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Supporting learners with healthcare needs

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Draft guidance

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Supporting learners with healthcare needs

Audience	Governing bodies and staff of maintained nursery, primary, secondary and special schools, pupil referral units and local authorities in Wales.
Overview	This draft guidance replaces <i>Access to Education and Support for Children and Young People with Medical Needs</i> (2010) Welsh Assembly Guidance Circular No: 003/2010. It outlines the arrangements which may be required or desirable to support learners with healthcare needs, arrangements that may enable these learners to continue their education with minimal disruption.
Action required	This document should be brought to the attention of all managers, staff and relevant healthcare professionals working within a school environment.
Further information	Enquiries about this document should be directed to: Additional Learning Needs Branch Support for Learners Division Infrastructure, Curriculum, Qualifications and Learner Support Directorate Welsh Government Cathays Park Cardiff CF10 3NQ Tel: 029 2082 6887 e-mail: Additionallearningneedsbranch@wales.gsi.gov.uk
Additional copies	This document can be accessed from the Welsh Government's website at www.gov.wales/consultations
Related documents	<i>Access to Education and Support for Children and Young People with Medical Needs</i> (2010) <i>Guidance on the use of emergency salbutamol inhalers in schools in Wales</i> (2014)

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1. Introduction

About this guidance

This guidance is issued in exercise of the Welsh Ministers' duty to promote the education of the people of Wales¹ and their power in relation to the promotion or improvement of the economic, social and environmental well-being of Wales². It provides advice to the governing bodies and staff of maintained nursery, primary, secondary and special schools; to management committees and staff of pupil referral units; and local authorities on supporting the healthcare needs of learners in Wales. This document also contains statutory guidance for:

- governing bodies of maintained schools under section 175(4) of the Education Act 2002³ in relation to the arrangements they must make (under section 175(2)) 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 who are pupils at the school. This statutory guidance is concerned with arrangements in relation to pupils with healthcare needs and does not affect the arrangements which the governing body may need to make in relation to other pupils or pupils generally in order to fulfil the duty under section 175(2). It is one of the pieces of guidance issued under section 175 to which regard must be had;
- local authorities under section 19(4A) of the Education Act 1996⁴ in relation to determining what arrangements they make for the provision of suitable education for any young person under section 19(4) of the Education Act 1996. This statutory guidance is found on page 17, and is concerned with the situation where health is the reason why the young person would not otherwise receive suitable education.

Where the text contains statutory guidance, it is set out in **bold**. This means that the governing body must take account of that guidance when carrying out the statutory function and, if they decide to depart from it, have clear and justifiable reasons for doing so.

The rest of the text is either non-statutory advice or summarises legal requirements related to this subject.

All learners with healthcare needs are entitled to a full education and have the same rights of admission as other learners. Many learners with a healthcare need may also be disabled under the definition set out in the Equality Act 2010, thus requiring

¹ Section 10 of the Education Act 1996 (<http://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 (National Assembly for Wales (Transfer of Functions) Order 1999 (S.I. 1999/672) and Government of Wales Act 2006, Schedule 11).

² Section 60 of the Government of Wales Act 2006 (<http://www.legislation.gov.uk/ukpga/2006/32/section/60>).

³ This power to give guidance is now vested in the Welsh Ministers (rather than the National Assembly for Wales) by virtue of paragraph 30 of Schedule 11 to the Government of Wales Act 2006.

⁴ This power to give guidance is now vested in the Welsh Ministers (rather than the Secretary of State) by virtue of the National Assembly for Wales (Transfer of Functions) Order 1999 S.I. 1999/672 and paragraph 30 of Schedule 11 to the Government of Wales Act 2006.

the governing bodies of these educational settings to comply with their duties under that Act. There are various duties under that Act which apply in the education context; for example, not to discriminate against a person with a disability in the arrangements made for deciding who is offered admission to a school. There is also a duty to make reasonable adjustments for any learner who has a disability. Annex 1 summarises the main relevant legal obligations, including those under the Equality Act 2010.

The Welsh Government is committed to the United Nations Convention on the Rights of the Child (UNCRC) as the underpinning basis for its policies concerning children and young persons in Wales. The approach outlined in this guidance is based upon and consistent with the provisions of the UNCRC: including that children have a right to an education (Article 28), and that children who have any kind of disability should have special care and support so that they can lead full and decent lives (Article 23)

In this document, the term “education setting” is used to refer to maintained schools and pupil referral units. In relation to pupil referral units, references to governing bodies should be read as referring to the management committee except where the context indicates otherwise. References to “head teacher” in relation to a pupil referral unit should be read as referring to the teacher in charge of the unit. The term “parent” has its usual education law meaning: it covers natural parents (whether married or not); anyone else with parental responsibility in respect of a child or young person; and carers (those who have care of a child or young person). There is guidance for schools on applying this definition: “Parents and Parental Responsibility: Guidance for Schools” National Assembly for Wales Circular No 12/2007.⁵

The guidance replaces the *Access to Education and Support for Children and Young People with Medical Needs* document (Welsh Assembly Government Circular No 003/2010). It outlines the arrangements which may be required or desirable to support learners with healthcare needs, arrangements that may enable these learners to continue their education with minimal disruption.

The guidance may also be of interest to further education (FE) institutions. It is helpful when FE institutions work with schools, local authorities, health professionals and other support agencies so that they can effectively support young people with healthcare needs. Whilst the guidance is not directed at FE institutions, institutions may find it useful to refer to this guidance when developing their own policies/arrangements for supporting such learners.

