowel symptoms and conditions

The same problem may affect different children in different ways. It is important for schools to ensure that they receive information from the parent(s). Healthcare professionals may also provide information as appropriate and with parental consent. It is recommended that learners have a care plan in school to ensure their needs are met.

Children with uncommon conditions may also experience one or more of the common bladder and bowel issues.

Common bladder and bowel issues

Bedwetting
See Enuresis

Chronic constipation
Constipation (see below) is described as chronic if it lasts for more than eight weeks. Chronic constipation may require treatment for many weeks, months or even for years in some children.

Constipation
Children with constipation may open their bowels less than once every three days or more than three times a day; pass occasional very large motions or have more frequent small motions; stools may be different textures and may be offensive smelling; they may withhold or strain to prevent themselves from passing large painful stools and may have problems with abdominal pain and distension, or soiling (see below). Children with constipation often have reduced appetite, are unhappy, irritable or moody and may have reduced energy levels. All the latter symptoms may improve for a time after a large bowel motion.

Faecal Impaction
The term used to describe a situation where constipation is so severe that the child is unlikely to be able to pass all the stools retained in the large bowel without medical intervention. Soiling is usually associated with faecal impaction and is outside the child's control. The child is often unaware they have soiled (see soiling below). Treatment is usually called disimpaction and involves giving increasing doses of laxatives over a period of days to enable the child to pass all the retained stools. Children undergoing disimpaction usually require several days off school, as the treatment often causes soiling (faecal incontinence) or a deterioration in soiling and frequent toilet visits.

Enuresis
Also known as bedwetting or nocturnal enuresis, is the condition of wetting during sleep. It may be accompanied by daytime symptoms, or there may be no daytime bladder

problems. Affected children often sleep less well than their peers, which may affect school performance and behaviour. It may affect socialisation and willingness to take part in school trips that involve nights away.

Faecal incontinence

Also known as soiling (see below) is leakage of stools from the child's bottom.

Frequency

Passing urine more than seven times a day. In extreme cases children may need to use the toilet every few minutes.

Overactive bladder

Sudden unexpected tightening or twitching of the bladder wall muscle during bladder filling, resulting in children experiencing urgency (sudden, desperate need to use the toilet) and frequency (needing the toilet more often than would normally be expected). Wetting may occur if the child cannot get to the toilet quickly enough. If adults are unaware of the condition, they may assume that the child is delaying toileting too long or is avoiding using the toilet at appropriate times.

Megarectum

A condition where the rectum is abnormally enlarged, usually due to longstanding constipation. It can reduce the child's awareness of when they need to open their bowels.

Retentive faecal incontinence

Soiling because of chronic constipation. It is usually associated with faecal impaction and requires treatment with laxatives. (See definitions of chronic constipation, faecal impaction and soiling.)

Soiling

Soiling is uncontrolled leakage of stools into the underwear. It is normally associated with chronic constipation and is usually totally outside the child's control. Often the child is unaware that they have soiled, even though stools may smell offensive to others. Lack of awareness is due to changes to the anatomy of the large bowel as the result of constipation and is not due to behavioural or psychological issues.
Rarely soiling is not caused by constipation. Any child who is soiling should be assessed by a healthcare professional. Treatment is usually with laxatives, which may initially make the problem worse. The laxatives may be required for many weeks or months.

Stool withholding

This describes avoiding opening the bowels. This is usually due to fear of pain, following a large hard bowel motion, but may also occur when a child wants to avoid using the toilet due to lack of privacy, fear of bullying in the toilets, or other concerns about the toilet environment.

Urgency

The sudden and overwhelmingly urgent need to get to the toilet. It may be preceded or accompanied by positional changes (crouching or holding the groin), or by fidgeting (the wee dance). Urgency may be accompanied by frequency and urinary incontinence.

Urinary incontinence

This describes wetting, due to uncontrolled leakage of urine.

Urinary tract infection

An infection in the bladder, or kidneys, also known as UTI. They may result in a child being acutely unwell, having urgency, frequency, or pain when they pass urine, or they may have few symptoms. Wetting may be associated with urinary tract infection.

Voiding postponement

Habitually delaying passing urine is known as voiding postponement. Some children will restrict fluid intake to avoid having to go to the toilet. Others may use the toilet infrequently but have a feeling of urgency and possible wetting as the bladder is overfull. This may be associated with not wanting to use school toilets. If voiding postponement becomes habitual it may result in further bladder problems.

More complex and/or less frequently occurring bladder and bowel issues

Anal Atresia/imperforate anus

This is where the anus is not open to the skin. The condition requires surgical correction soon after birth and may result in long-term problems with bowel control.

Anorectal malformation/ anorectal anomaly

These are a group of rare disorders affecting the anus and/or rectum. They arise due to a problem that occurs when the baby is developing during pregnancy. They include the anus not being open (anal atresia/imperforate anus), or the anus being in a different position or being narrower than usual (anal stenosis). There may be a different passage connecting the rectum to the skin (a fistula). The rectum (part of the lower bowel) may be closed inside the bottom, so that it does not connect with the anus, or the rectum may connect with the bladder, urethra or vagina through a fistula. Girls may have a malformation where there is only one opening for the bladder, bowel and vagina, called cloaca (see below).

Anal Stenosis

A narrowing of the anal opening, which makes it difficult for the affected baby to open their bowels. Treatment is usually with surgery soon after birth.

Bladder outlet obstruction

A problem with urine flow. Urine flow is slow and the child may struggle to empty their bladder.

