Welsh Government

Supporting Learners with Healthcare Needs



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Guidance

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Supporting learners with healthcare needs

Audience
Governing bodies and staff of all maintained nursery, primary, secondary and special schools and pupil referral units (PRUs); local authorities (LAs); health boards; parents/carers and interested organisations.

Overview
This document replaces an earlier version of this guidance *Access to Education and Support for Children and Young People with Medical Needs* Welsh Assembly Government Circular No: 003/2010 (2010).

Action required
This document should be brought to the attention of managers and relevant staff, LAs, governing bodies and education and health professionals working with education settings.

Further information
Enquiries about this document should be directed to:
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Additional copies
This document can be accessed from the Welsh Government's website at gov.wales/educationandskills

Related documents
Access to Education and Support for Children and Young People with Medical Needs (Welsh Government, 2010); *Guidance on the use of emergency salbutamol inhalers in schools in Wales* (Welsh Government, 2014); *Inclusion and pupil support* (2016); *Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales* (2012)

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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1. Introduction

1.1 About this guidance

This document is designed to assist local authorities, governing bodies, education settings, education and health professionals and other organisations to support learners with healthcare needs and ensure minimal disruption to their education. It contains both statutory guidance and non-statutory advice.

In this document, the term 'education setting' refers to maintained nursery, primary, secondary and special schools, and pupil referral units (PRUs).

In relation to PRUs, 'governing body' refers to the management committee and 'headteacher' refers to the teacher in charge.

The term 'parent(s)' also refers to 'carer(s)'.

The whole of this document is issued as statutory guidance to:

- governing bodies of maintained nursery, primary, secondary and special schools
- local authorities in Wales, which includes PRUs

and provides non-statutory advice to other persons or bodies who may have a role in helping to support learners with healthcare needs.

> Local authorities and governing bodies **must** have regard[1] to this statutory guidance when carrying out their duties in promoting the welfare of children who are learners at the education setting, including meeting their healthcare needs. The guidance also applies to activities taking place off-site as part of normal educational activities.

A cooperative and proactive approach to providing effective and individual support is needed. However, the local authority and governing body remain legally responsible and accountable to fulfil their statutory duties.

Key points

- Learners with healthcare needs should be properly supported so that they have full access to education, including trips and physical education.
- Governing bodies must ensure that arrangements are in place to support learners with healthcare needs.
- Governing bodies should ensure that education setting staff consult the relevant professionals, learners and parents to ensure the needs of the learner with healthcare needs are properly understood and effectively supported.

[1] 'Must have regard' means to take account of this guidance and carefully consider it. Having done so, there would need to be a good reason to justify not complying with it.

1.2 What legislation is this guidance issued under?

Section 175 of the Education Act 2002 places a duty on local authorities and governing bodies to make arrangements to ensure their functions are exercised with a view to safeguarding and promoting the welfare of children in school or another place of learning. This includes supporting children with healthcare needs.

In meeting the duties under section 175 of the Education Act 2002, local authorities and governing bodies **must** have regard to guidance issued by the Welsh Ministers under this section.

Section 21(5) of the Education Act 2002 places a duty on governing bodies to promote the well-being of learners at the school so far as related to the matters mentioned in section 25(2) of the Children Act 2004, which includes physical and mental health and emotional well-being, education, training and recreation, and social well-being.

The non-statutory advice contained within this document is issued in exercise of the Welsh Ministers' duty to promote the education of the people of Wales[2] and their power in relation to the promotion or improvement of the economic, social and environmental well-being of Wales[3].

'Annex 1: Outline of legal framework' on page 28 contains further information on the document's legal framework and principles of the United Nations Convention on the Rights of the Child (UNCRC).

1.3 Rights of learners

All learners with healthcare needs are entitled to a full education. In addition to the duties set out above (Education Act 2002), consideration must also be given to whether the learner is defined as disabled under the Equality Act 2010[4]. Governing bodies must comply with the duties of this Act, including those within an education context. For example, reasonable adjustments for disabled learners must be made and disabled learners must not be discriminated against when making admission arrangements. In drafting this statutory guidance and advice, the Welsh Ministers have had regard to the UNCRC – the contents reflect the rights contained in the convention[5].

1.4 General principles in meeting the healthcare needs of learners

Healthcare issues affect each learner individually and support from the education setting may have an impact on their quality of life and future chances. Therefore, governing bodies and headteachers should ensure arrangements focus on meeting the needs specific to the learner and consider how this impacts on their education, attainment and well-being. Arrangements should give learners and parents confidence that provision is suitable and effective.

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[2] Section 10 of the Education Act 1996 www.legislation.gov.uk/ukpga/1996/56/section/10.
The Secretary of State's function under section 10 in relation to Wales has been transferred to the Welsh Ministers. See the National Assembly for Wales (Transfer of Functions) Order 1999 (S.I. 1999/672) and Government of Wales Act 2006, Schedule 11.

[3] Section 60 of the Government of Wales Act 2006 www.legislation.gov.uk/ukpga/2006/32/section/60

[4] www.legislation.gov.uk/ukpga/2010/15/contents

[5] www.childrensrights.wales

Local authorities and governing bodies must ensure arrangements properly support learners and minimise disruption or barriers to their education. Arrangements should also consider any wider safeguarding duties while seeking to ensure all learners can access and enjoy the same opportunities.

This includes creating and maintaining effective healthcare needs policies in the local authority and education setting. The policy is not expected to be lengthy or complex or cover every possible medical condition, but it should have a broad and relevant approach to the local authority or individual education setting. It will need to be available online for parents and learners to read and not contain any personal or confidential information.

Many learners will have a short-term healthcare need at some point. With appropriate support they should be able to regularly attend and take part in most activities. However, some learners may have significant or long-term healthcare needs affecting their cognitive or physical abilities, their behaviour or their emotional state, which may require additional support.

Consideration needs to be given to flexible delivery of the curriculum to help learners reintegrate with the education setting during periods of absence, e.g. through suitable part-time study, alternative provision from the local authority and phased returns.

A collaborative approach when making decisions around support is crucial. This includes listening to the wishes and advice of the learner, parent, education and health professionals. The best interests of the learner must be the primary concern when making decisions which affect them.

Where possible, the learner should be supported to build understanding and confidence to increasingly self-manage healthcare needs, depending on their ability to do so. This is sometimes referred to as ‘Gillick competence’.

When making arrangements to support learners, there are specific roles that may be placed on the governing body and the education setting’s staff. While outside support can be delivered such as training or advice from healthcare professionals or organisations, ultimately the governing body is responsible for, and must promote, the well-being of all learners at the school[6].

Multi-agency arrangements between education settings, healthcare professionals, social care professionals, local authorities, parents and learners are of critical importance. Healthcare needs policies and procedures should identify the collaborative working arrangements and demonstrate how they will work in partnership to meet the needs of learners with healthcare needs.

Further information can be found in the Welsh Government’s *Children and Young People’s Continuing Care Guidance* (2012)[7]. It describes how local organisations, including health boards and local authority social services and education departments should work together to assess need and put in place packages of continuing care.

[6] Section 21(5) of the Education Act 2002. See also section 175 of the Education Act 2002 – a governing body (among others) must make arrangements for ensuring that their functions are exercised with a view to safeguarding and promoting welfare of children.

[7] gov.wales/docs/phhs/publications/121127careen.pdf

It should be read by all those with responsibility for planning and providing continuing care to children and young people.

2. Supporting learners with healthcare needs

Governing bodies must ensure plans, arrangements and procedures to support learners with healthcare needs are in place and are properly and effectively implemented. These arrangements and procedures could be placed within a single healthcare needs policy for the education setting. This would provide an accessible guide to assist staff when responding to the healthcare needs of learners. The healthcare needs policy needs to be made available online and should not contain any personal or confidential information.

Governing bodies should seek advice from their local authority, health board and any other relevant health or social care professionals to develop these arrangements.

2.1 Key principles

The following points should be considered when developing arrangements and procedures, although this is not an exhaustive list.

