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## A guide for Health Care Professionals

When children and young people develop bladder and / or bowel health issues, there are often treatment options that are likely to lead to resolution reasonably quickly. Treatment for bladder and bowel issues often includes elements of lifestyle changes, routines for taking medications, and use of equipment. Therefore, it is easy for health care professionals (HCP's) to become accustomed to providing the same advice repeatedly.

However, there are several factors that can affect a child or young person's (CYP's) capacity to implement any strategies suggested. Some examples are:

- The level of support from their family (parents, siblings, or carers)
- Parental/carers capacity
- School experience
- Daily stressors
- Access to facilities
- Friendships and relationships
- The CYP's level of understanding and capacity
- Personality type
- Any additional health condition(s)
- Mental health issues for the CYP or their parents/carers

Without consideration to the above factors, an individualised assessment cannot be achieved effectively, and HCPs may become frustrated or puzzled when CYP and their families fail to progress with care plans. HCPs may struggle to support individuals that are not appearing to make any progress or improvement in their symptoms, where there are no concurrent safeguarding concerns. Often, HCPs report feeling stuck as they can't 'fix' the problem and look to find ways to resolve the issue by attempting to prescribe the CYP and family's approach.

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Reflection on the nursing approach and its effectiveness is advocated and may lead to a change in style from the HCP, that then elicits better results for them and the patient. Simple changes can include:

- Considering how professional communication style is understood by the CYP and family
- Making reasonable adjustments in response to individual needs
- Practising flexibility
- Agreeing time frames for follow-up that are achievable for the CYP and their family
- Utilising a supportive approach
- Exploring different techniques that can support patients to treatment success
- Engaging the multidisciplinary team

It is essential that the HCP takes responsibility for developing their own knowledge and skills of individualised holistic consultation and care planning. The aim is collaboration and patient involvement. This improves patient experience and outcomes. If a CYP and their family feels listened to, involved in their care, respected and looked after, they will respond more positively to healthcare interventions and be more able to manage their own health care journey. This also supports their transition journey, as the CYP becomes more aware of their health needs.

Health and social care professionals want to help people. However, if the focus is on explaining what CYP and their families should, must or need then the outdated and ineffective culture of 'doing to' patients is perpetuated, rather than making the cultural shift of 'working with' patients. To achieve success, CYP and carers voice and feedback must be listened too and heard, ensuring that there is the continuous learning and responsiveness that allows ongoing improvement.

It is helpful to understand and explore different approaches and techniques such as those found in the practice of listening to learn, motivational interviewing and solution-focused coaching. These mediums, involve a health coaching approach to conversing with CYP and families and can provide useful tools to help HCPs enable the CYP to achieve successful outcomes.

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## What is Listening to Learn?

Often, while we are listening, we are thinking of how we will respond. We might get distracted and miss some of what was said. We may not be paying much attention to the nonverbal communication cues of the speaker. Listening to learn, also known as active listening, requires the listener to pay close attention to what is being communicated verbally and nonverbally. The listener is encouraged to interpret not only the content of what is being said, but also the emotions present and the body language. There are three main components of successful listening to learn:

### **Listen for total meaning:**

When someone is conveying a message, there are two meanings to gather: the content and the feeling or attitude underlying the message. Active listening is not only tuned in to the information conveyed, but also how it is conveyed and any nonverbal cues present.

### **Respond to feelings:**

After listening, when a response is appropriate, the listener should respond to the feeling of what was said. In this way, the speaker feels understood and empathy is established.

### **Note all cues:**

Nonverbal cues include tone of voice, facial or body expressions, and speed of speech. All of these taken together can convey a much deeper meaning than merely the content of what was said.

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Some examples of this in practice include:

Type	Aim	How to action	Example
Paraphrasing	Convey interest. Encourage the speaker to keep talking	Restate the information just received with your own words	"So, you attended your meeting with the children's doctor as planned – how did that go?"
Verbalising emotions	Show that you understand. Help the speaker to evaluate their own feelings	Reflect the speaker's basic feelings and emotions in words	"And this made you worried."
Asking	Get more information	Ask questions	"And after that, you had how many dry nights?"
Summarising	Review progress. Pull together important ideas Establish a basis for further discussion	Restate major ideas expressed, including feelings	"These seem to be the key ideas you've confirmed could help you have success with your care plan"
Clarifying	Clarify what is said. Help the speaker see other points of view	Ask questions for vague statements. Restate wrong interpretations to force further explanation.	"You said that you re-started your drinks plan immediately when you realised you were having more wet nights. Was this on the same day you got your charts through for your clinic appointment or before?"
Encouraging	Convey interest. Encourage the speaker to keep talking	Disagree where appropriate. Use varying intonations Offer ideas and suggestions	"I noticed your body language indicated differently to what you actually said – could I suggest, being wet at night is something you would like to resolve and if so, shall we talk about it further now and consider some options?"
Balancing	Get more information. Help the speaker evaluate their own feelings	Ask questions	"How did that make you feel?"

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## What is Motivational Interviewing:

Motivational interviewing is a style of communication that uses a guiding/reflective approach to engage with patients. It clarifies their strengths and aspirations, and utilises their own motivations for change, promoting independence of decision making. More time is spent listening to the CYP and their family. This increases effectiveness when supporting CYP and families to make decisions about themselves and their care plan.

Attention has turned to the potential of motivational interviewing in the paediatric setting, particularly with the adolescent age group. Motivational interviewing is a directive person-centred, therapeutic approach that invites individuals to explore ambivalence and find solutions that fit for them. Its effectiveness is in supporting the individual to identify the situation and work towards resolving problems. Improving the experiences for all patients starts by treating each of them individually, to ensure they receive the right care at the right time, in the right way for them, led by them.

