PROMOTING A HEALTHY BLADDER AND BOWEL

NHS Eileanan Siar Western Isles

Supported by Coloplast

Contents

Introduction

Bladder and bowel problems are very common but are often not discussed. This makes it difficult to seek help. Many people believe that problems are a natural part of early childhood and older adulthood. However, it is important to know that they can affect anyone at any stage in life. Continence is an important component in a person's health and well-being at any stage of life.

Normal bowel and bladder function is an important part of a child's development and their path to adult and independent living. Failure to acquire control in a timely manner will affect schooling and education.

Increasing early intervention (or early prevention of) childhood bowel and bladder issues for all children and young people will enable them to live a healthy and happy life regardless of any bladder or bowel issue they may face.

Bedwetting (also known as nocturnal enuresis) affects around half a million children and teenagers in the UK. It's an issue families can find very isolating and difficult to talk about openly. It can take a huge toll on family life and affect kid's self-esteem and emotional well-being. Constipation is common in childhood (prevalence around 5–30% of children) and even in adults 1 in 7 suffer with constipation.

This document has been created to support, empower, offer best advice and education to children, parents, Educational staff and health care professionals to help children and young people with bladder and bowel issues and to provide information to all those working with families.

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Toilet training

Toilet training is a major skill for your child to learn and we need to help them learn. Children are able to control their bladder and bowels when they're physically ready and when they want to be dry and clean. Every child is different, so don't compare your child with others.

Most children can control their bowels before their bladder.

Some figures for you:

by age 1, most babies have stopped doing poos at night

by age 2, some children will be dry during the day, but this is still quite early

by age 3 - 9 out of 10 children are dry most days

even then, all children have the odd accident, especially when they're excited, upset or absorbed in something else

by age 4, most children are day dry

All children will have accidents so this should be accepted and toileting reinforced. Your child should not be berated for this.

When is the right time?

Remember, you cannot force your child to use a potty or the toilet but you can form a toileting routine early on. A good toileting routine will most times eventually work.

There is no perfect time but it is recognised that around 2 years old is a good time to begin with the toileting routine. Some people believe that their child will show 'signs' before they should start toilet training. However, it is now known that we should not depend on these, as many will not show these signs, so early routine forming is key to success.

Some people find it easier to start in the holidays particularly summer, when there are fewer clothes to take off and washed clothes dry more quickly.

Try toilet training when there are no great disruptions or changes to your child's or your family's routine, so look for a time when you have a few weeks without too many demands on your time.

Consistency is key

If you go out, take the potty or seat with you, it's important that the routine stays the same wherever you are. It is equally important that whoever is looking after your child at any point in toilet training are doing the same thing. **CONSISTENCY** is what works.

Your child may become more aware and indicate to you:

- when they've got a wet or dirty nappy
- they may tell you they're doing it
- they may show they need to wee by fidgeting or going somewhere quiet or hidden

All of this is great if it happens but often it does not. This is why the routine and consistency are important for all children.

Getting ready

A potty will be new to your child so take it slowly and let them gradually get used to it. Something colourful with fun patterns can encourage your child to sit on the potty.

Alternatively, you may want to go directly to the **'big toilet'**.

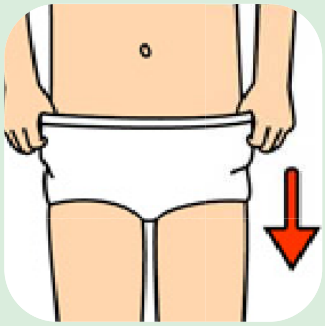
Some children can manage well on a toilet but most children can find it quite fearful and feel unsteady on a toilet. There are several options to making it feel more secure. Toilet inserts can be sufficient for some children but it's a good idea to give them something to hold onto and a step under their feet to. Having their feet dangling can feel scary so a step, box or stool can be helpful, it also helps them access the toilet more independently and places their feet in a better position for toileting. Having their knees higher than their hips is the optimum position for toileting.

Toilet aid with step, handles and insert

Toilet insert

Step

Talking through nappy changes helps your child to understand what wee and poo are. It is a really good idea to change nappies in the bathroom so that they learn that that's the right place for going to the toilet. Always remember to go through the toilet routine every time.

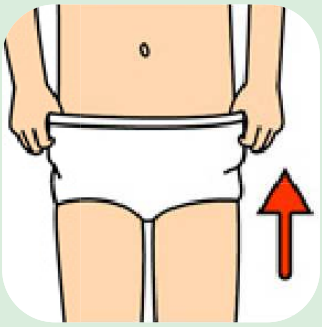


Pants down

Sit on the toilet

Do a wee and/or poo

Wipe bottom correctly



Pants up

Lid down

Flush toilet

Wash hands

Dry hands

Leave a potty where your child can see it and explain what it's for. Children learn by watching and copying.
If you've got an older child, your younger child may see them using it, which will be a great help. It helps to let your child see you using the toilet and explain what you're doing. Using your child's toys to show what the potty is for can also help.

Other tips

- Encourage your child to sit on the potty or toilet when you are changing them or getting them dressed or undressed.
- Have your child stand up when changing rather than lying down. You can have them stand up while you change them and sit them on the toilet in between the change. Changing standing up is more age appropriate and helps them get more engaged in the process than when lying down.
- If you are using a potty rather than the toilet, leave a potty where your child can see it and talk about what it is for.
- You could see if your child is happy to sit on the potty for a moment, just to get used to it, when you're changing their nappy, especially when you're getting them dressed for the day or ready for bed at night.
- There are some fun books about using a potty/toilet. You could start reading some of these books to your child to increase their interest and awarness of using the toilet or potty. *Examples include: 'Pip and Posy the little puddle' by Axel Sheffler, 'Princess Polly's Potty' or 'Pirate Pete's Potty' by Andrea Pinnington.*
- There are also YouTube videos with fun songs about toileting.
- Don't ask you child if they need the toilet, they may not recognise this yet, take them regularly and use a consistent phrase such as 'toilet time'.

Pirate Pete's Potty | Potty Training Video For Toddlers | Story Time

- Remember that toilet training can take some time and don't be disheartened if it's not going how you wish. There will be lots of wet and soiled pants while they learn the skills required.
- If you have tried for a long time without success take a break, its better to do this than chop and change between pants and nappies.

How to start training

Keep the potty in the bathroom. If that's upstairs, keep another potty downstairs so your child can reach the potty easily wherever they are. The idea is to make sitting on the potty or toilet part of everyday life for your child.

Encourage your child to sit on the potty or toilet after meals, because digesting food often leads to an urge to do a poo. Having a book to look at or toys to play with can help your child sit still.

If your child regularly does a poo at the same time each day, leave their nappy off and suggest that they go in the potty or toilet. If your child is even the slightest bit upset by the idea, just put the nappy back on and leave it a few more weeks before trying again.

Encouraging them to use the potty or toilet to wee will help build their confidence for when they are ready to use it to poo.

As soon as you see that your child knows when they're going to wee, encourage them to use their potty. If your child slips up, just mop it up and wait for next time. It takes a while for them to get the hang of it.

If you do not make a fuss when they have an accident, they will not feel anxious and worried, and are more likely to be successful the next time. Put them in clothes that are easy to change and avoid tights and clothes with zips or lots of buttons.

Your child will be delighted when they succeed. A little praise from you will help a lot. It can be quite tricky to get the balance right between giving praise and making a big deal out of it. Do not give sweets as a reward, but you could try using a sticker chart or something motivating for them.

Training pants and pull-ups

Disposable or washable training pants (also called pull-ups) are exactly what they say and can be handy when you start toilet training and can give children confidence when it's time to swap nappies for "grown-up" pants.

They do not soak up wee as well as disposable nappies, so your child will find it easier to tell when they are wet. If you're changing standing up, pull-ups are not ideal for this.

Training pants are a step towards normal pants, rather than a replacement for nappies and are not provided for children with bladder or bowel issues. Encourage your child to keep their pants dry by using the potty or toilet.

If your child is not ready to stop wearing nappies and it's hard for them to know when they've done a wee, you can put a piece of folded kitchen paper inside their nappy. It will stay wet and should help your child learn that weeing makes you feel wet.

Night-time training

Focus on getting your child toilet trained during the day before you start leaving their nappy off at night.

If your child's nappy is dry or only slightly damp when your child wakes for a few mornings in a row, they may be ready for night-time toilet training.

Ask your child to use the toilet or potty last thing before they go to bed and make sure it's close by, so they can use it if they need to wee in the night. There are bound to be a few accidents, so a waterproof sheet to protect your child's mattress is a good idea.

Just like daytime toilet training, it's important to praise your child for success. If things are not going well, stick with nappies at night for a while longer and try again in a few weeks' time.

Toilet training children with additional needs

Having their children toilet trained is a milestone all parents strive for. For some parents of children with disabilities this milestone may seem unobtainable. However clinical experience has taught us that for most children becoming toilet trained is an achievable goal and should not be delayed.

For children with additional support needs (ASN), the lack of interest from the child often results in the initiation of toilet training being delayed until the child 'appears ready'. Unfortunately for some children, waiting until they appear ready and interested in toilet training means waiting a very long time!

Don't wait for them to give some sign of readiness – some children never will, but that does not mean that they will not be able to do it. It's often tempting to wait until they are older as there may be lots of other challenges to deal with when they are younger: managing their mobility/health needs/behaviour may feel like enough! But the longer they continue to wear their 'portable toilet' (that's what a pad/nappy is after all…) the harder it will be to introduce a new place to wee and poo, so look for the right time, and take action. The best approach is to introduce children toilet routines from around 2 years old.

Clinical experience has shown that we need to take a different approach to toilet training children with learning difficulties (LD) and processing difficulties than we do with typically developing children. Becoming toilet trained is the interaction of two main processes – physiological maturation of the bladder and bowel and social and cultural awareness. For children with LD or processing difficulties it is often the lack of understanding and social awareness that results in delayed toilet training, rather than an inherent problem within the bladder or bowel.

So rather than waiting for the child with LD or processing problems to be socially aware and motivated before toilet training commences, maturation of the bladder and bowel should be the trigger factor for starting training, with skills needed for toilet training being worked on from an earlier age. The social awareness and motivational aspects can be added in as a behaviour programme, involving lots of positive reinforcement.

Toilet training is a skill that can be broken into a number of steps and addressing each step, one at a time, makes the whole process a lot easier and more manageable for the family. Putting children on a toilet skill development programme enables them to learn the skills they would need in order to be toilet trained and once those skills are in place more formal toilet training, involving removing the day time nappy alongside scheduled sitting on the potty/toilet, can begin.

Toilet training with a child with additional support needs

Some children with a long-term illness, additional support needs or a disability find it more difficult to learn to use a potty or toilet and it can take a lot longer to learn the skill.

This can be challenging for them and for you, but it's important not to avoid toilet training. For these children readiness signs may never come so we should not wait for these. It is every child's right to have an opportunity to learn to use the toilet.

One step at a time

"One step at a time" is an approach that has been used successfully with children with a whole range of learning and processing difficulties. Each step brings the child closer to the goal of being toilet trained.

Step 1:
Setting the scene

- Introducing and encouraging changes to the routine of nappy changing, which enables the child to learn new skills and start on the path towards toilet training.
- It involves establishing healthy habits with eating and drinking and sitting on the potty or toilet at regular intervals during the day.
- Changing the child in the bathroom enables them to be more aware of the connection between wees, poos and the toilet.
- Learning about wet and dry is also introduced at this stage.
- For those children who are able to stand unsupported it is suggested that the child is changed standing up, as that way they can get more involved with the process, such as pulling pants up and down and learning about wiping their own bottom.
- Start by just getting used to sitting on the toilet at regular intervals, even with trousers up to start with so they get familiar with the toilet. Help your child to feel relaxed and happy on the toilet before proceeding, gradually building up the time they will sit on the toilet.

