The Trouble with Poo

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How to read this book

You can read this book on your own, with another person or in a group. It is not necessary to be able to read or to speak any words at all.

Start at the beginning and encourage the reader to turn the pages themselves. Everyone can tell the story they see in their own way – with words, signs, facial expressions or whatever works for them. Whether you are reading the book with one person or with a group, encourage them to tell the story in their own words. You will discover what each person thinks is happening, what they already know and how they feel. You may think something different is happening in the pictures yourself, but that doesn't matter. Their interpretation tells you about their life experience.

Some people will follow the story without any problems. If a picture is more difficult, it can help to prompt with open questions, gradually going deeper into the meaning, for example:

- I wonder who that is?
- I wonder what is happening?
- What is he or she doing now?
- I wonder how he or she is feeling?
- Have you felt like that? Has it happened to you/ your friend/ your family?

You don't have to read the whole story in one sitting. Allow people time to follow the pictures at their own pace. Stay longer with any pictures they are drawn to.

Who is this book for?

This book is for anyone who finds pictures easier to understand than words. This includes people with learning disabilities, most of whom find Books Beyond Words useful. The term learning disability, as used in the UK, has a similar meaning to the terms intellectual or intellectual developmental disability or mental handicap that are used internationally.

Other people will find the picture stories in Books Beyond Words useful too:

- people with other cognitive or communication difficulties, such as dementia;
- people who have difficulty with reading, including some deaf people;
- people who do not speak English, or do not speak the language of the country where they are living.

What this book is about

Chris and Molly's dog, Oscar, is unwell. The vet diagnoses constipation and explains how to make Oscar better. Molly also has problems with wind and going for a poo and asks her doctor for advice. Molly learns that eating a healthy diet, drinking plenty of water and exercising every day will help her to feel well again.

This book will help you talk more easily about poo without feeling embarrassed.

Why is this subject important?

People with learning disabilities and autistic people of all ages are especially prone to constipation. This may be due to an underlying health condition, what they eat or medicines they take, or not participating in regular physical exercise or drinking enough fluids.

Some people may have constipation for a short time, but it can go on for much longer without their supporters or anyone else noticing. This increases the risk of dried, hard poo building up inside their body and forming a blockage in the large part of the bowel. When this happens, some poo may leak around the blockage and come out as runny poos, like the pictures of types 6 and 7 on the Bristol Stool Chart. Sometimes this happens between visits to the toilet. These runny poos (known as “overflow incontinence”) can mark or stain clothes and may be smelly as well as embarrassing. The runny poos are not diarrhoea and are not infectious but, if they happen, it is important to see the doctor as soon as possible so that the hard poo can be softened.

Constipation can be easy to treat if it is identified early. If it is not, it can cause major illness and can lead to bursting of the bowel and even to death.

What is constipation?

Constipation affects people of all ages. Some signs of constipation are:

- difficulty having a poo – having to push and strain to get the poo out;
- having a poo less than three times a week (or less often than what is usual for the person);
- having hard, lumpy, dry poos which may be large or small;
- having very smelly loose poos which may leak onto underwear;
- a feeling of ‘still needing to go’ after having a poo.

The Bristol Stool Chart (on the next page) helps you to see whether or not your poo looks healthy. ‘Stool’ is another word for ‘poo’. You might have spotted the chart at the doctor’s in our story.

If you are constipated you may feel that you need to strain to poo. This can sometimes lead to small, painful tears (the medical word is anal fissure) that bleed around the bottom – there may be blood on the toilet paper after wiping. You might have tummy-ache, feel sick, bloated and/ or lose your appetite.

The Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

Talking about poo

Lots of us think that talking about poo is embarrassing. We need to get used to talking about poo so that we can prevent constipation becoming a serious problem.

There are lots of different words and phrases for poo, wind and constipation and we probably all know and use different ones. We might think some of these are funny, rude or offensive.

