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Jen Slater, Charlotte Jones & Lisa Procter

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Troubling school toilets: resisting discourses of ‘development’ through a critical disability studies and critical psychology lens

Jen Slater^a, Charlotte Jones^b and Lisa Procter^c

^aSheffield Institute of Education, Sheffield Hallam University, Sheffield, UK; ^bDepartment of Sociological Studies, University of Sheffield, Sheffield, UK; ^cFaculty of Education, Manchester Metropolitan University, Manchester, UK

ABSTRACT

This paper interrogates how school toilets and ‘school readiness’ are used to assess children against developmental milestones. Such developmental norms both inform school toilet design and practice, and perpetuate normative discourses of childhood as middle-class, white, ‘able’, heteronormative, cissexist and inferior to adulthood. Critical psychology and critical disability studies frame our analysis of conversations from online practitioner forums. We show that school toilets and the norms and ideals of ‘toilet training’ act as one device for Othering those who do not fit into normative Western discourses of ‘childhood’. Furthermore, these idealised discourses of ‘childhood’ reify classed, racialised, gendered and dis/ablist binaries of good/bad parenting. We conclude by suggesting new methodological approaches to school toilet research which resist perpetuating developmental assumptions and prescriptions. In doing this, the paper is the first to explicitly bring school toilet research into the realms of critical psychology and critical disability studies.

KEYWORDS

Childhood; critical psychology; development; disability studies; school readiness; school toilets; toilet training

Introduction

School toilets are a central part of many children’s school experiences; a location of risk, anxiety and suspicion (Batsleer, 2012; Jones, 2004). As adults, we can often recount stories of toilet provision not being suitable for our needs. Indeed, a small but significant body of school toilet literature from early years through to secondary settings almost unanimously concludes that school toilets are inadequate. Reasons for this include a lack of cleanliness and resources (e.g. toilet paper, soap, hot water), insufficient durability, pupils’ lack of ‘ownership’ over the space, and a failure in balancing the need for pupil privacy with staff observation (e.g. Barnes & Maddocks, 2002; Burton, 2013; Millei & Imre, 2015; Rajaratnam, Patel, Parry, Perry, & Palmer, 1992; Upadhyay, Mathai, & Reed, 2008; Vernon, Lundblad, & Hellstrom, 2003).

Although we do not refute that school toilets are often inadequate, this article uses critical psychology and critical disability studies to critique the developmental discourse

CONTACT Jen Slater  j.slater@shu.ac.uk

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which underpins many school toilet studies. We use these particular perspectives, first, because school toilet literature and research often rests uncritically on developmental discourse. By 'developmental discourse' we do not just mean the formal, scientific and psychological ways in which educationalists have discussed childhood development. Rather, we include the everyday talk of 'development' that shrouds issues of toilet training and school toilets. Developmental discourse, we will argue, positions disabled children as 'Other' in school toilet research. Second, despite useful critiques of developmental discourse emerging from critical disability studies and critical psychology, the school toilet has not before been analysed within these disciplines. Thus, we bring together fields of study not yet in conversation with one another. We primarily concentrate on school toilets and discourses of 'school readiness'. This is because developmental discourse in relation to the toilet is particularly prevalent at the time that most children move from the institution of the family or home, to that of the state (nursery/kindergarten/pre-school/school).

We use online examples from the *Secret Teacher* blog series from UK broadsheet newspaper *The Guardian* (Anon, 2015) and a discussion thread which appears on an online forum which is aimed at educational practitioners. These texts are illustrative of cultural responses to issues of school toilets. Through our analysis, we demonstrate that disabled children emerge only through an 'exception by diagnosis' framework. Furthermore, as underlying discourses of development rely on normatively gendered, ableist, heteronormative, raced and classed understandings of 'childhood' (Burman, 2008a), we show that it is not only disabled children who are affected by the developmental underpinnings of school toilet research. We agree with Burman (2012) when she states, '[l]ike banal nationalism and racism (Billig, 1995; Burman, 2010), banal developmentalism should exercise our attention, rather than being overlooked or excused by virtue of its "trivial" status' (p. 3). Rather, developmental discourse requires interrogation, in order to develop new, and more inclusive, methodological approaches to studying school toilets.