Step 2:
Developing the skills needed

- At the end of this step the child should be happily sitting on the toilet for up to two minutes or so (long enough to do a wee/poo), although at this stage the child is not really expected to use the toilet. That will hopefully be achieved in step 4.
- Flushing, washing and drying hands.
- How to use rewards and praise appropriately is an important factor.
- Symbols/Pictures for sitting on the toilet and pulling pants up and down, flushing, washing and drying hands can be shown to the child at this stage (adapt from 'Girl and Boy toiley Social Story').
- The 'reward' can gradually be faded out over a period of time, while still continuing with the verbal praise.
- Toilet toys such as bubbles or squeezy / tactile toys can help encourage the child to sit and stay on the toilet.
- Skills required to use the toilet including sitting on the toilet and pulling pants up and down.
- You could try looking at some fun books about using a potty/toilet together. Examples include: 'Pip and Posy the little puddle' by Axel Sheffler, 'Princess Polly's Potty' or 'Pirate Pete's Potty' by Andrea Pinnington.
- Rewards help engage the child in developing new skills, but it is important that any rewards that are used are kept solely for achieving the target behaviour. If the child gets the 'reward' at any other time it becomes meaningless. It is important that the reward is given immediately, with specific praise e.g. 'Good boy for sitting on the toilet!', so the child knows exactly what the reward is for.

One step at a time

Step 3:
Raising awareness

- Identifying the child's habits - such as how long they can stay dry for and if there is a regular time when they have their bowels opened.
- Putting folded pieces of kitchen roll in the nappy – starting with the first nappy change of the day and checking and keeping a note hourly, will help give an idea of how often the child wees and how long they can stay dry for. This needs to be done for at least three full days (they do not need to be consecutive days). The child can be involved in the checking process.
- Before the child can move on to the next step they need to be able to stay dry for at least 1½ hours, or longer and have no underlying problem with their bowels, such as constipation. If any problems, such as frequent voids (weeing more than seven times a day) or constipation are identified, these should be addressed and then the child reassessed.
- Problems with the bladder or bowels should be assessed and treated for a child with additional needs in the same way as if the child did not have additional needs.

Step 4:
Using the toilet for wee and poo

- At this stage the child should be cooperating when taken to the toilet, sit happily and attempt to pull their pants up and down.
- The skills now introduced and developed include using the toilet to wee and poo, wiping their bottom and using unfamiliar toilets.
- Simple advice, regarding using the 'gastro colic reflex' (this is the movement along the bowel which normally happens after eating) to help facilitate bowel evacuations on the potty/toilet may be helpful in deciding the best times to sit the child on the potty/toilet, as will using the fact that most children void (wee) upon waking after sleep and within an hour of drinking a significant amount.
- Toilet training is best started when the child is not experiencing any other change, such as a new sibling, or moving house. It should be introduced in a matter of fact way, as a normal every day activity.
- Having an open-door policy for the bathroom, will allow the child to see other members of the family using the toilet and it will be seen as something everyone does.
- Regularly show your child symbols about going to the toilet and/or a story about going to the toilet. These can be shown when in the bathroom but also at other times of the day when your child is feeling relaxed. For symbols, look at Toileting Routine Symbols in the appendix and for stories, See 'Girl and Boy toilet social story' or 'My Story about going to the toilet' which gives a bit more detail, also in the appendix.

Step 5:
Night time control

- Some children will spontaneously become dry at night within a few months of being dry during the day, if not sooner. However a number of children may continue to be wet at night for some considerable time. Most children will be dry at night by the time they are 5-6 years old, but there are some children where bedwetting persists beyond their fifth birthday. It is then known as nocturnal enuresis. Those children's families need to be aware that nocturnal enuresis is a treatable condition and advised to seek help to correct the problem, rather than just leaving the child in nappies overnight.

Summary

The time it takes and the overall success with toilet training will depend very much on the child's individual ability, so will vary from child to child.

There will be some children who will always require additional help or support to use the toilet, or need the occasional prompt to go to the toilet, particularly if they are busy or distracted.

Once the toilet training starts it is important that everyone involved with the child, both at home and school is aware of the programme, so that a consistent approach can be maintained.

Both families and health care professionals should remember that up to 30% of all children can have a wetting and/or soiling problem at any one time, caused by problems such as constipation, nocturnal enuresis or day time wetting – all of which need to be treated appropriately.

It should not be assumed that any child with learning or processing difficulties, who is wetting and/or soiling is doing so purely because of a delay in toilet training or a behavioural problem.

All children, including those with additional needs who present with any continence or toileting problem should have a holistic continence assessment, not only to exclude any underlying possible cause, but also to provide a correct diagnosis of the problem and help inform the direction of the toilet training programme to be implemented.

FAQs

Where do I go for more information/ resources?

Please visit:

www.eric.org.uk
www.bbuk.org.uk

Who do I contact locally for more advice?

Health Visitors (0-5yrs)

Lewis & Harris - 01851 709842
Uist & Barra - 01870 602687

School Nursing Team (5-18yrs)

Lewis & Harris - 01851 763340
Uist & Barra - 01870 602687

Learning Disability Nurses

Lewis, Harris,Uist & Barra - 01851 763335
Mairi - 07785360256
Paul - 07970500749

Continence Advisor Service

Health Centre, Springfield Road, Stornoway,
Isle of Lewis, HS1 2PS.
Tel. 01851 763302.

Children's Occupational Therapy Team

Springfield Health Centre, Springfield Road,
Stornoway, Isle of Lewis, HS1 2PS
Tel: 01851 705685

Speech and Language Therapy Team

Tel: 01851 708282

A special mention to the following multidisciplinary team, who have contributed to the publication of this document.

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School Nurse

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NHS
Eileanan Siar
Western Isles

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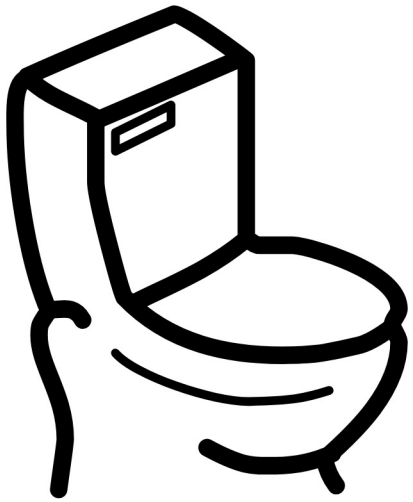
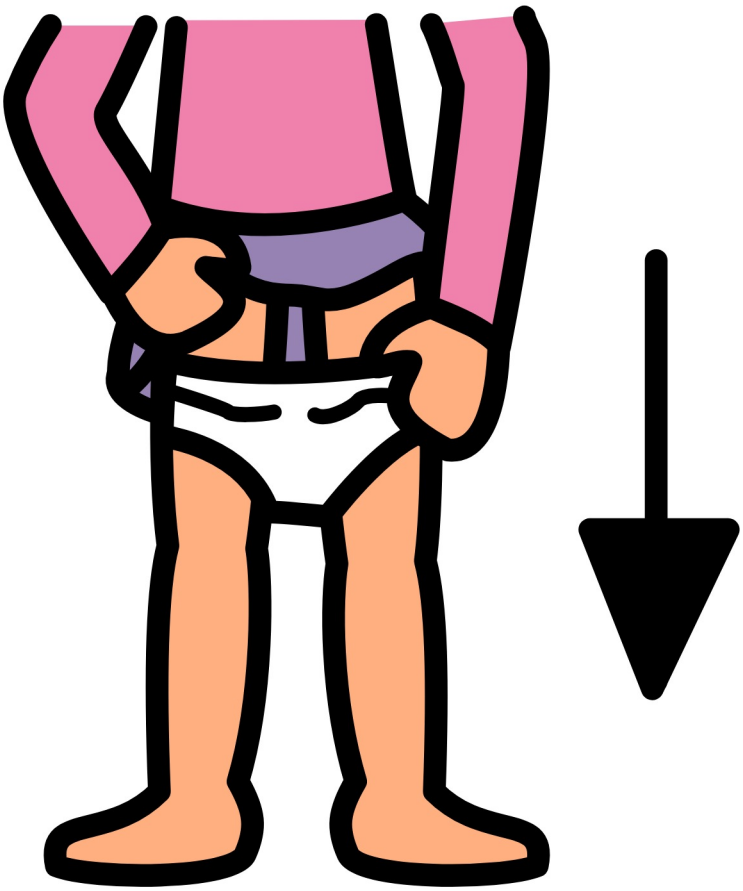
APPENDIX 1

My story about going to the toilet



When I go to the toilet
I need to...