Constipation is nothing to be ashamed of or embarrassed about. To encourage open conversation, supporters need to be familiar with the words and terms used by each person they support. Talking about the pictures in this book is one way to learn which words a person is familiar with and likes to use. A big part of feeling comfortable talking about constipation is in using a person's preferred words.

Some people with learning disabilities do not use words to communicate and some may not have the right words to explain their symptoms or how they are feeling. It is very important for carers and supporters to watch out for signs that the person may be constipated, including changes in their toilet routines or changes in the consistency of their poo. There could be blood or diarrhoea on the person's underwear or pads, they might have a hard and bloated tummy or be producing smelly poos or wind.

If there are any concerns about constipation, the person affected should always see their doctor for a medical assessment and advice.

Preventing constipation

Things that can help to prevent constipation include:

- **Eating a healthy, balanced diet and having regular meals.** The Eatwell Guide is produced by Public Health England and gives information on eating a healthy, balanced diet (see Useful resources).
    - Our diet should contain plenty of high-fibre foods, such as whole grains, fruits (and their juices) and vegetables. Fruits that help include apples, apricots, grapes, peaches, pears, plums, raisins and prunes, raspberries and strawberries.
    - The amount of fibre in our diet should be increased gradually (to minimise wind and bloating) and adults should aim to consume 30g of fibre a day. There are some helpful fact sheets from the Association of UK Dietitians on fibre and fruit and vegetables (see Useful resources). It may take several weeks to get any benefit from increasing fibre in the diet.
- **Drinking plenty of fluid, especially if there is a risk of dehydration.** A good way to check is to look at the colour of wee (urine). It should be very pale-straw coloured. If it is dark yellow or yellowy-brown then more fluids are required. The Association of UK Dietitians has a useful fact sheet about fluids (see Useful resources).
- **Increasing activity and exercise levels.** Regular exercise helps our bodies to move the poo along so that it is ready to come out when we go to the toilet.

- **Having a good toileting routine.**
    - Have a regular, unhurried toilet routine with enough time to ensure that the bowel is fully emptied. The best time to go is after a meal, when the body's natural reflex helps things to move along in the right direction.
    - Go to the toilet as soon as the urge to go comes on.
    - Make sure that people with limited mobility have help to access the toilet or changing places with adequate privacy.
    - Ensure the person has access to supported seating if they are unsteady on the toilet.
    - Make sure that the toilet is a comfortable and clean place to be.
    - Make sure that you are sitting in the right position on the toilet.

Treating constipation

Anyone can get constipated. If constipation is suspected, it's always best to see a doctor to check it out.

Sometimes drinking more fluids, changing our diet and increasing the amount of exercise is not enough to get things moving. Think of the poos in the bowel like cars in a traffic jam. They may be moving forwards slowly at the front but still build up behind.

Another way to think about the bowel in someone with constipation is like a balloon that has been blown up for too long and become flabby. That is what happens to the bowel if it has been overstretched by big lumps of poo. It will need medicines to make the poo soft enough to pass again and to help the bowel relearn how to squeeze the poos out regularly.

Sometimes medicines need to be taken for a long time: to get the bowel working properly again; to make the bowel able to squeeze poos along and out; and to send the signal or the feeling that, "I need to poo."

The doctor's assessment will include asking questions, examining the tummy and possibly a rectal examination. This means they need to feel inside the bottom of the bowel (called the rectum) with a gloved finger. The doctor will put jelly on their gloved finger to make sure that this does not hurt the patient. This is important to check where the poo blockage is and to decide what treatment is needed.

For children and young people, health visitors, school nurses and community children's nurses can be additional sources of advice and support.

Guide for supporters and carers

Up to 50% of adults with learning disabilities are often constipated, possibly because many have lifestyles similar to those of much older people, who are also at greater risk of constipation.