Bladder Exstrophy

A condition where the lower abdomen does not form properly during pregnancy, so the child is born with the bladder open and exposed on the outer surface of the abdomen. Some children may have related problems with the urinary system and lower bowel. Bladder exstrophy is usually treated surgically in the first few years of life.

Cloaca

An anorectal malformation in girls, where there is only one opening for the bladder, bowel and vagina. This requires complex surgery to correct the problem and may result in long-term continence problems.

Dysfunctional voiding

The dysfunction that results in the child habitually contracting their pelvic floor or external urethral sphincter (the muscle at the base of the bladder) when they are passing urine. This results in difficulty emptying the bladder.

Encopresis

This term is now obsolete. Despite this, it is still sometimes used to describe the passage of normal stools in inappropriate places. It was used to distinguish children who were soiling due to mental health, behavioural or psychological problems from those who were soiling due to chronic constipation. The term has been replaced by non-retentive faecal incontinence.

Epispadias

The urethra does not form properly causing an abnormality of the opening and may result in incontinence.

Giggle incontinence

A rare condition where the bladder empties fully during or immediately after laughter. There are no other bladder symptoms.

Imperforate anus/ anal atresia

The anus is not open to the skin so that stools cannot be passed. This is treated with surgery shortly after birth but may result in long-term problems with bowel control.

Inflammatory bowel disease

Crohn’s disease and ulcerative colitis are inflammatory bowel diseases – they cause swelling and pain in the bowel. Crohn’s disease can affect any part of the bowel from mouth to anus. It usually occurs in patches, with sections of normal bowel between. Ulcerative colitis affects the colon and rectum, producing tiny ulcers on the bowel lining. Both conditions have a range of symptoms including diarrhoea. Severity of symptoms varies and children may experience periods of active inflammation and times when they are in remission.

Irritable bowel syndrome (IBS)

A group of symptoms that include abdominal pain, bloating, diarrhoea and/or constipation.

Hirschsprung's Disease

A rare congenital problem where the nerves to parts of the large bowel have not developed, so the bowel muscles cannot move stools through the large bowel. Severity varies from having a short section of bowel affected near the bottom to having no nerve input to any of the large bowel. Treatment is with surgery, usually soon after birth. Affected children may have long-term problems with constipation and bowel control.

Neuropathic/neurogenic bladder

A lack of bladder control due to problems with the nerve supply to the bladder. This can be caused by a range of conditions including spina bifida or spinal cord injury.

Neuropathic/neurogenic bowel

Inability to control bowel movements due to a problem with the nerve supply to the bowel. This can be caused by a range of conditions including spina bifida or spinal cord injury.

Non-retentive faecal incontinence

The passage of normal stools in inappropriate places. It is usually associated with mental health, behavioural or psychological problems and differs from soiling due to chronic constipation. It is a rare condition. Most children with soiling have constipation. Non-retentive faecal incontinence was previously known as encopresis.

Sacral agenesis

The lower sacral vertebrae are not properly formed or are absent. This may be associated with difficulties of bladder and bowel control due to differences in development of the lower spine and associated impact on the nerves responsible for bladder and bowel control.

Short bowel syndrome

A complex problem that is caused by loss of function or physical loss of a portion of the small and/or large bowel. Symptoms and severity vary, but it is often associated with diarrhoea as well as problems with absorption of nutrients, which may result in malnutrition, weight loss and symptoms related to lack of essential vitamins and minerals.

Stress incontinence

Involuntary leakage of urine associated with increased intra-abdominal pressure, such as when coughing, exercising or sneezing.

Underactive bladder

A rare condition where intra-abdominal pressure must be raised to start, maintain or finish passing urine. Affected children may use the toilet less often than expected, or they may have frequency as their bladder does not empty properly when they go to the toilet.

Urethrovaginal reflux

Urine pools in the vagina during voiding and then leaks when the child leaves the toilet, resulting in wetting after passing urine.

Appendix three

Aids and treatments to support management of bowel and bladder conditions

Antegrade Colonic or Continence Enema (ACE or MACE)

A channel is created surgically in the abdominal wall, to allow a catheter to be passed into the large bowel. Fluid (usually water) is administered through the catheter to wash out the bowel. This is used for children who are unable to maintain bowel continence in the usual way or with other treatments. Washouts are usually performed at home daily or on alternate days.

Bladder training /urotherapy

A common treatment for bladder issues that involves children having regular drinks and toilet visits throughout their waking hours. Precise timings vary according to individual need. However, children are often advised to have a drink followed by a toilet visit every two hours. Some children may use vibrating watches to remind them when to drink and use the toilet. This treatment usually needs to be continued for weeks or months. Schools should support the programme by allowing open access to drinks and the toilet.

Button devices (mickey/mini buttons)

A device used to access the bladder to drain urine, as an alternative to a vesicostomy or suprapubic catheter. It may also be used to access the bowel to administer washout fluid, once an ACE (see above) has been established.

Catheters

Urinary catheters are small tubes inserted into the bladder to drain urine. They may be inserted via the urethra, a Mitrofanoff (see below) or through the abdominal wall (suprapubic catheter). Catheters can be indwelling (they remain in the bladder for days or weeks at a time), or intermittent (inserted and removed as soon as the bladder is empty).

Cystostomy (Vesicostomy)

A surgical procedure that allows connection between the bladder and abdominal wall to drain urine from the bladder.