pull my
pants down



sit on
the toilet

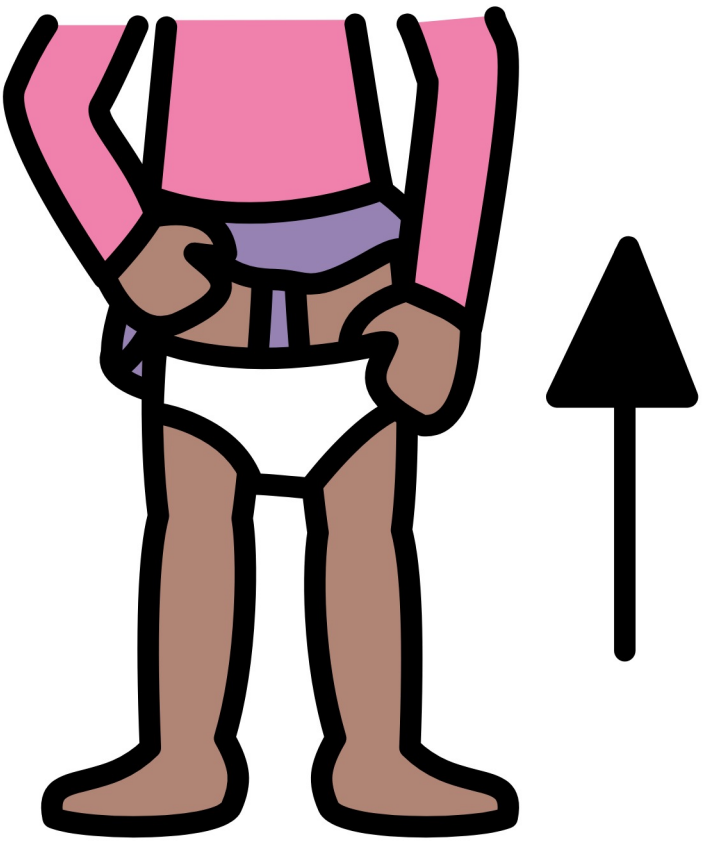
do a pee in the toilet

Sometimes I will do a poo in the

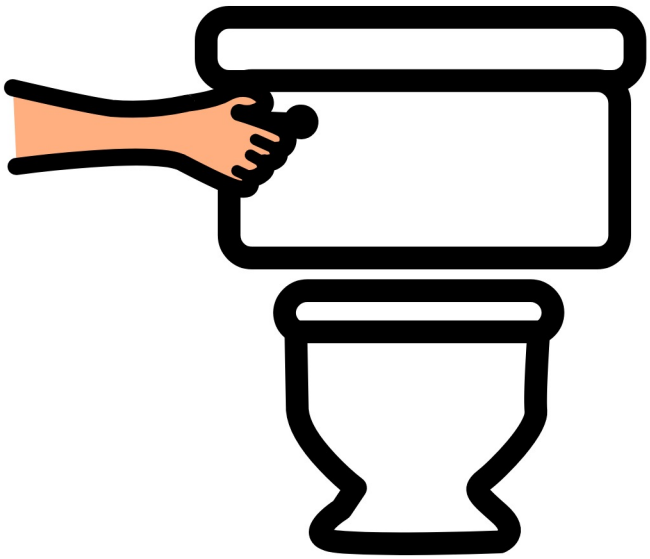
get toilet paper

wipe my
bottom

pull my pants
up



flush the
toilet



wash my
hands

dry my
hands

I am
finished

APPENDIX 2

11 STEPS TO DEVELOPING BLADDER CONTROL

Day time

1 Increase fluid intake
(about 6-7 drinks a day)

2 Use the toilet for a wee regularly
(about every 2 hours)

3 Measure your bladder capacity
(average bladder capacity is: age x 30 + 30mls)

90mins before bed

4 No 'brown' drinks
(coffee, tea, cocoa, cola)

Just before sleep

5 Try emptying your bladder

6 Switch off any lights or TV

7 Make sure you are warm enough in bed

8 Think to yourself 'I'll be dry tonight'

At night time

9 No lifting or waking the child to toilet

10 Switch off any lights or TV

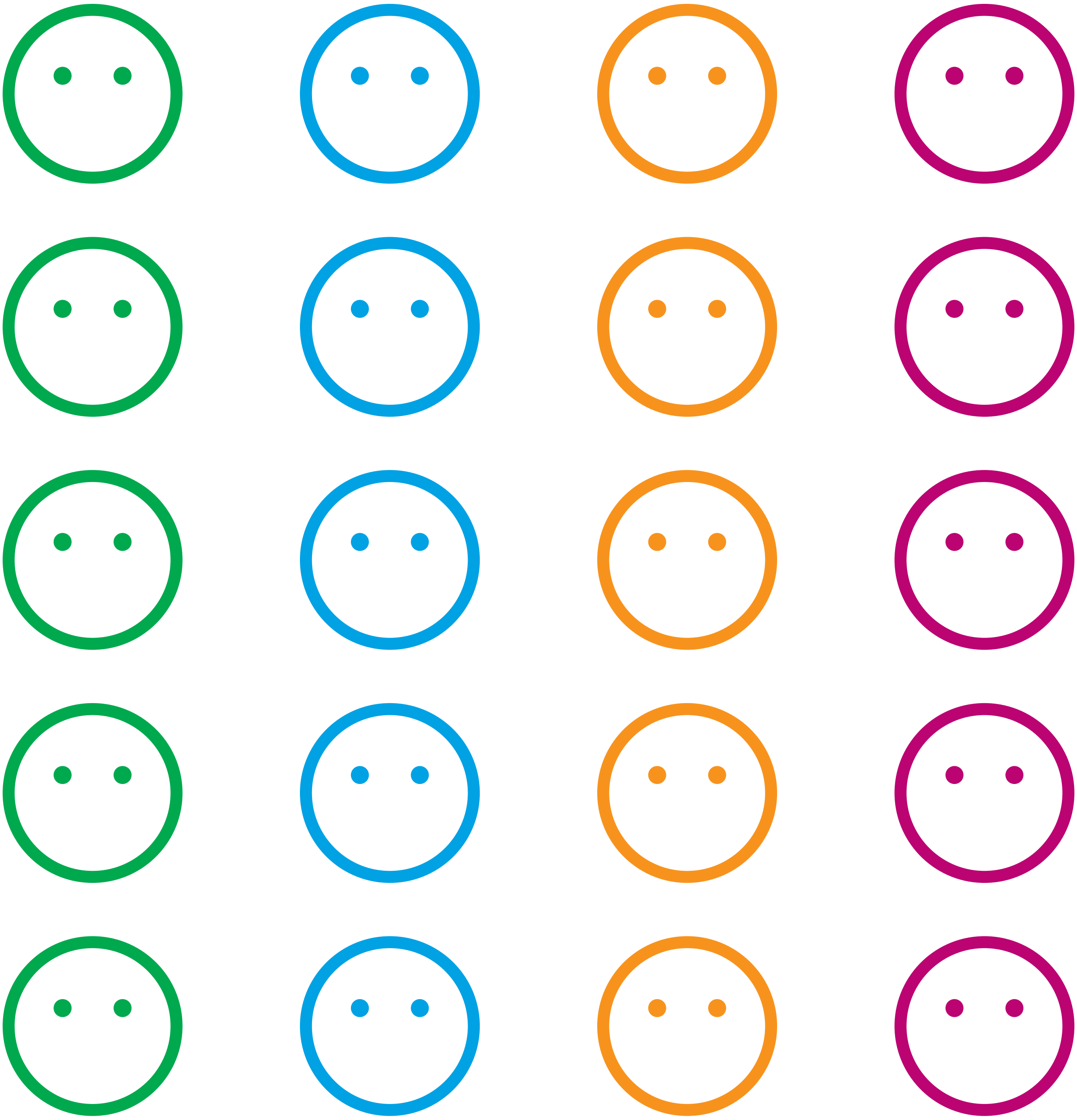
After any dry nights

11 Make a note as to whether you woke to toilet in the night (arousability) or slept through (vasopressin)

APPENDIX 3

TOILET CHART

Draw a smile on the face when the job is done!



Reward ....

APPENDIX 4

WEE CHECKER
Hydration chart

The Children's Bowel & Bladder Charity

1		**GOOD** Keep up the good work! You're drinking really well. You've got a happy, healthy bladder!
2		**GOOD** Keep up the good work! You're drinking really well. You've got a happy, healthy bladder!
3		**FAIR** Watch out! You could do with drinking a bit more please.
4		**DEHYDRATED** You really need to have a drink soon!
5		**DEHYDRATED** You really need to have a drink soon!
6		**VERY DEHYDRATED** Ouch! Your bladder and kidneys are getting worried! Have a big drink as soon as you can!
7		**SEVERELY DEHYDRATED** Thirsty? You should be – you're way overdue several big drinks. Get drinking as soon as you can – your bladder and kidneys are *NOT HAPPY!!*

SO HOW MUCH SHOULD YOU DRINK?

6 - 8 cups every day, more when it's hot, or if you're exercising.

Remember to spread the drinks out!

Bladder muscles like to keep fit by stretching and squeezing throughout the day.

HOW BIG SHOULD THE CUP BE?

A sensible size for your age would be:

- >> 2 year old – 120 / 150mls
- >> 5 year old – 175mls
- >> 7 year old – 200mls
- >> 11 year old – 250mls

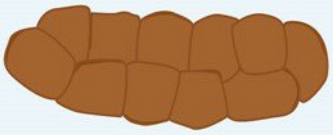
APPENDIX 5

POO CHECKER
What's your poo telling you?

The Children's Bowel & Bladder Charity

TYPE 1

Small hard lumps like rabbit droppings.
This suggests severe constipation.

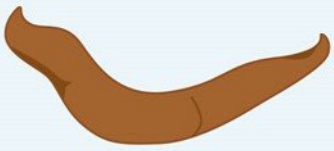


TYPE 2

Sausage shaped, but hard and lumpy.
This suggests constipation.

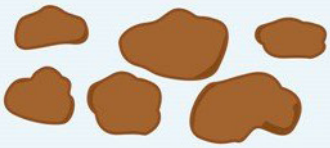
TYPE 3

Sausage shaped, but hard, with cracks on the surface.
This suggests constipation.



TYPE 4

A soft, smooth sausage - THE IDEAL POO!



TYPE 5

Separate soft blobs
May be fine if the child is well and softer poos can be accounted for e.g. increased intake of fibre or taking laxative.

TYPE 6

A mushy stool
May be fine if the child is well and softer poos can be accounted for e.g. increased intake of fibre or taking laxative.

TYPE 7

A liquid stool
This could be diarrhoea or overflow.

*Based on the Bristol Stool Form Scale produced by Dr KW Heaton, Reader in Medicine at the University of Bristol.

APPENDIX 6

Bladder & Bowel UK
Supporting people with bladder and bowel problems
part of Disabled Living

Guidance for the provision of continence containment products to children and young people

A consensus document

2021

Document Purpose	Guidance
Document name	Guidance for the provision of continence containment products for children and young people: a consensus document
Publication date	August 2016 Reviewed and updated 2019 and 2021
Target Audience	CCG Clincal Leads, Health Board Clinical Leads, Health and Social Care Board Clinical Leads, Foundation Trust CE's, Directors of Nursing, Local Authority CE's, NHS Trust Boards, Allied Health Professionals, GPs, Paediatricians, Directors of Nursing, Directors of Children's Services, NHS Trust CE's, Continence Service Leads, members of the public including children and young people
Additional Circulation List	Continence services
Description	Consensus guidance document regarding the provision of continence containment products to children and young people, to ensure all children and young people who have not toilet trained, or have urinary or faecal incontinence, undergo a comprehensive assessment and have access to an equitable service
Cross reference	Commissioning Paediatric Continence Services (PCF 2019) Excellence in Continence Care (NHS England 2018) Minimum Standards for Paediatric Continence Care in the UK (UKCS 2016) NICE CG54 Urinary tract infection in under 16s: diagnosis and management (2007) NICE CG99 Constipation in children and young people: diagnosis and management (2010) NICE CG111 Bedwetting in under 19s (2010) NICE QS36 Urinary tract infection in children and young people (2013) NICE QS62 Constipation in children and young people (2014) NICE QS70 Bedwetting in children and young people (2014)
Superseded Docs	Guidance for the Provision of Continence Containment Products To Children and Young People 2019 and 2016
Contact details for further Information/feedback	Davina Richardson Specialist Children's Nurse, Bladder & Bowel UK Disabled Living, Burrows House Priestly Road, Wardley Ind Est Worsley M28 2LY Email: bbuk@disabledliving.co.uk
Review Date	2023

Disclaimer

The Guidance Development Group's expectation is that health care staff will use clinical judgement, medical, nursing and clinical knowledge in applying the general principles and recommendations contained in this document. Recommendations may not be appropriate in all circumstances and the decision to adopt specific recommendations should be made by the practitioner, taking into account the individual circumstances presented by each child and young person, as well as the available resources. Therapeutic options should be discussed with the family, child and clinicians on a case-by-case basis, as appropriate.

It is essential that the health care professionals undertaking the assessment of both toilet training ability and for provision of appropriate containment products to children and young people who are not able to toilet train, or have faecal and/or urinary incontinence, are sufficiently trained, experienced and competent to do so. The United Kingdom Continence Society (UKCS) have produced 'Minimum Standards for Paediatric Continence Care in the U.K.' that may be used alongside this document.

Without sufficient training and expertise in children's continence and factors that influence this, there is the risk that children's ability and potential to toilet train will be underestimated, so reducing the likelihood of them attaining the level of independence of which they are capable, in a skill normally acquired in early childhood.

The information and recommendations in this document are based on evidence, where currently available and on consensus of good practice. The authors have made efforts to ensure that all links and references in this document are relevant and appropriate. However, they do not accept any liability for maintenance of links, or to the completeness, accuracy, reliability, suitability, availability or content of the links or references. Any reliance or use of them is undertaken at your own risk.

Glossary of Terms

The generic term ‘incontinence’ is interchangeable with the terms ‘bladder and bowel difficulties’, ‘bladder and bowel dysfunction’, or ‘wetting and soiling problems’. For the purpose of this document, the term ‘incontinence’ or ‘bladder and bowel dysfunction’ will be used.

Similarly, the terms ‘continence containment products’, ‘products’, ‘nappies’ and ‘pads’ are all used to denote the same thing. This document will refer to ‘containment products’. Containment products may be washable or disposable.

Disposable pant-style products (commonly referred to as ‘pull ups’ or ‘pull up pants’) will be referred to as ‘disposable pants’.

Disposable containment products are available in one piece, (nappy-style pads) or two pieces (a disposable pad with a washable fixation pant). The latter is referred to in this document as a ‘two-piece system’.

The term ‘carers’ is used in this document and normally refers to the person or persons who provide most of the child or young person’s day-to-day care. However, it may also refer to anyone who has care of the child or young person for all or part of a day. This includes school, nursery and respite centre staff, as well as carers employed to assist with the child or young persons care in the home. It may also include nursing staff, if the child or young person is admitted to hospital.

For the purposes of this document, child or young person (CYP) refers to anyone up to their 19th birthday.

Executive Summary

Background

All children and young people should receive support to achieve their potential for the attainment of continence, regardless of their age, culture or ability. Containment products will only be supplied following a full assessment and only when toilet training is not achievable. There is no statutory requirement to provide containment products, resulting in each NHS health care trust, CCG (England), Health Board (Scotland and Wales) or Health and Social Care Board (Northern Ireland) developing their own policy and guidelines.