The best way to help a person you are supporting to avoid constipation is to make sure that they have as active a lifestyle as possible, a balanced diet and plenty of fluids. This is especially important for people who use wheelchairs or those who have difficulty in walking or getting out and about.

We make different choices about how we live our lives, but if a person regularly makes unhealthy choices that puts them at risk. It should not be assumed that these are "informed" choices. Often, a person with a learning disability may not understand that the choices they make about what to eat and drink and about how much exercise to take may seriously affect their health and could lead to them becoming constipated. Supporters have a responsibility to encourage healthy lifestyles and help the people they support to understand the possible consequences of their lifestyle choices.

If a person is unable to understand these risks, they may need other people to make that choice for them. This is what the Mental Capacity Act (MCA) calls making a decision in the person's 'best interests'. A 'best interests' decision must always follow the guidance set out in the Mental Capacity Act and after doing everything possible to help the person achieve the capacity to make their own decisions. Information and guidance on assessing capacity and how to organise and make a best interests decision when a person lacks capacity is available for professionals working with the MCA: https://www.scie.org.uk/mca

It is important for our bodies to have a regular routine when it comes to eating, drinking and going to the toilet. Supporters can help a person to maintain a healthy bowel with regular mealtimes and drinks. If necessary, they may also record and monitor what and when a person eats and drinks.

Everyone's toilet routine will be different, especially around having a poo. Some people go in the morning and some people go in the evening – some people go once a day or even less than that and some people may go three or four times a day. Changes in our usual toilet routine often mean that something is wrong. When a person becomes constipated, they may go to the toilet less than usual or they may start going to the toilet more than usual – especially if they have runny poos or they are feeling that they want to poo but can't get it out.

As a supporter, part of your role is to support someone to have a healthy bowel and a good toilet routine, and you need to check if they are at risk of constipation or if this has been a problem for them in the past. First, you need to know what is usual and normal for them so that if anything changes, you will be able to spot it quickly. After the young woman in our story goes for a poo, her supporter has a chart ready for them to fill in together to record what her poo was like. When a person is known to be at risk of constipation but finds it difficult to explain how they are feeling, it is very important for supporters to know and record whether they have or haven't had a poo at the usual time for them.

When a person always needs help and support to use the toilet, or if they use pads, it will be easier to know if they have had a poo or not. But people who are independent in using the toilet may feel embarrassed to talk about it or may just not have the words to explain that they are having difficulties or that their poo does not look right.

Carers and supporters still have a responsibility to check if a more independent person is constipated, for example, by suggesting they don't flush so that they can see what's in the toilet. They can watch out for loss of appetite or the person just not feeling very well which might suggest constipation.

It doesn't help if carers and supporters are too embarrassed to talk about poo and going to the toilet. Supporters could just talk about poo routinely, to check that the person's poo is ok.

We hope that reading this book will encourage more people to talk about poo so that the conversation becomes easier and more natural. Pictures and charts, such as the Bristol Stool Chart, can also help people to notice whether or not their poo looks healthy. There are also some mobile apps designed to record bowel movements (see Useful resources).

Constipation can become serious and life threatening if it is undetected and untreated. Carers and supporters are the best people to observe, educate and act to protect the people they support from the risks of constipation.

Guide for health professionals

NICE Clinical Knowledge Summaries give information about the assessment and treatment of constipation: https://cks.nice.org.uk/constipation#!topicSummary.

NHS England has also produced a range of leaflets, including one for health professionals, to help spot the signs of constipation; and Beyond Words has produced health leaflets, including *An Easy Guide to Bowel Cancer Screening* and *An Easy Guide to Having a Colonoscopy* (see Useful resources).

Health professionals should note that constipation is more common among people with learning disabilities and autistic people, and that they may be shy, embarrassed or without the vocabulary to talk about constipation without prompting. They may need to see pictures, such as those in this book, in order that they can cooperate with the history and examination. This will require enough time to be set aside in the consultation to make sure the person understands what is being asked, to complete any examinations and to explain everything fully and get consent for treatment.