General principles in meeting the healthcare needs of learners

Most learners will at some time have a short term healthcare need which may affect their participation in general school activities. Most of these learners will be able to regularly attend their education setting, and with the appropriate support, be able to take part in most activities. However, for a small number of learners, their healthcare needs may have a significant and longer lasting impact, affecting their cognitive abilities, physical abilities, behaviours and emotional state on a more long term basis.

⁵ <http://gov.wales/pubs/circulars/2007/nafwc1307/circulare.pdf?lang=en>.

The governing body should ensure sufficient arrangements are put in place to support learners with healthcare needs. This covers general policies and procedures on supporting learners with healthcare needs, which should include the processes used to establish what support is required, as well as particular arrangements for individual learners. These arrangements should also be aligned to wider safeguarding duties and seek to ensure all learners can access and enjoy the same opportunities. In some cases, this may involve a certain level of flexibility regarding how the curriculum will be delivered, for example, part-time programmes of study and attendance in combination with alternative provision arranged by the local authority. **Arrangements should also cover how learners will be reintegrated back into the education setting after periods of absence.**

In making their arrangements, governing bodies should be aware that healthcare needs may affect every individual differently, and the support from the education setting may have a large impact on quality of life. **Governing bodies should therefore ensure the focus is on the needs of each individual learner and how their healthcare needs impact on their educational life. The governing body should ensure their arrangements give parents and learners confidence in the education setting's ability to provide effective support for the needs of these learners. The arrangements should show an understanding of the learner's healthcare needs and how they impact on the individual's ability to learn. One of the aims of these arrangements should be to increase the learner's knowledge and confidence to increasingly self-manage their own healthcare needs, depending on their ability to do so.**

When making arrangements to support learners with healthcare needs, there are specific roles that may be placed on the governing body and the setting's staff. Whilst support from appropriate persons or organisations can be sought from outside of the education setting, ultimately the governing body, in discharging its functions, must promote the well-being of all pupils at the school⁶.

The education setting's ability to provide effective support may, to some extent, rely on the collaborative working arrangements with other agencies. Multi-agency arrangements between schools, colleges, healthcare professionals, social care professionals, local authorities, parents and learners, are therefore of critical importance. **Healthcare needs policies and procedures should therefore identify the collaborative working arrangements and demonstrate how they will work in partnership to meet the needs of learners with healthcare needs.**

The governing body should develop arrangements which are based on the following overarching principles (this list is not exhaustive):

⁶Section 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.

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

Legal framework

There are various duties on governing bodies and local authorities about how they perform their functions. These duties are not specifically related to learners with healthcare needs, but may require specific action in respect of such learners. For example, governing bodies of maintained schools have a statutory duty to promote the well-being of pupils at the school. As there may be pupils with healthcare needs, then the governing body may need to take steps to promote the well-being of those pupils.

These duties and other key legal provisions of relevance to the provision of education to learners with healthcare needs are outlined in Annex 1.

Where any of this guidance is statutory, it is presented in **bold font** (see "About this Guidance" above).

Privacy/confidentiality

Information on a learner's healthcare needs held by a school is sensitive personal data under the Data Protection Act 1998, likely to be private and held in confidence. Care must be taken to ensure information about individual healthcare needs is shared and stored in a way that complies with the Data Protection Act 1998.

2. Supporting learners with healthcare needs

Governing bodies should make arrangements to support learners' healthcare needs, and ensure they are properly and effectively implemented. These arrangements should include a policy on supporting the healthcare needs of learners. While this could be a single, healthcare needs school policy, the crossover with other areas such as health and safety, first aid and safeguarding should also be considered. This would provide an easily accessible and useful guide to assist staff in responding to the healthcare needs of learners.

In whatever form these arrangements take, governing bodies should seek advice, as appropriate, from their local authority, NHS Wales, and any other relevant health/social care professionals. It is also considered good practice to involve parents, learners and other professionals in the development of the school healthcare needs arrangements.

The remainder of this chapter outlines the arrangements which should be put in place to support the healthcare needs of its learners.

Roles and responsibilities

Governing bodies should ensure 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. The roles outlined below are in no way exclusive and their exact responsibilities may differ from one education setting to the next. The underpinning legal duties are outlined further in Annex 1

a) Local authorities

- should provide support, advice and guidance; including meeting the suitable training needs of education setting staff, ensuring the support specified within the Individual Healthcare Plan can be delivered effectively.
- should work with education settings to ensure learners with healthcare needs receive 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 education⁷. If a learner is over that age but under 18, the local authority may make such arrangements in these circumstances.
- must make arrangements to promote cooperation between various bodies or persons, which include the local health board and an NHS Trust providing services in the area, with a view to improving, amongst other things, the well-being of children in relation to their physical and mental health, their education, training and recreation⁸.