In areas where there is a well-resourced children's bladder and bowel service, children with bladder and bowel difficulties are supported to attain continence. Children with disabilities are also supported to attain their potential in this area of development, and any underlying bladder and/or bowel issues are assessed and treated in the same way as they are for children who do not have disabilities. This prevents discrimination, ensures that potential underlying conditions, are not missed as well as ensuring cost-effective care with appropriate use of resources.

This document aims to facilitate a consistent and equitable approach, to continence care for all children and young people aged 0 – 19 and to the provision of containment products to children and young people from the age of 5 years old, who are not able to become continent within six months of engagement with appropriate support, interventions, and/or toilet training programmes, by bringing together a consensus of agreement, combining the available evidence from the literature and clinicial expertise.

Assumptions should not be made regarding the ability, or lack of ability of children and young people with additional needs to be toilet trained. Continence should be promoted at all times and as stated by NHS England (2015) *...' the provision of continence products to this group of children should be the exception rather than the rule'.*

Key Recommendations

- All children and young people who have delayed toilet training or a bladder or bowel issue, must have a comprehensive assessment of their bladder and bowel, with appropriate identified interventions undertaken
- All children and young people must be supported with a toilet training programme for at least six months, prior to containment products being provided to them, unless it is clear that this is inappropriate e.g. for children with a neuropathic bladder
- Products would not be supplied before a child has reached their fifth birthday and then only after the child or young person has undergone a comprehensive bladder and bowel assessment and, where appropriate, engagement with a targeted individualised toilet skill development programme for at least six months in all settings where the child spends their time
- Children where it is known or anticipated there may be difficulties with toilet training, e.g. those who have identified physical, learning or processing differences, should have the

opportunity for early assessment and support from the second year of life to facilitate the development of the skills necessary for toileting

- Any assessment should be undertaken by a healthcare professional with the necessary skills and expertise
- The 'custom and practice' of automatically providing products to children with an acknowledged disability once they have reached a particular age e.g. their fifth birthday, is not appropriate and could be considered discriminatory
- The number of products issued per 24 hours would not exceed four as, if the product assessment has been done correctly, and the product is used according to instructions this should meet containment needs
- The use of two-piece system (pad and pants) should be considered wherever possible instead of an all-in-one (nappy or disposable pant style product)
- Consideration should always be made regarding the provision of washable products rather than disposable – clinical experience demonstrates that they are effective in supporting toilet training
- Containment products will not be supplied for treatable medical conditions, such as bedwetting, constipation or soiling. Children with these conditions should be offered assessment and treatment
- Clear plans and pathways need to be in place to ensure the smooth transition from paediatric to adult continence services for those young people requiring ongoing support and product provision

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Section 1: Background

1.1 Need for a National Guidance document

All children and young people (CYP) should receive support to achieve their maximum continence potential, regardless of their age, culture or ability. Some CYP may require targeted continence assessments and interventions to support this and others, due to medical need or the nature of their disability, may never be able to attain continence. However, with the right support and interventions, many CYP will be able to attain continence. For these children providing disposable containment products may delay toilet training (Tarbox et al 2004, Greer 2016 cited in Cagliani 2021) and is therefore not appropriate. Individual assessment aimed at ensuring potential is reached is crucial. The aim of this document is to bring together a consensus of agreement, combining research-based evidence from the literature (where available) and clinical experience.

Currently there is no statutory requirement to provide containment products, resulting in each health care trust, CCG, health board or health and social care board developing their own policy and guidelines. Also, not all areas provide a children's bladder and bowel (continence) service. This has led to inequity in provision and may result in delays in attaining continence for CYP with potential as well as increasing the liklihood of underlying conditions, such as neuropathic bladder and/or bowel, congenital anomalies, or chronic constipation being missed (Rogers and Patricolo 2014). Promotion of the use of containment products, without comprehensive assessment of ability to toilet train, may inappropriately reinforce or suggest to a family that their CYP is not ready or able to be toilet trained.

For CYP with additional needs it is too frequently assumed that delayed acquisition of bladder and bowel control is an inevitable result of the CYP's disability. Formal toilet training is often not tried in the mistaken belief that the CYP needs to be showing signs of readiness to toilet train and that delaying until these are present will make toilet training quicker and easier (Richardson 2016). However, there is no research base for the so called 'readiness signs' (Kaerts et al 2012) and the longer that toilet training is postponed, the longer it is reinforced to the CYP that the nappy is the place where they should pass urine and defecate.

The majority of CYP with delayed acquisition of bladder and bowel control, including those with additional needs or disabilities, have the ability to be toilet trained and as stated by NHS England (2018) '*It must be the exception rather than the rule that children and young people are provided with containment products.*'

1.2 Clinical impact of incontinence in children and young people

Bladder and bowel problems are believed to be caused by biological, developmental, genetic, environmental or emotional factors. Structural or anatomical causes are rare. They occur at a formative time for CYP and influence their health, their wellbeing and their emotional development. There is evidence that they are associated with emotional and behavioural problems (Joinson et al 2018, von Gontard et al 2011), including a strong association with bullying, both as recipients and perpetrators (Ching et al 2015, Zhao et al 2015). CYP who are incontinent are more at risk of abuse (Sa et al 2016).

Continence problems can reduce self-esteem at a crucial time for a CYP's emotional development, cause feelings of shame and difference. They have a negative impact on learning and academic performance and increase the likelihood of exclusion from normal social interaction (Whale et al 2017). The absence of pro-active toilet training programmes results in many CYP not reaching their full potential and being innapropriately labelled as 'incontinent'. In addition, there is evidence that having a CYP who is incontinent is more stressful for parents and carers (Kroeger and Sorensen, 2010), takes more time for changing than toileting does and has a financial impact in terms of containment products and laundry (Hyams et al 1992; Stenson and Danher 2005; Brown and Peace, 2011).

1.3 Overview of epidemiology of incontinence in children and young people

The Office for National Statistics estimated that there are 15,511,808 CYP aged 0 – 20 years old in the UK in 2017 (ONS cited in Association for Young People's Health 2019). Eight per cent of these CYP have a disability (Department for Work & Pensions 2020). There is evidence that CYP with physical disabilities and/or learning difficulties have a higher incidence of continence problems (von Gontard et al 2016). This may be due to an associated disorder of the bladder and or bowel, to limited mobility, to processing difference or to intellectual impairment (Duel BP et al 2003; van Laecke et al 2001; Roijen LE et al 2001; Ersoz M et al 2009), or a combination of these. It may also be due to reduced expectations of them by professionals and/or their parents or carers.

1.4 Aim of a national guidance document for provision of continence containment products for children and young people

The purpose of this guidance is:

To facilitate a consistent approach to the provison of containment products to CYP by providing up-to-date evidence based research and clinical guidance.

To facilitate an appropriate pathway (appendix 4 and 5), to ensure the continence needs of all CYP with bladder and bowel dysfunction are met.

To ensure that every CYP with delayed toilet training, or a bladder or bowel issue, irrespective of age or additional need is able to access a comprehensive bladder and bowel assessment (appendix 4), by a competent healthcare professsional followed by appropriate treatment or support. It is important that the assessing health care professionals have sufficient training and expertise in children's continence and the factors that influence this. Otherwise, there are the risks that any underlying problems may be missed, and that the CYP's ability and potential will be underestimated, so reducing the likelihood of them attaining the level of independence of which they are capable.

To ensure that continence services do not have an arbitrarily assigned minimum age limit for CYP with disabilities or additional needs to access specialist assessment and treatment or support.

To achieve this all HCPs should use this continence provision guidance to:

- Identify all CYP with incontinence, through an initial clinical assessment process and by using trigger questions opportunistically in all universal services for CYP. Questions should be phrased using terminology and language that all parents/carers can understand, such as: "Is your child toilet trained?", 'Do they always use the potty or toilet when they have a wee or poo?' "Does your child have any bladder or bowel problems?", "Do your child's pants ever get damp?", and "How often do they poo?"
- Offer and complete a comprehensive paediatric continence assessment, if CYP are not toilet trained (appendix 4), or if there are bladder and bowel problems and an assessment has not already been done, or it is more than twelve months since the last assessment
- Help families and carers to understand incontinence and the treatment options that are available
- Offer individualized treatment or onward referral in relation to the outcome of the assessment, in keeping with treatment care pathways and best practice guidance
- Only consider issuing containment products:
    - once the CYP is over five years of age **and**
    - has undergone a comprehensive continence assessment **and**
    - the family and carers have undertaken a toilet skill development programme, with support from the HCP for a minimum of 6 months (see appendices 4 and 5), unless a toilet skill development programme is inappropriate because there are clear underlying anatomical or neurological reasons for lack of bladder/bowel control
- Work within their scope of practice and refer to the appropriate services/professionals, without delay, as identified through the assessment process

1.5 Scope of this national guidance, target population and target audience

This policy relates to all children and young people (CYP) and all those professionals involved in their care. Reference should be made to the 'Guidance for provision of absorbent pads for adult incontinence: A consensus document 2021' (ACA 2021) for those over the age of 19 years.

1.6 Original Guideline Development Group

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Members of Bladder & Bowel UK Paediatric Bladder and Bowel Special Interest Group

1.7 Methodology and literature review

A literature search was carried out using Pubmed and NICE Health Care databases using the following terms: product provision, toilet training, continence and children, children with disabilities. Existing policies regarding product policy provision were also identified and reviewed.

The guidance document was developed and reviewed by clinicians, including those from Scotland, Northern Ireland and Wales, and by parents. It was amended a number of times until a concensus was agreed. The 2021 review followed the same process.

1.8 External reviewers

All Wales Continence Forum
Association for Continence Advice (ACA)
Bladder & Bowel UK Paediatric Special Interest Group
British Association Paediatric Urology & Continence Nurses (BAPUCN)
Community Practitioners and Health Visitors Association (CPHVA)
Dr. Anne Wright, Consultant Paediatrician in charge of Children's Bladder Clinic, Evelina Children's Hospital, London
ERIC the Children's Bowel & Bladder Charity Profesional Advisory Group
NHS England Excellence in Continence Care (EICC) Programme Board
NHS Scotland Continence Clinical Leads
Northern Ireland Childrens Nursing Forum
Paediatric Continence Forum (PCF)
Royal College of Nursing (RCN) represented by:
- RCN Continence Forum
- RCN CYP Staying Healthy Forum
- RCN Continuing and Community Care Forum
- RCN CYP Acute Care Forum
- RCN CYP Specialist Care Forum
- RCN CYP Professional Issues Forum

School and Public Health Nurses Association (SAPHNA)

The document was also reviewed by parents of children in receipt of products, with some of their comments below:

I think this is fine, everything seems to have been covered and explained.

I think it's a good idea as well, these things need to be picked up earlier, by the right people.

Interesting and much needed document as there is such variation between what GP surgeries will provide within(parent's area) ... never mind nationally

1.9 Guidance Exclusion

This guidance covers all children and young people. It does not cover those who have passed their 19th birthday or the assessment and management of specific continence problems that occur after daytime toilet training has been achieved and for which treatment is available, such as

bedwetting or constipation. Competency and training around these activities will need to be managed locally by relevant services.

1.10 Audit criteria

To ensure that this guideline positively impacts on patient care, it is important that implementation is audited. Audit is recommended to support continuous quality improvement in relation to the implementation of the National Policy.

Suggested audit topics:

- Number of CYP with disabilities or additional needs accessing the bladder and bowel (continence) service each year
- Age of CYP witih disabilities who are referred to the bladder and bowel service for assessment for toilet training/provision of containment products
- Number of CYP with disabilities referred for containment products who are diagnosed with, or referred for further assessment of bladder or bowel conditions, that were previously not recognised in that individual
- Number of CYP with disabilities or medical conditions being provided with containment products
- Number of CYP with disabilities referred to the bladder and bowel service who have not been provided with products, but have toilet trained
- Cost of products provided to CYP in the CCG /Health Board/Health and Social Care Board area
- Parent/carer satisfaction with the service and where appropriate CYP satisfaction with the service
- Benchmarking against another local service

SECTION 2. National Guideline recommendations

2.1 National recommendations.

The provision of containment products to children and young people (CYP) would not be considered before the child's fifth birthday.