Enema

A liquid inserted into the rectum to help bowel emptying, used to treat constipation and prevent soiling. Not usually a first-line treatment enemas should only be used on advice of a specialist healthcare professional.

Laxatives – see medications

A group of medications used to treat constipation. Children with chronic constipation may need laxatives for long periods of time, often months or years. When children first start to take laxatives, or doses are adjusted they may have loose stools or deterioration in soiling. This is not the same as diarrhoea due to gastroenteritis. Children do not normally need off school, unless clearly unwell or they are being treated for faecal impaction (see Appendix Two). Laxatives rarely need to be administered during school hours.

Medications

Many children are prescribed medication to treat their bladder or bowel condition. It is important that children are given medication as prescribed. Any concerns or questions about medication in schools should be referred to the parent in the first instance. Schools must act in accordance with their medical policy[67].

Antibiotics: A group of medicines used to treat bacterial infections, including urinary tract infections

Anticholinergics: a group of medicines that may be used to treat bladder problems, including frequency, urgency and wetting

Desmopressin: a medication given at bedtime to treat night time wetting

Laxatives: a group of medications used to treat constipation

Mitrofanoff

A surgical procedure to create a channel through the abdominal wall into the bladder. Children with a Mitrofanoff usually need to catheterise to empty the bladder several times a day.

Stoma

An opening onto the surface of the body, including where the bowel or part of the urinary tract is opened onto the abdominal wall. The name of the stoma will vary according to which part of the bowel / urinary tract is involved: a colostomy is where the colon is brought to the abdominal wall; an ileostomy is where the ileum (part of the small bowel) is brought to the abdominal wall. A bag is attached to the surface of the abdominal wall to collect faeces and may need to be emptied or changed during school hours.

A ureterostomy is when one or both ureters (the tubes from the kidneys to the bladder) are brought to the abdominal wall. A cystostomy, also called a vesicostomy, is when the bladder opens directly onto the lower abdominal wall. The urine is collected into either a bag attached to the abdominal wall or a disposable pad. The bag will need to be emptied, or the pad changed as frequently as necessary during the school day.

Suppositories

A small solid means of giving medication directly into the rectum. They may be used to help a child empty their rectum and therefore prevent soiling. They are not usually given in school, are not usually first-line treatment for constipation. They should only be used in children as advised by a specialist healthcare professional.

Transanal irrigation / rectal irrigation

A specialist treatment that involves inserting water, usually via a cone or catheter, into the rectum via the anus to washout the bowels. This is usually done at home daily or on

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[67] Advice on administration of medicines in school is available for schools from DfE guidance: [Supporting pupils with medical conditions at school]

alternate days and is used to help a child gain or maintain bowel continence when other treatments have not been successful.

TENS (transcutaneous electrical nerve stimulation)

A treatment that uses small electrical impulses to help strengthen the muscles that control the bladder.

Vesicostomy

A surgical opening between the bladder and the lower abdominal wall, that allows urine to drain. It is usually a temporary treatment in babies and younger children to allow urine to drain and to protect the kidneys from possible damage.

Appendix Four

Guidance and legislation relevant to bladder and bowel care in nurseries, schools and colleges

The guidance and legislation which impacts on bladder and bowel care in nurseries, school and colleges varies between the devolved nations of the United Kingdom. However, there is some legislation that is common to all:

The United Nations Convention on the Rights of a Child (UNCRC) sets out the civil, political, economic, social and cultural rights of all children and young people and was ratified by the UK in 1991. Some of the articles of the UNCRC relate directly to the management of bladder and bowel issues in schools including:

Article 3, the best interests of the child should be the primary consideration
Article 6, the rights to healthy development
Article 12, the right to participate in decision making
Article 16, the right to privacy
Article 23, the right to special care, support and access to education for those with a disability
Article 24, the right to good quality healthcare; and Article 28, the right to education.

There is National guidance on supporting skill development for toilet training. This contains information relevant to all children, including those with additional needs and disabilities and makes suggestions for toilet training programmes that can be individualised and are appropriate to use in schools as well as at home.

There is National guidance on providing continence containment products to children that outlines the circumstances where the NHS will usually provide nappies or pads to children who are not able to be continent.

1. ENGLAND

The Equality Act 2010: The Department for Education has produced 'The Equality Act 2010 and schools Departmental advice for school leaders, school staff, governing bodies and local authorities' to guide schools about how to meet the requirements of the Act. Continence difficulties may fit within the definition of disability and they are more common in children who have disabilities. Policies or procedures that restrict access to the toilet, or to drinking water may be in breach of legislation, because they may have a disproportionate negative effect on children with disabilities or health conditions and the duties under this act are anticipatory.

The Children and Families Act 2014, places a statutory duty on education settings to support children with medical conditions, so that affected children can access and enjoy the same opportunities at school as any other child. Bladder and bowel difficulties are medical conditions and should therefore be covered by a school's medical policy. The Department for Education has provided guidance for schools: Supporting pupils with medical conditions at school.

It is notable that:

- Schools do not have to wait for a formal diagnosis prior to providing support to pupils
- School's policy should consider having individual healthcare plans to support pupils with medical conditions and that these should be reviewed annually[68]
- The guidance states that it is not generally acceptable to 'prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively; or to require parents or otherwise make them feel obliged to attend school to…provide medical support to their child, including with toileting issues'[69]

Part 3 of The Children and Families Act 2014 relates to those children and young people with special educational needs. Department for Education and Department from Health joint guidance The SEND Code of Practice is available. This includes information about Education Health Care Plans (EHCP). For children with bladder or bowel issues, these should be included in the EHCP, where there is one.