It can be integrated into daily practice and used either as a stand-alone approach or as an adjunct to other treatments. It can be a method of engaging patients in their health so enabling care plans to be more effective.

## More information is available:

- NHS learning Hub: [Introduction to Motivational Interviewing](#)
- ESR: [Motivational Interviewing & Supporting change work](#)
- BMJ learning: [Motivational interviewing in brief consultations](#)
- Course: [Motivational Interviewing – Introduction](#)

## What is Solution Focused Coaching:

A solution-focused approach concentrates on helping people move towards the future that they want. It supports them to learn what can be done differently by using their existing skills, strategies, and ideas – rather than focusing on the problem.

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This technique treats the CYP as the expert on their own life. HCPs ask useful questions to help the young person begin moving towards the future they want and help them make positive changes in their lives otherwise known as appreciative enquiry.

Health coaching has been identified as one of the five key interventions by [NHS England in their 2016 substantial self-care programme](#).

Although these principles are simple, the delivery may not initially be considered an easy process in the health setting. However, NHS England encourages HCPs to look at the way they practice and explore different methods of consultation and adjust their diaries to incorporate this approach. It also prompts HCPs to be holistic and adaptable in their care delivery. HCPs need to make time to ask questions that really get to the heart of the issue and come up with creative ways to help young people find their own solution(s). ([NHS England, 2024](#))

There is an emerging evidence base showing the benefits of health coaching for patients and for HCPs, with greater patient satisfaction and adherence, improved health behaviours and outcomes, as well as potentially improving care cost efficiencies. Health coaching can equip staff with additional conversational skills, techniques and the mind-set to support and empower patients toward the patient's own goals and aspirations. The health quality coaching framework set out by NHS England and the NHS Constitution supports clinicians to modify consultation times to fit patient need and supports services to develop an integrated care agenda. Service managers are encouraged to embed this approach within their services as part of the national quality improvement agenda.

More information can be found on the [NHS England Health coaching](#) web page.

**Tools embedded within these approaches to communicating with patients are detailed below and can be effective in supporting CYP and families to successful outcomes and ensuring reasonable adjustments are made. HCPs can gradually implement them into their daily practice and service delivery as part of continuing quality improvement.**

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## Appointments & Assessments:

- Clear appointment letters and communications.
- Reduce appointments that are delayed or cancelled by the service.
- Increase likelihood of engagement by considering reasons for any previous clinic cancellations, or non-attendances by the family before booking further appointments.
- Try to meet the needs of the CYP and their family/carer by offering the most appropriate type of appointment for them e.g. face-to-face (consider venue), video or telephone.
- Adapt assessments to better meet need e.g. considering the value of routine use of measurement charts for bladder and bowel health for clinical decision making and advice.

## Treatment & Care:

- Treat CYP as individuals.
- Support CYP in accessing the appropriate service(s) for their wider needs, including timely onward referral if required.
- Listen to CYP and their family/carer's worries and fears. Take these into account when planning and delivering care
- Aim to ensure a supportive and reassuring environment to help the CYP and their family feel safe and better able to engage in their care plans.
- Treat in a way that instils confidence in the service being provided
- Deliver safe staffing levels.
- Involve CYP and their families in all treatment decisions.
- Initiate trust local transition pathway in line with best practice guidance

## Communication & Information:

- Develop a clear treatment plan that the CYP, and their family/carer has been involved in, fully understands and can take forward.
- Communicate clearly using the coaching approaches outlined above with CYP & family/carer.
- Understand a patient's medical history and appropriately share this or ensure appointments with the same HCP throughout the patient journey, to avoid repetition for the CYP and their family.

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- Give clear explanation of any changes or cancellations.
- Avoid conflicting information that confuses.
- Provide clear information around what to do at home/school/college and agreed goals for next review, that are identified and led by CYP and their family/carer.
- Provide clear and easy to understand after-care information, which includes your patient's voice.
- Ensure effective verbal and non-verbal communication at all stages of the patient journey
- Ensure CYP, family/carer and relevant professionals are informed of discharge plan and are provided with relevant information.

## Environment:

- Ensure reasonable adjustments to follow up locations and facilities for the CYP/ family, particularly when identified as an individualised action/outcome e.g. scheduling home visit follow up, or accessing a smaller less overwhelming clinic location, or one with easy access to public transport.
- Ensure the environment feels safe by showing empathy and validating the CYP/family's feelings regularly. Acknowledge emotions without judgment. Summarise back regularly, as this enhances empathy and trust.
- Ensure the environment is clean, age/developmentally appropriate and that the CYP and their family are comfortable with it, making appropriate adjustments as needed.
- Ensure access is safe for CYP and/or families who have disabilities.
- Reduce and manage noise and disturbances.

## Systems & Processes:

- Ensure timely review appointments are offered, to assist with CYP and parent/carer engagement and encourage their input in decision making around follow up schedule.
- Reduce waiting times and communicate what they are to CYP, and families being referred and to professionals making referrals.



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- Ensure there is a transition and discharge process that involves the family and commences from the point of admission.
- Have a process for communicating discharge information to CYP and families as well as professionals involved in their care.
- Have everything ready at the time of discharge with appropriate follow up arranged from universal services as needed.
- Undertake a safe discharge where CYP and their families feel prepared and provide information to them and to professionals involved in their care about how to access the service in future if this is needed

## Further information

Find more information about bladder and bowel health in our information library at [bbuk.org.uk](http://bbuk.org.uk). You can also contact the [Bladder & Bowel UK confidential helpline](tel:01612144591) (0161 214 4591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.