We begin with an overview of our conceptual frameworks: critical psychology and critical disability studies. We then outline school toilet policy, practice and research, much of which rests uncritically on normative notions of 'development', and rarely includes disabled children's experiences. When disabled children's experiences do emerge, their inclusion rests upon medical, individualised understandings of ab/normal bodies. Millei and Imre (2015) point out that, like any clinical/medicalised setting, the toilet becomes 'regulated through powerful medical and public health knowledges that construct children as inferior and adults in a position of mastery' (p. 7). Building on Millei and Imre, we analyse two examples of online school 'toilet talk' to argue that the 'adult' figure in a position of mastery relies on a normative construct of adulthood that is white, male, cisgender, heterosexual, middle/upper class, Western European or North American and 'rational' (Liddiard & Slater, 2017; Slater, 2015). Meanwhile the child is figured as 'the subject yet to come', 'not yet capable of reason, not yet fully agential' (Wallace, 1994, p. 298). Discussing disability, Kafer (2013) explains that to experience disability is to experience 'a temporality that cannot exist fully in the present, one where one's life is always on hold, in limbo' (p. 44). Resisting developmental discourse through school toilet research means beginning with those who are considered 'unfinished', 'still/not yet/never to be fully developed' and perpetually in a 'childlike' state. Thus, we maintain the importance of meaningfully including those who are often considered as 'problems' when it comes to school toilets. We conclude by outlining a methodological position for what we call critical school toilets research.

Critical psychology, critical disability studies and 'the developing child'

Critical psychology and critical disability studies (CDS) are the guiding frameworks for this paper. To take a CDS perspective is to 'emphasise the complex social, cultural, material and economic conditions that undergird the exclusion of disabled people' (Goodley & Runswick-Cole, 2016, p. 2). We consider developmental discourse as a dominant and naturalised understanding of childhood, which allows for disabled children's marginalisation in research, practice and everyday talk about school toilets. Yet, as Goodley (2011) writes, '[w]hile critical disability studies might start with disability, they never end with it, remaining ever vigilant of political, ontological and theoretical complexity' (p. 157). Thus, we do not only foreground the experiences of disabled children (Slater & Chapman, *in press*), rather, we consider developmental discourse as a complex site where ableism – the expectation and prioritisation of an 'able' body/mind – intersects with understandings of age, gender, class, (a)sexuality, race and nation (Erevelles, 2011; Mingus, 2011).

CDS is an interdisciplinary endeavour (Goodley, 2011). We thus also draw on critical psychology. Although the two disciplines may have distinct points of reference (the theory and practice of psychology/the lives and experiences of disabled people), they nevertheless share common ground. Both are sceptical of grand narratives and claims to scientific truth and draw on academic and activist knowledges emerging from feminist, queer, post-colonial and anti-racist movements to critique and reject psychologisation. By psychologisation, we mean the reduction of societal problems to the individual (Goodley, 2011), and the expectation that said individual will work on oneself and one's relations (Burman, 2012). Critical psychology and disability studies, therefore, aid us in contesting an understanding of (disabled) children as problems in everyday talk, research and practice surrounding school toilets, instead considering inequitable and oppressive structures, systems and societies.

In our critique of developmental discourse we follow Burman (2012) in understanding childhood development as a text:

Treating mainstream psychological theory and practice as text disrupts its scientism and naive realist claims, and facilitates attention to how the knowledge, 'facts', norms and models are the outcome of specific contextual productions and interactions. (p. 3)

Furthermore, we concur with Burman (2008b) to not consider children as a homogenous group, but to ask how the children who are being discussed are positioned within social structures. We pay attention to how naturalised understandings of developmental discourse produce (a) the exclusion of disabled children from the small but significant body of school toilet research; and (b) individualist understandings of disability, whereby disabled children are framed as 'problems' and 'exceptions' to the mainstream. We therefore argue that when researchers have called for improvements to school toilets, they are generally imagining a (mythical) 'able' child.