- Staff should understand and work within the principles of inclusivity.
- Lessons and activities should be designed in a way which allows those with healthcare needs to participate fully.
- Staff should understand their role in supporting learners with healthcare needs and appropriate training should be provided.
- Staff should feel confident they know what to do in a healthcare emergency.
- Staff should be aware of the needs of their learners through the appropriate and lawful sharing of the individual learner's healthcare needs.
- Whenever appropriate, learners should be encouraged and supported to take responsibility for the management of their own healthcare needs.

2.2 Roles and responsibilities

The following represents a minimum standard of expected practice, although roles may differ between education settings.

a. Local authorities

Local authorities should ensure education provision is available to learners, and:

- must make reasonable adjustments to ensure disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory. For example, learners should not be disadvantaged when leaving primary school and beginning secondary school. In practical terms this means adjustments must be planned and implemented in advance to prevent any disadvantage. Discussions around the responsibility for provision should not impact on the delivery of service, as delays could be detrimental to the education and well-being of the learner
- must make arrangements to promote cooperation between various bodies or persons, with a view to improving, among other things, the well-being of children in relation to their physical and mental health, their education, training and recreation[8]. When making these arrangements, local authorities should ensure appropriate

[8] Section 25 of the Children Act 2004 www.legislation.gov.uk/ukpga/2004/31/section/25

agreements are in place for data sharing. This could be through working within the Wales Accord on Sharing Personal Information (WASPI) Information Sharing Protocols or Data Disclosure Agreements. Local authorities and health boards have WASPI coordinators who can support service providers to develop appropriate agreements

- must make reasonable provision of counselling services for young people aged 11–18 and learners in Year 6 of primary school[9]. Within schools, this provision should complement the different approaches already in place to support the health, emotional and social needs of learners
- should work with education settings to ensure learners with healthcare needs receive a suitable education. Where a learner of compulsory school age would not receive a suitable education for any period because of their health, the local authority has a duty to make arrangements to provide suitable education[10]. If a learner is over that compulsory school age but under 18, the local authority may make such arrangements
- should provide support, advice and guidance, including how to meet the training needs of education setting staff, so that governing bodies can ensure the support specified within the individual healthcare plan (IHP) (see 'Section 3: Individual healthcare plans (IHPs)' on page 23) can be delivered effectively.

b. Governing bodies

Governing bodies should oversee the development and implementation of arrangements, which should include:

- complying with applicable statutory duties, including those under the Equality Act 2010 (e.g. the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled, as outlined above)
- having a statutory duty to promote the well-being of learners. Schools should give consideration to how they can meet these needs, including providing learners access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17 of the UNCRC)
- considering how they can support learners to develop the skills, knowledge and emotional resilience required to uphold their rights, and the rights of others
- ensuring the roles and responsibilities of all those involved in the arrangements to support the healthcare needs of learners are clear and understood by all those involved, including any appropriate delegation of responsibilities or tasks to a headteacher, member of staff or professional as appropriate
- working collaboratively with parents and other professionals to develop healthcare arrangements to meet the best interests of the learner
- developing and implementing effective arrangements to support learners with healthcare needs. This should include a policy on healthcare needs and where appropriate, IHPs for particular learners
- ensuring arrangements are in place for the development, monitoring and review of the healthcare needs arrangements
- ensuring the arrangements are in line with other relevant policies and procedures, such as health and safety, first aid, risk assessments, the Data Protection Act 1998, safeguarding measures and emergency procedures

[9] gov.wales/topics/educationandskills/schoolshome/wellbeing/schoolcounselling/statutory-guidance-independent-counselling-services/?lang=en

[10] Section 19 of the Education Act 1996 at www.legislation.gov.uk/ukpga/1996/56/section/19

- ensuring robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on- and off-site activities, including access to emergency medication such as inhalers or adrenaline pens
- ensuring staff with responsibility for supporting learners with healthcare needs are appropriately trained (see '2.8 Training' on page 17).
- ensuring appropriate insurance cover is in place, any conditions are complied with and staff are clear on what this means for them when supporting learners
- having an infection prevention policy that fully reflects the procedures laid out in current guidance[11].

c. Headteachers

The headteacher should ensure arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented. This can include:

- working with the governing body to ensure compliance with applicable statutory duties when supporting learners with healthcare needs, including duties under the Equality Act 2010
- ensuring the arrangements in place to meet a learner's healthcare needs are fully understood by all parties involved and acted upon, and such actions maintained. In larger education settings it may be more practical to delegate the day-to-day management of a learner's healthcare needs to another member of staff. The headteacher should directly supervise this arrangement as part of the regular reporting and supervision arrangements
- ensuring the support put in place focuses on and meets the individual learner's needs, also known as person-centred planning[12]
- extending awareness of healthcare needs across the education setting in line with the learner's right to privacy. This may include support, catering and supply staff, governors, parents and other learners
- appointing a named member of staff who is responsible for learners with healthcare needs, liaising with parents, learners, the home tuition service, the local authority, the key worker and others involved in the learner's care
- ensuring a sufficient number of trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations and staff absence
- having the overall responsibility for the development of IHPs
- ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs, e.g. private toilet areas for catheterisation
- checking with the local authority whether particular activities for supporting learners with healthcare needs are appropriately covered by insurance and making staff aware of any limits to the activities that are covered
- ensuring all learners with healthcare needs are appropriately linked with the education setting's health advice service
- ensuring when a learner participates in a work experience placement or similar, that appropriate healthcare support has been agreed and put in place
- providing annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of learners

[11] www.wales.nhs.uk/sitesplus/888/home

[12] learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf

- ensuring all learners with healthcare needs are not excluded from activities they world normally be entitled to take part in without a clear evidence-based reason
- notifying the local authority when a learner is likely to be away from the education setting for a significant period, e.g. three weeks (whether in one go or over the course of the academic year) due to their healthcare needs. Ultimately, what qualifies a period of absence as 'significant' in this context depends upon the circumstances and whether the setting can provide suitable education for the learner. Shorter periods of absence may be significant depending upon the circumstances
- being mindful of the Social Services and Well-being (Wales) Act 2014. Education settings should be fully aware of this approach and ensure assistance to learners is provided using a holistic approach.

d. Teachers and support staff

Any staff member within the education setting may be asked to provide support to learners with healthcare needs, including assisting or supervising the administration of medicines. This role is entirely voluntary. Staff members must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. No staff member can be required to administer or supervise medication unless it forms part of their contract, terms and conditions or a mutually agreed job plan.

In addition to the training provided to staff that have volunteered or are contracted to support learners with healthcare needs, the education setting should ensure staff:

- fully understand the education setting's healthcare needs policies and arrangements
- are aware of which learners have more serious or chronic healthcare needs, and, where appropriate, are familiar with these learners' IHPs. This includes knowing how to communicate with parents and what the triggers for contacting them are, such as when the learner is unwell, refuses to take medication or refuses certain activities because of their healthcare needs
- are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency. This includes knowing who the first aiders are and seeking their assistance if a medical emergency takes place
- fully understand the education setting's emergency procedures and be prepared to act in an emergency
- ask and listen to the views of learners and their parents, which should be taken into consideration when putting support in place
- ensure learners (or their friends) know who to tell if they feel ill, need support or changes to support
- listen to concerns of learners if they feel ill at any point and consider the need for medical assistance (especially in the case of reported breathing difficulties)
- make sure learners with healthcare needs are not excluded from activities they wish to take part in without a clear evidence-based reason, including any external trips/visits. This includes ensuring learners have access to their medication and that an appropriately trained member of staff is present to assist where required
- are aware of bullying issues and emotional well-being regarding learners with healthcare needs, and are prepared to intervene in line with the education setting's policy
- are aware that healthcare needs can impact on a learner's ability to learn and provide extra help when needed

- support learners who have been absent and assist them with catching up on missed work – this may involve working with parents and specialist services
- keep parents informed of how the healthcare need is affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

e. Learners and parents

It is vital that learners and parents are actively involved in the planning of support and management of healthcare needs. Meeting the individual's needs should be at the centre of decision making and processes. The UNCRC states learners should have access to appropriate information essential for their health and development and have opportunities to participate in decisions affecting their health.

