

## **A Mighty Inconvenience: how COVID-19 tested a nation's continence**

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### **Abstract**

On 23 March 2020 the nation was told to 'stay at home'. All manner of businesses and services closed, with streets in towns and cities across the UK falling silent. However, supermarkets, hospitals and care homes, now considered essential services, remained open. Transport services also ran, and there was still movement in towns and cities for the essential workers of these services and the delivery drivers that would service the lockdown boom in online retail.

However, within a few weeks it became apparent that a key component of the infrastructure was suddenly unavailable. Due to social distance restrictions and cross-infection concerns, the vast majority of public toilets in the UK were closed. With retail and hospitality also closed, whose private toilet provision often supplements public facilities, it effectively limited the movements of everyone when they left their home for their designated exercise and/or shopping trips. This situation was especially acute for those managing continence conditions and key workers who rely on public toilet facilities when travelling to work.

This paper will review and reflect on this unique period in the nation's life; how the lack of forethought on public toilet provision made national headlines and reminded people how essential such a service is to afford movement and participation in our built environment. It will chart the declining provision of public toilets, how the emphasis on provision has shifted into the private sector and how the COVID-19 Pandemic provoked a local and national media debate on public toilet provision and its essential role in our built environments.

### **Introduction: You must stay at home**

Despite the United Kingdom's government recognising public toilets as an 'exception' (MHCLG, 2020a) to widespread closures in line with the first national lockdown, March 23 2020 saw the closure of the majority of the UK's public toilet provision. Bichard *et al* (2012) had previously noted one aspect of a loss of continence as being denied access to toilet provision, hence as of the first lockdown, the nation effectively lost continence. Aside from the inconvenience for the majority of the population, these closures were, and continue to be, a serious issue for those who rely on frequent and reliable access, including mobile workers, older people, disabled people and those with chronic health conditions. The lack of toilet provision during lockdowns further disadvantaged those who were isolated and otherwise would have been able to leave their homes based on provision.

*"I am seeing some councils saying all [toilets] are closed. This is really detrimental to my mum who has bladder problems. She is not old and frail, but has a medical condition. Because of this, she is now afraid to go to the supermarket, go for her hourly walk (as toilets seem to be*

*closed), or even drink now when doing her exercise or shopping” (email to Public Convenience Ltd).*

Public Convenience Ltd who manage The Great British Public Toilet Map (<https://www.toiletmap.org.uk>), noted a rise in anxiety concerning toilet provision. Emails from members of the public described how closed toilets were affecting people’s movement and making a quick trip to the supermarket and meeting the recommended daily exercise stressful. For some, there was the need to self-dehydrate to counter the need to use the toilet. In turn, from the providers’ perspective, although provision was designated an exception to closure, they received no guidance on how to remain open and make their provision safe. This was despite public toilets being a central point for access to handwashing, a key behaviour in combating the spread of COVID-19 (WHO, 2020).

*“Unfortunately, we have had to close all public toilets at this time. Since all public buildings, cafes and restaurants are closed, it is unlikely that other toilets are available” (City of Edinburgh Council, May 2020).*

For key workers, the situation became a major cause of concern. Those who continued to work but also managed chronic bladder and bowel conditions such as urinary incontinence (UI) and/or irritable bowel syndrome (IBS), found the complete withdrawal of provision an added concern. Soon news reports would describe how difficult key workers were finding travelling from home to work with no toilet provision on route.

(Image 1 notification of closed toilets - Bichard & Ramster, 2020)

## **Where to go to go**

There is no legal obligation for local authorities to provide public toilet provision, although there is the beginning of regional public toilet strategies. The Public Health (Wales) Act 2017 requires all Welsh councils to produce and publish a strategy of its toilet provision. These can include privately-owned facilities, as well as or instead of local authority public toilets. In 2018, the Ministry of Housing, Communities and Local Government recognised provision as a ‘valuable community amenity’ (Jones and Schraer, 2018). Other than recent government calls for technical evidence on gendered public toilet provision (MHCLG, 2020b), no further moves have progressed to make provision compulsory, and the initiative towards regional toilet strategies has yet to be replicated in other areas of the UK.

