



Department
of Health

Clean and Dry in Time for School: a multi-agency approach to toilet training for children aged 3 to 19 years.

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It has been superseded by the [Delivery of the healthy child programme](#) guidance.

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Clean and Dry in Time for School: a multi-agency approach to toilet training for children aged 3 to 19 years.

Prepared by

Authors: Diane Corderoy, Chris Beer and

Janet Marsh

Kent Community Health NHS Trust

Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer:

Community

Universal

Universal Plus and

Universal Partnership Plus.

Case Study Overview

Why Change is Needed

It is recognised within the Healthy Child Programme that the transition from pre-school to primary school is a critical time of change for children. Innovative approaches are required to ensure that every child is ready to manage the experience and has a smooth transition from early years to school. However, the experience can vary from child to child.

In *Early Childhood and Primary Education* (2007), Martin Woodhead and Peter Moss support the notion that preparing a child for school is everybody's business:

Readiness for school is best understood as the match between the child and the institutions that serve the child. It requires the participation of families, schools and communities.

A recent survey by the Association of Teachers and Lecturers in partnership with Education and Resources for Improving Childhood Continence (ERIC) found that more children are starting school before they have been toilet-trained.

Kent Community Health NHS Trust's (KCHT) health visiting and school nursing teams in the Dover and Deal area are responding to similar concerns raised by local schools and nurseries.

The Dover/Deal project is a multi-agency initiative, led by health teams working closely with Children's Centres, nurseries and schools. The overall aim of the project is that 'through proactive, preventative and innovative approaches, parents, schools and nurseries will be provided with the support needed to ensure that every child is given the opportunity to start school clean and dry'

As stated above, Woodhead and Moss view the preparation of a child for school as everybody's business. However, it could be argued that the management of continence issues in pre-school children has not been joined-up and for the most part the response has been reactive.

The Dover/Deal project champions innovation when tackling the subject of pre-school continence, with its proactive, multi-agency approach. Sitting within the Universal Partnership Plus arm of the Healthy Child Programme, the multi-agency team aim to bring about a significant decrease in the number of children starting school who are not yet clean and dry.

Project objectives

- To support school readiness.
- To provide a multi-agency approach to the identification and management of continence in the pre-school child and those currently in school.
- To develop care pathways across organisations to support continence.
- To provide packages of care to families to ensure that the child has the opportunity to be toilet-trained before starting school.

Achievements

The project is being led by a school nurse practice teacher and a health visitor practice teacher. Both senior practitioners have built up strong working relationships with their local multi-agency partners.

For the purposes of the project, two nurseries were identified, both attached to primary schools. A named health visitor and nursery nurse were identified to link with the nurseries and a named school nurse was identified to link with the primary schools.

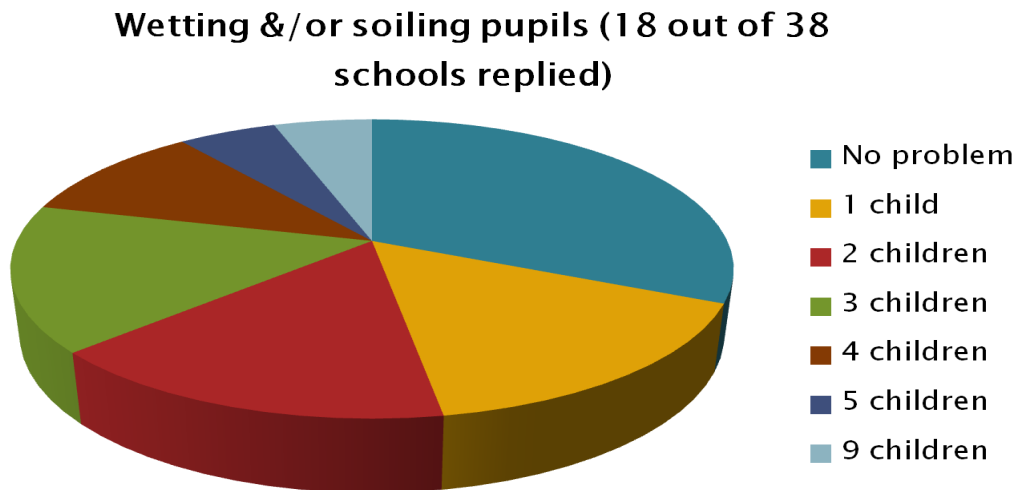
To facilitate stronger links with partner agencies and the local community, a multi-agency steering group was set up to provide direction and monitor the progress of the project. The group included senior representatives from the two local schools and nurseries, and representatives from the Children's Centre, school nursing and health visiting, with plans to include a parent member. All of the professionals present were able to make decisions on behalf of their agency.