Parents and learners should:

- receive updates regarding healthcare issues/changes that occur within the education setting
- be involved in the creation, development and review of an IHP (if any). The parent and learner may be best placed to provide information about how their healthcare needs affect them. They should be fully involved in discussions about how the learner's healthcare needs will be met in the education setting, and contribute to the development of, and compliance with, their IHP
- provide the education setting with sufficient and up-to-date information about healthcare needs, including any guidance regarding the administration of medicines and/or treatment from healthcare professionals. Where appropriate, learners should be encouraged and enabled to manage their own healthcare needs
- inform the education setting of any changes such as type of medication, dosage or method of administration
- provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions
- ensure a nominated adult is contactable at all times and all necessary forms are completed and signed
- inform the education setting if their child has/had an infectious disease or condition while in attendance.

f. NHS Wales school health nursing service, third sector organisations and other specialist services

Healthcare and practical support can be found from a number of organisations. Education settings have access to a health advice service. The scope and type of support the service can offer may include:

- offering advice on the development of IHPs
- assisting in the identification of the training required for the education setting to successfully implement IHPs
- supporting staff to implement a learner's IHP through advice and liaison with other healthcare, social care and third sector professionals.

Health advice and support can also be provided by specialist health professionals such as GPs, paediatricians, speech and language therapists, occupational therapists, physiotherapists, dieticians and diabetes specialist nurses. In addition, third sector voluntary bodies can provide advice and practical support. Proactively engaging with

specialist services can provide practical help when writing and implementing IHPs. They can also provide training and awareness-raising resources, including video links.

2.3 Creating an accessible learning environment

Local authorities and governing bodies should ensure their education settings are inclusive and accessible in the fullest sense to learners with healthcare needs. This includes the following.

- **Physical access to education setting buildings**

  A duty is placed on local authorities to produce a written accessibility strategy for all schools they are responsible for under the Equality Act 2010[13]. Any such strategy is expected to address:

  'improving the physical environments of schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by the schools' (Schedule 10, Equality Act 2010[14]).

  This strategy must relate to a prescribed period, be consulted upon, available for inspection and kept under review. Similarly, individual schools must carry out accessibility planning and are under a duty to prepare an accessibility plan following the same principles as the strategies prepared by the local authorities.

- **Reasonable adjustments – auxiliary aids or services**

  The Equality Act 2010 places a duty on learning establishments to make 'reasonable adjustments' for learners who are disabled as defined by the Act. In regard to these learners, auxiliary aids or services (with the appropriate number of trained staff) must be provided.

- **Day trips and residential visits**

  Governing bodies should ensure the education setting actively supports all learners with healthcare needs to participate in trips and visits. Governing bodies must be aware of their legal requirements (see 'Annex 1: Outline of legal framework' on page 28) to make reasonable adjustments to trips and residential visits ensuring full participation from all learners.

  Staff should be aware of how a learner's healthcare needs may impact on participation, and seek to accommodate any reasonable adjustments which would increase the level of participation by the learner[15]. Staff should consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in compliance with the Data Protection Act 1998 and in respecting the learner's right to privacy). This may include information about the healthcare

[13] www.legislation.gov.uk/ukpga/2010/15/contents
[14] www.legislation.gov.uk/ukpga/2010/15/schedule/10
[15] The duty to make reasonable adjustments under the Equality Act may apply depending on the circumstances.

needs of learners, what to do in an emergency and any additional support, medication or equipment needed.

- **Social interactions**

  Governing bodies should ensure the involvement of learners with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, breakfast club, productions, after-hours clubs and residential visits.

  The education setting should make all staff aware of the social barriers learners with healthcare needs may experience and how this can lead to bullying and social exclusion. A proactive approach is needed to remove any barriers.

- **Exercise and physical activity**

  The education setting should fully understand the importance of all learners taking part in physical activities and staff should make appropriate adjustments to sports and other activities to make them accessible to all learners, including after-hours clubs and team sports.

  Staff should be made fully aware of learners' healthcare needs and potential triggers. They should know how to respond appropriately and promptly if made aware that a learner feels unwell. They should always seek guidance when considering how participation in sporting or other activities may affect learners with healthcare needs.

  Separate 'special provisions' for particular activities should be avoided, with an emphasis instead on activities made accessible for all. Where this might not be possible, advice from healthcare or physical education professionals and the learner should be sought.

  Staff should also understand that it may be appropriate for some learners with healthcare needs to have medication or food with them during physical activity; such learners should be encouraged to take the medication or food when needed.

- **Food management**

  Where food is provided by or through the education setting, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances.

  Where a need occurs, education settings should in advance provide menus to parents and learners, with complete lists of ingredients and nutritional information. Gluten and other intolerances or allergens must be clearly marked. Providing information will help facilitate parent and catering teams' collaborative working. This is especially important when carbohydrate counting is required.

  Consideration should be given to availability of snacks. Sugar and gluten-free alternatives should always be made available. As some conditions require high calorific intake, there should always be access to glucose-rich food and drinks.

Food provided for trips must reflect the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings should also take the dietary and treatment needs of these learners into account. While healthy school and 'no sweets' policies are recognised as important, learners with healthcare needs may need to be exempted from these policies. Learners needing to eat or drink as part of their condition should not be excluded from the classroom or put in isolation.

- **Risk assessments**

  Staff should be clear when a risk assessment is required and be aware of the risk assessment systems in place. They should start from the premise of inclusion and have built into them a process of seeking adjustments or alternative activities rather than separate provision.

  In addition, there are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans[16]. These strategies and plans deal with matters related to increasing participation by disabled learners. They are described in more detail in 'Annex 1: Outline of legal framework' on page 28.

2.4 Sharing information

Governing bodies should ensure healthcare needs arrangements, both wider education settings' policies and IHPs, are supported by clear communication with staff, parents and other key stakeholders to ensure full implementation. It is essential that all information is kept up to date. All information-sharing techniques such as staff noticeboards and school intranets must be agreed by the learner and parent in advance of being used, to protect confidentiality.

Teachers, supply teachers and support staff (this may include catering staff and relevant contractors) should have access to the relevant information, particularly if there is a possibility of an emergency situation arising. How this is done will depend on the type and size of the setting and could include:

- where suitable, and following appropriate consent, a noticeboard in a staff room used to display information on high-risk health needs, first aiders and certificates, emergency procedures, etc. It should be noted that not all staff use their staff room, that the size of some educational settings could make this form of information-sharing impractical, and that at all times the learner's right to privacy must be taken into account
- the education setting's secure intranet area and staff meetings being utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with.

Parents and learners should be active partners, and to achieve this the education setting should make parents fully aware of the care their children receive. Parents and

[16] Schedule 10 to the Equality Act 2010. For guidance on the previous similar statutory duties: gov.wales/dcells/publications/publications/circularsindex/04/disabledaccess/nafwc1504-e.pdf?lang=en

learners should also be made aware of their own rights and responsibilities. To help achieve this the education setting should:

- make healthcare needs policies easily available and accessible, online and in hard copy
- provide the learner/parents with a copy of their information sharing policy. This should state the type of bodies and individuals with whom the learner's medical information may be shared
- ask parents to sign a consent form which clearly details the bodies, individuals and methods through which their learner's medical information will be shared. Sharing medical information can be a sensitive issue and the learner should be involved in any decisions. Education settings should keep a list of what information has been shared with whom and why, for the learner/parent to view on request
- consider including a weblink to the healthcare needs policies in relevant communications sent to parents, and within the learner's IHP
- include student councils, 'healthy schools' and other learner groups in the development of the setting's healthcare needs arrangements, where appropriate
- consider how friendship groups and peers may be able to assist learners, e.g. they could be taught the triggers or signs of issues for a learner, know what to do in an emergency and who to ask for help. The education setting should discuss with the learner and parents first and decide if information can be shared.