⁷ Section 19 of the Education Act 1996; <http://www.legislation.gov.uk/ukpga/1996/56/section/19>

⁸ Section 25 of the Children Act 2004; <http://www.legislation.gov.uk/ukpga/2004/31/section/25>

b) Governing bodies

- must comply with applicable statutory duties, including those under the Equality Act 2010 (for example, the duty to make reasonable adjustments in respect of learners with healthcare needs if they are disabled)
- **should make arrangements to support learners with healthcare needs and should ensure these arrangements are implemented and are effective in supporting the needs of these learners. This should include having policy on healthcare needs and where appropriate, individual healthcare plans for particular learners**
- **should ensure the arrangements identify the member of the governing body who has the overall responsibility for the development, monitoring and review of the healthcare needs arrangements**
- **should ensure the arrangements are in line with other relevant policies and procedures**, such as; health and safety, first aid, risk assessments, safeguarding measures and emergency procedures
- **should ensure robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on and off-site activities.**
- **should ensure staff with responsibility for supporting learners with healthcare needs are appropriately trained**
- **should ensure there is appropriate insurance cover in place, any conditions of it (e.g. training of staff) are complied with and staff are clear on what this means for them in supporting learners with healthcare needs.**

c) Head teachers. Working with the governing body, the head teacher should ensure arrangements to meet the healthcare needs of their learners are sufficiently developed and effectively implemented. This may 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, acted upon and actions are 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 directly supervised by the head teacher forming part of their regular reporting and supervision arrangements.
- Consideration of which relevant staff (including support and supply staff), governors, parents and, where appropriate, other learners should be made aware of an individual learner's healthcare needs, and the general arrangements for the provision of support; and that staff and those learners fully understand their role in their implementation.

- 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 Individual Healthcare Plans (see chapter 3), including contingency plans for emergency situations and staff absence.
- Having the overall responsibility for the development of Individual Healthcare Plans.
- 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 which are covered.
- Ensuring all learners with healthcare needs are appropriately linked with the school nursing service.
- Providing annual reports to the governing body on the effectiveness of the arrangements in place to meet the healthcare needs of learners.
- Ensuring all learners with healthcare needs are not excluded unnecessarily from activities they wish to take part in.
- Notifying the local authority when a learner is likely to be away from school for a significant period; for example, 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 to the learner. Shorter periods of absence may be significant depending upon the circumstances.

d) Teachers / 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. However, no staff member can be required to administer or supervise medication unless it is part of their contract, terms and conditions or a mutually agreed job plan. This role is entirely voluntary. Any staff members who provide support to learners with healthcare needs must receive sufficient and suitable training and achieve the necessary level of competence before they take on the responsibility. In addition to the training provided to specific staff who have volunteered or are contracted to support learners with healthcare needs, the education setting should ensure staff:

- Are aware of the signs, symptoms and triggers of common life threatening medical conditions and know what to do in an emergency, including being able to identify first aiders and be prepared to seek their assistance if a medical emergency takes place.

- Fully understand the education setting's healthcare needs policies and arrangements.
- Fully understand the education setting's emergency procedures and be prepared to act in an emergency.
- Are aware of which learners have more serious or chronic healthcare needs, and, where appropriate, are familiar with these learners' Individual Healthcare Plans (see chapter 3). 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.
- Make sure all learners with healthcare needs are not unnecessarily excluded from activities they wish to take part in including any external trips/visits; ensuring learners who need medication have it when they participate and there is an appropriately trained member of staff to assist.
- Are aware of bullying issues in regards to learners with healthcare needs and are prepared to intervene in line with the setting's policy.
- Support learners who have been absent from any opportunity and assist them with catching up on missed work.
- Are aware that healthcare needs can impact on a learner's ability to learn and provide extra help when needed.
- Work with parents and specialist services if a learner is falling behind with their work because of their healthcare needs.

e) Parents and learners. It is important that parents and learners are involved and are part of the collaborative approach to ensuring the healthcare needs of the learner are met whilst in education. In most cases, they will be the first to notify the education setting that the learner has a healthcare need.

Parents should:

- Be involved in the development and review of the learner's Individual Healthcare Plan (if any), and where appropriate the learner should also be involved. 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 Individual Healthcare Plan.
- Provide the education setting with sufficient and up-to-date information about the learner's healthcare needs, including any guidance regarding the administration of medicines and/or treatment received from attending healthcare professionals. Whenever possible, learners should be encouraged and enabled to manage fully their own healthcare needs. The timing and manner of this transition will be led

by the requirements of the individual learner, their healthcare needs, age, and the nature of the learning environment.

- Inform the education setting when medication changes or is discontinued, or the dose or administration method changes, and provide the relevant in-date medicines with written dosage and administration instructions.
- Ensure a nominated adult is contactable at all times and all necessary forms are completed and signed.

f) NHS Wales School Nursing Services. All education settings have access to school nursing advice. The education setting should be aware of the scope and type of support the school nursing service can offer. This includes:

- Offering advice on the development of Individual Healthcare Plans.
- Assisting in the identification of the training required for the education setting to successfully implement Individual Healthcare Plans.
- Supporting staff to implement a learner's Individual Healthcare Plan through advice and liaison among other healthcare, social care and third sector professionals.

Creating an accessible learning environment

The arrangements governing bodies make should ensure their setting is inclusive and accessible in the fullest sense to learners with healthcare needs. This includes the social, sporting and educational activities and off-site trips. To help achieve this, education settings should work within the following key principles and practices:

- **Day trips and residential visits**
Governing bodies should ensure the education setting is clear regarding the need to actively support learners with healthcare needs to participate in trips and visits and not to prevent learner participation.

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 learner⁹. 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 respecting the learner's right to privacy), which may include information about the healthcare needs of learners, what to do in an emergency and any additional support, medication or equipment needed.

⁹ The duty to make reasonable adjustments under the Equality Act may apply depending on the circumstances.

- **Social Interactions**
Governing bodies should ensure the involvement of learners with healthcare needs are 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.

- **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 the healthcare needs (and potential triggers) of their learners, responding appropriately if a learner reports they are feeling unwell, and should always seek guidance when considering if the learner should take part in an activity or not.