Amongst users, public toilets hold an ambiguous relationship. Although collectively recognised as an essential service, public provision tends to be personally avoided due to negative associations (Bichard & Hanson, 2009). Kira’s (1976) landmark North American study of public bathrooms and their ergonomic use, described public facilities as one;

*“that is provided in the interest of public convenience, sanitation and health in a communal location by, or on behalf of a communal agency for the use by anyone with need. Needs in this situation may arise from one or two circumstances. First being away from one’s own facilities - being ‘caught short’. Second, not having facilities of one’s own” (ibid, 1976:194).*

Kira conceived the built environment, especially the urban context, as affording 'specialists' who are commonly away from home and work and in movement between specific places and market centres. From this perspective the development of the modern public convenience is framed within the development of public transport systems in the twentieth century, but for Kira this provision was mostly directed towards pedestrian users in North America. The decline of municipal provision with an increase of car culture and the poor maintenance of public toilets led to a preference for private business-based facilities.

Importantly, Kira also considered the social and psychological aspects of meeting toileting needs in public, noting a general negative attitude towards public toilets based on the aesthetic of acceptable and unacceptable design when compared with the domestic bathroom. This included the provision of a urinal and the colour of the toilet seat, noted as predominantly black in public toilets but shunned within the domestic sphere.

Public toilets are also defined by their 'publicness' which Kira identified as consisting of a degree of "strangeness of other users from oneself", the extent of usage and the level of cleanliness and maintenance (Kira, 1976;201). Kira also highlighted how users experienced such publicness on a spectrum allowing a differentiation between a facility that was truly public and accessible to everyone to provision such as that of a hotel, that whilst 'public' becomes temporarily private, to places of work, favourite restaurants and department stores which also remain public but become neutral due to familiarity.

Psychologically, the biggest barrier for public provision centres on 'stranger danger', with the stranger being microbe based, and compounded by the complexity of personal and cultural perspectives towards body waste and the processes of elimination. The intensely private act of toileting in public necessitates a sense of ownership of the space. The cubicle becomes temporarily 'mine', although such illusions are shattered, according to Kira, on seeing evidence of someone else's waste. Here, Kira builds on Goffman's (1971) proposed 'civil inattention' in which strangers practice avoidance behaviour in the same physical setting and proposes 'territory privacy violations' fall into place;

*"because of general social taboos against discussing, watching or acknowledging elimination functions leads users to mutually screen and ignore each other"* (Kira, 1976:202)

Public toilets can be conceived as the predominant site where nature meets, and physically connects with culture. However, although it is a space set aside for the human need for excretion, public toilets tend to have a bad reputation. Bichard et al (2008) suggest that the negative connotations of public toilets are not only associated with the perceived 'dirt' of other users, but also the failure of design to afford the completion of the ritual of toileting. They suggest that the act of using the toilet is to temporarily withdraw from society, which requires acts of re-entry after use. Poorly accessed sinks, especially for carers of children, confusion with tap design and poor maintenance of soap dispensers, all combine to make handwashing, the final phase of the toilet ritual that prepares us for re-entry to society, one that is often 'skipped', therefore further associating public provision with dirt and negative connotations.

In contrast, due to expected standards of upkeep in line with business reputation, a tendency in design to opt for a more 'domestic feel', users tend to associate private provision with a

greater sense of cleanliness (Hanson *et al*, 2007). However, this preference would be tested during lockdowns with the majority of businesses that also provided toilets that many people relied on, closed - with some never to reopen.

As well as there being no legal obligation for provision, there is also no government data collected on how many public toilets there actually are. To fill this knowledge gap, The Great British Public Toilet Map collected open data on provision (Knight and Bichard, 2011) and is the largest holder of data on toilet provision in the United Kingdom. The database currently (July 2021) lists 13753 publicly accessible toilet facilities (those owned and operated by the public and private sector). Valuation Office Agency data (March 2021) identifies 3990 'public conveniences' in England and Wales (Hansard, 2021a) which are considered to be in the public sector of ownership. This indicates that privately-owned yet publicly-accessible toilet provision such as train stations, shopping centres and department stores, could be providing three times as many facilities as more traditional public toilets. This also includes private members of 'Community Toilet Schemes' in which local authorities recruit businesses to make their toilets available beyond 'customers only' in return for a payment from the council. This fragmented approach to provision (Greed, 2003) effectively sees no overall responsibility for public toilets and can be seen as a major contribution to the shift of what was once a recognised public service into the private sector (Bichard & Knight, 2012).