The School Premises Regulations 2012 and Part 5 of the revised Education (Independent School Standards) (England) Regulations 2010 The Department for Education has produced DfE Advice on standards for school premises (2015) to help schools understand their duties under the regulations, including with respect to toilet and washing facilities.

2. NORTHERN IRELAND

Special Educational Needs and Disability (Northern Ireland) Order 2005 and the **Special Educational Needs and Disability Act (Northern Ireland) 2016 (SEND Act)** provides for children who have a greater difficulty in learning than the majority of their peers or who have a disability that impacts on their ability to use the same facilities as other children.

There is Guidance for schools, EOTAS centres and youth service on supporting transgender young people (2019) available that includes information on school toilets and changing facilities.

[68] See section1.10 and 1.11
[69] DfE Dec 2015 Supporting pupils at school with medical conditions

The Department of Education in Northern Ireland provides a variety of resources to support schools and parents on their website, including Supporting pupils with medication needs 2008.

There is a Dispute Avoidance and Resolution Service in Northern Ireland that is available to help resolve disagreements in relation to the special educational provision being made for a child or young person in school.

3. SCOTLAND

The Equality Act 2010 applies in Scotland. There are resources provided by Education Scotland to assist schools in meeting their duties under the Act. Technical guidance for schools in Scotland is also available that explains schools' duties under the Equality Act 2010. Continence difficulties may fit within the definition of disability and they are more common in children who have disabilities. Policies or procedures that restrict access to the toilet, or to drinking water may be in breach of legislation, because they may have a disproportionate negative effect on children with disabilities or health conditions.

The Scottish Government has produced Supporting children and young people with healthcare needs in schools Guidance, which is intended to be used 'as a guide to the strategic and operational matters which should be considered as part of policy development.' The guidance identifies principles that include the 'rights, wellbeing, needs and circumstances of the individual child or young person should, at all times, be at the centre of the decision-making process'; 'Staff in NHS boards, education authorities and schools should work together with the children and young people concerned, their parents or carers and families to ensure healthcare needs are met within all schools'. Furthermore, it recognises that learners may need support with intimate care and that schools should have 'arrangements in place to deal with these needs quickly and with respect for children's privacy, dignity and rights'.

Getting it right for every child (GIRFEC) is about making sure that children receive the 'right help at the right time, from the right people'. It is based on the children's rights and promotes eight factors for wellbeing: safe, healthy, achieving, nurtured, active, respected, responsible and included (SHANARRI). Supporting children with bladder and bowel issues in schools is compatible with this as it promotes safety, health, allows children to achieve, to feel nurtured and respected. Involving the child as far as possible in their care and decisions about their care promotes inclusion.

Policy and practice materials and other resources for GIRFEC are available from the Scottish Government.

Education (Additional Support for Learning) (Scotland) Act 2004 gives children rights to additional support for learning, including asking for assessment of whether a child has additional support needs or requires a coordinated support plan. Additional support needs may arise for any reason and be short or long-term. They encompass all issues that would provide a barrier to learning without provision of support, including provision with respect to toileting for learners how are unable to be independent. Guidance for education authorities, independent and grant-aided schools is available. The Education (Scotland) Act 2016 modifies some of the provisions of the 2004 Act.

Children and Young People (Scotland) Act 2014 is part of the Scottish Government's policy of 'getting it right for every child' and makes provision about the rights of children and young people.

Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002 makes it a legal requirement for schools to prepare and implement an accessibility strategy, to improve disabled learners' participation in the curriculum, to improve the physical environment of the school to enable better access to education and associated services (which will include toilet facilities) and to improve communication with disabled pupils.

The Scottish government provide statutory guidance covering provisions under the Education (Scotland) Act 2016 which amend the Standards in Scotland's Schools etc. Act 2000.

Supporting transgender young people in schools: guidance for Scottish schools (2021) provides guidance on provision of toilets and changing facilities to ensure that transgender young people are appropriately provided for within education facilities.

The School Premises (General Requirements and Standards) (Scotland) Regulations 1967 prescribe the broad minimum standards that school buildings must meet, and ensure that the specific needs of pupils are met particularly on issues that might impact on their welfare such as toilets. There has been a public consultation on the Regulations with a 2018 publication of an analysis of responses available.

4. WALES

The Equality Act (2010) applies in Wales and places a duty on educational settings to make reasonable adjustments for learners who have disabilities. These requirements are anticipatory: adjustments must be made to prevent disadvantage from occurring. Bladder and bowel issues may fit within the definition of disability and they are more common in children who have disabilities. Policies or procedures that restrict access to the toilet, or to drinking water may be in breach of legislation, because they may have a disproportionate negative effect on children with disabilities or health conditions.

Education Act (1996) allows statements of special educational needs. As the Act does not include healthcare needs, care plans should be used to set out provision for learners with healthcare needs. There is guidance: Supporting Learners with Healthcare Needs to help local authorities and governing bodies to meet the requirements of section 175 and section 21 (5) of the Education Act 2002. Governing bodies and headteachers should focus on meeting the specific healthcare needs of the learner. There is also a Quick Guide for Parents and one for support staff and teachers.

Social Services and Well-being (Wales) Act 2014 brings together local authorities' duties and functions to improve the well-being of people who need care and support and carers who need support. It seeks to ensure that care and support to children is delivered in line with the principles of the United Nations Convention on the Rights of the Child and is based on five principles: voice and control, prevention and early intervention, well-being, co-production and multi-agency.