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

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

- **Risk Assessments**

Staff should be clear when a risk assessment is required. 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 plans¹⁰. These strategies and plans deal with certain matters related to increasing participation by disabled pupils. They are described in more detail in Annex 1.

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

Sharing information

Governing bodies should ensure healthcare needs arrangements – both the wider school policy/policies and any learners' Individual Healthcare Plans – are supported by clear communication to staff, parents and other key stakeholders, to help ensure their full implementation.

- **Teachers and support staff** 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 the following methods:
 - Where suitable, and following appropriate consent, a noticeboard in a staff room could be 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, the size of some educational settings could make this form of information sharing impractical, and at all times the learner's right to privacy must be taken into account.
 - The education setting's secure intranet area and staff meetings can be utilised to help ensure staff are aware of the healthcare needs of learners they have or may have contact with.
 - All supply and temporary staff should be informed of the healthcare needs arrangements and their responsibilities.

- **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 learners should also be made aware of their own rights and responsibilities. To help achieve this the education setting should:
 - Make sure their healthcare needs policy/policies are easily available and accessible (e.g. on-line and in hard copy).
 - Include a general policy statement in the education setting's prospectus.
 - Consider including a link to the healthcare needs policy/policies in relevant communications sent to parents; and within the learners' Individual Healthcare Plans.
 - Include student councils, 'Healthy Schools' and other learner groups in the development of the setting's healthcare needs arrangements, where appropriate. These groups should also be part of the strategy to help learners understand the healthcare needs arrangements / policies.
 - Where appropriate, inform friendship groups and learners who study alongside a learner with healthcare needs of actions to take in the case of an emergency and what role they can play to minimise the chance of an emergency occurring. The education setting should discuss with the parents and learner what information may be shared with these groups.

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. Contacting Emergency Services
2. Parental agreement for educational setting to administer medicine
3. Head of educational setting agreement to administer medicine
4. Record of medicine administered to an individual learner
5. Record of medicines administered to all learners
6. Request for learner to carry his/her own medicine
7. Staff training record - administration of medicines

The above forms / templates can be found on the Welsh Government website. Chapter 3 of this guidance document outlines some of the above processes in more detail and deals with the creation of Individual Healthcare Plans.

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 large volumes of medication. Parents should be asked to provide weekly supplies of medication in their original container with the name of the learner, the name of the drug, the dosage size and frequency and the expiry date. This may require a separate prescription for the medication to be taken during teaching hours. Education settings should only accept prescribed medicines and devices that are:
 - In date
 - Labelled
 - Accompanied by written instructions for administration, dosage and storage
 - In original container as dispensed by the pharmacist (with the exception of insulin which is generally available via an insulin pen or a pump rather than the original container).

- **Storage, access and disposal.** Whilst all medicines should be stored safely, the type and use of the medication will determine how this takes place. It is also important learners with healthcare needs know where their medication is stored and how to access it.
 - **Refrigeration.** Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be regularly monitored to ensure it is in line with the requirements of the drugs. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled. If an education setting needs to store large quantities of medicines then a lockable medical refrigerator should be considered.
 - **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 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 whilst 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, 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 may be advisable.
 - **Disposal of medicines.** When no longer required, medicines should be returned to the parents to arrange for their safe disposal. If they are unavailable, the medicines should be handed into a local pharmacy. Sharps boxes must always be used for the disposal of needles and other sharps and disposed of appropriately.
- **Administration of medicines.**
 - If a learner is under 16, all medication (prescribed and non-prescribed) administered by, and with the assistance of, the education setting should only be done with the written consent of the parent. 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.
 - 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, 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. Staff should check the maximum dosage and when/if a prior dosage was administered.
- Certain medication procedures may require administration by an adult of the same gender as the learner, and preferably witnessed by a second adult. This should be agreed and reflected in the Individual Healthcare Plan.
- If the education setting has an Intimate Care policy¹¹, then it should be followed¹².
- If a learner refuses their medication, staff should record this and follow the defined procedures informing parents of this as soon as possible. If any learner misuses any medication, their parents should be informed as soon as possible and the education setting should also ask parents to seek healthcare advice as appropriate. If parents cannot be contacted immediately, staff may need to seek immediate healthcare advice.
- Staff involved in the administration of medication should be familiar with the issue of consent to treatment. Further information on this from the Welsh Government can be found online¹³.
- 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, including medication and any required equipment.

Emergency procedures

Governing bodies should ensure policies for emergency procedures are made setting out what should happen in an emergency situation. All staff should be aware of who is responsible for carrying out emergency procedures should the need arise, including emergency procedures for the most common healthcare needs, as well as the contact details of local emergency health services, i.e. NHS Direct, etc.

¹¹ 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 pupils 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 pupils involved in intimate self-care.

¹² <http://gov.wales/docs/dcells/consultation/270813-draft-guidance-en.pdf>

¹³ <http://www.wales.nhs.uk/sites3/Documents/465/WHC%282008%29010.pdf>

Where a learner has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring all relevant staff are 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 informing 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.

Training

Governing bodies should ensure their policies clearly set out how staff will be supported in carrying out their role in supporting learners with healthcare needs. Governing bodies should also ensure staff who volunteer or who are contracted to administer medication are provided with appropriate training.

When assisting learners with their healthcare needs, a common sense approach is encouraged. For many interventions, no specialist training is required and the role of staff is to facilitate the learner to meet their own healthcare needs.

Individual Healthcare Plans may include complex needs requiring staff to have specific information and training.