2.5 Procedures and record keeping for the management of learners' healthcare needs

The education setting should create procedures which state the roles/responsibilities of all parties involved in the identification, management and administration of healthcare needs. The following documentation should be collected and maintained, where appropriate.

1. Contact details for emergency services
2. Parental agreement for educational setting to administer medicine
3. Head of educational setting agreement to administer medicine
4. Record of medicine stored for and administered to an individual learner
5. Record of medicines administered to all learners by date
6. Request for learner to administer own medicine
7. Staff training record – administration of medicines
8. Medication incident report

New records should be completed when there are changes to medication or dosage. The learning setting should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. These forms/templates can be found in 'Annex 2: Form templates' on page 32. Electronic versions can be found on the Welsh Government website.

2.6 Storage, access and the administration of medication and devices

Governing bodies should ensure the education setting's policy is clear regarding the procedures to follow for managing medicines and devices. Storage, access and administration procedures will always be contextual to the education setting and the

requirements of the learner. However, the following general principles should be reflected.

Supply of medication or devices
Education settings should not store surplus medication. Parents should be asked to provide appropriate supplies of medication. These should be in their original container, labelled with the name of the learner, medicine name, dosage and frequency, and expiry date. Education settings should only accept prescribed medicines and devices that:

- are in date
- have contents correctly and clearly labelled
- are labelled with the learner's name
- are accompanied with written instructions for administration, dosage and storage
- are in their original container/packaging as dispensed by the pharmacist (with the exception of insulin which is generally available via an insulin pen or a pump).

Where non-prescribed medicine is held by the education setting, e.g. liquid paracetamol, it should:

- be in date
- have its contents correctly and clearly labelled
- be labelled with the learner's name
- be accompanied with written instructions for administration, dosage and storage – this can be from the parent
- be in its original container/packaging.

Storage, access and disposal
While all medicines should be stored safely, the type and use of the medication will determine how this takes place. It is important for learners to know where their medication is stored and how to access it.

- **Refrigeration**
  Some medicines need to be refrigerated. The refrigerator temperature will need to be regularly monitored to ensure it is in line with storage requirements. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled. A lockable medical refrigerator should be considered if there is a need to store large quantities of medicine.

- **Emergency medication**
  Emergency medication must be readily available to learners who require it at all times during the day or at off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) should be readily available to learners and not locked away. This is particularly important to consider when outside of the education setting's premises, e.g. on trips. If the emergency medication is a controlled drug it should be kept as securely as possible so as to minimise the risk of unauthorised access while also allowing quick access if this might be necessary in an emergency. For example, keys should not be held personally by a member of staff. A learner who has been prescribed a controlled drug may legally have it in their possession, if they are competent to do so, and they must not pass it to another learner or other unauthorised person. Monitoring may be

necessary. Where staff administer emergency medication to a learner, this should be recorded.

- **Non-emergency medication**
  All non-emergency medication should be kept in a secure place with appropriate temperature or light controls. If it is a controlled drug, additional security measures and controls are advisable.

- **Disposal of medicines**
  When no longer required, medicines should be returned to parents to arrange safe disposal. Sharp boxes must always be used for the disposal of needles and other sharp instruments, and disposed of appropriately.

Administration of medicines

- Where the learner is under 16, assistance or administration of prescribed or non-prescribed medicines requires written parental consent, unless Gillick competence is recorded. The administration of all medication should be recorded.
- Where medication is prescribed to be taken in frequencies which allow the daily course of medicine to be administered at home, parents should seek to do so, e.g. before and after school and in the evening. There will be instances where this is not appropriate.
- Learners under 16 should never be given aspirin or its derivatives unless prescribed to them.
- Unless there is an agreed plan for the learner to self-medicate (16 years and above or Gillick competent), all medication should be administered by a member of staff. In other cases, it may need to be supervised in accordance with the IHP.
- Medication should only be administered by suitably trained staff. The movement and location of these trained staff should always be in conjuncture with the learners they support.
- Staff should check the maximum dosage and the amount and time of any prior dosage administered.
- Certain medical procedures may require administration by an adult of the same gender as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and gender of those assisting must be considered when providing intimate care. There is no requirement in law for there to be more than one person assisting[17]. This should be agreed and reflected in the IHP and risk assessment.
- The education setting should have an intimate care policy[18]. It should be followed, unless alternative arrangements have been agreed, and recorded in the learner's IHP.
- If a learner refuses their medication, staff should record this and follow their defined procedures informing parents as soon as possible. If a learner misuses any medication, their parents should be informed as soon as possible. The education setting should ask parents to seek healthcare advice as appropriate. If parents

[17] gov.wales/docs/dcells/publications/150114-keeping-learners-safe.pdf

[18] Intimate care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some learners are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of learners involved in intimate self-care.

cannot be contacted immediately, staff need to consider seeking immediate healthcare advice.

- Staff involved in the administration of medication should be familiar with how learners consent to treatment. Further information on this from the Welsh Government can be found in the *Patient Consent to Examination and Treatment – Revised Guidance* (NHS, 2008)[19].
- All staff supporting off-site visits should be made aware of learners who have healthcare needs. They should receive the required information to ensure staff are able to facilitate an equal experience for the learner. This information may include health and safety issues, what to do in an emergency and any other additional necessary support that the learner requires, including medication and equipment.

2.7 Emergency procedures

Governing bodies should ensure a policy is in place for handling emergency situations. Staff should know who is responsible for the policy, nominated first aiders and how to deal with common healthcare needs. In situations requiring emergency assistance, 999 should be called immediately. The location of learners' healthcare records and emergency contact details should be known to staff.

Where a learner has an IHP, this should clearly define what constitutes an emergency and explain what to do. Staff should be made aware of emergency symptoms and procedures.

Other learners in the education setting should also know what to do in general terms in an emergency, such as to inform a member of staff immediately. If a learner needs to be taken to hospital, a staff member should stay with the learner until a parent arrives. This includes accompanying them in an ambulance to hospital. The member of staff should have details of any known healthcare needs and medication.

2.8 Training

Governing bodies must ensure staff who volunteer or who are contracted to support those with healthcare needs are provided with appropriate training. Governing bodies should also ensure their policies clearly set out how a sufficient number of these staff will be identified and supported.

When assisting learners with their healthcare needs, it should be recognised that for many interventions no specialist training is required and the role of staff is to facilitate the learner to meet their own healthcare needs.

IHPs may reflect complex needs requiring staff to have specific information and training. This training may also be in the use of aids such as hearing aids (staff could be shown how to change batteries) and various adaptive technologies. If these have been

[19] Please note this circular will be revised in spring 2017. The current version can be accessed at www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=11930

instigated by health professionals, they can be asked to provide advice suitable for education settings as well as learners and families.

Training provided should be sufficient to ensure staff are competent, have confidence in their ability to support learners and fulfil IHP requirements. Crucially this training should involve input from the learner and parents, who often play a major role in providing information on how needs can be met. However, parents should not be solely relied upon to provide training about the healthcare needs of their child.

If a learner has complex needs, input may be needed from healthcare services and the local authority who will be able to advise and signpost to further training and support.

All staff, irrespective of whether they have volunteered to assist or support learners with healthcare needs, may come into contact with learners who have healthcare needs. It is therefore advisable that all staff have a basic understanding of common conditions to ensure recognition of symptoms and understand where to seek appropriate assistance.

Policies should include a procedure on how to raise awareness of common conditions, a healthcare needs policy and staff roles in carrying out arrangements. New and temporary staff should especially be made aware of what preventative and emergency measures are in place so staff can recognise the need for intervention and react quickly.

If the trained staff who are usually responsible for administering medication are not available, the IHP should set out alternative arrangements. This also needs to be addressed in risk assessment and planning of off-site activities.

2.9 Qualification examinations and national curriculum assessments

Efficient and effective liaison is imperative when learners with healthcare needs are approaching assessments, including those undertaking examinations in hospital or at home. The coursework element may help learners to keep up with their peers. The home and hospital teachers may be able to arrange for concentration on this element to minimise the loss of learning while they are unable to attend. Liaison between the education setting and the hospital teacher or home teacher is most important, especially where the learner is moving from education setting or home to the hospital on a regular basis.

