



Supporting children and young people with healthcare needs in schools

Introduction

UNISON is the largest trade union in Scottish public services. Our members deliver services, pay taxes and also have a wider citizenship interest in how services are provided and paid for. UNISON members are the staff on whom the responsibility for much of the work covered in the draft guidance falls. UNISON also represents a range of health workers including school and community nurses and health visitors. We are uniquely placed to bring together expert views on the issue of supporting children and young people with healthcare needs in schools. UNISON Scotland therefore welcomes the opportunity to contribute to the consultation.

Response

UNISON has recently published a report (Hard Lessons) which contains feedback from members working in schools. Key concerns raised are the lack of training and consistent clear policies round the range of complex health and personal care tasks that are required to support children and young people in the education system. UNISON therefore welcomes the publication of and looks forward to implementing clear guidance in this area. UNISON in particular welcomes the statement in the guidance that it will apply to early learning and childcare settings as well as schools.

UNISON is concerned that throughout the draft guidance references are made to the responsibilities of and the obligation to work with both “school health teams” and the child or young persons’ “named person”. These policies have not yet been fully implemented and therefore we have concerns about how this guidance can be effectively implemented before these teams/individuals are fully operational. This will again have implications for the effectiveness of the sections of the guidance round access to individual child’s records and co-ordination with the named person. It appears that decisions on the implementation of the named person scheme particularly round sharing of information will not be made for some time. Guidance must include detail of what should happen until these programmes are fully operational.

Principles

UNISON welcomes the general principles laid out in the guidance particularly the clear statement that school staff providing healthcare should receive appropriate training from a health professional or an accredited source. UNISON believes that same principle should apply to the provision of intimate care which also requires appropriate training. While having arrangements in place is also vital this section should include “appropriate equipment”, for example hoists and/or showers, in place to deal with those needs. UNISON also believes that there should be clear guidance on chaperones similar to the NHS guidelines regarding intimate personal care.

Chapter 1

Section 19: Children’s services plan. UNISON believes that the guidance should also say that the plan should be published in a high profile and easy to find manner so that it can be easily accessed by service users in order for them to participate in reviews of the plan and the effective implementation of the plan.

Chapter 2

Section 37: UNISON welcomes the clear statement that supporting the medical needs of children and young people at school is the statutory responsibility of NHS boards even if the day-to-day work is done by school staff.

Section 49-51: The school health team

UNISON believes that these teams are not yet in place or fully staffed therefore while in principle this seems like an effective option we are concerned as to how the guidance can be implemented until these teams are fully in place.

The school management team

Section 52: UNISON welcomes the clear statement that arrangements are the responsibility of the head teacher and the school management team and that it is their responsibility to be aware of and be familiar with the joint NHS and local authority frameworks that are in place.

Section 58: This section refers to community pharmacists as professionals who may be able to advise on the management of medicines but it does not state who is responsible for setting up and managing any arrangements of this nature.

All school staff

Section 63: This section indicates that the staff that have day to day responsibility for the healthcare needs of children should have access to relevant information about those needs.

UNISON believes that there are issues about the practicalities involved in this.

- Where will the information be held?
- Who will decide what information is relevant?
- Will they have copies of this information for future reference?

The guidance needs to be much clearer on how this will work.

Reading a piece of information/being told something does not guarantee that the member of staff has understood that information or the implications of that information. Therefore it is important that the guidance is clear that staff must get appropriate training for any work that they do, any monitoring they are responsible for and that they are competent and confident to undertake tasks before they take on responsibility for a child or young person's healthcare needs.

Chapter 3

UNISON welcomes the guidance in this section which sets out clear lines of responsibility including for funding arrangements for the provision of healthcare in schools.

Section 71: appears to be missing some words from the final section

Section 72: UNISON believes that appropriate training is crucial and believes that guidance should state "organisations with the appropriate responsibility **and** accreditation for providing suitable training" not "or" as stated in this section.

Section 73: UNISON believes the guidance should say "training **must** also be monitored and supported via effective record keeping". Monitoring and recording training cannot be optional. UNISON also believes that the guidance should be clearer about what it means by "any training should be signed off". There should be a clear record kept of the content of any training and staff and the trainer must agree in writing that the member of staff is both competent and confident that they are able to undertaking the tasks safely and to an appropriate standard.