Referral to the health visitor, school nurse, children's bladder and bowel (continence) service or other health care professional trained and competent in children's continence, according to locally agreed pathways and health commissioning, should be made as soon as any bowel/bladder problems are identified, or they are anticipated (for example children with diagnosed or suspected conditions, such as cerebral palsy, Down syndrome, or developmental disabilities, including autism). Where it is anticipated that CYP may have problems with continence or toilet training they should undergo assessment and be supported with a toilet skill development programme, appropriate to their individual needs. This should begin as soon as possible, ideally starting in the second year of life. This is in anticipation of a formal structured toilet training programme commencing as soon as the necessary skills are in place (see appendix 4). Those who have bladder or bowel problems would, therefore, be identified early and be offered investigations and

treatment according to need and best practice.

Delaying toilet training until the child has reached an arbitarily decided age, such as 4 or 5 years, or until they appear to be showing readiness signs (e.g. awareness of passing urine or stools, able to sit on the toilet, understand language for toileting, wanting to imitate others), is not appropriate. There is good evidence to suggest that leaving a child in disposable products will delay acquisition of bladder and/or bowel control and lead to constipation, nappy dependence, urinary dysfunction and urge incontinence (Smith and Thompson 2006; Taubman, Blum and Nemeth 2003; Bakker and Wyndaele 2000; Barone, Jasutkar and Schneider 2009, Joinson 2009) and that toilet training promotes bladder maturity.

CYP who have achieved day-time continence should not be considered for provision of night time products only, even if they have a disability or additional needs. To offer products for night time wetting to CYP who have a special need or disability could be considered discriminatory, as CYP who do not have additional needs are not provided with containment products for bedwetting. All CYP who have reached their fifth birthday and are dry during the day, but wet at night should be offered treatment, unless it is clear that there are reasons for night time wetting other than nocturnal enuresis. CYP who have medical reasons for night time wetting, such as overnight feeds or epileptic seizures with associated incontinence, should be considered for products to contain this, on an individually assessed basis.

2.11 Assessment of bladder and bowel health and ability to toilet train

All CYP who are delayed or struggling with toilet training must have a documented assessment. They must also have a trial of toilet training for at least six months (unless there is a clear anatomical, neurological or congenital problem with their bladder or bowel that makes them unable to become continent) prior to being issued with any containment product. Containment products should not be provided without assessment and trial of toilet training simply because a CYP has not presented until after their fifth birthday. It could be considered as active discrimination in relation to a CYP's disability if they are not offered the same continence promotion service as any other CYP who presents with a wetting or soiling problem.

When continence is not achievable, due to the extent of the CYP's disability or medical needs, then bladder and bowel health must be promoted at all times. The CYP must be kept under review and if, following a minimum six month individualised and supported toilet training programme (unless a toilet training programme is inappropriate due to an anatomical neurological or congenital inability to become continent), they are assessed as not able to toilet train, they should be provided with suitable containment products as appropriate, to mantain their dignity, comfort and safety (appendix 5) once they have passed their fifth birthday.

As part of the assessment process each CYP must have their fluid intake documented, alongside their pattern of passing urine and opening their bowels, every waking hour for at least three full days (or as long as the parent or carers can manage). The containment product must be checked hourly during waking hours to confirm whether the CYP has passed any urine or remained dry, as outlined in appendix 1a. A toileting chart, (such as that in appendix 1b) should be used to facilitate this.

Once the toileting chart is completed it should be reviewed by the HCP and any identified problems, such as issues around fluid intake (appendix 6) or possible underlying constipation, addressed. If there are any other concerns the CYP should undergo further assessment as necessary.

If the CYP has been identified as having the potential to be toilet trained this must be discussed with their family and a full toilet skills assessment must be completed (such as one indicated by the chart in appendix 2b). The CYP must then commence on an appropriate programme of skill development.

If the assessment indicates that the CYP has no potential for toilet training at this time due to an underlying anatomical, neurological or congential problem, such as neuropathic bladder and bowel, they have passed their fifth birthday and provision of containment products is appropriate, then an assessment tool for issuing of containment products (such as that in appendix 3b) must be completed. This assessment tool for issuing of containment products will indicate the type of containment product, if any, that should be supplied. It also indicates how to support the CYP, family and carers in developing the skills required to toilet train. Where the CYP has a high score in any area, appropriate action must be taken to help reduce the score, and therefore work towards the CYP reaching their potential, with respect to attaining continence.

CYP with physical difficulties, sensory differences or balance problems should have an occupational therapy assessment to ensure they are provided with the appropriate equipment to facilitate toileting.

Further information regarding toilet training and assessment can be found on the Bladder & Bowel UK web site http://www.bbuk.org.uk and on the ERIC website at: www.eric.org.uk

2.12 Containment product provision

Children who have an underlying medical reason for not being able to attain continence may be assessed for an appropriate continence product from their fifth birthday. Other children who have passed their fifth birthday and have recently engaged with a minimum of a six month toilet skills development programme, with the support of an appropriately educated and clinically competent healthcare professional, and have subsequently been assessed as unable to become continent, may also be assessed for product provision.

For children who meet the criteria for product provision, consideration must be given to the type of containment product that best meets the CYP's needs, either washable or disposable. It is not anticipated that CCGs, NHS Trusts, Health Boards, or Health and Social Care Boards would supply both washable and disposable containment products to the same CYP at the same time, as the former do support toilet training, where the latter do not. Consideration should be given to the use of pads with close fitting underwear or fixation pants wherever possible and sheaths should be considered for older boys, as these may offer more discretion and comfort. (See appendix 7 for more information.)

There are a wide variety of washable and disposable containment products available, which vary according to design and fit, as well as absorbency. The most appropriate product for the individual CYP's individual clinically assessed needs should be provided. The maximum number of disposable containment products that would be sufficient for most CYP is four per 24 hours and the maximum number of washable products that would be provided at any one time is eight.

It is important to ensure that CYP and all their carers know how to use the containment products correctly. This includes instructions for washable containment products, such as temperature of the water to be used for laundering and whether fabric conditioners should be avoided.

Instructions for use of disposable containment products will include showing families and carers how to cup and fold the product, how to ensure it is applied and fastened correctly and to avoid talc and creams, as these all affect absorbency and leakage. They should also be shown how to use wetness indicators (when present) to ascertain the appropriate time to change the CYP. Eductaional establishments, respite facilities and other carers will also need to be provided with appropriate information on how to use and when to change the products.

2.121 Washable containment products

For washable containment products,

- CYP provided with washable containment products would usually be undergoing a toilet skill development programme, supported by a HCP
- CYP should have a measurement taken of their hips and waist, to guide sizing. However, as products fit differently, the following action should be taken:
    - The family should be provided with a sample product, appropriate to the CYP's needs, to try. If the product is suitable, further pairs of the same product should be supplied. If it is not suitable then a different sample should be provided
    - Once agreement is reached about which product is suitable for the CYP then, up to eight pairs of washable pants should be provided for each CYP
    - If the CYP grows then the CYP's hips and waist should be measured and a new sample provided. If the sample is suitable then further products should be provided
- A CYP would not receive more than eight pairs of washable pants at a time and not more than a maximum of two sets in a chronological year.

2.122 Disposable containment products

For disposable containment products

- CYP provided with disposable containment products will be over five years old, have recently been assessed as unable to toilet train within six months of the date of assessment, due to the extent or nature of their disability or medical need (appendix 5)
- The HCP should try samples of disposable containment products on the CYP for fit and suitability
- Once samples have been tried by the HCP, the parents and carers should be shown how to apply the containment product and then provided with at least two further samples and information about how to contact the HCP

- Once the parent or carer has tried the samples they must let the HCP know whether they felt the samples offer good containment, or not. If the containment offered is good, then the CYP should be provided with that containment product
- An appropriate number of containment products up to four per 24 hours to meet clinically assessed need will be supplied
- Some CYP may require a different containment product for use at night, to those needed during the day e.g. they may require a containment product with more absorbency at night, particularly if they have an overnight feed; some may require a different style of containment product for the night
- If a CYP has frequent bowel actions, they should be assessed for constipation or other bowel disorder and appropriate intervention given
- If a CYP is passing high volumes of urine, then consideration should be given to assessment for polyuria with appropriate onward referral if there are concerns
- Disposable pants are not supplied. Studies (Simon et al 2006, Tarbox et al 2004) and clinical experience have shown they do not support toilet training. Alternative products offer similar discretion and containment and are easier to change. They are not provided as an alternative product for children who shred or remove the disposable product
- The parents and carers should be made aware of how to obtain more containment products and when and how to contact the HCP if the child's needs change e.g. if they grow and need a larger size containment product
- Swimming nappies are not provided by the NHS. Health care professionals may signpost parents/carers to where these and other items can be purchased as well as ensuring affected CYP are in receipt of any financial support to which they are entitled, such as Disability Living Allowance
- Sanitary towels are not provided for girls who are menstruating, nor are extra containment products provided for this. Parents and carers who wish to use a sanitary towel inside the containment products during days of the heaviest menstrual flow should be advised to purchase a product with a breathable back sheet. These will not negatively affect the ability of the containment product to absorb urine and can be changed as often as required without impacting on the containment product. On days of lighter menstrual flow a sanitary towel should not be needed
- Disposable products are not provided for children who refuse to open their bowels on the toilet
- If a CYP has an acute illness that results in a temporary increase in the number of products required, parents/carers should provide the extra products, but may require information on where/how to purchase these. This is equitable with provision for children who do not normally have products provided, but may develop incontinence for a short period of time e.g as a result of disimpaction treatment or gastroenteritis

For more information regarding the range of products available email Bladder & Bowel UK at bbuk@disabledliving.co.uk. Information leaflets for families on how to use containment products is available at https://www.bbuk.org.uk/other-continence-documents/

2.123 Reassessment of, or changes in need

- Parents and carers should be advised about how much notice should be given to the HCP, prior to a containment product delivery being due, if the CYP's needs have changed. This will allow reassessment prior to the next order being requested. It is not unreasonable to ask parents or carers to give six to eight weeks notice that the CYP's needs are changing, to ensure there is time for samples to be ordered, trialled and for further specialist input to be arranged, should this be necessary. This is to ensure that the CYP's comfort and containment is maintained, without having to change the containment products part way through a delivery cycle. Changing containment products part way through a delivery cycle has resource implications, including the environmental impact of extra deliveries and collections, as well as financial implications for the services
- For the reasons above, a containment product would not be changed part way through a delivery cycle
- Every CYP receiving disposable containment products should have a full reassessment of need, of bladder and bowel health and, where appropriate, of their ability to toilet train at least once every twelve months
- Families need to be informed of the importance of having their child's needs reviewed at least annually, as children's needs and bladder and bowel health may change. The product order may be suspended until the review has been carried out. However, it would not be appropriate for a product order to be suspended if delay in review was caused by problems within the service undertaking the review
- When a CYP has toilet trained, the supply of disposable containment products would be terminated immediately
- Families should be advised that any unused products remain the property of the NHS. If their CYP has been provided with containment products that they do not need or are no longer suitable for them, the service who provided them must be contacted and arrangements made to cancel the order and for any unused products to be returned as per local policy
- If a CYP has toilet trained in the day, but is still wet at night six months later and the CYP has reached their fifth birthday, they should be offered assessment for night time wetting. Containment products are not provided for night time wetting, unless this is medically indicated e.g. in the case of a CYP with epilepsy who has seizures at night and is incontinent as a result. To provide containment products for night time wetting in children who are toilet trained in the day could be considered to be discriminatory and in breach of the Equality Act 2010, as containment products are not provided for night time wetting to CYP who do not have additional needs. They should be provided with assessment and treatment for enuresis. Parents or carers may chose to purchase their own containment products and refuse, or delay treatment if they so wish
- CYP who have achieved urinary continence will not be provided with a containment product if they refuse to open their bowels on the toilet. This normally occurs as a result of a behavioural, emotional, or sensory issue and the CYP and their family should be offered appropriate support with toilet training for bowels. If the CYP has frequent soiling they should be offered an assessment and treatment for their bowel condition in the same way as a CYP who does not have additional needs

2.2 Manufacturer, style and provision of containment product

There are different styles and manufacturers of containment products.