Awarding bodies may make special arrangements for learners with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses, who are taking public examinations such as GCSEs or A levels. Applications for special arrangements should be submitted by schools to the awarding bodies as early as possible. Full guidance on the range of special arrangements available and the procedures for making applications is given in the Joint Council for Qualifications' circulars *Adjustments for candidates with disabilities and learning difficulties* (2016)[20] and

[20] www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/regulations-and-guidance/access-arrangements-and-reasonable-adjustments-2016-2017

A guide to the special consideration process (2016)[21], which are both accessible from the Joint Council for Qualifications' website[22].

Adjustments, adaptations or additional time for learners taking the National Reading and Numeracy Tests should be based on normal classroom practice for particular needs. Teachers are expected to use their professional judgement to support learners. Guidance is provided in the current *National Reading and Numeracy Tests – Test administration handbook*[23].

2.10 Education other than at school (EOTAS)

This section describes the support available to learners of compulsory school age who, due to their healthcare needs, may not for any period attend a mainstream education setting. The support they receive during an episode of illness could be in hospital, a PRU or at home. Local authorities have a duty (sections 19(1) and 19(4) of the Education Act 1996) to make arrangements for the provision of suitable education for all children and young people of compulsory school age.

A learner who is unable to attend their education setting because of their healthcare needs should have their educational needs identified, and receive educational support quickly so they continue to be provided with suitable education. This means education suitable to the age, ability, aptitude of the learner and any special educational needs (SEN) they may have. The nature of the provision should be responsive, reflecting the needs of what may be a changing health status.

The local authority is unlikely to provide education at home for learners who are ill for very short periods of time, as their education setting should be able to provide appropriate support. However, they should take into account the way in which the absence is likely to affect the learner on their return to education. In the case of a short absence (likely to last for less than 15 school days) the learner's school should provide work to be completed at home, if the learner's condition permits, and support the learner to catch up on their return. The local authority should be ready to make arrangements for learners in cases where it is clear that the learner is likely to be absent from school for a significant period, e.g. more than 15 school days, whether consecutive or cumulative over the course of an academic year. However, the local authority might still need to make arrangements if a shorter absence is anticipated, depending upon the circumstances.

Where absences are anticipated or known in advance, close liaison between the school and local authority should enable the EOTAS service to be provided from the start of absence.

The local authority should take into account any period of education provided in hospital when considering whether it needs to provide EOTAS for a learner and what to provide. If the learner has been in hospital and has received tuition there, their curricular progress

[21] www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/regulations-and-guidance/a-guide-to-the-special-consideration-process-2016-2017
[22] www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration
[23] learning.gov.wales/resources/browse-all/national-reading-and-numeracy-tests-administration-handbook/?lang=en

and experiences may be different to that of their peers in school. Even so, as much continuity as possible should be ensured. The local authority should provide as many lessons as the learner's condition allows, and as is beneficial, taking into account what is suitable for the learner. It may be necessary to give particular consideration to a learner who is on a course leading to qualifications.

The local authority should have a written policy regarding EOTAS for learners with healthcare needs. Policies should include arrangements for the service and the way it is staffed, the timing of the provision, and a named person who parents, hospital teachers and others should contact. The policy should make links with related services in the local authority such as those for SEN and other local authority support services, educational psychologists, the Education Welfare Service (EWS) and PRUs.

Monitoring and evaluation of EOTAS should form a key element in the local authority's strategies. It should seek to ensure new developments are taken on board, levels of education are of a sufficient standard and provision represents good value for money.

Cooperation between education, health and administrative staff in hospital is essential. The aim should be to achieve the greatest possible benefit for the child or young person's education and health, which should include the creation of an atmosphere conducive to effective learning.

Close liaison between home/hospital teachers and mainstream teachers underpins the provision of an effective educational programme for the learners. However, parents can also act as a valuable link.

Learners with complex healthcare needs may be discharged from hospital with a written care plan. Where this happens, the written care plan should be integrated into any IHP.

2.11 Learners who are older than compulsory school age

Local authorities should arrange for the continuation of education for learners over 16, but less than 18 years old, where because of illness, the learner needs to study to complete their qualifications. Where the learner has a statement of SEN, the local authority remains responsible for that learner until they are 19. However, there will be occasions where the natural completion of an academic year or completion of a particular course would take a learner with a statement beyond their nineteenth birthday – see the *Special Educational Needs Code of Practice for Wales* (2004), section 9:61[24].

2.12 Integration

Education settings have a key role to play in the successful integration after diagnosis or reintegration of learners with healthcare needs. Settings should be proactive in working with all agencies, including involving other learners in supporting the transition. Staff should be trained in a timely manner to assist the learner's return. The support should be considered by key parties, including the parent and learner and should be reflected in the IHP.

[24] learning.gov.wales/docs/learningwales/publications/131016-sen-code-of-practice-for-wales-en.pdf

Discharge from hospital
When a learner is discharged from hospital, appropriate information should be provided to parents, which could then be shared with the education setting. This will help ensure a smooth return to the education setting. The education setting should liaise with the home tuition service or the hospital's tuition service as appropriate. Those working closely with the learner should be available to give advice as necessary on appropriate ways to best support the learner. Where hospitals give advance notice of discharge, it is helpful if parents communicate this as soon as possible, together with any information about the learner's achievements and educational progress in the hospital.

Hospitals which have a liaison nurse can offer advice to prepare the learner's education setting on how best to manage their return. This may enable teachers without experience of dealing with a particular condition or disease to handle reintegration effectively. It can also promote understanding that some illnesses or treatments can create behaviour problems or cognitive difficulties. Contact with a nurse specialising in the learner's specific condition may also be beneficial following any discharge from hospital.

After integration
It is useful for the local authority to follow up with the learner, after reintegration, to determine effectiveness. Local authorities may wish to use such feedback when evaluating their policies and support. Local authorities should be aware of the help available to reintegrate a learner or young person locally – not only from health and other public agencies, but also private and voluntary organisations.

It is important to note that a continued outreach service after discharge is sometimes necessary. Hospital teachers, and teaching staff providing home tuition if applicable, should be aware of their role in reintegrating learners as soon as possible, and local authorities should ensure education welfare officers understand their role in relation to those with healthcare needs.

2.13 School transport

There are statutory duties on local authorities, headteachers and governing bodies in relation to learners travelling to the place where they receive their education or training[25]. For example, depending upon the circumstances, local authorities may need to arrange home-to-school transport for a learner, or provide appropriately trained escorts for such journeys to facilitate the attendance of a learner. Information and guidance on this is set out in the *Learner Travel: Statutory Provision and Operational Guidance* (2014) document[26].

2.14 Reviewing policies, arrangements and procedures

Governing bodies should ensure all policies, arrangements and procedures are reviewed regularly by the education setting. IHPs may require frequent reviews depending on the healthcare need – this should involve all key stakeholders including, where appropriate, the learner, parents, education and health professionals and other relevant bodies.

[25] The Learner Travel (Wales) Measure 2008.
[26] Available at gov.wales/docs/det/publications/140616-ltog-en.pdf

2.15 Insurance arrangements

Governing bodies of maintained education settings should ensure an appropriate level of insurance is in place to cover the setting's activities in supporting learners with healthcare needs. The level of insurance should appropriately reflect the level of risk. Additional cover may need to be arranged for some activities, e.g. off-site activities for learners with particular needs.

2.16 Complaints procedure

If the learner or parent is not satisfied with the education setting's health care arrangements they are entitled to make a complaint. The governing body must publicise their formal complaints procedure[27], including how complaints can be escalated from teacher to headteacher, then to the governing body, and then to the local authority. The complaints procedure should also be summarised in their policy for supporting learners with healthcare needs.

If the complaint is Equality Act 2010-/disability-related, then consideration of a challenge to the Special Education Needs Tribunal for Wales (SENTW) can be made.