The training provided should be sufficient to ensure staff are competent, have the confidence in their own ability to support learners with healthcare needs, and to fulfil the requirements laid out in the Individual Healthcare Plan. Crucially, this training may also involve input from the parents and the learners themselves. The family and the learner will often play a major role in providing education staff with relevant information about how the needs of the learner can be met. However, parents should not be relied on to be the sole trainer for meeting 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 on further training and support requirements.

The most common healthcare needs which could require training support are asthma, diabetes, epilepsy, eczema, severe allergic reactions, attention control, and cystic fibrosis.

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 are equipped with a basic understanding of common conditions to ensure staff recognise symptoms and know where to seek appropriate assistance.

The education setting should also set out policy/policies for awareness training so all staff are aware of the setting's healthcare needs policy/policies and their role in implementing those arrangements. Induction arrangements for new and temporary staff should be included. The training should include what preventative and emergency measures are in place so staff can recognise and act quickly when a problem occurs.

If a trained member of staff who is usually responsible for administering medication is not available, the learner's Individual Healthcare Plan should set out how alternative arrangements to provide the support will take place. This needs to be addressed in the risk assessment and plan for off-site activities.

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. The coursework element may help them to keep up with their peers in schools. The home and hospital teachers may be able to arrange for a concentration on this element to minimise the loss of learning while they are unable to attend school. Liaison between the school and the hospital teacher or home teacher is most important, especially where the learner is moving from school 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, temporary disabilities, illness and indispositions, 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, "Access Arrangements and Reasonable Adjustments" and "A guide to the special consideration process", which are both accessible from the Joint Council for Qualifications website.¹⁴

Schools should be aware that some learners can find examinations and other assessments stressful, which can exacerbate some conditions.

EOTAS – suitable education other than at school

This section describes the support available to learners of compulsory school age who, due to their healthcare needs, may not otherwise receive suitable education for a period. That support could be education at home, in hospital, or in a Pupil Referral Unit (PRU).

Local authorities have a duty to make arrangements for the provision of suitable education at school or otherwise for children of compulsory school age who, by reason of illness, may not for any period receive suitable education unless such arrangements are made. For learners who are older but under the age of 18, the local authority has the power to do that in those

¹⁴ <http://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration>

circumstances.¹⁵ This section is about learners of compulsory school age – for older learners, see the next section.

A learner who is unable to attend school 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 efficient education suitable to the age, ability, aptitude of the child or young person, and any special educational needs the person may have. The local authority's resources are not relevant to the question of what is suitable education. The nature of the provision should be responsive to the demands of what can be a changing health status.

The local authority is unlikely to need 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 any appropriate support so that the learner continues to receive suitable education. However, they should take into account the way in which the absence is likely to affect the learner on his/her 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 in catching up upon 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 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 alternative provision 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 education otherwise than at school for a learner and what to provide. If the learner has been in hospital and has received tuition there, their curricular progress and experiences may be different to that of their peers in the school setting. 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 that 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 education otherwise than at school 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 Special Educational Needs and other local

¹⁵ Section 19(1) and (4) respectively of the Education Act 1996. Those provisions also apply where the learner may not receive suitable education by reason of other circumstances.

authority support services, educational psychologists, the Education Welfare Service and PRU.

Monitoring and evaluation of education otherwise than at school should form a key element in the local authority's strategies. They 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.

Co-operation between education, health and administrative staff in hospital is also 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 Individual Healthcare Plan.

Learners who are older than compulsory school age

Local authorities should normally arrange continuing education for young people over compulsory school age, but less than 18 years where, because of illness, the learner still needs to study further to complete courses leading to qualifications, which would otherwise have been completed before the learner reached compulsory school leaving age.

Integration

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

The education setting will have a key role to play in the successful integration, or reintegration, of a learner with healthcare needs and should be proactive in working with all agencies, including ensuring that peers are involved in supporting the learner's transition. Plans for reintegration should be agreed by all the key parties involved.

It is part of the role of the teacher to re-establish learning and to keep education alive for the learner if any disruption to schooling is to be contained.

- **Discharge from Hospital**

When a learner spends time in hospital, upon discharge, appropriate information should be provided to parents, which could then be shared with the school to ensure a smooth transition back into the education setting. The school should liaise with the home tuition service or the hospital's tuition service, as appropriate. Those working closely with

the learner and their educational progress should be available to give advice as necessary on potential changes in the learner's language, memory and organisational skills and on ways of working with the learner.

Where hospitals give advance notice of discharge, it is helpful if parents communicate this to the school as soon as possible, together with any information about his or her achievements and educational progress in the hospital.

Hospitals which have a liaison nurse can offer advice to prepare the learner's school on how best to manage their return. This may enable teachers with no 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 child's specific condition may also be beneficial following any discharge from hospital.

- **After re-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 service¹⁶ after discharge is sometimes essential to prevent an early relapse. Hospital teachers, and teaching staff providing home tuition, if applicable, should be aware of their role in reintegrating learners into school as soon as possible and local authorities should ensure Education Welfare Officers understand their role in relation to those with healthcare needs.

School transport

There are statutory duties on local authorities, head teachers and governing bodies in relation to learners travelling to the place where they receive their education or training.¹⁷ 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* (June 2014) document¹⁸.

¹⁶ A continued outreach service provides ongoing condition management and advice following discharge from hospital

¹⁷ The Learner Travel (Wales) Measure 2008.