The annual health check

People over 14 with a learning disability or complex health needs should be invited to an hour-long health check once a year. This usually takes place at the GP surgery and should include half an hour with the nurse and half an hour with the doctor.

The health check is an opportunity to look at general aspects of the person's health and lifestyle, and also to uncover any conditions or illnesses that the person or their supporters have not noticed or reported , including constipation.

GPs are the health professionals that people see most regularly and so must be alert to signs of constipation in their patients with learning disabilities/ autism.

The GP surgery must make reasonable adjustments to help the person attend, understand and participate safely and happily in their health check. As well as physical access, support and well-timed appointments, this includes good communication, using resources such as pictures and easy information. The book *Going to the Doctor* includes a number of procedures that would be carried out in an annual health check, and other titles in the series, covering lifestyle, health conditions and screening, will be useful too, for example *Rose Gets in Shape*, *Getting on with Epilepsy*, *Looking After My Breasts*, and *Looking After My Heart*. You will find more related titles on page 17.

To go along with the health check, the person may also have a personal health profile where all their personal health information is included in a way they find easy to understand. A health action plan should be completed at the end of the health check appointment and include the most important things the person can do to keep healthy and when any checks or procedures need to be done again. It should also list any reasonable adjustments that are needed to support the person. The health action plan and profile can be used at other health care appointments, too, such as the dentist, physiotherapist or chiropodist.

How to explain some medical words simply

Bloating – When you are constipated, the build-up of poo inside your body can make your tummy feel swollen and uncomfortable or painful. People describe this as feeling bloated. Gas or wind trapped behind the poo can make the feeling worse.

Blockage – If hard, dry poo builds up inside the body it can create a lump or a blockage that stops you from being able to do poos normally. The doctor can give you medicine to get rid of the blockage and make you feel better.

Bowel – The bowel is the tube that food passes through in the body. It connects the stomach to the bottom/ anus. It helps to break down the food you eat so that your body can get all the energy and nutrients it needs from the food. Eating the right foods, drinking plenty of water, getting enough exercise and having a daily toilet routine stops food from getting stuck and keeps your bowel healthy.

Faeces/ stool – There are lots of different words for poo. Faeces and stool are two words that you might hear doctors use. You can use whichever words you prefer when you talk about going to the toilet.

Hydration – Drinking enough water is called hydration. Your body needs water to stay healthy and drinking water is very important to stop you from getting constipated. Everyone should drink six to eight glasses of fluid every day to make sure they are healthy and hydrated. Water, juice, herbal tea and fruit squash all count. You will know when you are drinking enough because your wee will be a pale yellow colour.

Laxative – If you are constipated, the doctor might prescribe some medicine to make it easier for you to poo. This medicine is called a laxative. Some laxatives come as a powder that you mix with water and drink. Some are tablets that you swallow. Some are liquids, gels or capsules that you put into your bottom.

Nausea – Another word for feeling sick is nausea, which can be a symptom of constipation.

Overflow incontinence – If you have bad constipation, watery, runny poo can leak around the lump of hard poo that has built up inside your body. This is called overflow. Although this might look like diarrhoea it is not and it does not mean that the constipation is better. If you have overflow incontinence you might not always make it to the toilet in time and there might be some poo in your underwear. It is very important to see a doctor to make the constipation better.

Prescription – The doctor types any medicine, tablets or capsules you need to take on the computer. They may print the prescription off the computer and sign it. When you take this green coloured prescription to the chemist you will be given what the doctor has prescribed. But sometimes the doctor will send the prescription straight to the chemist and you do not get a prescription. The medicine will be waiting for you at the chemist.

Urine – Another word for wee is urine. If your wee or urine is very dark yellow when you go to the toilet you are probably not drinking enough.