Whilst across the UK local authority public toilets have decreased by 35% since 2000 (Hansard, 2021b) there are more than 13000 publicly accessible toilets, once other sectors are considered (GBPTM Explorer, 2021; Jones & Schraer, 2018). Closures of public toilets remain a central issue for communities, often becoming the focus of local campaigns. Community Toilet Schemes have been used by many councils to supplement and in many cases replace public provision. Such schemes have been encouraged by UK and devolved governments. In 2014, Knight (2014a, 2014b) found that up to 16% of facilities listed on council websites were part of community toilet schemes and therefore 'private' but publicly accessible.

The shift of this essentially public service into the private sector also comes with access restrictions. Whereas public toilets are accessible to everyone, those in the private sector may have restrictions on access based on a provider's right of refusal to their property and / or business. This is coupled with a lack of checks and balances within the schemes. These include some high streets having a higher uptake than other areas, creating clusters of provision (Knight and Bichard, 2011) making other areas the equivalent of a 'postcode lottery' of provision. In addition, Hanson *et al* (2007) found a discrepancy in the translation of accessible toilet design guidance amongst those participating in community toilet schemes. This resulted in many scheme members' accessible toilets not meeting the then recommended British Standards BS8300 (2001)<sup>1</sup> code of practice for buildings to meet the needs of disabled people.

Prior to the pandemic, a study undertaken in 2018 by Jones and Schraer reported a loss of nearly 673 public toilets since 2010. This work mapped each unitary, borough, district and city council to highlight which areas provision had increased, decreased or been maintained.

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<sup>1</sup> Hanson *et al*'s research was based on the then British Standard BS8300. This has subsequently been updated in 2009 and 2018.

Such figures included a drop in the number of public toilets maintained by Cornwall's unitary council from 253 in 2014 to 14 at the time of the report, with many of the facilities becoming the responsibility of parish and town councils. Jones and Schraer also reported that Cornwall Council's expenditure on toilet provision was 'wiped out' in the same period, falling from £4.3 Million to £217,000. A representative of Cornwall Council cited "huge cuts in funding by central government... forced... to review the non-statutory services we provide". The report went on to identify 37 areas of the UK in which there was no public toilet provision operated by major councils. In total, it can be surmised that there has been a significant decrease in public toilet provision that is accessible to all citizens. The authors estimate the decrease to be 35% over 21 years (2000-2021) based on Valuation Office Agency figures for England & Wales (Hansard 2021) and Jones and Schrarer found the decrease in the UK to be 13% over 8 years (2010-2018).

### **Cross your fingers cross your legs**

Within the UK, amongst a population currently calculated to be over 68 million (Worldometer, 2021), The Bladder and Bowel Community have estimated that 14 million suffer from some form of bladder condition and 6.5 million have a bowel condition. Within these groups, it was reported that 94% experience anxiety about leaving home due to the lack of toilet provision (Umbers, 2020). The National Institute of Clinical Excellence has found that women, who currently make up over half of the UK population, experience a greater incidence of both IBS and urinary incontinence (NICE, 2014: 2015). In addition, women tend to make up the majority of primary carers of children and older family members, and will also experience more chronic health conditions and disability in ageing (Criado Perez, 2019). Devine *et al* (2021) found that 78% of the health and social care workforce is made up of women. This suggests that during lockdown, the majority of key workers in health and social care were women who may also experience a higher incidence of bladder and bowel conditions.

