



Department
for Education

Consultation Response Form

Consultation closing date: 14 March 2014
Your comments must reach us by that date

Supporting pupils at school with medical conditions

If you would prefer to respond online to this consultation please use the following link: <https://www.education.gov.uk/consultations>

Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes, primarily the Freedom of Information Act 2000 and the Data Protection Act 1998.

If you want all, or any part, of your response to be treated as confidential, please explain why you consider it to be confidential.

If a request for disclosure of the information you have provided is received, your explanation about why you consider it to be confidential will be taken into account, but no assurance can be given that confidentiality can be maintained. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data (name and address and any other identifying material) in accordance with the Data Protection Act 1998, and in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

Please tick if you want us to keep your response confidential.	<input type="checkbox"/>
Reason for confidentiality:	

Name: Dr Penny Dobson MBE	
Please tick if you are responding on behalf of your organisation.	<input checked="" type="checkbox"/>
Name of Organisation (if applicable): Paediatric Continence Forum	
Address: 222 Southbank House Black Prince Road London SE1 7SJ	

If your enquiry is related to the DfE e-consultation website or the consultation process in general, you can contact the Ministerial and Public Communications Division by e-mail: consultation.unit@education.gsi.gov.uk or by telephone: 0370 000 2288 or via the Department's ['Contact Us'](#) page.

Please mark the box that best describes you as a respondent.

<input type="checkbox"/>	Headteacher/Principal	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Governor/chair of governors
<input type="checkbox"/>	Local authority	<input type="checkbox"/>	Pupil	<input type="checkbox"/>	Parent/carer
<input type="checkbox"/>	Union/representative body	<input type="checkbox"/>	Professional association	<input checked="" type="checkbox"/>	Other

Please Specify: Voluntary organisation

The introductory section of the guidance sets out the purpose of the new duty, and provides an overview of some of the key issues.

1 Does the introduction section set out effectively the purpose of the guidance and explain why intervention is needed?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments: We would like to emphasise the importance of including continence when considering the management of medical conditions in schools.

Wetting and soiling are often hidden problems which affect about 1 in 12 school-age children. They cause stress and anxiety for children and their families – and there is a significant link with bullying.

Most children become toilet trained by the time they are 3 years old - but approximately 15% of those starting nursery school will still be in nappies or “pull ups”. This may be due to the child being at the tail end of the normal range for toilet training; an underlying medical or psychological problem, or a general developmental delay. It is not usually the result of parents failing to properly toilet train.

These children generally respond well to regular prompts to go to the toilet during the school day, but children with additional needs due to a developmental delay or a learning disability may need a more formal structured approach to toilet training. The school should receive guidance in this area from the appropriate healthcare professional.

Role of the governing body

2 Is the guidance clear about what issues governing bodies will be expected to consider in making those arrangements and in ensuring that schools develop and implement managing medicines policies?

Yes

No

Not Sure

Comments:

School policies

3 Does the suggested content cover the minimum that is required for good practice?

Yes

No

Not Sure

Comments:

Individual healthcare plans

4 a) Is the guidance clear that decisions about the support to be provided to pupils with medical conditions should be based on the individual needs of each child, on a case by case basis?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments:

The need to support individual needs is particularly important for children with continence.

There are a variety of conditions which can cause continence problems in school age children:

Daytime wetting

By the time children are 5 years old the majority need to use the toilet about 5-7 times a day and are able to 'hold on' in time. However a small number continue to have daytime wetting accidents beyond this age. They are usually girls. In the absence of a significant developmental delay or a physical disability (such as spina bifida), the wetting usually occurs as a result of a condition called an over active bladder (OAB).

An OAB often results in 'frequency', when the child needs to pass urine at frequent intervals (more than 7 times per day) and 'urgency' when they lose the ability to 'hold on' and get a sudden urge to go to the toilet without warning.

A school health care plan will usually include a 'timed' drinking and toileting programme, devised around school break times, but these children may also need access to drinking water and the toilet facilities at other times. Support staff involvement may be needed to discretely change the child, depending upon the age and ability. In some cases medication is given, usually outside school hours, to overcome any persistent disruptive urgency and frequency.

Constipation and soiling

Children usually soil their pants as a direct result of over-distension of the lower part of the bowel, due to constipation. They lose all feeling of the "need to go" and have no control over the soiling. Indeed these children are often oblivious to both the smell and feel of the soiling and will often deny having an "accident" when asked.

Children need to be referred as soon as possible to a healthcare professional so that the underlying constipation can be addressed. The treatment for this involves the use of laxatives, often quite large doses initially to clear out the distended bowel, plus regular

visits to the toilet - particularly after meals.

A school health care plan is likely to include an agreement on diet, fluid intake and toileting, plus a strategy by support staff to sensitively and effectively clean and change the child, or enable the child to discretely change his or her clothes after an "accident". Treatment usually needs to continue for several months, sometimes years.

Children sometimes avoid using the school toilets, which is a major contributory factor for the development of constipation. Therefore good access to minimum standard toilet facilities, including a supply of hot and cold water, liquid soap and paper towels/dryers for hygiene purposes, which are kept clean and are well supervised to prevent bullying, are important for the prevention of constipation and soiling.

Bedwetting

The treatment for bedwetting involves the child having regular drinks at school (usually at least one at each break time) and free access to the toilet. Treatment with a bedwetting alarm can disrupt the child's sleep, sometimes causing tiredness the next day.