A guide for GPs and the primary care team

Making reasonable adjustments

The Equality Act 2010 requires services in England and Wales to make 'reasonable adjustments' to support all people with protected characteristics to make full use of their service. This includes people with learning disabilities. The Act also specifies that services must anticipate and plan for the needs of people with protected characteristics when considering what adjustments to make, rather than simply reacting to needs as they are presented.

Caring for patients who have learning disabilities can take time. Some people may find it very difficult to be kept waiting. They may need a double appointment to assess their needs or more than one appointment to familiarise themselves with a proposed procedure beforehand. They may need their carer or supporter to be with them in the consulting room. Other examples of reasonable adjustments include:

- providing relevant information in a form that the patient understands, such as the pictures in this book
- changing the physical environment, for example by lowering lighting levels, or using a quiet room with fewer distractions and stresses
- offering the first or last appointment to minimise their time in the waiting room
- providing a higher staffing level to meet the patient's additional needs
- putting message alerts on the patient's electronic record so that everybody who sees them knows what their specific needs and appropriate reasonable adjustments are.

If health care staff are worried about meeting the needs of patients with learning disabilities, they can contact their local Community Learning Disability Team (see Useful Resources). If a patient is known to the CLDT, the team can often provide advice and assistance relating to that person, or more general training to health care staff on how to meet the needs of patients with learning disabilities.

Supporters

Some people will come to the surgery with a family member, advocate or support worker whose role it is to support their attendance and assist communication. If the patient's supporter knows them well, they can be a vital source of information. Do check how long the supporter has known the patient, and whether there is anyone else, such as a family carer, who can be consulted. The patient may rely on their supporter to help describe symptoms or their overall health picture.

It is also important to remember not to rely just on the supporter and expect them to speak for the patient, but to speak directly to the patient, and as much as possible take the time and effort to establish a good, respectful and relaxed rapport with them. The supporter's knowledge can then be used to supplement the patient's own report.

Communication

Good communication with the patient, and with their supporter, is crucial to good safe treatment and care. Too often, misunderstandings of a patient's condition or behaviour have

led to health care professionals missing a crucial diagnosis or refusing to treat a patient, and patients suffering unnecessarily and even dying as a result. Taking the time and using effective communication tools to explore the patient's physical symptoms and their feelings in a way that is sensitive and appropriate to them will help health care staff to make the correct diagnosis and keep the patient safe.

Many people with learning disabilities use signs or symbols (e.g. Makaton) instead of speech, or to support speech. The patient's supporter should be able to interpret whatever communication system the patient uses. Staff can also be creative and use whatever additional tools work best, for example pictures, posters or sample objects. This book is an example of a how you can support your verbal communication with the patient. Remember that many people with learning disabilities do find pictures easier to understand than words.

Consent

According to the Mental Capacity Act (2005) for the patient's consent to be valid, the patient must be able to:

- understand the information relevant to the decision
- retain the information long enough to make the decision
- use or weigh up the information
- communicate their decision.

Information relevant to the decision must be provided in a form that the patient can understand. This means explaining what is involved in simple terms and short sentences, using additional communication tools, and being willing to repeat or reword explanations.

The pictures in this book may help you to explain something and to check how much your patient has understood. The person may be able to repeat the information to you in their own words or they may show that they understand and consent by their non-verbal communication or behaviour, for example by rolling up their sleeve for a blood test.

You should assume that the patient has capacity to make a decision, and use all available tools to help them demonstrate that capacity. If the patient is not able to give informed consent, even with maximal support, then the clinical decision maker should:

- consider whether the decision can be delayed if the person is expected to regain capacity
- act in the best interests of the person
- consider holding a Best Interest meeting under the Mental Capacity Act
- always use the less restrictive option
- encourage participation in the decision
- consult all relevant people
- if the person has no relatives, consider a referral to an Independent Mental Capacity Advocate (IMCA).

Health care staff should remember that just because a patient is unable to make a particular decision at a particular time, it does not mean they lack capacity to consent to other types of medical treatment, or to make decisions in other areas of their life.