Additional Learning Needs and Education Tribunal (Wales) Act 2018 makes provision for a statutory framework for supporting young people with additional learning needs (ALN). Under the Act Welsh ministers are required to issue a code on ALN. The Additional Learning Needs Code for Wales 2021 provides the system for meeting children and young people's ALN, aiming to ensure that they are identified early and addressed rapidly. A parent's guide is also available

The Welsh government has also produced School toilets: Good practice guidance for schools in Wales (2012).

Safeguarding Wales provides relevant information for Wales about the Duty to Report Safeguarding Concerns. It also outlines the Welsh Safeguarding Procedures. The safeguarding legislation specific to Wales is the Social Services and Well Being Act 2014

Appendix Five

Sample toileting and intimate care policy for nurseries, schools and colleges[70]

Introduction

(*name of school*) is aware that all learners need open access to clean, well-stocked and safe toileting provision and that some learners may require assistance from members of staff for personal care, including toileting, either due to the age and developmental level of the student, or due to disability or medical need. The main aim of (*name of school)* is to ensure that our learners are safe, secure and protected from harm. (*name of school)* also recognises that not only is it in the best interests of the whole school community to maintain clean, hygienic toilet facilities, but that it is everyone's responsibility to help ensure that they remain this way.

Aim

The toileting and intimate care policy aims to provide a clear framework for staff to ensure the safety and dignity of all learners when using the toilet and for those who need support with personal care, including learning the skills for toileting and bladder and bowel management. It will also clarify for learners and their families the support they can expect from school.

Principles

(*name of school*) respects our learners and encourages them to achieve their potential. This includes encouraging them to be as independent as they are able with their personal care. We will ensure that our learners:

- Are treated as individuals
- Have their right to safety, dignity and privacy respected
- Are involved with and consulted about upkeep of the toilet facilities and about their personal care as far as they are able
- Are provided with consistency of care as far as possible

School responsibilities

We will work with the whole school community to ensure access to clean, well maintained and stocked, private and safe toilet facilities for all.

We will work with learners, parents/carers to promote bladder and bowel health and maximum possible continence.

Where learners have specific toileting needs and/or are not able to be fully continent, we will ensure that an individual care plan is written to ensure their needs are clarified and met. The learner will be included in discussions about their care plan, unless this is clearly inappropriate, as will their parent(s). Relevant healthcare professionals including the

[70] Bladder & Bowel UK and ERIC have further information for schools on their websites

school nurse may also be consulted. The care plan will be reviewed at least annually or sooner if the learner's needs change.

Name of school will ensure that anyone who undertakes intimate care is an employee of the school and has had appropriate safeguarding checks. Only those staff named on the individual care plan will be involved in providing support with intimate care to a learner. School will ensure that sufficient staff are named on care plans and available to provide the required support in all foreseeable circumstances. If, in exceptional circumstances, none of the named staff members for an individual are available, school will contact the parent(s) for consent to involve a different member of staff.

Only in an emergency would staff undertake intimate care that has not been agreed with the parent(s). This act of care would be reported to a senior member of school staff and to the parent(s) as soon as possible after the event. The reasons for this and the care undertaken would be documented by the staff member who had delivered the care.

A written record will be kept of all support with intimate care. This will include the date and time of the care, who was present and any care given that has differed from the care plan, together with the reason for this. Any changes in the learner's behaviour or appearance will be documented and reported to a senior member of staff, in line with our safeguarding policy.

Staff will communicate carefully with learners, using their usual communication method, to discuss their needs and preferences. Wherever possible the learner's wishes and preferences will be taken into account.

School will consider the religious views, beliefs and cultural values of the learner and their parent(s), as well as the learners gender identification and individual physical needs (e.g. periods, catheterisation, stoma care etc) as far as possible in provision of appropriate toileting facilities and when undertaking or supporting required individual personal care. Where possible, those undertaking intimate care will be of the same gender as the child receiving the care.

School will work with all learners to promote positive self-esteem and body image and independence with self-care as far as is appropriate and practical.

School will work with parents and healthcare professionals to try to ensure continuity between school and home with any bladder and bowel care or skill development programmes for toilet training

School will ensure that all staff are aware of the need for confidentiality. Personal and sensitive information will only be shared with those who need to know.

School will act according to their safeguarding policy and procedures if there are any concerns for the learner's wellbeing.

Governors' responsibilities

To ensure there are appropriate toileting facilities to meet the needs of all their learners, including those with bladder and bowel health issues

To ensure that sufficient staff are trained to meet the needs of their learners.

The governing body will ensure that this policy is monitored and reviewed at least every three years.

Parent responsibilities

Parent(s) must provide all relevant information to school, as soon as possible, so that the needs of their child can be met. This includes the nature of their child's needs, details of any healthcare professionals involved including specialist nurses, as well as any changes in their medication, care or condition.

Parent(s) must ensure that they work towards their child achieving the maximum possible level of independence at home and communicate any changes to school.

Parent(s) should work with school to develop and agree a care plan at least annually or sooner if their child's needs change.

Parent(s) must make sure that school always has required equipment available for their child's intimate care or toileting needs.

Parent(s) must ensure that school always has their emergency contact details.

Learner responsibilities

To respect the toileting space and others use of that space, including their rights to privacy, dignity and to feel safe.

To let school staff know if there is a problem with respect to the toileting/intimate care spaces

To be as involved as possible in their intimate care and with their care plan.