Additional physical needs

Approximately 1 in 33 children between the ages of 5-16 years have a physical condition from birth, such as cerebral palsy or spina bifida, which often affects the functioning of the bladder and/or bowel. Some children may need to carry out a procedure called Intermittent Self Catheterisation (ISC), where the child or carer drains urine from the bladder via a thin plastic tube. These children will need; special facilities to enable handwashing immediately before and after this procedure; effective waste disposal and privacy. ISC usually needs to take place twice during the school day. A resource for schools and early years setting has been produced by PromoCon and is available free to download from their web site (Managing Bladder & Bowel problems in schools and early years settings - www.promocon.co.uk)

4 b) Is the guidance clear about the use of individual healthcare plans, how these are developed and what they should contain?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments: When considering the level of support which the child will need, continence should be an explicit consideration. We agree that it is appropriate to review plans on an annual basis, unless the child's need changes.

4 c) The name, 'individual healthcare plan (IHCP)' is very close to SEN Education, Health and Care (EHC) plans. To what extent do you believe this will be confusing in practice?

<input type="checkbox"/> Very confusing	<input type="checkbox"/> Confusing	<input type="checkbox"/> Slightly confusing
<input checked="" type="checkbox"/> Not at all confusing		

Comments:

Roles and responsibilities

5 Is the guidance clear about the need for co-operation and collaborative working arrangements between relevant health services, schools, parents and pupils and provide sufficient information about roles and responsibilities?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments: While the guidance is largely clear, the role of continence services should be explicitly recognised in this section. We welcome the inclusion of school nurses in this section and the recognition for their important role.

Staff training and support

6 Is the guidance clear about the need for staff to be appropriately trained and who is responsible for identifying and providing that training?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Sure
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Comments: The need for training on continence issues should be explicitly mentioned in this section. Training should be individualised for each child – even if there is more than one child with the same problem.

Managing medicines - including children's role and record keeping

7 Is the guidance clear on how medicines should be managed in school?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments: It should be noted that those requiring help with continence problems may require the use of medical devices as well as medicines, and this should be reflected in the guidance. It is important that children are able to access medicines or devices needed to manage continence problems quickly and without causing embarrassment to the child.

Emergency situations

8 Is the guidance clear that schools need to have procedures in place for dealing with emergency situations?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments:

Day trips, residential visits and sporting activities

9 Is the guidance clear that pupils with medical conditions should be actively included in and not be prevented from participating in such activities?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments: Yes, the guidance is clear on this point. Contenance needs should be an explicit consideration when planning school trips, particularly residential trips.

Special protective swimwear is available to enable children with continence difficulties to join in school activities.

Waterproof, breathable, sleeping bag liners, protective pants, bed pads and protective bedding are available to support children with bedwetting take part in overnight educational trips. Discrete and effective preparation for the trip with the child and parents/carers will minimise the stress and embarrassment for the child e.g. the disposal of soiled materials.

Unacceptable practice

10 Is the guidance clear about unacceptable practices?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments: We welcome the fact that the guidance explicitly mentions that staff should not prevent pupils from drinking, eating, or taking toilet breaks whenever they need to in order to manage their medical condition effectively. This is vitally important in ensuring that children are able to manage issues which impact on their continence.

Liability and indemnity

11 Is the guidance clear about what needs to be done in relation to insurance arrangements?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments:

Complaints

12 Is the guidance clear about what parents should do if they wish to make a complaint?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
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Comments:

Further sources of information

13 Does this section provide sufficient information about the broader legislative framework and the further information, advice and guidance, and other resources to be provided on-line?

Yes No Not Sure

Comments: It would be helpful to link to specific resources addressing continence issues within schools – a number of these are available on the following websites.

PromoCon: <http://www.disabledliving.co.uk/PromoCon/About>
Eric: <http://www.eric.org.uk/>

A flowchart has been provided that sets out the process that may be followed for identifying and agreeing the support a child needs, and is intended to help the development and implementation of individual healthcare plans.

14 To what extent do you think the flowchart will be helpful in supporting the process of developing and implementing individual healthcare plans?

Very helpful Helpful Not very helpful
 Not at all helpful

Comments:

15 Overall, how helpful do you feel the statutory guidance will be in helping governing bodies to put in place arrangements for supporting pupils with medical conditions effectively?

<input type="checkbox"/>	Very helpful	<input checked="" type="checkbox"/>	Helpful	<input type="checkbox"/>	Not very helpful
<input type="checkbox"/>	Not at all helpful				

Comments:

Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

Please acknowledge this reply.	x
E-mail address for acknowledgement: frances.powrie@whitehouseconsulting.co.uk	

Here at the Department for Education we carry out our research on many different topics and consultations. As your views are valuable to us, please confirm below if you would be willing to be contacted again from time to time either for research or to send through consultation documents?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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All DfE public consultations are required to meet the Cabinet Office [Principles on Consultation](#)

The key Consultation Principles are:

- departments will follow a range of timescales rather than defaulting to a 12-week period, particularly where extensive engagement has occurred before
- departments will need to give more thought to how they engage with and use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions
- departments should explain what responses they have received and how these have been used in formulating policy
- consultation should be 'digital by default', but other forms should be used where these are needed to reach the groups affected by a policy
- the principles of the Compact between government and the voluntary and community sector will continue to be respected.

However, if you have any comments on how DfE consultations are conducted, please contact Carole Edge, DfE Consultation Coordinator, tel: 0370 000 2288 / email: carole.edge@education.gsi.gov.uk

Thank you for taking time to respond to this consultation.

Completed responses should be sent to the address shown below by 14 March 2014

Send by post to:
Department for Education
School staffing policy and reducing bureaucracy team

Teachers Group
4th Floor, Sanctuary Buildings
Great Smith Street
London
SW 1P 3BJ

Send by e-mail to: MedicalConditions.CONULTATION@education.gsi.gov.uk