Framing our arguments around development enables us to consider how disability is constituted by a multitude of differing forms of social positioning. As Burman and Stacey (2010, p. 230) point out, '[i]n the North, and globalized through international development policies (Burman, 1996), the model of child development inscribes an ideal-typical white, middle-class childhood that is also culturally masculine'. Indeed, adults who are not fulfilling these ideals are, like children, infantilised. Disabled people, women and people of

colour have and continue to be treated as irrational and dependent. Furthermore, these forms of categorisation are not separate to, but often co-constitutive of one another. Racialisation, for example, informs understandings of ‘developmental delay’ (Erevelles, 1996). Femininity has historically been equated with certain psychiatric labels (such as hysteria), which themselves intersect with race, class and global positioning (Davis, 2008; Mills, 2014). ‘Civilisation’ and ‘education’ have justified colonisation (Burman & Stacey, 2010; Mingus, 2011), sometimes with explicit references to toilet use (Elias, 1978; Inglis, 2002; Slater, Jones, & Procter, 2016).

We agree with Burman (2008b) in that discourses of individual child–adult development cannot be separated from global development agendas. Inglis (2002) highlights how colonial projects position colonised peoples as ‘faecally inferior’ by labelling them as ‘wholly faecally filthy in character’ and ‘more faecally uncontrolled and excrementally libidinous than their apparent superiors’ (p. 208). In another paper, we have considered this in relation to understandings of ‘civilising the uncivilised’ (Slater et al., 2016). Although this paper concentrates on a specifically Western context, it is a context that rests upon continuing colonial projects within which ‘development’ is implicated. Furthermore, whilst the politics of gender are relevant to the discussions in this paper, and we believe developmental norms can play a potentially violent role in the lives of trans children in particular (as we argue in Slater et al., 2016), our emphasis in this instance will be on disability. We turn now to put critical psychology and CDS to work on literature and policy surrounding the school toilet.

Methodology

Following Batsleer (2012), we treat ‘development as text’ and use two online sources to illustrate practitioners’ discussions of school toilets. The first is a blog from the *Secret Teacher* series on the website of broadsheet newspaper *The Guardian* (Anon, 2015). The second is a discussion thread which appears on an online forum aimed at educational practitioners in the UK. Like Batsleer (2012), we ‘suggest that such banal texts are worthy of attention precisely because of the clues they provide about the shaping of assumptions that become normalized into absence’ (p. 3). Nevertheless, we do not claim that these texts are ‘representative’ of all online talk about toilets. Rather, they are illustrative of cultural responses to issues of school toilets in terms of: (a) the ways in which developmental discourse circulates and infiltrates conversations of school toilets (particularly in early childhood) and (b) the kinds of emotive responses that can be evoked by school toilets and toilet training. Furthermore, we argue that integrating cultural responses to issues of school toilets offers more critical approaches to school toilet research.

The texts that we analyse represent practitioner voice differently. *Secret Teacher* arguably has greater cultural capital than that of the community forum as it (a) is published in a national broadsheet newspaper; and (b) offers a teacher, rather than teaching assistant (TA) voice. On the other hand, the practitioner forum is not edited and is predominantly populated by TAs who are often the classroom staff who attend to children’s toileting. Furthermore, these online, anonymous texts reflect open dialogue amongst practitioners that may be difficult to access otherwise. Hookway (2008) highlights the benefits of using ‘publicly available’ and ‘instantaneous’ materials in research. He acknowledges that ‘the

anonymity of the online context also means that bloggers may be relatively unself-conscious about what they write since they remain hidden from view' (p. 93). What is most interesting for us, however, is that despite the different formats and positions of authority and/or practice, school toilet developmental discourse expects children by a certain age to be able to use the toilet independently, unless there is a medical reason otherwise.