¹⁸ Available at: <http://www.gov.wales/docs/det/publications/140616-ltogg-en.pdf>

Review – policies, arrangements and procedures

Governing bodies should ensure all policies; arrangements and procedures are regularly reviewed (e.g. annually, unless circumstances warrant it earlier; IHPs may require more frequent reviews depending on the healthcare need). **This should involve all key stakeholders including learners, parents, representatives of Health Boards and other relevant bodies.**

Insurance arrangements

Governing bodies of maintained schools should ensure that there is an appropriate level of insurance 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.

Local authorities' financial schemes relating to the financing of the schools they maintain must deal with insurance matters¹⁹. Governing bodies should work with headteachers to check the scheme and what is covered by any insurances (for example, any maintained by the local authority in accordance with the scheme) and consider whether this is sufficient. In the event that further activities should be covered, arrangements for this should be made in accordance with the scheme. Any requirements of the insurance (e.g. as to training of staff members) should be complied with.

Complaints procedure

If the learner and/or parent are not satisfied with the education setting's arrangements for meeting the healthcare needs of the learner, they are entitled to make a complaint. The governing body must publicise their setting's formal complaints procedure.²⁰

¹⁹ Section 48 of the School Standards & Framework Act 1998 - <http://www.legislation.gov.uk/ukpga/1998/31/section/48> and the School Funding (Wales) Regulations 2010 S.I. 2010/824, regulation 26 and Schedule 4 - <http://www.legislation.gov.uk/wsi/2010/824/contents/made>. Such schemes do not cover Pupil Referral Units.

²⁰ Section 29 of the Education Act 2002 - <http://www.legislation.gov.uk/ukpga/2002/32/section/29>

3. Individual Healthcare Plans

Individual Healthcare Plans (IHPs) can help to ensure education settings effectively support learners with healthcare needs. **Governing bodies should therefore ensure their policies include procedures for IHPs, clearly stating who has overall responsibility for the development of the plans within the education setting.** IHPs identify what needs to be done, when and by whom. They will often be essential where healthcare needs are complex and where there is a high risk that an emergency intervention will be needed. They are also likely to be helpful in other cases, especially where a learner's healthcare needs are long-term. 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. Below is an information flow diagram outlining the process for identifying whether an IHP should be put in place.

Identify learners with healthcare needs.

- Identified from enrolment form or other route.
- Parent or learner informs education setting of healthcare need
- Transition discussions



Gather information

- If a potential need for an Individual Healthcare Plan is identified, discuss with the parent the learner's healthcare needs and/or with the learner themselves in order to inform the decision about whether to prepare an IHP.



Establish if an Individual Healthcare Plan should be made

- Education settings should organise a meeting with appropriate staff members, parents, the learner, and appropriate clinicians to determine if the healthcare needs of the learner require an Individual Healthcare Plan, or whether this would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher should take the final decision.



If an Individual Healthcare Plan should be made

- Education settings should develop the Individual Healthcare Plan in partnership with all appropriate parties including parents, relevant healthcare professionals and the learner.
- Identify appropriate staff to support the learner including identifying any training needs and the source of training.
- Implement training.
- Circulate Individual Healthcare Plan to all appropriate individuals.
- Set appropriate review date and any other triggers for review.

such circumstances it may be sufficient to just record details of the medication, dosage, time of administration and any possible side effects. These simple procedures should be confirmed in writing between the learners (where appropriate), the parents and the education setting.

Roles and responsibilities in the creation and management of IHPs

The format of IHPs should be flexible enough to enable the education setting to choose which is the most effective course of action to take to ensure the needs of each learner are met. The IHP should be easily accessible to all who need to refer to it, whilst maintaining the required levels of privacy. Each plan should capture the key information and actions required to support the learner effectively. The development of detailed IHPs may involve some or all of the following:

- Any previous education setting
- Appropriate healthcare professionals
- Social care professionals
- The head teacher and/or delegated responsible individual for healthcare needs across the setting
- Parents
- The learner
- Teachers and support staff
- Any individuals with relevant roles such as First Aid Co-ordinator, Well-being officer, and/or Special Educational Needs Co-ordinator (SENCo)

While the plan should be tailored to each individual learner, it may include some or all of the following:

- Details of the healthcare need
- Specific requirements e.g. dietary requirements, pre-activity precautions
- Medication requirements e.g. dosage, side effects, storage requirements, arrangements for administration
- Actions required
- Emergency contact details
- The role the education setting can play e.g. list of things to be aware of
- Review dates and review triggers
- Roles of particular staff in school e.g. contact point for parents, staff responsible for administering / supervising medication and arrangements for cover in their absence.
- Consent / privacy issues – with whom sensitive information may be shared, etc.
- Staff training needs
- Record keeping: how it will be done, and what information is communicated to others

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 in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the education setting.

Governing bodies should ensure the plans are regularly reviewed, at least annually; or earlier, 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 assesses the risks to the learner's education, health and social well-being.

Where a learner has Special Educational Needs (SEN) the Individual Healthcare Plan should be linked or attached to any Individual Education Plan, Statement of SEN, or Learning and Skills Plan.

Co-ordinating information with healthcare professionals, the learner and parents

The way in which individual learners' healthcare needs are disseminated to, and co-ordinated with, social and healthcare professionals will very much depend on the requirements of individual learners and the nature of the education setting itself. If the learner has an IHP, to whom and how this is done should be laid out in that document with an individual assigned to carry out this task. This individual can be a first point of contact for parents and staff, and would liaise with external agencies.

