

# Nursing Practice

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## COMMENT

### “Good childhood continence care is easy with the right training”

**C**ast your mind back to your school days. Picture the classroom: there’s a child sitting there, it could be you. The bell’s gone for break time, but you’re taking your time packing your books away. You’re willing everyone to leave the classroom so you can escape to the toilets and hide. The fact is you wet yourself during the last lesson. No warning, it just happened. Again.

It is estimated that 1 in 12 children in the UK between the ages of 5 and 16 years experience continence problems. But most of them don’t tell anyone – they don’t seek help, they suffer in silence.

As nurses we can all sympathise with this. But these children don’t need our pity. They need information; they need to understand that something can be done about these problems and that they are not the only ones experiencing them. How can we achieve this? The key thing is working out why parents don’t come forward for help, why they don’t see their GP, or talk to their health visitor or school nurse. Yes, it’s partly due to embarrassment but, largely, it is due to ignorance.

In 2012 the Department of Health recognised that something needed to be done and funded an in-house clinical post at Education and Resources for Improving Childhood Continence (ERIC), the UK’s children’s continence charity. My challenge, when I began work in this role in 2013, was to work out ways to reach the parents of every child, to provide basic information about healthy bladder and bowels and to signpost them to further help if required. This is being done by distributing two new leaflets. The first,

*Thinking About Wee and Poo Now You’ve Reached the Age of 2*, is to be given out by health visitor teams at the newly re-introduced two-year health and development checks. The second, *Thinking About Wee and Poo Now You’re on Your Way to School*, will be added to the information packs given to all children starting school by the school nursing service.

Training of the health professional distributing the leaflets is vital; in the pilot study area of Bristol and South Gloucestershire this has been provided by me as an ERIC nurse. However ERIC’s goal is to roll out the project over the whole of the UK. Although leaflets can be made available, the training necessary to underpin the work is not so easy to provide.

In some areas training will be provided by the local paediatric continence adviser who cares for children with complex bladder and bowel problems in their area, some of which will be highlighted by the increased awareness generated by the leaflet circulation. But not every area has a paediatric continence service. Despite the National Institute for Health and Care Excellence’s guidance on commissioning a paediatric continence service, published in 2010, many areas rely on adult practitioners or on poorly resourced generic health professionals.

With the right people and the right training, good children’s continence care is easy. Without it children suffer. What are we waiting for? **NT**

*Brenda Cheer is ERIC nurse, Education and Resources for Improving Childhood Continence*

## HIGHLIGHTS

**How to remove knotted nasogastric tubes** p16

**Best choice of exercise in COPD** p21

**Using volunteers to benefit patients** p12



## SPOTLIGHT

### Incontinence doesn’t have to be a fact of life

Children with learning disabilities often experience incontinence. Healthcare staff may attribute it to their disability, resulting in their being denied appropriate assessment and treatment. The outcome? A lifetime in nappies. The article on page 22 shows that, in fact, these children can have higher incidence of lower urinary tract symptoms that can be treated. Failure to treat problems like dysfunctional voiding (common in those with Down’s syndrome) can lead to avoidable problems including renal damage.

Our review on page 18 looks at challenges faced by children with autism and the value of assessing why they have problems using the toilet.

Both articles make it clear incontinence should not be seen as an inevitable part of disability; it warrants investigation. Simple measures may help improve children’s independence and dignity – in short, they can make a real difference.



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