Useful resources:

Services in the UK

Community Learning Disability Teams (**CLDT**s)
These are specialist multidisciplinary health teams that support adults with learning disabilities and their families by assessment of their health needs and a range of clinical interventions. The composition of CLDTs varies, but will usually include psychology, psychiatry and nursing with a range of therapeutic specialists such as speech and language therapy, occupational therapy and physiotherapy. Referral to the local CLDT is encouraged for both developmental and therapeutic work. Some are joint health and social work teams and have a social care management role as well.

Bladder & Bowel UK
Bladder & Bowel UK provides advice, support and information for anyone with bladder and bowel problems. A range of information leaflets can be downloaded from their website. It also runs a confidential helpline.
www.bbuk.org.uk/adults/adults-resources
Email: bbuk@disabledliving.co.uk Helpline: 0161 607 8219

Mencap
Mencap is a UK charity working with and for people with a learning disability and their parents and carers. The helpline offers free, confidential and independent information and advice on virtually any subject to do with learning disability. Mencap has a lot of local knowledge, and a network of connections nationwide. This means that they can link you up with organisations or services in your area that can help. They also run an information and advice helpline.
www.mencap.org.uk

Helpline: 0808 808 1111 Email: helpline@mencap.org.uk

The National Autistic Society (NAS)
The National Autistic Society is the UK's leading charity dedicated to improving the lives of autistic people and their families. Their website provides lots of useful information for autistic people and their families on various health topics, including visiting the doctor.
www.autism.org.uk Helpline: 0808 800 4104

Written materials available on the internet

NHS England has produced a series of leaflets to help families and carers of people with learning disabilities to spot the signs of constipation. The leaflets, including easy-read versions, are available online.
www.england.nhs.uk/publication/constipation-learning-disability-resources

An Easy Guide to Breast Screening; *An Easy Guide to Cervical Screening*; *An Easy Guide to Bowel Cancer Screening*; *An Easy Guide to Having a Colonoscopy*. Picture-based leaflets from Beyond Words and NHS Cancer Screening Programmes to reduce fear and support people to understand and attend routine screening procedures.
www.booksbeyondwords.co.uk/resources-dl

The Association of UK Dieticians has written 'Food Fact Sheets' on healthy eating and lifestyle topics, including:

- Fibre
- Fluid (water and drinks)
- Fruit and Veg – how to get 5-a-day.

The fact sheets are free to download and print: www.bda.uk.com/foodfacts/home

Constipation: making reasonable adjustments. Clear and practical guidance from Public Health England to help services improve care for people with learning disabilities and reduce ill health caused by constipation. The document is also available in easy read.
www.gov.uk/government/publications/constipation-and-people-with-learning-disabilities

Easy Health
A website with easy-to-understand information about staying healthy and getting help with your health. It includes leaflets, communication tools and videos covering a range of conditions and situations. Most of the resources are free to download.
www.easyhealth.org.uk

Understanding Intellectual Disability and Health
This website covers a wide range of physical and mental health issues for people with learning disabilities. It is designed for health care professionals and students but is widely used by family carers and support staff. www.intellectualdisability.info

Seeability provide downloadable resources regarding health for people who have learning disabilities or are autistic: www.seeability.org/resources

Contact's A-Z directory
Information directory of hundreds of medical conditions, rare disorders and support groups.
www.contact.org.uk/conditions/

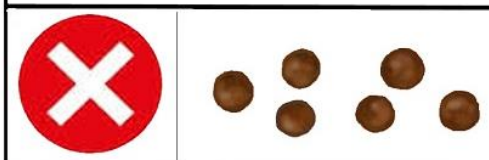
The Eatwell Guide
This guide was produced by Public Health England to help people eat a healthy, balanced diet and replaces the Eatwell Plate. It explains the different types of food and drink we should be having and in what proportions. You can download the Eatwell Guide booklet for free.
www.gov.uk/government/publications/the-eatwell-guide