*"I contacted Hastings Borough Council asking about their decision to close all of the public toilets... I'm a key worker who is trying to avoid using public transport due to the virus. It takes me 1hr 15mins to walk to the care home I work in and I also have chronic IBS... if I need the toilet then I have to go ASAP"* (Mandy Bevan, Hastings & St Leonards Observer 28 April, 2020)

In response to this report a spokesperson from Hastings Borough Council responded:

*"We are sorry to hear that closure of the public conveniences is causing this key worker problems. Unfortunately, we cannot open the public toilets right now because we can't ensure their cleanliness. We hope to open them as soon as it is safe to do so"* (Wynn Davis, Hastings & St Leonards Observer 28 April, 2020).

The authors conducted an audit of council website information about public toilet access during the first lockdown. This audit was conducted between 6/05/2020 and 13/5/2020 looking at council website information on toilets for a sample of two out of twelve UK regions: in Scotland (32 boroughs) and London (33 boroughs). Scottish Local Authority (LA) websites show that of 32 LA's, 37% had closed their toilets, whilst 56% give no information, with only one council (Orkney Council) confirming provision was partially open. Eight LA-run 'comfort schemes' (Scottish Community Toilet Schemes) were presumed negatively affected, due to the extensive closure of retail and hospitality. In London, 15 of the 33 boroughs (45%) stated

toilets were shut, with one (City of Westminster) reporting facilities as open and the remaining boroughs (51%) with no information on access to provision. 14 London boroughs ran community toilet schemes, presumed inaccessible.

This audit revealed the extent of closures, with reasons stated on council websites for closing public toilets given as:

*"...due to limited staff availability to open, clean and close the toilets "*

*"...to comply with government guidelines on social distancing..."*

*"...staffing demand... and in recognition of the public's requirement to observe social distancing and, wherever possible, remain indoors"*

*"...In light of further government COVID-19 guidance..."*

*"do not currently have the resources to sanitise the facilities..."*

*"...to reduce the risk of infection..."*

Of the sole councils (Orkney Council, City of Westminster Council) in each region that publicly stated their toilets would remain open, both stated that this was to provide critical infrastructure support for essential workers. In Orkney Council, toilets were initially closed, but partially reopened in response to requests from key workers (Orkney.gov.uk).

A wider problem not unique to the pandemic, was the absence of information about toilets from over half of councils audited (56% in Scotland, 51% in London). This reflects previous findings of the authors, where a lack of online information was identified as a barrier for people seeking to plan ahead due to their reliance on access to toilets when away from home [Bichard & Knight, 2012].

### **From Public Service to Public Health**

The Royal Society of Public Health report *Taking the P* (2018) argued that the lack of public toilet provision "is a threat to health, mobility, and equality, and it is time these services are considered as essential as streetlights and waste collection". Nazerali et al (2021) build on this and present public toilet provision as a public health service especially in light of COVID-19, toilet provision as a key site for accessing hand washing and therefore its infrastructure playing a role in managing any future viral based public health crisis.

The lack of guidance concerning the hygiene management of toilet provision, appears to have been one factor in providers' decision in closing toilets. No direct guidance on managing toilet provision appeared until June 2020 with the release by the Health and Safety Executive of a short guide to *'Working safely in the coronavirus outbreak'* with reference to hygiene management in toilets. This was followed by the British Standards Institute *'General guidelines for safe working during the COVID-19 pandemic'* which included a section on maintaining hygiene in toilets (BSI:PDISOPAS-45005, 2020).

(Image 2 reopening of toilets with use 'at your one risk' (Bichard & Ramster 2020)

Dancer et al (2021), whilst acknowledging a lack of real-life studies on transmission risk of COVID-19 in public toilets, uses 'evidence for discreet statements relevant to toilet use' (Ibid pg. 2) to assess the risk of spreading and catching the COVID-19 virus SARS-CoV-2 from

public toilet use. Dancer *et al* identify a number of transmission points within toilet provision such as surfaces, sinks and taps, air and towel dispensers, door handles, WC pan and flush, but also includes a lack of ventilation in provision coupled with increased exposure to faecal and urinary aerosols as noted and key increased risk factors. The assessment recognises that public toilets play an essential role in the built environments' infrastructure, but that they tend to attract a high density of users in a small space and therefore require frequent and regular cleaning and ventilation to minimise community transmission.

