

Mythbuster

Assessment of continence needs & provision of continence products

In this document, the “guidance” means the “Guidance for the provision of continence containment products to children and young people – A consensus document” (2019), available at

www.bbuk.org.uk/wp-content/uploads/2019/03/Guidance-for-the-provision-of-continence-containment-products-to-children-2019.pdf



1. Myth: children and young people are only entitled to a maximum of 4 continence products per 24 hours.

Not true. The guidance makes it clear that there “should not be a blanket approach to the type or number of containment products provided”.¹ While the guidance recommends that the maximum number of containment products that would normally be sufficient for most children and young people is 4 per 24 hours, it goes on to say that “an appropriate number of containment products to meet assessed need should be supplied”.² This means that while continence services can have a ‘general rule’ of 4 products per 24 hours, they should always supply enough products to meet an individual child’s assessed needs. It would be unlawful to impose a maximum of 4 products per 24 hours in all cases, with no regard for a child’s individual needs.

2. Myth: continence services can refuse to provide a particular type of containment product, e.g. “we don’t provide pull-ups when children are toilet training”.

Not true. The guidance clearly states that “the most appropriate product for the child or young person’s individual needs should be provided. There should not be a blanket approach to the type or number of containment products provided”.³ The overriding principle should be of meeting individually assessed need. For example, the guidance says that, generally, disposable pants should not be supplied for toilet training, but it goes on to say that there may be some circumstances where disposable pants allow independence or maintain safety more effectively than other products and that “if there is an assessed need for these products in these circumstances, they should be provided.”⁴

3. Myth: continence assessments cannot take place at a child’s home

Not true. NHS bodies must act in accordance with public law principles – they must act reasonably and where discretion exists, they must be prepared to act flexibly, having regard to a patient’s particular needs. Adopting a rigid policy that assessments must take place at a particular location or time would amount to a breach of these public law obligations. Continence services must be prepared to consider making more flexible arrangements, in light of a family’s particular difficulties.

References:

1. Guidance, p 15
2. Guidance, p 17
3. Guidance, p 15
4. Guidance, p 17

4. Myth: a child's supply of continence products should be stopped if a family isn't able to attend an appointment or reassessment

Not true. While patients will of course need to be reviewed periodically, NHS bodies have a duty to act reasonably and to take account of a patient's particular needs. Families should not be penalised for being unable to meet a rigid requirement to attend an appointment or reassessment at a specific place or time. It would be unreasonable to withdraw a service when there has been no change in a patient's assessed needs.

5. Myth: a child cannot be referred to the continence service for assessment and support until s/he has reached a certain age.

Not true. The guidance makes it clear that continence services should "not have an arbitrarily assigned minimum age limit for children and young people with disabilities to access specialist assessment and treatment or support".⁵ Referrals to a health care professional trained and competent in children's continence should be made as soon as any bowel/bladder problems are identified or anticipated. The guidance aims to ensure that those who have bladder or bowel problems should be identified early and offered investigations and treatment according to need and best practice.

6. Myth: a child cannot be eligible for containment products if they are only bedwetting at night.

Not true. The guidance states that children who have achieved day-time continence should not 'normally' be considered for provision of night-time products. The use of the word 'normally' allows for flexibility for continence services to consider individual cases. They cannot use a 'blanket ban' approach to refuse products to all children with night-time wetting only. The guidance states that if a child has reached 5 years old 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. If a child has medical reasons for night-time wetting, the child should be individually assessed and considered for containment products.

Reference:

5. Guidance, p 11

First published 2019
This edition 2019
Review date 2022