[27] Section 29 of the Education Act 2002 at www.legislation.gov.uk/ukpga/2002/32/section/29

3. Individual healthcare plans (IHPs)

3.1 Introduction

IHPs set out what support is required by a learner. They do not need to be long or complicated. Governing bodies should ensure their healthcare needs policy includes information on who has overall responsibility for the development of the IHPs. IHPs are essential where healthcare needs are complex, fluctuating, long term or where there is a high risk that an emergency intervention will be needed. However, not all learners with healthcare needs require an IHP and there should be a process in place to decide what interventions are most appropriate. The following diagram outlines the process for identifying whether an IHP is needed.

Identify learners with healthcare needs

- Learner is identified from enrolment form or other route.
- Parent or learner informs education setting of healthcare need.
- Transition discussions are held in good time, e.g. eight weeks before either the end of term or moving to a new education setting.

Gather information

- If there is potential need for an IHP, the education setting should discuss this with the parent and learner.

Establish if an IHP should be made

- The education setting should organise a meeting with appropriate staff, the parents, the learner and appropriate clinicians to determine if the learner's healthcare needs require an IHP, or whether this would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher should take the final decision, which can be challenged through the complaints procedure.

If an IHP should be made

- The education setting, under the guidance of the appropriate healthcare professionals, parents and the learner, should develop the IHP in partnership.
- The education setting should identify appropriate staff to support the learner, including identifying any training needs and the source of training, and implement training.
- The education setting should circulate the IHP to all appropriate individuals.
- The education setting should set an appropriate review date and define any other triggers for review.

In most cases, especially concerning short-term illnesses such as those requiring a course of antibiotics, a detailed IHP may not be necessary. In such circumstances it may be sufficient to record the name of medication, dosage, time administered and any possible side effects. These procedures should be confirmed in writing between the learner (where appropriate), the parents and the education setting.

However, when a learner has continual or episodic healthcare needs, then an IHP may be required. If these needs are complex and the learner is changing settings, then preparation should start early to help ensure the IHP is in place at the start of the new term.

3.2 Roles and responsibilities in the creation and management of IHPs

IHPs do not need to be complex but they should explain how the learner's needs can be met. An IHP should be easily accessible to all who need to refer to it, while maintaining the required levels of privacy. Each plan should capture key information and actions required to support the learner effectively. The development of detailed IHPs may involve:

- the learner
- the parents
- input or information from previous education setting
- appropriate healthcare professionals
- social care professionals
- the headteacher and/or delegated responsible individual for healthcare needs across the setting
- teachers and support staff, including catering staff
- any individuals with relevant roles such as a first aid coordinator, a well-being officer, and special educational needs coordinator (SENCo).

While the plan should be tailored to each individual learner, it may include:

- details of the healthcare need and a description of symptoms
- specific requirements such as dietary requirements, pre-activity precautions (e.g. before physical education classes)
- medication requirements, e.g. dosage, side effects, storage requirements, arrangements for administration
- an impact statement (jointly produced by a healthcare professional and a teacher) on how the learner's healthcare condition and/or treatment affects their learning and what actions are required to mitigate these effects
- actions required
- emergency protocols and contact details
- the role the education setting can play, e.g. a list of things to be aware of
- review dates and review triggers
- roles of particular staff, e.g. a contact point for parents, staff responsible for administering/supervising medication, and arrangements for cover in their absence
- consent/privacy/sensitive information-sharing issues
- staff training needs, such as with regard to healthcare administration, aids and adaptive technologies
- record keeping – how it will be done, and what information is communicated to others

- home-to-school transport – this is the responsibility of the local authority, who may find it helpful to be aware of the learner's IHP and what it contains, especially in respect of emergency situations.

The aim of the plan is to capture the steps which need to be taken to help a learner manage their condition and overcome any potential barriers to participating fully in education. Those devising the plan should agree who will take the lead, but responsibility for ensuring it is finalised and implemented rests with the education setting. Many third sector organisations have produced condition-specific template IHPs that could be used.

Governing bodies should ensure the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They should be developed with the best interests of the learner in mind and ensure the education setting, with specialist services (if required), assess the risks to the learner's education, health and social well-being.

Where a learner has an SEN the IHP should be linked or attached to any individual education plan, Statement of SEN, or learning and skills plan.

3.3 Coordinating information with healthcare professionals, the learner and parents

The way in which a learner's healthcare needs are shared with social and healthcare professionals depends on their requirements and the type of education setting. The IHP should explain how information is shared and who will do this. This individual can be a first point of contact for parents and staff and would liaise with external agencies.

3.4 Confidentiality

It is important that relevant staff (including temporary staff) are aware of the healthcare needs of their learners, including changes to IHPs. IHPs will likely contain sensitive or confidential information. The sharing and storing of information must comply with the Data Protection Act 1998 and not breach the privacy rights of or duty of confidence owed to the individuals.

3.5 The learner's role in managing their own healthcare needs

Learners who are competent to do so should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within the learner's IHP.

Where possible, learners should be allowed to carry their own medication and relevant devices, or be able to quickly access their medication. Some learners may require an appropriate level of supervision.

If a learner refuses to take their medicine or carry out a necessary procedure, staff should not force them to do so, but follow the setting's defined arrangements, agreed in the IHP. Parents should be informed as soon as possible so that an alternative arrangement can be considered and health advice should be sought where appropriate.

3.6 Record keeping

All administration of medication must be recorded on the appropriate forms. If a learner refuses their medication, staff should record this and follow the defined procedures where parents will be informed of this non-compliance as soon as possible.

The best examples of record keeping include systems where the learner's healthcare needs records have been computerised to allow quick and easy access by the appropriate staff. Data systems can also allow for easy access to the required information for staff that may be placed into classrooms where they are not familiar with the healthcare needs of the learners.

The operation of such systems must comply with the Data Protection Act 1998.

4. Unacceptable practice

It is not acceptable practice to:

- prevent learners from attending an education setting due to their healthcare needs, unless their attending the setting would be likely to cause harm to the learner or others
- prevent learners from easily accessing their inhalers or other medication, and prevent them from taking their medication when and where necessary
- assume every learner with the same condition requires the same treatment
- ignore the views of the learner or their parents, or ignore healthcare evidence or opinion (although these views may be queried with additional opinions sought promptly)
- send learners with healthcare needs home frequently or prevent them from staying for normal activities, including lunch, unless this is suitably specified in their IHP
- send a learner who becomes ill or needs assistance to a medical room or main office unaccompanied or with someone unable to properly monitor them
- penalise a learner for their attendance record if the absence is related to their healthcare needs. 'Authorised absences' including healthcare appointments, time to travel to hospital or appointment, and recovery time from treatment or illness should not be used to penalise a learner in any way. This includes, but is not limited to, participation in activities, trips or awards which are incentivised around attendance records
- request adjustments or additional time for a learner at a late stage. They should be applied for in good time. Consideration should also be given to adjustments or additional time needed in mock examinations or other tests
- prevent learners from drinking, eating or taking toilet or other breaks whenever needed in order to manage their healthcare needs effectively
- require parents, or otherwise make them feel obliged, to attend the education setting, trip or other off-site activity to administer medication or provide healthcare support to the learner, including for toileting issues
- expect or cause a parent to give up work or other commitments because the education setting is failing to support a learner's healthcare needs
- ask a learner to leave the classroom or activity if they need to administer non-personal medication or consume food in line with their health needs
- prevent or create unnecessary barriers to a learner's participation in any aspect of their education, including trips, e.g. by requiring a parent to accompany the learner.

Annex 1: Outline of legal framework

Within the educational context, various duties are placed on both schools and local authorities that are relevant to the safeguarding and welfare of learners. The main provisions are outlined in the sections below. This outline is not an exhaustive list of the relevant legislation, and nor is each section an authoritative statement or description of the laws themselves.

Statutory duties on governing bodies of maintained schools

- In discharging their functions relating to the conduct of the school, governing bodies of maintained schools (including maintained nursery schools) must promote the well-being of learners at the school. (Section 21(5) of the Education Act 2002). This duty relates to all learners, including those with healthcare needs.
- Governing bodies of maintained schools (including maintained nursery schools) must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children (i.e. those under 18) who are learners at the school (see section 175(2) of the Education Act 2002).
- Governing bodies are also subject to duties under the Equality Act 2010 – see below.