(Image 3 Social distancing measures in public toilets (Bichard & Ramster, 2020)

By 23 June 2020, the UK began to ease lockdown measures. Yet this resulted in restricted movements within areas and advice not to travel far. Whilst more councils had fully or partially reopened their toilet provision, there were still significant numbers of councils choosing to keep toilets closed. A repeat audit of council websites in Scotland and London took place on 11-Jul-2020. Of 32 Scottish LA websites, 6 (19%) still had no toilet provision, with 7 councils having reopened toilets, 11 partially reopened, and 15 (47%) with no information. In London, 8 (24%) councils were still keeping their toilets closed. 5 London boroughs (15%) had opened their toilets, 14 had partially reopened, and 11 (33%) provided no information. Once Scottish council stated their reason for reopening toilets to be "as part of response to large numbers gathering at 'in parks, seafronts and other locations'". Social distancing and hygiene concerns would continue to restrict access to private provision, with many businesses not even offering 'customer only' toilets.

## **Go anywhere**

(Image 4 Public Toilets Closed poster Bichard & Ramster 2020)

After three months, the easing of lockdown found people tentatively venturing into city centres, wider green spaces and areas in which the recommended social distancing that remained in place could be maintained. Public toilets have a unique feature within the built environment as being one site that may attract every possible user and therefore the design and service of provision needs to consider age, ability, gender, faith and needs associated with health. A lack of provision can be a distressing experience that can affect decisions to return to areas (House of Commons, 2008; Association of Town Centre Managers, 2014). Equally decisions regarding long and short distance travel, and even leaving home in the first place are often based on toilet provision (House of Commons, 2008). Managing continence is a highly personal matter, and failures in provision have been cited as having implications for social isolation and physical activity (Bichard & Hanson, 2009; Royal Society of Public Health, 2018).

As people ventured out, initially locally but as good weather and bank holidays came about, further afield, media reports emerged from around the UK concerning the lack of toilet provision throughout the UK. The Daily Record announced "*Fears over lack of public toilets as Scots flock to beauty spots after coronavirus lockdown easing*" described how although people were allowed to spend more time outside, many businesses were still 'closed' to

internal service including access to toilets. The article suggested that these 'new freedoms' coupled with a lack of toilet provision would increase open urination and defecation.

The Bucks Free Press asked at the end of the month *"When will public toilets re-open"* and reported that some people had decided not to go out due to the lack of provision, with a councillor commenting;

*"Quite a lot of the public are saying it's all very well saying the park's open but actually, I do need to use the loo"*

The report also acknowledged the key issue of maintaining hygiene in provision, and commented on how the design of public toilets played a role in hampering hygiene. Noting the singular cubicle of the accessible unisex toilet compared to the multi cubicle provision of standard toilets, another councillor commented:

*"The design of the loos in different areas is very difficult. We have the isolation within the disabled facilities so maybe some of those will be open in the very near future"*

Yet, such generalised opening of 'disabled' toilets may cause harm to users who might experience more pronounced medical vulnerability. In addition, many users of accessible toilets require more time in use (Hanson et al, 2007). Making such provision generally available would increase queues and frustration. Finally - the frequent cleaning of a single cubicle would require closure, eliminating all provision.

The BBC also asked *'When will public toilets be reopened'*. This report cited people who live with Crohn's disease as limiting time and restricting food intakes to manage being away from home with no public toilet provision. A spokesperson from Crohn's and Colitis UK commented:

*"it is not acceptable to push people with the chronic conditions further into the shadows and heighten their isolation at a time when staying connected and healthy is harder than ever before"*.

However, reporting over a fine weathered bank holiday, the news also noted a rise in public urination and defecation. A resident in Somerset told how people had been using the beach as a toilet and that they had noticed;

*"three lots of human faeces with discarded underwear"*

In this instance, the nearest toilets were operated by The National Trust who commented they were *"working to open the toilets as soon as it could"*. But noted that the organisation had to;

*"get the balance right between reopening many of its car parks to allow people to enjoy the countryside and discouraging crowds from visiting rural places"*.

The sense of balance in provision, especially in visitor friendly and tourist focused areas became a difficult decision for providers in assessing meeting the needs of local residents whilst also discouraging major influxes of visitors to areas to limit the spread of coronavirus.