Most NHS Trusts, CCGs, Health Boards (Scotland and Wales) or Health and Social Care Boards (Northern Ireland) will have contracts with a specific containment product company and will have an agreed basic formulary from that company's range that will meet the needs of most CYP. This will normally include washable containment products; one piece disposable containment products i.e nappy style products; or two-piece products i.e fixation pants and a disposable pad.

For many CYP, particularly those who are able to stand or walk, a two-piece containment product is the most appropriate option; it facilitates easy changing and allows the CYP to be involved, when they have the ability to do so. These containment products are often more discrete and comfortable to wear. However, the fixation pants need to be a snug fit and available in small enough sizes for smaller CYP. Often basic ranges of fixation pants are not adequate to hold the pad securely in position on CYP. Therefore, consideration of the type of fixation pant provided on the basic formulary is important. See appendix 7 for more information on types of products available.

HCPs assessing CYP's continence containment needs should give due credence to the overarching need for the safety of both the CYP and of their carer and for good containment. Each CYP is an individual with a unique set of circumstances. Therefore the overriding principle, once the CYP has been assessed as needing a containment product, should be of meeting individually assessed need.

It would be expected that for all CYP who have not previously received a containment product, assessment would be undertaken by level one (also known as Tier 1) services e.g. health visiting or school nursing, provided that the HCPs in these services have undergone appropriate education and they have the necessary skills, clinical competence and expertise. In addition, the CYP should have been supported in a trial of toilet training for at least six months, unless that is not clinically appropriate e.g. where the CYP has a neuropathic bladder or bowel. Normally, following the assessment, authorisation for the containment product for CYP assessed as unable to toilet train within six months would be given by the level two service i.e. the children's bladder and bowel (continence) service, once the child was five years old. It is reasonable for the children's continence nurse to expect to be provided with copies of all the assessment information before authorising delivery of containment products.

Not all CYP requiring containment products will need direct contact with the children's bladder and bowel (continence) nurse. However, if there are any concerns about the assessment, the CYPs ability to toilet train, or difficulty finding a containment product to meet an individual's need, then the children's bladder and bowel service may need to become directly involved. In the absence of a children's bladder and bowel service, pathways for toilet training and for provision of continence containment products should be decided locally, with information disseminated to all healthcare professionals who work with CYP.

When an NHS Trust, CCG, Health Board (Scotland and Wales), or Health and Social Care Board (Northern Ireland) changes its contract with a containment product manufacturer, families of all CYP should be informed by letter prior to the change date. They should all be offered the opportunity to attend a clinic to have their containment product reassessed and fitted. They should also be provided with at least two samples of the containment product that is being recommend for them, from the proposed manufacturer, to try at home. This will ensure smooth transition when the contract changes and that the CYP will continue to be provided with containment products that meet their needs. It will also reduce the inconvenience, stress and expense of having to change containment products that are not working effectively, following a contract change. Clinics should be held in locations convenient to CYP and their families, including at special schools.

2. 3 Safeguarding

All healthcare professionals have a duty to safeguard the wellbeing of CYP. If they become aware of any concerns, they should seek advice and take appropriate action according to their employer and Local Safeguarding Children Partnership policies and procedures.

Children that are looked after by social care under Section 20 or 31 of the Children Act 1989 should not be discriminated against if they move from one Health Trust, CCG, Health Board (Scotland and Wales) or Health and Social Care Board (Northern Ireland) area to another. They should be provided with at least three months supply of product prior to their transfer. They should also be referred to the appropriate service in the new area on transfer. This will allow time for the child to have an assessment of their bladder and bowel health and potential to toilet train, in their new area and appropriate intervention to meet their clinical need undertaken.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners, with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners, including continence services, are under a duty to co-operate in the making of these arrangements.

Parents or carers who do not, cannot, or find it difficult to fill in charts should be offered support by their HCP, school or family support workers, to ensure their child gets the same assessment as any other child. However, it is not in the child's best interest to refuse assessment, treatment, or appropriate containment product provision because charts have not been completed. The HCP can gain some relevant information in clinic, at home, or in school, and gather verbal information from the parents/carers, or the child. If there are concerns, the HCP should request guidance from their safeguarding supervisor(s).

Children and young people with additional needs who are referred for product provision due to a regression in continence or toilet training, should be treated in the same way as any other child with a regression of continence symptoms, but HCPs should be mindful that neglect, physical, emotional or sexual abuse can be an underlying cause for this.

2.4 Transition

It is important to ensure a smooth transition from paediatric to adult continence services, particularly as there may be different criteria for product provision, including both the type and number of products provided. The Department of Health's good practice guide 'Transition: moving on well' (2008) and NICE Guidance 43 'Transition from children's to adults' services for young people using health or social care services' (2016) outline the characteristics of good transition services, including an agreed process for joint strategic planning between children's and adult health services and a clear transition pathway. Risk management procedures need to be in place, including effective follow-up for vulnerable young people transferring to adult services. There also needs to be a joint planning and funding process between the CCG, Health Board (Scotland and Wales) or Health and Social Care Board (Northern Ireland) and the local authority to ensure ongoing needs, which may require specialist commissioning, are met.

Section 3: References, additional information and appendices

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3.2 Suggested further reading

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3.3 Further information

Bladder & Bowel UK www.bbuk.org.uk provides impartial information and advice regarding all aspects of bladder & bowel care including products, equipment and services. EMail: bbuk@disabledliving.co.uk for further information.

Bladder & Bowel UK have produced children's continence care pathway for level one and level two (tier one and tier two) services, including for toilet training and containment product provision. These are available at https://www.bbuk.org.uk/professionals/professionals-resources/. They have also produced a resource pack to support level one services with continence promotion, available from the same source.

ERIC, the Children's Bowel & Bladder Charity Children's Continence Pathway aims to inform parents and professionals about the assessment and intervention a child needs using a series of flowcharts. It is available from www.eric.org.uk. Contact info@eric.org.uk for further information.

The United Kingdom Continence Society have produced minimum standards for continence care, which are available from: http://www.paediatriccontinenceforum.org/wp-content/uploads/2016/07/MINIMUM-STANDARDS-FOR-PAEDIATRIC-CONTINENCE-CARE.pdf

3.4 Conflict of interest

No conflicts of interest have been declared.

3.5 Copyright owner

Appendix 1a: Sample baseline bladder /bowel (toileting) chart - instructions

In order to help plan a toileting skills devlopment programme and also to identify if there are any underlying problems, such as constipation, a baseline bladder and bowel chart should be completed, for at least three full days, or as long as the parent or carer can manage. These days do not need to be consecutive, but the CYP needs to be home for most of the time. Schools and nurseries do not usually have the resources to help. The more days that are completed the easier it is to see if there are any patterns to bowel actions and voids. Knowing the pattern, if there is one, can be helpful for toilet training.

Modern disposable nappies have 'super absorbency' inside the nappy which locks away urine, so the top layer of the nappy stays dry next to the CYP's skin. While this maintains skin health, it reduces the likelihood of the CYP feeling wet. It also makes it very difficult to know exactly how many times a day a CYP passes urine and whether they are dry after sleep.

Therefore, to complete the chart, something is needed inside the nappy to make it easy to see if the CYP has passed urine. A folded piece of kitchen roll (one that does not disintegrate when wet) works well.

At the first nappy change of the day the parent should fold a piece of kitchen roll and put it inside the nappy. They must check the nappy every hour their child is awake and note on the chart whether the pad was wet (W), or dry (D), or if their CYP has had their bowels opened (B). If the kitchen roll is wet it should be changed, but the nappy can stay on until it cannot hold any more urine, or is soiled i.e. when it would normally be changed.

If the CYP sits on the toilet or potty, the parents must write T in the pad column. If the CYP has a wee while on the potty or toilet the parent should write TU or TB for poo.

Every time the CYP has a drink that must be recorded in the drinks column, with the volume and type of drink if possible. If the CYP has a tube feed that must also be recorded in the drinks column, with the volume. The HCP will evaluate the chart with the parent and provide appropriate advice.

An infant's bladder holds approximately 30mls of urine and bladder capacity increases by about 30mls per year. By the time the child is around three years old their bladder should hold about 120mls, with a voiding frequency of about 6 – 8 times per day. Therefore, a 3 year old would be expected to be able to stay dry for around 2 hours. A frequency of more than eight voids per day may indicate an overactive bladder. However, for many children frequency, if present, will reduce with toilet training. If it is still occurring at 5 years of age and a few weeks after toilet training, it would warrant further assessment and treatment if appropriate. Any other issues, such as urinary tract infections or continuous dribbling of urine, should be investigated promptly.

Normal bowel development follows a pattern of cessation of bowel movements at night at around one year of age, with awareness and control at around 12 – 24 months. A child who is still soiling at night after their first birthday may have an underlying problem, such as constipation. Any such children should have an appropriate assessment and treatment.

A formal toilet training programme, with removal of the nappy during the day, should be put in place once the child is achieving the necessary skills.

The key skills are:

- Being happy to sit on the potty or toilet, with support or adaptations if needed
- Managing to pass about half of their bowel motions or voids in the potty or toilet

Appendix 1b sample baseline bladder/bowel (toileting) chart

Pad:	**Toilet/potty:**
W = wet	TU = wee
D = dry	TB = poo
P = poo/soiled	

CHILD'S NAME: ..... DOB:.....

Date Chart Started: .....

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5	
DATE										
TIME	Pad toilet	Drink - type and amount	Pad toilet	Drink - Type and amount	Pad toilet	Drink – type and amount	Pad toilet	Drink – Type and amount	Pad toilet	Drink – type and amount
7.00										
8.00										
9.00										
10.00										
11.00										
12.00										
1.00										
2.00										
3.00										
4.00										
5.00										
6.00										
7.00										
8.00										

Appendix 2a: Toilet skills assessment check list

Toilet traning should not be delayed solely because a child has additional needs. However, prior to removing the nappy during the day, it is important to assess if the CYP has developed enough of the skills required for toilet training to be successful. An assessment of the CYPs skills will also allow any deficits and underlying pathology, such as constipation to be identified and addressed.

Prior to undertaking the initial toilet training skill assessment, a baseline record should be kept of the CYP's bowel and bladder habits for at least three days. (A sample chart is available at appendix 1b, with information and instructions for completing it at appendix 1a.)

Once the bladder and bowel (toileting) chart has been completed the CYP should be assessed (the Toilet Skill Assessment Tool appendix 2b may be used as a tool for this). The outcome of the assessment will help inform an individualised toilet skill development programme. At the initial assessment, the box on the toilet training skills checklist that is closest to where the CYP is in relation to each skill, will be ticked. Each level under the skill title is associated with a number. The more headings on the chart that have a tick next to the lowest number for that particular skill, the more likely the CYP is to be ready for removal of disposable containment products and to work towards using the potty or toilet.

The assessment should commence at the beginning of the CYP's second year, or as soon as it is identified that there is a delay in toilet training. The assessment should be a continuous dynamic process. That is, following assessment, a programme must be devised to address any areas where the CYP has not managed to achieve the hightest level for that skill. For example, if the CYP will not sit on the potty or toilet, the family should be taught strategies to use, such as gradually increasing time on the potty from a few seconds, using distraction or engaging the CYP in a pleasurable activity while sitting. Parents can also be advised about appropriate rewerds. The programme continues until the CYP is able to sit for long enough to complete a void or evacuate their bowels. If the CYP was unable or unwilling to sit, due to an issue such as lack of balance or sensory need, referral to an Occupational Therapist (O/T) should be made for appropriate assessment and intervention.