Statutory duties on local authorities

- Local authorities have general functions in relation to providing education for their area (see in particular sections 13 to 14, 15A, 15B of the Education Act 1996).
- A local authority must make arrangements for the provision of suitable education (at school or otherwise) for children of compulsory school age who may not otherwise receive it for any period due to illness, exclusion from school or otherwise (see section 19(1) of the Education Act 1996). For young persons (i.e. those who are over compulsory school age, but under the age of 18), local authorities have a power (rather than a duty) to make such arrangements in those circumstances (see section 19(4) of the Education Act 1996). In determining what arrangements to make under section 19(1) or (4) in the case of any child or young person, the local authority must have regard to any guidance given by the Welsh Ministers.
- A local authority must make arrangements for ensuring that their education functions are exercised with a view to safeguarding and promoting the welfare of children (i.e. those under 18 – see section 175(1) of the Education Act 2002).
- Local authorities in Wales have a duty under section15 of the Social Services and Well-being (Wales) Act 2014 to provide services in their area with the purpose of preventing or delaying the development of people's needs for care and support and a range of related purposes.
- Local authorities must make arrangements to promote cooperation between various persons and bodies. This includes a health board and NHS trust within the local authority area. The arrangements are to be made with a view to:

  – improving the well-being of children within the area
  – improving the quality of care and support for children provided in the area
  – protecting children who are experiencing or at risk of abuse, neglect and other harm (see section 25 of the Children Act 2004).

- The Education (School Premises) Regulations 1999 S.I. 1999/2 set out requirements (LA responsibility) regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination, treatment of learners and the care of sick or injured learners (regulation 5).
- Local authorities also have duties under the Equality Act 2010 – see below.

The Equality Act 2010

Disability is a protected characteristic under the Equality Act 2010. Some learners with healthcare needs may be disabled for the purposes of that Act; others may not be. There are various duties under the Equality Act 2010 which are relevant in the context of learners with healthcare needs who are also disabled.

The responsible body of a school must not discriminate, harass or victimise disabled learners and in some cases, other particular persons. The responsible body is also subject to a duty to make reasonable adjustments (section 85 of the Equality Act 2010). Local authorities must prepare and implement an accessibility strategy in relation to schools for which they are the responsible body. This is a strategy for (over a particular period):

- increasing the extent to which disabled learners can participate in the schools' curriculums
- improving the physical environment of the schools for the purpose of increasing the extent to which disabled learners are able to take advantage of education and benefits, facilities or services provided or offered by the schools
- improving the delivery to disabled learners of information which is readily accessible to learners who are not disabled.

(See paragraph 1 of Schedule 10 to the Equality Act 2010.)

The responsible body of a school must prepare and implement an accessibility plan. Such a plan involves the same content as an accessibility strategy, except that it relates to the particular school (paragraph 3 of schedule 10 to the Equality Act 2010). In relation to a maintained school and maintained nursery, the responsible body is the local authority or the governing body. In relation to a PRU, it is the local authority.

Local authorities and the governing body of local authority-maintained educational establishments (e.g. maintained schools) are subject to the public sector equality duty. This requires them, in the exercise of their functions, to have due regard to particular matters related to equality (section 149). They are also under specific duties for the purpose of enabling better performance of the public sector equality duty (see the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 S.I.2011/1064).

Social Services and Well-being (Wales) Act 2014

- The Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') is a single act that brings together local authorities' duties and functions in relation to improving the well-being of people who need care and support, and carers who need support. The Act provides the statutory framework to deliver the Welsh Government's commitment to integrated social services departments with a strong family orientation.

- From a Welsh policy and delivery perspective, the 2014 Act seeks to ensure that care and support provided to young people is delivered in accordance with the principles outlined in the UNCRC.
- Local authorities in Wales have a duty under section 15 of the 2014 Act to provide preventative services in their area. The purpose of these services would be to prevent or delay people developing a need for care and support.
- The 2014 Act was developed using the 'people model' which focuses on providing sustainable social services to people (being children, adults and carers) in line with their unique needs. This means that children are not treated in isolation but instead as part of families and communities. This has allowed the 2014 Act to provide a cohesive and more integrated care system.
- Well-being and the outcomes people wish to achieve are at the centre of the legislation; the definition of well-being in the Act, and the well-being statement, both recognise that securing rights and entitlements is key to ensuring that children can speak for themselves or have someone who can do it for them so that they are involved in the decisions that affect their life.

Common law

As part of the common law, those responsible for the care and supervision of children, including teachers and other school staff in charge of children, owe a duty of care to act as any reasonably prudent parent would when taking care of their own children. A person who is responsible for the care and supervision of children should do what is reasonable for the purpose of safeguarding or promoting the child's welfare. However, this is subject, for example, to a court order prohibiting certain steps being taken in relation to that child without the court's consent (section 3(5) of the Children Act 1989).

United Nations Convention on the Rights of the Child (UNCRC)

The Welsh Government is committed to the UNCRC as the underpinning basis for its policies concerning children and young people. The approach outlined in this document is based upon and consistent with UNCRC provisions, which include that:

- children have a right to an education (Article 28)
- adults should think about the best interests of children and young people when making choices that affect them (Article 3)
- children who have any kind of disability should have the care and support required so that they can lead full and decent lives (Article 23)
- every child has the right to say what they think in all matters affecting them, and to have their views taken seriously (Article 12).

Other relevant provisions

The Data Protection Act 1998 regulates the processing of personal data, which includes the holding and disclosure of it.

The Learner Travel (Wales) Measure 2008 places duties on local authorities and governing bodies in relation to home–school transport.

The Misuse of Drugs Act 1971 and regulations deals with restrictions (e.g. concerning supply and possession) on drugs which are controlled. Learners may be prescribed controlled drugs.

Annex 2: Form templates

Education settings may wish to use or adapt the forms listed below according to their particular policies on supporting learners with healthcare needs.

- Form 1 – Contacting emergency services
- Form 2 – Parental agreement for education setting to administer medicine
- Form 3 – Headteacher/head of setting agreement to administer medicine
- Form 4 – Record of medicine stored for and administered to an individual learner
- Form 5 – Record of medicines administered to all learners – by date
- Form 6 – Request for learner to carry/administer their own medicine
- Form 7 – Staff training record – administration of medicines
- Form 8 – Medication/healthcare incident report

These forms are downloadable as Word documents from learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en to enable schools or settings to personalise them.

Form 1: Contacting emergency services

Request for an Ambulance
Dial **999**, ask for an ambulance, and be ready with the following information where possible.

1. State your telephone number.

2. Give your location as follows [insert your address].

3. State that the postcode is [insert your address].

4. Give the exact location in the education setting [insert a brief description].

5. Give your name.

6. Give the name of the learner and a brief description of symptoms.

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to [name location].

8. Don’t hang up until the information has been repeated back.

Speak clearly and slowly and be ready to repeat information if asked to.

Put a completed copy of this form by all the telephones in the education setting.

Form 2: Parental agreement for education setting to administer medicine

[Insert name of education setting] needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of education setting	
Name of child	
Date of birth	/ /
Group/class/form	
Healthcare need	

Medicine

Name/type of medicine (as described on the container)	

Date dispensed / / Expiry date / /

Agreed review date to be initiated by [name of member of staff]

Dosage and method	
Timing	
Special precautions	
Are there any side effects that the setting needs to know about?	

Self-administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency	

Contact details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to [*agreed member of staff*]

I understand that I must notify the setting of any changes in writing.

Date / / Signature(s) …….....

Form 3: Headteacher/head of setting agreement to administer medicine

Name of setting

It is agreed that [name of learner] ……. will receive

[quantity or quantity range and name of medicine] ……

every day at ……. [time medicine to be administered, e.g. lunchtime/afternoon break]

[Name of learner] ……. will be given/supervised while

they take their medication by [name of member of staff] …….

This arrangement will continue until [either end date of course of medicine or until

instructed by parents/carers] …….