To let school staff know when they are aware that they need assistance.

To let their parent(s) or a trusted member of school staff know if they have any concerns or feel uncomfortable at any time.

Related documentation

When reading this policy please be aware of and refer to the following related documents:

- The safeguarding policy
- Confidential reporting policy
- Managing medical needs in school policy
- First aid policy
- Health and safety policy
- Inclusion policy

(add other policies/documents as appropriate to school)

Appendix Six

Sample care plan[71]

It is advised that a care plan is completed for all learners who have bladder and bowel issues that affect their school day. As the care plan is a working document designed to assist school in their care for a learner, it should include all the information they require. It should be completed by school with the parent(s) and involve the child as far as their age and development allows. If school have any concerns, if the child's condition or treatment is complex, or if there are any disagreements, schools may consult the school nurse, or the relevant healthcare professional.

CARE PLAN

Name of School: .... **Date of plan**: ....

Child's/young person's details

Child's name	
Date of birth	
Year group/form	
Home address	

Planned review date: ....
(The plan should be reviewed at least annually or more frequently if the child's situation changes)

Name of person(s) completing plan and their role:

....

....

....
.

Family contact information

Name			
Relationship to child			
Telephone number	Home:	Work:	Mobile:
Email			

[71] Bladder & Bowel UK and ERIC have further information for schools on their websites

Address if different to child			
Name			
Relationship to child			
Telephone number	Home:	Work:	Mobile:
Email			
Address if different to child			
Siblings' names			

Health contacts

Specialist nurse	
Consultant	
General Practitioner	
Health Visitor/School Nurse	

Education contacts

Class teacher	
Special Needs coordinator (if relevant)	
Other support staff in school	

Description of bladder and bowel issue

Child's understanding of the issues and the support they need

Use this space to include how the child would like to be supported with their bladder and/or bowel issues

Goals for bladder and bowel management

Describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or school staff depending on individual needs.

Medication

Details of medication. If any medication needs to be taken in school refer to the school's medical policy and follow school procedures.

Management and description of routine

e.g. details of drinking, toileting and changing routines, aides used, any reward schemes, who will provide support, where and how and how family will be communicated with

Arrangements for sporting activities, school visits/trips etc

Details of staff training needed/undertaken

If training required, include who has been trained, the training given, by whom with dates and signatures of trainer and staff member

Use and disposal of continence products and aids

Include arrangement for soiled clothes and underwear, provision or new/spare equipment

Problems that may occur

Describe what would constitute a problem or emergency for the child and what action should be taken. School will always act in line with their safeguarding, medical and first aid policies.

Name of parent/carer ....

Signature of parent/carer .... **Date** ....

Name of school representative ....

Role/job title of school representative ....

Signature of school representative .... **Date** ....

Signature of child/young person .... **Date** ....

Appendix Seven

School Toilet Charter

The school toilet charter is overleaf. It is laid out so that it may be printed as a single page and used within schools.
(PTO)

Nursery, School and College Toilet Charter

Access to clean, well maintained, safe and appropriately stocked toilets whenever the need arises, is a fundamental human right and necessary for good health and wellbeing. This reflects the United Nations Convention on the Rights of the Child (UNCRC), which upholds all children's rights to their best interests being of primary consideration, to healthy development, to participation in decision making, to privacy, to education and to special care and support if they have a disability.

This Toilet Charter is designed to assist educational establishments in meeting these rights.

All schools should provide:

1. Unrestricted access to a toilet, whenever the need arises. This means no educational establishment should have a policy that does not allow learners to use the toilet during lesson times.
2. Adequate numbers of facilities for all, which ensure privacy.
3. Dedicated gender-neutral toilets as well as female and male toilet cubicles, properly equipped, for users, including provision for those with additional needs. This includes appropriate waste bins within cubicles for boys and girls and integral washbasins.
4. Properly designed toilet and washroom facilities, suitable for the range of anticipated users, with adequate lighting, ventilation, fixtures and fittings.
5. Hot water, ideally from mixer taps, with adequate provision of soap and hand drying facilities.
6. Toilet tissue dispensers provided at a convenient height, replenished as needed throughout the day.
7. An effective toilet cleaning/inspection regime to ensure adequate standards of hygiene, behaviour and cleanliness, throughout hours of usage.
8. A published school intimate care policy, that includes individual support for learners who need it, approved by school governors and learners and communicated to all learners, parent(s) and staff.
9. Open access to drinking water throughout the day for all learners, unless inappropriate (e.g. in science labs, computer suites etc)
10. A child friendly comments/complaints/suggestions procedure, for learners, parents/carers and staff to communicate toilet concerns, grievances, or suggestions for improvement to the head teacher and/or school governors.

Appendix Eight

Sources of help for schools and families

Bladder & Bowel UK

Bladder & Bowel UK offers advice and information on all bladder and bowel issues for all age groups and abilities, including children and teenagers. Staffed by specialist nurses, a range of free online resources and bespoke training to help children and teenagers, their parents, carers and professionals promote bladder and bowel health and manage bladder and bowel conditions as well as incontinence are provided.

Bladder & Bowel UK also offer a range of education for professionals working in health, social care and education.

Bladder & Bowel UK have a confidential helpline to provide specialist advice and support to anyone affected by a bladder and/or bowel issue and to those that support them in any capacity.