Despite using secondary data, ethical considerations have been made. The practitioner forum has been anonymised by exchanging and reordering words, whilst maintaining the original meaning. We do this to acknowledge that although 'the service provider, operator of an online forum, or terms of service may state that the content is public, [...] individuals [may] perceive the space to be private' (Markham & Buchanan, 2012, p. 14). We have not anonymised the *Secret Teacher* article as it is situated in the public realm and the author is already anonymised in the original text. Ethical approval for the outlined procedure was gained through Sheffield Hallam University.

We approach this paper as openly subjective researchers with interdisciplinary backgrounds in childhood emotion, educational spaces, disability studies, gender, sex and sexuality. Our analytical position is framed by an Arts and Humanities Research Council funded project, *Around the Toilet* (AtT; aroundthetoilet.wordpress.com). Here we, along with a group of other researchers including representatives from queer, trans and disabled people's organisations, used arts-practice to explore the importance and meaning of having access to a safe toilet space. Although AtT data are not discussed directly, it is important to mention as our analysis is informed by the perspectives offered by AtT participants, who highlighted to us the importance of including children's experiences. Our research in AtT also underlines the types of accounts that are missing within both academic literature and online talk about toilets (for use of AtT data see Slater et al., 2016).

School toilets and 'hygienic discourse'

Research that was carried out as long ago as the 1990s called for improved school toilets in a Western context on account of infectious disease and a lack of cleanliness (Rajaratnam et al., 1992). Although the concern for health relates to pre-school through to secondary school, the worries emerging in research, policy and practice are age-dependent. When concerning early childhood, discussion centres on the expectation that by a certain age children are expected to use the toilet independently (NHS Choices, 2014) and teaching children 'good' toilet habits (Reeves, Priest, & Poore, 2012). With older children, the problems are often related to hygiene and cultures of the school toilet, for example, bullying, dirty toilets, no locks (Vernon et al., 2003). Throughout the literature, sources including governmental (Department for Education and Skills, 2007) and campaigning organisations (ERIC, n.d.) cite regular toilet use as improving concentration, behaviour and attendance.

Much of the toilet research in the area of 'school readiness' intertwines toilet use with meeting 'developmental milestones', such as using the toilet regularly, avoiding 'accidents' and hand-washing (Millei & Imre, 2015). These assumptions work vis-a-vis with policy and practice. For example, in the UK, the National Health Service (NHS) Choices¹ website states that when toilet training 'every child is different'. Later, however, the website reiterates clear milestones to be met: 'by the age of four, most children are reliably dry'. When a child reaches school-age (age 5 in the UK), being an 'independent' toilet-user becomes particularly important. The UK government-issued 'Intimate Care Policy' states that –

[s]chools are not expected to toilet train pupils. Therefore unless a child has a disability, as defined through legislation, it is expected that parents/carers will have trained their child to be clean and dry before the start in FS1 [Foundation Stage 1: 3–4 in the UK]. (AD Pupil and Family Services, 2013)

Although the document accepts that there may be reasons for children not to be ‘independent’ toilet-users when beginning school, ‘admitting children who are not yet toilet trained or who have continence problems into schools and settings [other than for reasons of “disability”] should be the decision of the appropriate head teacher’ (AD Pupil and Family Services, 2013). Disability emerges here as an exception, yet, as we will explore, this exception is based upon gendered, racialised and classed diagnostic criteria, based in a Western global context, where disability is understood as a difference to developmental norms. Treating disability as an exception allows school toilet researchers to position disabled children’s experiences themselves as ‘exceptional’. Therefore, our argument is that although various school initiatives have aimed to combat the perceived inadequacy of school toilets, ‘development’ has remained untroubled within policy and practice. Furthermore, school toilet research mirrors said practice; expecting and prioritising an independent toilet-user by a certain age, thus excluding some disabled children and others who may require assistance to use the toilet throughout life. In other words, school toilet literature fails to think outside discourses that teach us about the ‘right’/‘ideal’/‘normal’ way of being child/adult/human (Slater, 2015).

