

**CUMBRIA COUNTY COUNCIL  
CHILDREN'S SERVICE  
SEN Handbook**

**Section B5c**

**Toileting**

**The principle objective for every child is to develop independence. Every nursery and school should have toilet facilities for children with disabilities so enabling them to be as independent as possible and maintain their dignity.**

**When a child starts school who is not able to use the toilet independently, the school should discuss this with the parents or carers and agree how best to help the child become independent. Where the child has a medical problem that results in them having toileting problems, medical advice should be sought and close links should be established with the medical professionals involved.**

**The medical professionals should be consulted on training issues and in the development of appropriate training programmes.**

**Toileting in nurseries and schools can be classified into four main groups:**

1) Children who suffer from a physical/medical condition:

On very rare occasions, where a child is incontinent as a result of a physical/medical condition and if the needs cannot be met by regular visits to the toilet, additional support can be considered on the written advice of the Community Paediatric Consultant.

Children who have specific physical/medical conditions must each have an individual Health Care Plan developed in consultation with a Health Service representative, such as the Consultant Community Paediatrician, Health Visitor, or Incontinence Adviser, in close liaison with the family and educational setting.

In certain circumstances the Local Authority will offer one hour per day of support, on a termly basis. The Health Care Plan must be reviewed every term with written advice being sought from the Consultant Community Paediatrician.

Some children, with long term physical/medical needs may be directed by means of a statement to a mainstream school with strategically resourced provision.

Health Care Plan

Cumbria endorses the principles described in the DfE/Department of Health publication 'Managing Medicines in Schools and Early Years Settings'. In particular this establishes the use of Health Care

Plans where a medical need has been identified. (Copies of this publication can be obtained from Department for Education publications. Tel: 0845 6022260 or via the website)

2) Children who have not yet achieved toileting skills when they enter formal education:

This is usually a short term problem and for these children the provision generally falls within the remit of the nursery or school, and Health Service representatives, such as the School Nurse and Incontinence Adviser.

It would be for these professionals to develop a training programme for each child, involving the child, school and family.

In some instances the Local Authority will offer 1 hour per day of support, on a termly basis, to implement a toileting programme, which should be monitored and reviewed by the school, family and Health Service representative.

3) Children whose toileting problems are part of their severe or profound developmental delay:

In such cases toileting could be a long term issue and may never be achieved independently. Children with severe or profound learning difficulties would be expected to have a statement of special educational need which would address this need.

4) Children who suffer trauma or abuse:

Their needs may be short term or periodical and their needs should be met in the same way as 1 or 2 above.