Address: Burrow's House, Priestley Road, Worsley, Manchester M28 2LY
Helpline: 0161 214 4591 or via webform at Bladder & Bowel UK helpline
Email: bbuk@disabledliving.co.uk
Website: https://www.bbuk.org.uk

ERIC, The Children's Bowel & Bladder Charity

ERIC is dedicated to supporting all children and teenagers with a bowel or bladder problem.

The vision is to get everyone talking about good bladder and bowel health from birth to ensure children and young people everywhere enjoy good bladder and bowel health. Whether it be a toilet-training issue, bedwetting, constipation/soiling problem or daytime incontinence, ERIC provides support, information and advice on children's bowel and bladder issues to promote and establish good bowel and bladder health. ERIC's family support includes a free confidential helpline, parent and family workshops, online resources and information. Support for professionals includes training targeted at the needs of the health, education, early years and social care sectors working with children and families. Professionals can also access ERIC's free confidential helpline, online tools, resources and information.

Address: 36 Old School House, Britannia Road, Kingswood, Bristol BS158DB
Helpline: Freephone 0808 801 0343, mon-thurs 10am-2pm
Web enquiry form: Helpline enquiry form - ERIC
Email: web@eric.org.uk

Colostomy UK

Colostomy UK provide support and information for people living with stomas.

Address: Colostomy UK, Enterprise House, 95 London Street, Reading, Berkshire RG1 4QA
Helpline: 0800 328 4257
Email: info@colostomyuk.org
Website: http://www.colostomyuk.org

Down Syndrome Association

The Down Syndrome Association is a UK charity dealing with all aspects of Down's syndrome. They provide information, advice, training and support so that people with Down's syndrome can live full and active lives.

Down Syndrome UK have a range of support groups, including closed Facebook pages to support with toilet training and bowel issues.

Address: Langdon Down Centre, 2a Langdon Park, Teddington, Middlesex TW11 9PS
Helpline: 0333 1212 300
Email: info@downs-syndrome.org.uk
Website: https://www.downs-syndrome.org.uk

Max's Trust

Max's Trust provide support and information to those in the UK with anorectal malformations. They hold events and conferences and take part in research studies.

Website: https://maxtrust.org/
Contact: hello@maxtrust.org

Mencap

A charity that supports people with learning disability and works to improve their quality of life.

Address: Royal Mencap Society, 123 Golden Lane, London, EC1Y 0RT
Helpline: 0808 808 1111
Website: https://www.mencap.org.uk

Mitrofanoff Support

This charity provides information, reassurance, emotional support and networking for people who have a Mitrofanoff.

Address: Mitrofanoff Support, PO Box 3690, Wokingham, RG40 9QH
Helpline: 07903 382013
Email: info@mitrofanoffsupport.org.uk
Website: http://www.mitrofanoffsupport.org.uk

National Autistic Society

A charity that provides information and advice to support people with autism and that is working to change society for the better for those on the autistic spectrum.   Their website includes useful information on social stories and on toilet training for children with autism.

Address: 393 City Road, London EC1V 1NG
Helpline: 0808 800 4104
Email: supportercare@nas.org.uk
Website: https://www.autism.org.uk

Scope

Scope provides practical information and support to people affected by disability and campaigns for a fairer society.

Address: Here East Press Centre, 14 East Bay Lane, E15 2GW
Helpline: 0808 800 3333
Email: helpline@scope.org.uk
Website: https://www.scope.org.uk

Appendix Nine

Key information for school governors

Development of bladder and bowel control is fundamental to children's socialisation, self-esteem and wellbeing. However, changes in approaches to toilet learning in recent decades have resulted in acquisition of the key required skills being learnt later than for any previous generation. The consequences of this include more children starting nursery or school without independence in this area. However, up to 12% of children in the UK have chronic constipation and many others have bladder health issues. These can result in wetting and soiling. It is rare for a child to be incontinent simply due to parental failure.

Bladder and bowel health problems may develop at any age or stage of life and symptoms may persist from one life stage to the next. While assessment and treatment is available, some children have intractable issues. Furthermore, children with disabilities of all kinds are more prone to bladder and bowel health difficulties. These may be missed or assumed to be part of another co-existing condition.

There is an increasing body of research into the impact of poor toilet environments and access on children's perceptions of educational establishments and on their long-term bladder and bowel health.

Key issues for governors and governing bodies to consider are:

- Does school encourage good habits around regular drinks of water-based fluids
- How well maintained and stocked are the toilets provided for learners in our establishment
- What are our learner's perceptions of the toilets provided for them
- Do our toilets meet the school toilet charter (Appendix 7)
- Do we have a policy for intimate care, or is this included in another policy, e.g. the medical policy. Is this effective (sample policy in Appendix 5)
- Are parents of new starters routinely asked about healthcare needs including toileting needs
- Are those with bladder and/or bowel symptoms that affect them during the school day offered a comprehensive health care plan (sample care plan in Appendix 6)
- Are bladder and bowel health needs included in education, health, care plans for those that have disabilities
- Do our processes ensure that admission is not refused to school or nursery due to bladder, bowel or continence problems.