The project was registered with KCHT's project office and a project plan was developed and agreed, with clear goals and timescales.

The Project Plan

- Data collection identified the extent of the problem (see Figure 1).
- A named health visitor and nursery nurse allocated to each nursery.
- Termly visits to each nursery to liaise with staff and identify any health needs.
- Health visitors and school nurses to develop and liaise with partners to develop a care package for children and families.
- Prior to school entry, health staff invited parents to a coffee morning at the nursery to discuss any health issues and to raise the profile of the service.
- A multi-agency care pathway to be developed.
- Health visitor and school nurse to attend nursery and pre-school open evenings to discuss with parents the support available.
- Within the first few weeks of term, school nurses will visit the reception teacher, the special educational needs coordinator and family liaison officer to discuss any children where there are concerns.
- Outcomes will be measured through parent satisfaction surveys and the evaluation of the impact in the classroom.

Figure 1: Wetting and/or soiling pupils (18 out of 38 schools replied)



Benefits

The benefits obtained by having effective toileting programmes in place can be seen from a number of perspectives:

Child and Family

Continence issues that persist for school-age children are likely to impact on the child's emotional health. Featherstone (2004) states: "A lack of emotional wellbeing can cause worry and stress, leading to aggression, fatigue or withdrawal, all of which has the potential to impair learning capacity."

Proactive management is more likely to enable the child to focus on settling in to school and learning. In addition, the child may find it easier to be accepted by their peers, make friends and have a more positive school experience.

Parents will benefit from consistent advice and be empowered to manage their own child's health needs. In addition, there will be less pressure on limited family budgets when parents no longer have to buy nappies.

School

Continence issues in the classroom impose a considerable pressure on the limited resources available. Time that should be spent supporting the child's learning is often used to clean and settle the child after an "accident" resulting in less time available for all those children in the class. Effective management will enable school staff to focus on the child's learning and not on continence management.

Organisation

The organisations involved will be able to make best use of staff time and skills and will therefore be better placed to provide cost effective, quality services to children and families.

Our partner schools in Dover and Deal have reported that, due to the number of children wetting and soiling, they have had to spend many thousands of pounds replacing soiled carpets. Having an effective toileting programme in place will reduce avoidable cost pressures on limited budgets and reduce the reliance on costly continence products.

Teams

The Dover/Deal project will build on the existing strong working relationship between agencies to strengthen and promote a strong public health system within the local community.

Challenges

Initially there was a lack of awareness of the extent of the problem. Anecdotal evidence pointed to the fact that this was not isolated to one or two schools, but was a common occurrence in many schools. Once the right questions were asked, the answers came swiftly and the relevant agencies were identified to support the project. There was a sense of relief evident from all those involved that no one agency would have to tackle this alone. Although no formal survey of schools was carried out, information received through face-to-face contact with 18 schools in the area supported the anecdotal evidence received (see Figure 1).

Multi-agency working is recognised as an essential component in the delivery of healthcare, but is often perceived to be one of the greatest challenges. However, such was the strength of the existing working relationships between health, education and Children's Centres, this was not a barrier to driving the project forward.

Lessons continue to be learned. What is evident is that with a large number of cases involving pre-school children, a small level of input is all that is required to make changes. However, with school-age children the issues will take longer to resolve. Therefore it is essential that children are identified at a much earlier stage.

Even though the evidence identified a wider problem, a decision was taken at the beginning of the project to keep it contained by identifying just two schools and two nurseries.

One of the concerns raised was that once it was known widely that support was available, the demand would be such that it would overwhelm the current services and possibly jeopardise the success of the project. The aim is to evaluate the project thoroughly and be clear on the outcomes achieved and lessons learned.

Learning, Sharing and Sustainability

Families with a school-age child with continence issues need timely intervention, ideally before the child starts school.

There is a need for clear policies and consistency of approach across agencies. Partners did not know where to take their concerns and how to advise parents.

Trying to manage the situation in school may have contributed to a culture of acceptance.

There is a need to be mindful of the impact of the demand on current services and the teams involved.

There has been considerable interest in the project from other partners and teams, but it must be stressed that this initiative is in its early stages. The project will be evaluated before promoting it further.

The project was presented as a poster display at the Community Practitioners and Health Visitors conference in November 2012. Once evaluated, the learning will be shared more widely, locally, regionally and nationally.

Following evaluation, the information will be available to assess whether it can be fully implemented and sustained within current resources.

This project is aimed at supporting the early identification and management of children's continence issues. Providing support for parents and identifying those children requiring further specialist services, it aims to ensure that every child has the opportunity to start school clean, dry and ready to learn.