Many councils and tourist boards urged potential visitors not to come and actively promoted that their public toilets were closed.

The Yorkshire Post reported *“Break-ins, parties, poo and abandoned knickers: The aftermath of Bank Holiday in Yorkshire’s National Parks”* in which a lack of toilet provision over the bank holiday resulted in a rise of “anti-social behaviour” that included a community hub being broke into to use toilet facilities and a bus stop, private gardens and a cemetery also used as toilets.

The ‘i’ reported that the *“lack of public toilets in lockdown and social distancing will change the way we use loos”* with closed toilets directly hampering the government’s attempts to ‘bolster the free-falling economy’ by getting people spending again;

*“the question everyone is asking this week is: in that case where are we supposed to spend a penny?”*

The report called the situation ‘comically stark’ when pubs were allowing take outs but barring walk ins to use the toilet, and that the ‘front line in the new normal’ was now the foliage with;

*“Britain’s bushes... on the receiving end of an unwanted blitzkrieg from men – and women – caught short”.*

In response to declining public toilet provision and its repercussions during lockdown, Newton (2021) argues that:

*“Historically speaking, political anxiety over public toilets has tended to centre on the ‘toilet’ aspect: the closed cubicles, the exposed bodies... After ten years of austerity and a pandemic... it’s the ‘public’ part - in terms of both access and ownership - that’s under open threat”* (Ibid, 2021).

The lack of toilet provision during the pandemic proved a major failure to support the predominantly female workforce of key workers / essential workers / critical workers in getting to and from their workplaces, as well as many people who lost the confidence to leave home for shopping or daily exercise. In many ways as presented at the beginning of this paper, the lack of attention to keeping toilets open and maintaining them safely effectively rendered a loss of continence on the nations.

Historical feminist readings of cityscapes and toilet provision have established how the lack of toilet provision have held women by the ‘bladders leash’ (Cooper et al, 1995), such curtailing of movement based on bodily functions and the lack of access has also been extended to disabled people (Kitchin and Law, 2001). In 2020, this was effectively applied to all citizens.

The implication of lockdown in late March 2020 appears to highlight some confusion over the question of public toilet provision with government advice initially describing the service as an ‘exception’ (MHLCG, 2020a). However, on 13 May 2020 the government ‘allowed’ all English councils to open their public toilets (Wilkinson, 2020), provided they could maintain

stricter cleaning routines and enforce the two-metre distance. For many local authorities, faced with major budget cuts by central government, estimated to be in the range of £15 billion since 2010 (Winstanley, 2021), it can be surmised that there simply was not the money to support safe and socially distanced provision, and thus toilets remained closed. Currently, there is no accounting of the costs to council budgets in street cleaning of the subsequent open defecation, discarded underwear and nappies that littered green spaces and beaches, a direct response to a lack of public toilets.

(Image 5 Charing Cross queue poster Bichard & Ramster, 2021)

## Conclusion

From 'the cradle to the grave' access to toilets in the public realm is a biological necessity. This service, that is not legally obligated, has traditionally been offered by local authorities, yet budget restrictions have increasingly placed the onus of provision onto the private sector, creating toilets that are publicly accessible but with access restrictions.

Closure of many retail and hospitality providers during COVID-19 lockdowns further decimated the availability of toilet provision, posing key questions concerning if operations such as Community Toilet Schemes are a sustainable model to meet users and community's needs. Whilst social distance measures begin to recede there may still be reticence from businesses to continue to allow non-customers access to toilet provision. Hence there is an urgent requirement to re-evaluate public toilet strategies and review the models of provision in the UK.

As we acclimate to new ways of post-COVID-19 living, maintaining hygiene will be at the forefront of provision. Public toilets were created as a key component of Victorian public health strategy, and once again simple acts such as hand washing are at the forefront of a public health agenda. The challenge for urban planners, designers and indeed local and central government is to explore learnings from the pandemic experience, how there is a need to reposition the role of the public toilet, not as a shameful structure, hidden and misused, but as a central component of a sustainable public health strategy and celebrated element of our post-covid society.

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