Toilet training and ‘school readiness’

The article written in the *Secret Teacher* series highlights issues of class in relation to ‘development’ and toileting. *Secret Teacher* bills itself as producing ‘a series of blogs by an anonymous insider lifting the lid on teaching’ (<http://www.theguardian.com/teacher-network/series/the-secret-teacher>). One blog post entitled, ‘Why do some parents expect us to toilet train their children?’, focuses on children who are not, what the author describes as, ‘school ready’ before entering the classroom (Anon, 2015). In the article parents are blamed for expecting teachers to be ‘supernannies’; ‘subconsciously – or intentionally – delegat[ing] their parenting responsibilities to teachers’. The first example used describes a pre-school visit:

Sitting in a family’s living room last September, I watched my school’s reception teacher force a smile. We were on a home visit for a soon-to-be student and the mother asked, ‘Is there anything I need to do before he starts?’ A sensible question with an obvious answer as the child on her lap was wearing a nappy and drinking from a training cup.

The teacher later states that she is not talking about being ‘too young’ for school. Rather, she is referring to children who are not ‘sufficiently trained in basic life skills to survive a day in the classroom and engage in meaningful learning experiences with their peers’. There is a question here about what age is ‘too young’ for a child to be in school, and how this varies culturally and internationally. There is also a related question around whether it is the child who is not ‘ready’ for the school, or the school that is not ‘ready’ for the child (e.g. having structures in place that help children feel comfortable in using the toilet in whatever way works for them at that time). Yet entwined in both of these questions is the premise of ‘development’ on which the statement rests – ‘school

readiness' is expected at a certain age and developmental stage, thus homogenising children's experiences and ways of being.

Explicitly classed (as well more implicit racialised and dis/ablist) undertones are apparent as the reader continues through the blog. The author speaks, for example, of a child who goes to sleep watching television and therefore cries on a residential school trip ('ruin [ing] the [£300] experience for his classmates'), and of parents sending in packed-lunches of cold McDonald's ('I've had to ask parents not to send in cold Happy Meals for packed lunches'). An ingrained association of McDonald's and 'too much' TV with working-class families is proliferated throughout. There is little appreciation of the stresses parents (more often than not, mothers) may face under current UK austerity measures: juggling jobs and childcare, dealing with insecure housing, a lack of support, removal of benefits, closure of parenting programmes, and trying to survive under an increasingly shrinking UK welfare state. Rather, the image of the 'bad parent' (mother) that feeds their children McDonald's, sits them in front of the TV, and doesn't 'appropriately' toilet train, works in unspoken opposition to the idealised (white) middle-class mother (wholesome packed-lunches, bedtime stories) who 'ensures' their child meets all the developmental milestones. The author reflects on 'suss[ing] out the extent of a problem' through 'home visits for new starters', further positioning the family context as at fault. She continues to create a connection between the child's 'insufficient' toilet training and her ability to 'engage in meaningful learning experiences'. The nappies the child wears perhaps signify not only an issue with toilet-use to the author, but also that further behavioural, learning, or developmental issues may be present.

Like working-class families, racialized and disabled families are Othered by developmental discourse. Families of colour and disabled families (whether the child or parent is disabled) are more likely to live in poverty than their white/non-disabled counterparts (Every Disabled Child Matters, 2007; Palmer & Kenway, 2007). People (especially women) of colour are more likely to receive a psychiatric label (Timimi, 2002). They are more likely, therefore, to be precariously positioned, struggling to make ends meet. Despite this context, disabled mothers, for example, have highlighted that there is a pressure to do everything to the highest standard and not ask for help in order to 'prove' yourself as a good enough parent, in fear of your child/ren being taken away if you are perceived as 'unfit' (Malacrida, 2009; Payne & McPherson, 2010). To prove that you are doing motherhood 'correctly', your child must also perform childhood 'correctly' (as the author of the *Secret Teacher* blog states: 'sufficiently trained in basic life skills to survive a day in the classroom'). Yet, there is a different consideration if disability is located within the child than in the parent. Disabled children fall outside understandings of the normatively developing child. We saw this in the government policy quoted earlier in the paper: exceptions around toilet training expectations are made for those with 'a disability, as defined through legislation' (AD Pupil and Family Services, 2013). This is not uncommon with disability policy. Disabled people are presented as an exception to the norm, and a concession is made reliant on medical diagnosis (Titchkosky, 2011).