Poo & You – Dimensions' brief guide to constipation. This video, produced by support provider Dimensions, gives an overview of what constipation is, how to avoid it and what to do if you think you are constipated. It also shows the correct posture when sitting on the toilet.
www.youtube.com/watch?v=OGF2ilywoiU

Other resources
Several mobile apps have been developed for smartphones and tablets to make it easier to record and monitor bowel movements. Many are free to download, including:

- Bristol Stool Chart app (Apple and Android)
- PoopLog app (Android); Poop Tracker app (Apple).

On the next page is a copy of the bowel movement record chart that the characters in our story use. You can print it from here.

Name.....	Date..... am pm	Date..... am pm	Date..... am pm	Date..... am pm	Date..... am pm	Date..... am pm	Date..... am pm
							
							
							
							
							
							
							

Authors and Artist

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Related titles in the Books Beyond Words series

Cooking with Friends (2025, 3rd edition, previously Food…Fun, Healthy and Safe) by Sheila Hollins and Margaret Flynn, illustrated by Catherine Brighton. This book shows how choosing, cooking and eating food can be fun as well as healthy and safe.

Getting on with Cancer (2002) by Veronica Donaghey, Jane Bernal, Irene Tuffrey-Wijne and Sheila Hollins, illustrated by Beth Webb. This book tells the story of Veronica who has various treatments for cancer, including radiotherapy, chemotherapy and surgery. It deals honestly with the unpleasant side of treatment and ends on a positive note.

Going into Hospital (2015, 2nd edition) by Sheila Hollins, Angie Avis and Samantha Cheverton, with Jim Blair, illustrated by Denise Redmond. This book helps to prepare and support people being admitted to hospital, by explaining what happens, covering planned admission and accident and emergency.

Going to Out-Patients (2025, 4th edition) by Sheila Hollins, Jane Bernal, Jim Blair and Matthew Gregory, illustrated by Denise Redmond. This book explains what happens in out-patient departments, covering tests such as ultrasound, x-ray and a hearing test.

Going to the Doctor (2025, 3rd edition) by Sheila Hollins, Jane Bernal and Matthew Gregory, illustrated by Beth Webb. This book illustrates a variety of experiences which may occur during a visit to the GP. These include meeting the doctor, having one's ears syringed, a physical examination, a blood test, a blood pressure check and getting a prescription.

Going to the Dentist (2016) by Sheila Hollins, Amber Qureshi and Lloyd Page, illustrated by Beth Webb. Matthew eats lots of sugary foods and doesn't take very good care of his teeth. When Matthew gets toothache, he goes to see the dentist. At the appointment he has a check-up and treatment to get rid of his toothache. When he feels better, Matthew goes back to the dentist to learn how to keep his teeth and gums healthy.

Looking After My Heart (2005) by Sheila Hollins, Francesco Cappucio and Paul Adeline, illustrated by Lisa Kopper. A book about Jane, who smokes and eats unhealthily and suffers a heart attack. After tests, she is given medication, changes her lifestyle, and recovers fully.

Moving More and Feeling Good (2008) by Sheila Hollins and Margaret Flynn, illustrated by Catherine Brighton. Helps people a with learning disabilities to choose what sports activity they would like to do and shows them how to find out what is available to them locally.

Rose Gets in Shape (2016) by Roger Banks and Paul Wallang, illustrated by Mike Nicholson. Rose lives on her own and gets tired easily. She has some bad habits about eating and taking exercise. When her doctor tells her that her weight is causing health problems she decides to get in shape. We follow Rose through the struggles and triumphs of her weight loss journey, the new activities she takes up, and the good friends and support she finds along the way.

The Books Beyond Words series

Further information about all of the titles mentioned above can be found on the Beyond Words website, as well as tailored book sets for different settings including health care and education: www.booksbeyondwords.co.uk

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