

Written evidence submitted by Bladder & Bowel UK (COR0030)

1. We are aware that Rosie Cooper MP and Baroness Greengross have written to you on behalf of the All Party Parliamentary Group on Continence Care. We wanted to add our voice to theirs on behalf of children and young people who may be at increased risk of harm during the current crisis
2. At Bladder & Bowel UK we are very aware that having a child with a bladder or bowel problem can result in increased stress within the family, both emotionally and financially. Furthermore, many families do not understand that wetting and soiling are the result of a bladder or bowel condition. They believe their child is being lazy, naughty, or defiant. Punitive responses are common and can be sufficient to result in significant harm.
3. In the current situation, where families are isolated, stressed, unsupported and struggling, healthcare professionals are more remote and children are hidden in an unprecedented way due to school closures and social distancing, the chances of abusive responses to persistent incontinence is enhanced.
4. The provision of appropriate services providing ongoing advice and support can help ameliorate some of those issues. However, in response to Covid-19 many services are working differently. We know from our contact with services that some children's bladder and bowel clinics are only running telephone consultations and not seeing new referrals, others have seen all or most of their staff transferred to acute care for the duration of the pandemic. In some areas this has also affected health visiting and school nursing, who usually provide first-line assessment and intervention for bladder and bowel conditions.
5. This has potentially left vulnerable children even more at risk. There is publicity about increases in domestic violence, something that has previously been well documented during disasters and is linked directly to child protection. Withdrawal of any support services for continence exacerbate the risk to children's safety.
6. There are many reports of children being severely maltreated where incontinence was a factor. There is genuine concern for what may happen in the current crisis. We are responding to increased numbers of families turning to social media to look for support with their children's continence care.
7. We request that you consider the issues that reduction in availability of children's bladder and bowel services may be causing, particularly with respect to safeguarding. There is also concern, that staff having been redeployed and services all but closed, about whether they will be reinstated once this crisis is over.

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April 2020