Disabled children and 'exception-by-diagnosis'

Conversations mirroring policy around disabled children's toilet use can be seen in an online practitioner forum aimed at teachers and teaching professionals. The forum

begins with a post from a TA asking for advice about a five-year-old girl who has ‘accidents’ several times a day. The TA spends large parts of her day changing the girl, which she claims is not within her role. Here, we in no way blame the TA, who is in a relatively low-paid and powerless role in the school. There is much going on in the forum, including support for the TA, scolding of the TA for not realising her responsibilities, blame placed upon the mother, and debates around disability and diagnosis. The second respondent to the thread is initially critical of the TA, before later apologising, and claiming that:

Parents usually haven’t toilet trained out of choice, rather than because of disability. Still though, the DDA [Disability Discrimination Act, now the Equalities Act] means that schools can’t discuss the problem with parents, and instead the school just has to get on with it.

Despite the apparent questioning of disability as a ‘protected characteristic’ here, later in the post the TA continues: ‘of course, if we’re talking about a child who genuinely has a disability, the school, health specialist, and parents, should write a care plan’. The mother in this situation can only be forgiven for the ‘accidents’ through diagnosis. Further down, another respondent takes this further, ‘it is not taking the argument too far to say that the mother’s behaviour is abuse. The mother’s ignorance is causing the child to suffer needlessly’.

The above responses situate toilet training as particularly emotive, and wrapped up in discourses of ab/normal development. Furthermore, they present an exception by diagnosis framework: a child (and, to an extent, mother) is excused if the child has a ‘legitimate’ medical condition. The privileging of medical diagnosis over other ways of understanding bodies and experiences has been widely critiqued in disability scholarship and activism (Morris, 1991). A social model understanding of disability has problematised the ascendancy of medical models and the cure-driven framework of diagnosis. In some cases, social model approaches present a challenge to the ‘expertise’ of medical professionals and push for greater recognition of the ability of patients, or parents of young patients, to function as ‘experts in the detail of [their own] everyday life’ (Prior, 2003, p. 47). Disability scholarship has also queried the potential for disabled bodies to be seen as ‘culturally recognisable’ in a context in which medical interventions (or ‘cures’) are mandated (Kafer, 2013). These diagnostic tools also rely on criteria which are themselves shrouded in assumptions of race, class, gender, etc. For example, Ferri and Connor (2005) point out that despite the supposed desegregation of schools in the USA on the grounds of race in 1954, segregation still continues but in more covert forms. One way this functions is under the guise of ‘special educational needs’, with pupils of colour overrepresented in segregated ‘special education’ settings. Processes of racialisation, class, and labels of ‘special educational needs’ are not merely productive of similar or different experiences, but processes that co-constitute one another. For Ferri and Connor, therefore, ‘discourses of racism and ableism have bled into one another, permitting forms of racial segregation [in schools] under the guise of “disability”’ (p. 454) (also see Watts & Erevelles, 2004). The reliance on diagnostic criteria within the school system, however, and the demonisation of mothers whose children do not seem to conform without diagnosis, means that parents (and sometimes also teachers and schools) go in search of a label for their child. We can see from the community forum above that a parent may want a diagnosis, as one forum user states, if their child is having ‘accidents’ at school to avoid accusations of bad parenting.