In the same way, for other skill areas where the child is struggling, it may be appropriate to ask for advice or refer the child to a different professional for support with that skill.

The CYP should be formally reassessed, using the chart, every 1-3 months. The family should be given appropriate individualised skill development programmes for any area where the CYP has not reached the highest level on the assessment chart, to work on between the assessments. The amount of support required for each CYP will depend upon their individual needs and the family dynamics, with some families needing frequent review and support and others needing minimal intervention between the reassessments.

This toilet skills assessment checklist forms part of a holistic continence assessment. It should be undertaken by a competent health care professional. It may need to include urinalysis if indicated. If underlying pathology is suspected the CYP may need to be referred for a physical examination.

Any identified bladder or bowel health problems such as constipation or difficulty with progression towards learning the required skills should be addressed by a healthcare professional with sufficient knowledge and experience using the appropriate care pathway.

The most important skills for a child to learn to be successful with toilet training are being able to sit happily on the potty or toilet, and being able to pass about half of their wees and poos onto the potty or toilet when put there at regular times, informed by their baseline toileting chart.

Appendix 2b

TOILET SKILLS ASSESSMENT TOOL

Child's Name: .....

NHS Number: .....

Date of Birth: .....

Date of 1st assessment: .....

Date of 2nd assessment: .....

Date of 3rd assessment: .....

Assessment 1 completed by: .....

Job Title: .....

Assessment 2 completed by: .....

Job Title: .....

Assessment 3 completed by: .....

Job Title: .....

BLADDER /BOWEL MATURITY			Assess 1	Assess 2	Assess 3
Bladder function – bladder emptied					
1 More than once per hour,	3	Check fluid intake – adjust if necessary. Toilet training may help. If frequency persists > aged 5 yrs and toilet trained consider assessment for OAB			
2 Between 1-2 hourly	2	Indication of developing bladder maturity			
3 More than 2 hourly	0	Maturing bladder			
(b) Bowel function					
1 Opens bowels more than three times a day	3	Exclude/treat any underlying constipation or bowel pathology			
2 Does not always have normally formed bowel movements i.e. is subjected to constipation or diarrhoea	2	Address underlying bowel problem while commencing toilet skill development progamme (check Bristol Stool Form score)			
3 Has regular normally formed bowel movements	0	Mature bowel – consider a toilet skill development			
(c) Night-time wetting					
Wet most nights or every night	3	If over 5 years old and dry in the day consider referral to the enuresis service			
2 Has occasional or some dry nights	2	Indication of developing bladder maturity			
3 Is usually or always dry at night	0	Mature bladder – consider a toilet skill development programme			
(d) Night-time bowel movements					
1 Occur more than once per week	3	Assess for underlying constipation – treat as appropriate			
2 Never or rarely occurs	0	Mature bowel			

INDEPENDENCE / AWARENESS			Assess 1	Assess 2	Assess 3
(e) Sitting on the toilet					
1 Afraid or refuses to sit	4	Consider behaviour modification programme and OT referral			
2 Sits with or without help	2	Liaise with O.T if necessary re toilet adaptation/equipment			
4 Sits without help for long enough to complete voiding	0	Check for bladder/bowel maturity and consider toilet training readiness			
(f) Going to the toilet					
1 Gives no indication of need to go to the toilet	4	Consider introducing strategies to raise awareness of wet/dry/soiled			
2 Gives some indication of need to go to the toilet	2	Introduce positive reinforcement for target behaviour			
3 Sometimes goes to or asks for toilet of own accord	0	Consider formal toilet training with removal of containment product			
(g) Handling clothes at toilet					
1 Cannot handle clothes at all	3	If child physically able introduce programme to encourage child to pull pants up/down independently			
2 Attempts or helps to pull pants up/down	2	Introduce positive reinforcement for target behaviour			
3 Pulls clothes up and down without help	0	Consider toilet skill development programme			
BEHAVIOUR					
(h) Bladder control					
1 Never or rarely passes urine on toilet/potty	3	Complete baseline wetting/soiling chart to identify voiding interval and then start toilet sitting at times when bladder most likely to be full			
2 Passes urine on toilet sometimes most days	2	Consider removal of nappy (if worn) and introduction of formal toilet training programme			
3 Can initiate a void on request	0	Good evidence of bladder maturity start formal toilet training programme			
(i) Bowel control					
1 Never or rarely opens bowels on toilet/potty	3	Complete baseline wetting/soiling chart to identify frequency of bowel movements and then start toilet sitting at a time when bowel more likely to be emptied e.g. after meals			
2 Opens bowels on toilet sometimes	2	Consider toilet skill development programme			
3 Opens bowels on toilet every time	0	Evidence of bowel control consider formal toilet training programme			
(j) Behaviour problems, that interfere with toileting process e.g. screams when toileted					
1 Occurs frequently, i.e. once a day or more	4	Consider liaison with LD team/CAHMS re behaviour modification programme			
2 Occurs occasionally, i.e. less than once a day	2	Consider assessment to identify 'trigger' factors for behaviour e.g. sound of hand dryer			
3 Never occurs	0	Check bladder/bowel maturity and consider toilet skill devlopment programme			
(k) Response to basic commands, e.g. "come here",					
1 Never/ Occasionally responds to commands	4	Consider introducing 'routine/social stories' to gain co-operation			
2 Usually responds	0	Consider toilet skill development programme			

Appendix 3a: INSTRUCTIONS FOR PAEDIATRIC ASSESSMENT TOOL FOR ISSUING OF CONTAINMENT PRODUCTS

This tool should only be used when assessing for product provision and only after a full continence assessment and a trial of toilet training has been carried out for at least six months, unless a trial of toilet training is clearly inappropriate e.g. neuropathic bladder.

It is not possible to properly assess bladder and bowel function unless the parents/carers complete a toileting diary for at least three days as described in appendix 1a.

Throughout the assessment tool (appendix 3b), suggestions are made about actions that may help resolve some of the CYP's presenting problems. Highlighted problems should not be ignored, but treated where possible and the CYP then reassessed for their ability to acquire the skills to support successful toilet training. It is highly recommended that these suggestions are used. In this way, more CYP will be supported to achieve their potential for toilet training, rather than remaining reliant on containment products.

SCORING

30 and above: Indicates a **HIGH** clinical need. However, the CYP may have potential for acquiring skills to support toilet training. They may require disposable containment products, but should be supported with skill development and should be reviewed regularly (at least every 12 months).

17 – 30: Indicates **MEDIUM** clinical need. The CYP may have potential for acquiring the skills for toilet training and should commence or continue a toilet skill development programme. Provision of washable containment products, which support toilet training are likely to be most appropriate. These CYP will need regular review (at least every 3-6 months).

Up to 16: Indicates a **LOW** clinical need. These CYP may respond positively to a toilet skill development programme with regular review (at least monthly). When ready they can progress to formal toilet training with removal of the conatinment products. It may not be appropriate to supply containment products, as prolonged use of disposable containment products in this group has been found to delay toilet training. In some circumstances it may be appropriate to provide washable products.

Exceptions

There will always be exceptions within the scoring system and HCPs need to understand that this tool is designed as an aid to decision making. It does not override clinical expertise and specific issues relating to individual CYP.

For example there may be some CYP with cogenital anomalies and ongoing wetting or soiling and those who have a vesicostomy or neuropathic bladder or bowel, who may score LOW, but may be eligible for disposable containment products, while they are waiting for corrective surgery or treatment intervention.

There may be other CYP who score HIGH, because they have not been offered support to develop the skills needed for toileting. Many of these CYP progress well on a toilet skill development programme and, therefore, it would be detrimental to them to provide disposable containment products, which would further delay toilet training. **It is important to use sound clinical judgement.**

Appendix 3b

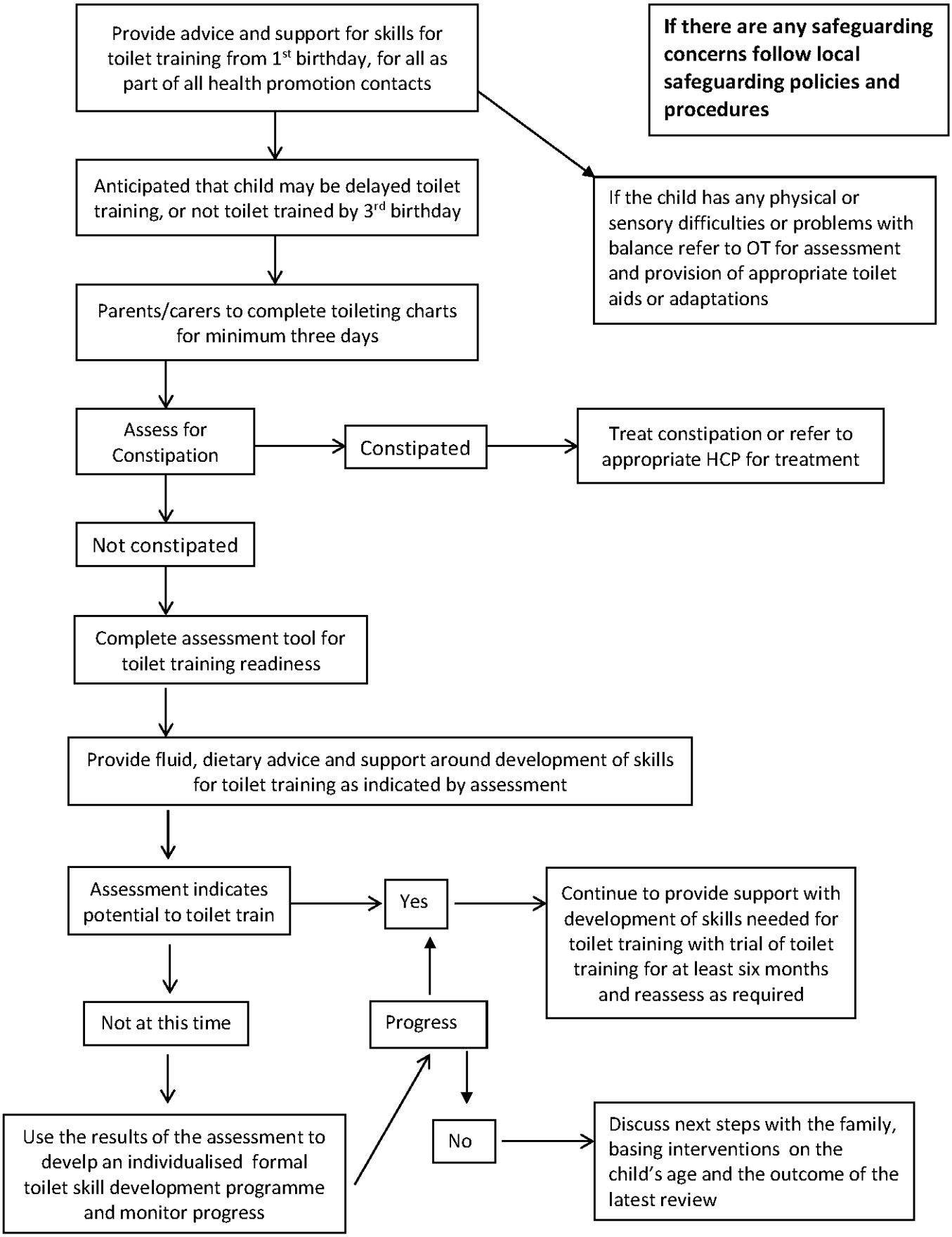
PAEDIATRIC ASSESSMENT TOOL FOR ISSUING OF CONTAINMENT PRODUCTS

Child's Name: ……	**Date of Birth: ……**	**SCORE** > 30 **HIGH** – consider a disposable product (according to local policy) 17 – 29 **MEDIUM** – may be able to be toilet trained but may need to consider 2 piece disposable or washable product short term (according to local policy) < 16 **LOW** – consider toilet skill development programme prior to removal of disposable product (if worn)
Assessment completed by: ……	**Date of assessment: ……**	