Sharing information

It is extremely important that staff are aware of the healthcare needs of the learners they may come into contact with, and this is especially true for any temporary staff. All staff should ensure they are kept up-to-date on changes to the IHP for those learners, where appropriate. Not all learners' healthcare needs will necessitate the sharing of such information with all staff, so this should be determined on a case by case basis according to risk and having taken into account any privacy issues. Emergency procedures should always be communicated clearly, however.

IHPs will contain private/confidential information relating to individuals including sensitive personal data under the Data Protection Act 1998. Even though information needs to be shared in some circumstances, the sharing and storing of the information must comply with the Data Protection Act 1998 and not breach the privacy rights of, or duty of confidence owed to, the individuals.

The learner's role in managing their own healthcare needs

It is important, where possible, that a learner with a healthcare need plays a central role in the administration of 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 learners' IHP, as well as circumstances of short term illnesses.

Wherever possible, learners should be allowed to carry their own medications and relevant devices, or should be able to access their medicines for self-medication quickly and easily. Learners who can take their medicines themselves or manage the procedures may require an appropriate level of supervision. Learners should be allowed to develop and increase their levels of maturity with regards to managing their healthcare needs.

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 previously agreed in the IHP. Parents should be informed as soon as possible so that an alternative arrangement can be considered.

Record keeping

All drug administration must be recorded on the appropriate forms. If a learner refuses their medication, staff will 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 learners' healthcare needs records have been computerised, and allow quick and easy access by the appropriate staff. Data systems can also allow for easy access to the required information for staff who 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.

4. Unacceptable practice

In general it is not acceptable practice to:

- prevent learners from attending education due to their healthcare needs, unless this 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/carers; or ignore healthcare evidence or opinion (although this may be challenged);
- send learners with healthcare needs home frequently or prevent them from staying for normal activities, including lunch, unless this is suitably specified in their Individual Healthcare Plans;
- send a learner who becomes ill or needs assistance to a medical room/main office unaccompanied or with someone unsuitable;
- penalise a learner for their attendance record if the absence is related to their healthcare needs. 'Authorised absences' such as healthcare appointments, time off to recover, etc. should not be used to penalise a learner from participating in activities or trips which are incentivised around attendance records;
- prevent learners from drinking, eating or taking toilet or other breaks whenever needed in order to manage their healthcare needs effectively;
- require parents/carers, or otherwise make them feel obliged, to attend the education setting to administer medication or provide healthcare support to the learner, including with toileting issues;
- expect a parent/carer to give up working or other commitments because the education setting is failing to support a learner's healthcare needs; or
- prevent learners from participating, or create unnecessary barriers to learners participating, in any aspect of their educational life, including trips e.g. by requiring a parent/carer to accompany the learner.

Annex 1: Outline of legal framework

There are various duties on schools and local authorities which are relevant to safeguarding the welfare of children with healthcare needs in the education context. The main provisions are outlined below.

This is not an exhaustive list of the law relevant to this subject. Nor is it an authoritative statement or description of the law, which only the courts can give. The descriptions below are summaries of the main relevant provisions. For any particular duty, there will be further statutory provisions and there may be case law (and possibly such developments after the issue of this guidance), affecting the meaning of the provisions (e.g. defining terms), or how a function is to be exercised (e.g. matters to which the person exercising the function must have regard). It should not be relied upon as a substitute for seeking legal advice or reading the actual provisions. Legislation can be found at www.legislation.gov.uk though it is not all in revised and up to date form.

General

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 in relation to their own children.

A person without parental responsibility for a child, but with the care of that child, may do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare. 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*).

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 pupils at the school. (*Section 21(5) of the Education Act 2002*) This duty relates to all pupils, 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 pupils at the school. (*Section 175(2) of the Education Act 2002*)

In considering what arrangements are required, the governing body is to have regard to any guidance given by the Welsh Ministers.²¹ (*Section 175(4) 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. (*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. (*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. (*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. under 18 year olds) . (*Section 175(1) of the Education Act 2002*)

In considering what arrangements are required, the local authority is to have regard to any guidance given by the Welsh Ministers.²² (*Section 175(4) of the Education Act 2002*) Some of this guidance is issued under section 175(4) - it is marked in bold font.

- Local authorities have a general duty to safeguard and promote the welfare of children in need within their area (and so far as consistent with that, to promote the upbringing of those children by their families) by providing a range and level of services appropriate to those children's needs. (*Section 17 of the Children Act 1989*)
- Local authorities must make arrangements to promote cooperation between various persons and bodies, including a local health board for an area within the local authority's area and an NHS Trust providing services in the area. The arrangements are to be made with a view to:
 - improving the well-being of children within the area;

²¹ This power is now vested in the Welsh Ministers (rather than the National Assembly for Wales) by virtue of paragraph 30 of Schedule 11 to the Government of Wales Act 2006.

²² See footnote 1 above.

- (when amendments made by the *Social Services and Well-being (Wales) Act 2014* come into force) improving the quality of care and support for children provided in the area;
 - (when those amendments come into force) protecting children who are experiencing or at risk of, abuse and other harm. (*Section 25 of the Children Act 2004*).
- *The Education (School Premises) Regulations 1999 S.I. 1999/2* set out requirements (for which local authorities are responsible) regarding facilities at maintained schools. These include requirements regarding accommodation for medical examination and treatment of pupils and the care of sick or injured pupils (*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 disabled.