Date

Signed ……

[The headteacher/head of setting/named member of staff]

Form 4: Record of medicine stored for and administered to an individual learner

Name of setting	
Name of learner	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature ……

Signature of parent/carer ……

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Form 5: Record of medicines administered to all learners – by date

Name of setting

Date	Learner's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Form 6: Request for learner to carry/administer their own medicine

This form must be completed by the parent/carer.
If staff have any concerns discuss this request with healthcare professionals.

Name of setting	
Learner's name	
Group/class/form	
Address	
Name of medicine	
Carry and administer	
Administer from stored location	
Procedures to be taken in an emergency	

Contact information

Name	
Daytime telephone no.	
Relationship to learner	

I would like my child to administer and/or carry their medicine.

Signed parent/carer …… Date

I agree to administer and/or carry my medicine. If I refuse to administer my medication as agreed, then this agreement will be reviewed.

Learner's signature…… Date

Form 7: Staff training record – administration of medicines

Please ensure that the Education Workforce Council registration is updated accordingly.

Name of setting

Name

Type of training received

Date of training completed / /

Training provided by

Profession and title

I confirm that [name of member of staff] …….. has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated [please state how often] ……..

Trainer's signature …….. Date

I confirm that I have received the training detailed above.

Staff signature …….. Date

Suggested review date

Form 8: Medication/healthcare incident report

Learner's name _____

Home address _____ Telephone no. _____

Date of incident _____ Time of incident _____

Correct medication and dosage:

Medication normally administered by:

Learner □
Learner with staff supervision □
Nurse/school staff member □

Type of error:

Dose administered 30 minutes after scheduled time □

Omission □ Wrong dose □ Additional dose □

Wrong learner □

Dose given without permissions on file □ Dietary □

Dose administered by unauthorised person □

Description of incident:

Action taken:

□ Parent notified: name, date and time_____

□ School nurse notified: name, date and time_____

□ Physician notified: name, date and time_____

□ Poison control notified □ Learner taken home □ Learner sent to hospital

□ Other:

Note:

Annex 3: Useful contacts[28]

Asthma

1. Asthma UK Cymru
   Helpline: 0300 222 5800
   www.asthma.org.uk/

2. *Guidance on the use of emergency salbutamol inhalers in schools in Wales* (Welsh Government, 2014)
   learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en

Anaphylactic shock

3. Allergy UK
   Helpline: 01322 619898
   www.allergyuk.org/

4. Anaphylaxis Campaign
   Helpline: 01252 542029
   www.anaphylaxis.org.uk/

Child support organisations

5. Action for Children
   Tel: 0300 123 2112
   www.actionforchildren.org.uk/

6. Action for Sick Children
   Helpline: 0800 074 4519
   www.actionforsickchildren.org.uk/

7. Barnardo's Cymru
   Tel: 02920 493387
   www.barnardos.org.uk/wales

8. Children in Wales
   Tel: 02920 342434
   www.childreninwales.org.uk/

Diabetes

9. Diabetes UK Cymru
   Tel: 02920 668276
   www.diabetes.org.uk/

[28] The Welsh Government is not responsible for the content of any external links listed within this document.

Diabetes IHP template
www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/IHP-a-childs-individual-healthcare-plan/

Diabetes UK school and parent resource packs
www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/Diabetes-in-schools-resources

Epilepsy

10. Epilepsy Action Wales
    Tel: 01633 253407
    Helpline: 0808 800 5050
    www.epilepsy.org.uk/involved/branches/cymru

11. Epilepsy Wales
    Helpline: 0800 228 9016
    www.epilepsy-wales.org.uk

12. Young Epilepsy
    Helpline: 01342 831342
    www.youngepilepsy.org.uk

Learning difficulties

13. Learning Disability Wales
    Tel: 02920 681160
    www.ldw.org.uk

14. MENCAP Cymru
    Helpline: 0808 808 1111
    www.mencap.org.uk

15. Special Needs Advisory Project (SNAP) Cymru
    Helpline: 0845 120 3730
    www.snapcymru.org/

Medical-based support organisation

16. The National Autistic Society Cymru
    Helpline: 0808 800 4104
    www.autism.org.uk/?nation=wales&sc_lang=en-GB

17. Bobath Children's Therapy Centre Wales
    Tel: 029 2052 2600
    www.bobathwales.org

18. Cerebra – for brain-injured children and young people
    Tel: 01267 244200
    w3.cerebra.org.uk

19. Crohn's in Childhood Research Association (CICRA) – for children with Crohn's and colitis
    Tel: 0208 949 6209
    www.cicra.org

20. CLIC Sargent – for children with cancer
    Helpline: 0300 330 0803
    www.clicsargent.org.uk

21. Coeliac UK
    Helpline: 0333 332 2033
    www.coeliac.org.uk/local-groups/?region=wales

22. Cystic Fibrosis Trust
    Helpline: 0300 373 1000
    www.cysticfibrosis.org.uk

23. Headway – the brain injury association
    Helpline: 0808 800 2244
    www.headway.org.uk/home.aspx

24. Migraine Action
    Tel: 08456 011 033
    www.migraine.org.uk

25. Multiple Sclerosis Society
    Helpline: 0808 800 8000
    www.mssociety.org.uk

26. Muscular Dystrophy UK
    Helpline: 0800 652 6352
    www.musculardystrophyuk.org

27. National Attention Deficit Disorder Information and Support Service (ADDiSS)
    Tel: 0208 952 2800
    www.addiss.co.uk

28. National Eczema Society
    Helpline: 0800 089 1122
    www.eczema.org

29. Prader-Willi Syndrome Association UK
    Helpline: 01332 365676
    www.pwsa.co.uk

30. Spina Bifida and Hydrocephalus Information (Shine)
    Tel: 01733 555988
    www.shinecharity.org.uk

31. Welsh Association of ME and CFS Support
    Helpline: 029 2051 5061
    www.wames.org.uk

Mental health

32. Child and Adolescent Mental Health Service (CAMHS)
    www.mental-health-matters.org.uk/page7.html

33. Mind Cymru
    Tel: 02920 395123
    www.mind.org.uk/about-us/mind-cymru

Public bodies

34. Contact a Family – for families with disabled children
    Helpline: 0808 808 3555
    www.cafamily.org.uk

35. Children's Commissioner for Wales
    Tel: 01792 765600
    www.childcomwales.org.uk

36. Equality and Human Rights Commission
    Helpline: 0808 800 0082
    www.equalityhumanrights.com

37. Health and Safety Executive
    Tel: 02920 263120
    www.hse.gov.uk

38. National Children's Bureau Council for Disabled Children
    Tel: 020 78436000
    www.ncb.org.uk

39. National Health Service Direct Wales
    Tel: 0845 46 47
    www.nhsdirect.wales.nhs.uk/contactus/feelingunwell

40. Information Commissioner's Office Wales
    Tel: 029 2067 8400
    Helpline: 0303 123 1113
    ico.org.uk/for-organisations/education

Children's rights

41. Children's Rights Wales
    The United Nations Convention on the Rights of the Child (UNCRC) is a list of rights for all children and young people, no matter who they are or where they live. These rights are the things that they need to be safe, healthy and happy.
    www.childrensrights.wales

Sensory impairment

42. Action on Hearing Loss
    Helpline: 0808 808 0123
    Textphone: 0808 808 9000
    www.actiononhearingloss.org.uk/default.aspx

43. The National Deaf Children's Society (NDCS) Cymru
    Tel: 0808 800 8880
    www.ndcs.org.uk/family_support/support_in_your_area/wales

44. Royal National Institute of Blind People (RNIB)
    Helpline: 0303 123 9999
    www.rnib.org.uk/wales-cymru-1

45. Sense Cymru – services across Wales for deafblind people and their families
    Tel: 0300 330 9280
    Textphone: 0300 330 9282
    www.sense.org.uk/content/sense-cymru-wales

Speech and language

46. Afasic Cymru – helping children who have difficulty speaking and understanding
    Helpline: 0300 666 9410
    www.afasiccymru.org.uk