Our argument thus far is that the developmental discourse circulating school toilet dialogue (both academic and otherwise) is presented as neutral, but in fact privileges certain ways of being. Kafer (2013) discusses 'compulsory able-bodiedness/able-mindedness' (p. 43), which has been challenged by disability scholars and activists, but continues to shape the default position taken towards 'unexpected' bodies. These are bodies which are seen to be failing to achieve the 'ideal normalcy of our (imagined) able-bodied/able-minded' lives (p. 44). Legislation, to an extent, attempts to take account of 'difference' through narratives of 'disability'. However, as reflected in the practitioner forum, this can result in debates around the legitimacy of classification, and who is/is not 'really disabled'. Furthermore, the 'exception by diagnosis' process which legislation relies upon, does not lead to a questioning of the powerful structures, discourses and developmental frameworks on which children's toilet training rests. In fact, any diagnosis works from the same developmental norms which we are critiquing. As such, it presents some children as 'normal', and others as 'abnormal'; some parenting (mothering) as 'good' and some as 'bad'; reifying the binaries which are fundamental to developmental discourse.

Conclusion: implications for school toilet research

This paper has argued that school toilet research has failed to consider and critique developmental discourses of childhood. Online examples demonstrate the infiltration of developmental discourse into everyday talk about school toilets and toilet training, and we have argued that these position some childhoods (and indeed adulthoods) as 'normal', whilst Othering many more. This means that whilst we, like other school toilet researchers, may push for improved school toilets, we question the ideological basis upon which most school toilet research rests. We propose a school toilet research which resists, rather than works from, these developmental assumptions. Critical disability studies perspectives have allowed us to interrogate how disability is implicated in policy and practitioner conversations of school toilets, whilst remaining mindful of the way that disability is constructed in relation to class, gender, race, sexuality, ethnicity, religion and so on. In order to develop more critical and inclusive understandings of school toilets, critical school toilet research must start with and prioritise those positioned on the margins. These include disabled children, but also trans children, intersex children, poor children and children of colour.

Drawing on a body of work within critical psychology (Burman, 2008a, 2008b, 2012; Morss, 1996), critical school toilet research would also mean questioning how schools discipline the bodies of children in relation to a mythical developmental norm. This includes the ways that schools can inhibit pupils' autonomy (e.g. restricting toilet use during class time). It would mean discussing bodies and different forms of embodiment with children and young people in schools (Slater et al., 2016), and considering toilets and toilet use as valuable curricula-embedded learning (Burton, 2013). To ask these questions through critical school toilet research, however, means also acknowledging the systemic constraints that school staff are working under, and including the voices of all school staff: teachers, TAs, cleaners, caretakers/janitors. We must also examine school toilets in relation to a wider education system which, in the UK and globally, often prioritises attainment, putting stress on both school staff and pupils. Critical school toilet research must ask wider questions about both the developmental norms embedded within a focus on

attainment, and what gets left out of the curricula when a very narrow view of attainment is prioritised. Through this paper, we have shown how parents, particularly mothers, become demonised through discourses of toilet training, and that this too is wrapped up in discourses of development. Parents and carers should also be part of a conversation around toilet training and school toilets.

Finally, we must acknowledge the possibilities of identity that are currently restricted in a school setting. The possibility, for example, of identifying outside of the gender binary (Ingrey, 2012) or as politically disabled, which may come to some later in life. Thus, we can learn from the retrospective accounts of adults for whom, on reflection, characterise school toilets as inadequate and distressing spaces. Indeed, it is from listening to trans, queer and disabled adult participants in the *Around the Toilet* project that we were led to see the centrality of toilets to the schooling experiences of those positioned on the peripheries (Slater et al., 2016). We maintain that learning from these experiences can be beneficial to all children and young people when it comes to practice and research on the school toilet.

Note

1. The National Health Service is the publically funded healthcare service for England, and the NHS Choices website is 'the UK's biggest healthcare website' (<http://www.nhs.uk/aboutNHSChoices/Pages/NHSChoicesintroduction.aspx>).

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