The responsible body of a school must not discriminate, harass nor victimise disabled pupils 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):

- (a) increasing the extent to which disabled pupils can participate in the schools' curriculums;
- (b) improving the physical environment of the schools for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the schools;
- (c) improving the delivery to disabled pupils of information which is readily accessible to pupils who are not disabled. (*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 pupil referral unit, 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. (*Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 S.I.2011/1064*)

Other relevant provisions

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

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

The *Misuse of Drugs Act 1971* and regulations made deal with restrictions (for example concerned supply and possession) on drugs which are controlled. Learners may be prescribed controlled drugs.

Annex 2: Useful contacts

Asthma

1. Welsh Government Guidance on the use of emergency salbutamol inhalers in schools in Wales
<http://learning.gov.wales/docs/learningwales/publications/150126-use-of-emergency-salbutamol-inhalers-guidance-en.pdf>
2. Asthma UK Cymru
Advice line: 08457 01 02 03
Cardiff Office: 02920 435400
<http://www.asthma.org.uk/>

Diabetes

3. Diabetes UK Cymru
Cardiff: 02920 668276
<https://www.diabetes.org.uk/>

Anaphylactic shock

4. Allergy UK
Helpline: 01322 619898
<http://www.allergyuk.org/>
5. Anaphylaxis Campaign
Helpline: 01252 542029
<http://www.anaphylaxis.org.uk/>

Epilepsy

6. Epilepsy Wales
Helpline: 0800 228 9016
<http://www.epilepsy-wales.org.uk/>
7. Epilepsy Action Wales
01633 253407
Helpline: 0808 800 5050
<https://www.epilepsy.org.uk/involved/branches/cymru>

Sensory impairment

8. Royal National Institute of Blind People (RNIB)
Contact: 0303 123 9999
<http://www.rnib.org.uk/wales-cymru-1>
9. Action on Hearing Loss (Royal National Institute for Deaf People)
Contact: 0808 808 0123
Textphone: 0808808 9000
<http://www.actiononhearingloss.org.uk/default.aspx>

10. SENSE Cymru – services across Wales for deafblind people and their families
Contact: 0300 330 9280
Textphone: 0300 330 9282
<http://www.sense.org.uk/content/sense-cymru-wales>

Speech and Language

11. AFASIC Cymru - unlocking speech and language
Helpline: 0300 666 9410
Cardiff 02920 465854
<http://www.afasiccymru.org.uk/>

Learning difficulties

12. Learning Disability Wales
Cardiff: 02920 681160
<https://www.ldw.org.uk/>
13. MENCAP Cymru
Helpline: 0808 808 1111
<https://www.mencap.org.uk/>
14. Special Needs Advisory Project (SNAP) Cymru
Tel: 0845 120 3730
<http://www.snapcymru.org.uk>

Mental Health

15. Child and Adolescent Mental Health Services (CAMHS)
<http://www.mental-health-matters.org.uk/page7.html>
16. Mind Cymru
Cardiff: 02920 395123
<http://www.mind.org.uk/>

Medical based support organisation

17. Autistic Society
Contact: 02920 629312
http://www.autism.org.uk/?nation=wales&sc_lang=en-GB
18. Spina Bifida and Hydrocephalus Information (Shine)
01733 555988
<http://www.shinecharity.org.uk/>
19. Cerebra – for Brain Injured Children and Young People
Carmarthen: 01267 244200
<http://w3.cerebra.org.uk/>
20. CLIC Sargent – for Children with Cancer

Help and Advice: 0300 330 0803

<http://www.clicsargent.org.uk/>

21. Cystic Fibrosis

Helpline: 0203 795 2184

<http://www.cysticfibrosis.org.uk/>

22. National Attention Deficit Disorder Information and Support Service (ADDiSS)

Contact: 0208 952 2800

<http://www.addiss.co.uk/>

23. National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

<http://www.eczema.org>

24. Welsh Association of ME & CFS Support

Tel: Cardiff (029) 2051 5061

<http://www.wames.org.uk>

25. Bobath Wales

Tel: 029 2052 2600

www.bobathwales.org

26. Headway

Helpline: 0808 800 2244

<https://www.headway.org.uk/home.aspx>

27. Multiple Sclerosis

Helpline: 0808 800 8000

<http://www.mssociety.org.uk/>

28. Muscular Dystrophy Campaign

0800 652 6352

<http://hub.muscular-dystrophy.org/>

29. Prader-Willi Syndrome Association UK

Helpline: 01332 365676

www.pwsa.co.uk

General support organisations

30. Action for Children

Contact: 0300 123 2112

<https://www.actionforchildren.org.uk/>

31. Barnardo's Cymru

Cardiff: 02920 493387

<http://www.barnardos.org.uk/wales>

32. Children in Wales

Cardiff: 02920 342434

<http://www.childreninwales.org.uk/>

33. Action for sick children

Freephone: 0800 744519

<http://www.actionforsickchildren.org.uk/>

Public bodies

34. Equality and Human Rights Commission
Advice: 0808 800 0082
Textphone: 0808 800 0084
<http://www.equalityhumanrights.com/>
35. Health and Safety Executive
Infoline: 08701 545500
Cardiff: 02920 263000
<http://www.hse.gov.uk/>
36. Children's Commissioner for Wales
Tel: Swansea 01792 765600
Tel: Conwy 01492 523333
<https://www.childcomwales.org.uk/>
37. National Children's Bureau Council for Disabled Children
Tel: London (020) 78436000
<http://www.ncb.org.uk>
38. Contact a Family – for families with disabled children
Free Helpline: 0808 808 3555
<http://www.cafamily.org.uk/>
39. National Health Service Direct Cymru
Tel: 0845 46 47
<http://www.nhsdirect.wales.nhs.uk/contactus/feelingunwell/>