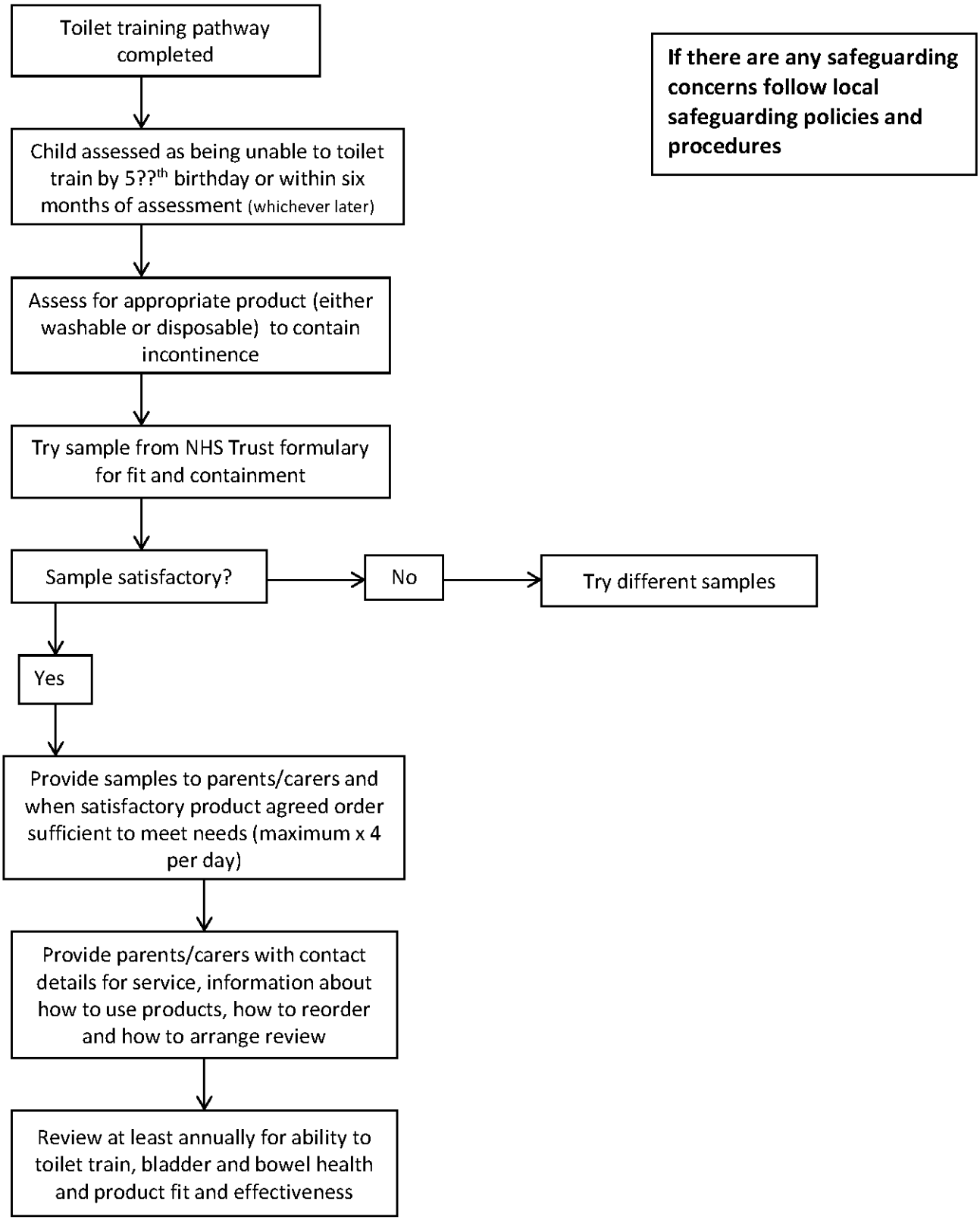
BLADDER /BOWEL MATURITY			Score
(a) Bladder function – bladder emptied			
1 More than once per hour,	3	Check fluid intake – adjust if necessary. Toilet training may help. If frequency persists > aged 5 yrs and toilet trained consider assessment for OAB	
2 Between 1-2 hourly	2	Indication of developing bladder maturity	
3 More than 2 hourly	0	Maturing bladder	
(b) Bowel function			
1 Opens bowels more than three times a day	3	Exclude underlying constipation	
2 Does not always have normally formed bowel movements i.e.is subjected to constipation or diarrhoea	2	Address underlying bowel problem while commencing toilet skill development progamme (check Bristol Stool Form score)	
3 Has regular normally formed bowel movements	0	Mature bowel – consider a toilet skill development	
(c) Night-time wetting			
1 Usually i.e. most or every night	3	If over the age of 5 years and dry in the day consider referral to the enuresis service	
2 Frequently i.e. has occasional dry nights	2	Indication of developing bladder maturity	
3 Rarely/Never i.e. is usually dry at night	0	Mature bladder – consider a toilet skill development programme	
(d) Night-time bowel movements			
1 Occur more than once per week	3	Assess for underlying constipation – treat as appropriate	
2 Never occurs	0	Mature bowel	

INDEPENDENCE / AWARENESS			SCORE
(e) Sitting on the toilet			
1 Afraid or refuses to sit	4	Consider behaviour modification programme and OT referral	
2 Sits with or without help	2	Liaise with O.T if necessary re toilet adaptation/equipment	
4 Sits without help for long enough to complete voiding	0	Check for bladder/bowel maturity and consider toilet training readiness	
(f) Going to the toilet			
1 Gives no indication of need to go to the toilet	4	Consider introducing strategies to raise awareness of wet/dry/soiled	
2 Gives some indication of need to go to the toilet	2	Introduce positive reinforcement for target behaviour	
3 Sometimes goes to or asks for toilet of own accord	0	Consider formal toilet training with removal of containment product	
(g) Handling clothes at toilet			
1 Cannot handle clothes at all	3	If child physically able introduce programme to encourage child to pull pants up/down independently	
2 Attempts or helps to pull pants up/down	2	Introduce positive reinforcement for target behaviour	
3 Pulls clothes up and down without help	0	Consider toilet skill development programme	
BEHAVIOUR			
(h) Bladder control			
1 Never or rarely passes urine on toilet/potty	3	Complete baseline wetting/soiling chart to identify voiding interval and then start toilet sitting at times when bladder most likely to be full	
2 Passes urine on toilet sometimes most days	2	Consider removal of nappy (if worn) and introduction of formal toilet training programme	
3 Can initiate a void on request	0	Good evidence of bladder maturity commence on formal toilet training programme	
(i) Bowel control			
1 Never or rarely opens bowels on toilet/potty	3	Complete baseline wetting/soiling chart to identify frequency of bowel movements; then start toilet sitting at a time when bowel more likely to be emptied e.g. after meals	
2 Opens bowels on toilet sometimes	2	Consider toilet skill development programme	
3 Opens bowels on toilet every time	0	Evidence of bowel control consider formal toilet training programme	
(j) Behaviour problems, that interfere with toileting process e.g. screams when toileted			
1 Occurs frequently, i.e. once a day or more	4	Consider liaison with LD team/CAHMS re behaviour modification programme	
2 Occurs occasionally, i.e. less than once a day	2	Consider assessment to identify 'trigger' factors for behaviour e.g. sound of hand dryer	
3 Never occurs	0	Check bladder/bowel maturity and consider toilet skill devlopment programme	
(k) Response to basic commands, e.g. "come here",			
1 Never/ Occasionally responds to commands	4	Consider introducing 'routine/social stories' to gain co-operation	
2 Usually responds	0	Consider toilet skill development programme	

APPENDIX 4: TOILET TRAINING PATHWAY



APPENDIX 5: PROVISION OF CONTAINMENT PRODUCTS PATHWAY



Appendix 6: Fluid advice

Adequate fluid intake is important for maintaining bladder and bowel as well as general health and is important in toilet training. However, maintaining a good fluid intake for some CYP with disabilities is difficult. However:

- Caffeinated drinks, including tea, coffee, hot chocolate and coke should be avoided as they may have a diuretic effect and can contribute to bladder overactivity
- Fizzy drinks should be avoided as they can contribute to bladder overactivity
- CYP will need to increase their fluid intake if doing lots of exercise (including sports, playing out and school playtimes), or if the weather or environment is hot
- Milk is healthy, but is used by the body as a food. It should not be encouraged instead of or as part of total water-based drinks
- Excessive milk intake can cause excessive weight gain and for some CYP may contribute to constipation
- CYP who are of school age should have about half of the fluid requirement during the school day. CYP who do not drink well during the school day are more likely to drink large volumes in the evening which may contribute to or cause bedwetting.
- Overweight CYP may need more water than indicated in the table below.

Age	Sex	Total drinks per day
7-12 months		600 – 900ml
1-3 years	Female Male	900 – 1000ml 900 – 1000ml
4-8 years	Female Male	1200 – 1400ml 1200 – 1400ml
9-13 years	Female Male	1200 – 2100ml 1400 – 2300ml
14-19 years	Female Male	1400 – 2500ml 2100 – 3200ml

Suggested intake of water-based drinks per 24 hours according to age and sex (NICE 2010)

N.B. Dieticians or medical advice about fluid intake, where provided for individual CYP should be followed

Appendix 7: Strategies to manage incontinence

When assessing a CYP who is unable to acquire sufficient skills for successful toilet training for products, clinicians should consider all options available to ensure the most appropriate containment is provided for the individual. Consideration for the safety of the CYP and their carer is paramount. However, promotion of CYP independence as far as possible and of comfort are also important. Parents and carers should be introduced early to options other than a one piece nappy-style product. The following are all available and may be successfully used in CYP:

- Washable pants
    - Washable pants with varying amounts of absorbency and/or waterproofing are available from a range of manufacturers. Not only do these help to promote toilet training, but they can be used to manage occasional incontinence or family concerns about wetting when away from home e.g. when on public or school transport. Washable pants come in a variety of styles including those with poppers at the side seams for wheelchair users

- Washable pads/chair/mattress protectors
    - Washable pads with varying amounts of absorbency can be used to protect bedding, chairs etc during toilet training programmes or for children who continue to have occasional wetting after toilet training. These are not supplied by the NHS but families should be advised about options to purchase them.

- Urinals
    - Urinals are available in a variety of designs including male, female and unisex. They may be used in combination with powders that convert urine to a gel-like consistency, to avoid splashes and spills. Urinals combined with adapted clothing (velcro or popper side seams on trousers and underwear) facilitate toielting in children who use wheelchairs. These can avoid more time consuming hoisting onto toilets

- Sheaths may be appropriate for urinary incontinence in boys

- Two piece disposable products
    - Disposable pads of differing sizes and absorbencies. These need to be combined with a close fitting fixation pant. Fixation pants are available from disposable containment product companies, but the smallest sizes may be too large for smaller children. CYP may require the 'premium' designs as these offer enhanced fixation and these should be considered for CYP who are more active. Pants with elastic throughout the fabric are also appropriate for use in children. Comfizz produce small sizes that are available on prescription (FP10)

- One piece disposable products
    - One piece products are available in a range of designs and sizes, including traditional shaped products (nappy-style), belted products and pant shaped products. The needs of most CYP who require a one piece disposable product will be met by the traditional shaped product.

- Disposable pads/bedmats
    - Disposable pads or bedmats can be used to protect bedding, but also chairs, school bus seats etc for children who are toilet training. These are not supplied in conjunction with disposable or washable products but are available for families to purchase. To reduce the risk of slipping consideration should be given to purchasing of pads or mats that can be secured.

Appendix 8: Abbreviations

CCG	Clinical Commissioning Group
CE	Chief executive
CYP	Children and young people
DOH	Department of Health
GP	General practitioner
HCP	Health care professional
NHS	National Health Service
NICE	National Institute for Health and Care Excellence

The British Association of Paediatric Urology and Continence Nurses