Appendix Ten

References and Resources

Ambartsumyan L, Nuurko S (2013) 'Review of organic causes of fecal incontinence in children: evaluation and treatment' Expert review Gastroenterology and Hepatology 7, 7, 665-667

Butler RJ et al (2005) 'Nocturnal enuresis at 7.5 years old: prevalence and analysis of clinical signs' BJU International 96 404-410

Department for Education (2015) Advice on standards for school premises Available from: https://www.gov.uk/government/publications/standards-for-school-premises

Department for Education (2024) Keeping children safe in education available from https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

Department for Education and Department of Health and Social Care (2014, last updated 2024) SEND code of practice: 0 to 25 years Available from https://www.gov.uk/government/publications/send-code-of-practice-0-to-25 Accessed 6.1.2025

Department for Education (2015) Supporting pupils at school with medical conditions Available from: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Department of Education (2003) Section 4 - Part 23 - Cloakroom and toilet accommodation Available from https://www.education-ni.gov.uk/publications/section-4-part-23-cloakroom-and-toilet-accommodation

Essity (2017) 'Bottom of the Class. Are falling hygiene standards failing primary school children' available from https://www.essity.com/Images/Essity-Bottom-of-the-Class_tcm339-84689.pdf

Gordon K et al (2023) 'Continence problems and mental health in adolescents from a UK cohort' European Urology https://doi.org/10.1016/j.eururo.2023.05.013

Haines Lyon C et al (2024) 'Toilet talk: using a students as researchers approach to problematize and co-construct school toilet policy and practice' Gender and Education 36, 7, 801 -816

Heron J et al (2017) 'Trajectories of urinary incontinence in childhood and bladder and bowel symptoms in adolescence: prospective cohort study' BMJ Open 7, 3

Huang H-M et al (2020) ' Prevalence and risk factors of nocturnal enuresis among children ages 5-12 years in Xi'an, China: a cross-sectional study' BMC Pediatrics 20: 305

Joinson C et al (2009) 'A prospective study of age at initiation of toilet training and subsequent daytime bladder control in school-age children' Journal of developmental and Behavioral Pediatrics 30, 5, 385-393

Jørgensen CS et al (2021) 'Dissatisfaction with school toilets is associated with bladder and bowel dysfunction' European Journal of Pediatrics 180: 3317 - 3324

Kearts N et al (2012) 'Readiness signs used to define the proper moment to start toilet training: A review of the literature' Neurourology and Urodynamics 31, 4, 437-440

Kindred[2] (204) 'School Readiness Survey' January 2025 Available from https://kindredsquared.org.uk/wp-content/uploads/2025/01/School-Readiness-Survey-January-2025-Kindred-Squared.pdf Accessed on 19.06.2025

Koppen IJN et al (2018) 'Prevalence of functional defecation disorders in children: a systematic review and meta-analysis' Journal of Pediatrics 198, 121-130

Li X et al (2020) 'Disposable diaper overuse is associated with primary enuresis in children' Scientific Reports Nature Research 10: 14407

NICE Clinical Guideline: CG111 Nocturnal Enuresis: the management of bedwetting in children and young people (October 2010)

NICE Quality Standard: QS70 Nocturnal Enuresis (bedwetting) in Children and Young People (September 2014)

NICE Clinical Guideline: CG99 Constipation in Children and Young People (May 2010)

NICE Quality Standard: QS62 Constipation in Children and Young People (May 2014)

NSPCC (2018) PANTS resources for schools and teachers accessed 21.01.2025

Paediatric Continence Forum (2024) 'Continence Commissioning Guide' Accessed 31.12.2024

Richardson D (2016) 'Toilet training for children with autism' Nursing Children and Young People 28, 2, 16-22

Rogers (2010) 'One step at a time: how to toilet train children with learning disabilities' Nursing Times 106, 47

Rogers J and Richardson D (2024) Best practice guidelines for professionals, supporting skill development for toilet training in all children, including those with learning disabilities and developmental differences: A consensus document Accessed on 31/12/2024

Safer Recruitment Consortium (2019) Guidance for safer working practice for those working with children and young people in education settings Accessed 23.01.2025

Scottish Government (2018) Updating of the School Premises (General Requirements and Standards)(Scotland) Regulations 1967: consultation response analysis Accessed 23.01.2025

Scottish Government (2021) Supporting transgender pupils in schools Guidance for Scottish Schools Accessed 23.1.2025

UK Health Security Agency (2017, updated 2024)) Health protection in children and young people settings, including education Accessed 23.1.2025

Von Gontard A et al (2016) 'Do we manage incontinence in children and adults with special needs adequately? !C!-RS 2014' Neurourology and Urodynamics 35 304-306

Von Gontard A et al (2021) Neurodevelopmental disorders and incontinence in children and adolescents: Attention-deficit/hyperactivity disorder, autism spectrum disorder, and intellectual disability – A consensus document of the International Children's Continence Society Neurourology and Urodynamics 1 -13

Warne N et al (2024) Mental health problems, stressful life events and new-onset urinary incontinence in primary school-age children: a prospective cohort study European Child and Adolescent Psychiatry 33, 871-879

Welsh Government (2021) Additional Learning Needs Code for Wales Accessed 23.01.2025

Welsh Government (2017) Supporting learners with additional healthcare needs Accessed 23.01.2025

Welsh Government (2012) School toilets: Good practice guidance for schools in Wales Accessed 23.01.2025

Whale et al (2017) Left behind and left out: The impact of the school environment on young people with continence problems. British Journal of Health Psychology https://doi.org/10.1111/bjhp.12284 Accessed 23.01.2025

Zemer VS et al (2023) 'Personal hygiene, environmental conditions, and toilet use of children in primary schools: A cohort study' Journal of Pediatric Urology 19, 721-727

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Document development:

This document was developed in response to requests for help from families and educational professionals, but mainly from school nurses and specialist children's bladder and bowel nurses, who wanted to clear guidance for schools to help them understand both the issues and their role in providing support to children affected by continence issues.

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