Education Authority indemnification/insurance

Section 75: should state that education authorities **must** ensure that their insurance provides full cover. "Should/as far as possible" are not acceptable, if indemnification/insurance is not

available then that means that these are not tasks which should be undertaken in a school setting by a member of school staff. No one should be asked/expected to undertake work in these circumstances. It cannot be optional to provide insurance cover for staff undertaking this work

Section 76: refers to raising difficulties re insurance with the NHS board but it is not clear who is responsible for this. UNISON believes that this should be the responsibility of the education authority.

Chapter 4

School level training issues

Section 80: this section indicates that the school management/health team should be aware of training arrangements and that they must be satisfied that the training gives staff sufficient knowledge, understanding etc. The guidance should also state that staff themselves must also be satisfied that the training has given them “sufficient knowledge, understanding, confidence and competence” to undertake the role.

Section 82: This section indicates that staff in schools will need to ensure that information is complete and appropriate consent has been sought. It is not clear which staff this refers to. UNISON believes that it should be clear who this is referring to and that this should be the responsibility of the head teacher or another member of the school management team.

Section 83: While it is true that a child may notify a member of staff about a new healthcare issue, there needs to be clearer guidance about how this should be followed up and recorded. Should the head teacher be notified? Should contact be made with health professionals, and or the health team and named person once these posts are in place?

Section 82-86: Instead of stating “staff” these section should be much clear about which responsibilities lie with the school management team and which with staff.

Section 85: This section states that staff in schools should be clear when practice may fall out with insurance cover but does not say how this could/should happen. This should be the responsibility of the school management team to ensure that staff are aware of insurance cover and that they only ask staff to undertake tasks for which they have insurance cover. Individual members of staff should not have to seek out and read through and understand insurance documents before they undertake tasks. The management team should never ask staff to undertake tasks which fall out with insurance cover. If an emergency arises then staff should only act on the advice of health professionals who are themselves insured to give out that advice i.e. having dialled 999 and been given instructions.

Individual healthcare plans

Section 89: This section states that “planning procedures should be proportionate and take into account the best interests of the child or young person” but does not refer at all to the training needs of any staff that arise from the healthcare plans.

Section 90: while this section does refer to the training needs for the support staff it does not in any way allow for the staff involved in delivering the day to day care in schools to be part of this planning process. The staff who know the child best and have to actually do the work need to be involved in this process.

Section 99: this section refers to an assessment of the child or young person's capability to manage their own needs but it does not state who would be responsible for the assessment or monitor of this going forward.

Section 100: also refers to assessment and management but again does not indicate who should be responsible.

Section 102: this section should indicate that there needs to be record of stored medicines. It states that they should be clearly labelled but not what should be on that label.

Administrating medication

Section 106: This section suggests that staff should not administer medication if they are not sure and that they should contact a parent/carer or medical practitioner before taking further action. Members are concerned that there are no procedures/protocols in place for school staff to make contact with medical practitioners. There is no detail about what should be done if this is not possible or how to resolve conflict that may arise in this situation.

Hygiene/infection control

Section 113: This section places responsibility on staff to familiarise themselves rather than the employer to ensure they receive appropriate training. Guidance should clearly state that it is the employers responsibility to ensure that staff are familiar with the precautions and have appropriate equipment.

Disposal of medication

Section 115: this section states that schools must register as professional carrier. The guidance should be clearer about who is responsible for this: the head, the local authority, a member of the management team? The guidance needs to be clear.

Intimate care

Section 116: there appear to be some missing words in this section.

As stated earlier the NHS has clear guidance in this area including the need for chaperones. UNISON believes that this guidance should be clear about who is responsible for organising accredited training and as with other training that staff and the trainer need to “sign off” that they are confident and competent to carry out the tasks. As well as separate procedures schools also need to have appropriate spaces and equipment to provide intimate care.

Chapter 5

Section 119: this section refers to risk assessments taking place but is not clear about who is responsible for ensuring they take place or who is responsible for doing the risk assessments. The guidance must provide clear lines of accountability.

Section 121: The guidance needs to be clear that staff need to be more than **aware** of a child’s needs/emergency procedures they need to be confident and competent to meet those needs.

Sporting activities

Section 123: this section states that certain things have to be noted, assessed and modified but is again not clear about whose responsibility it is to ensure that they happen. Guidance cannot just layout tasks it must lay out clear lines of accountability/responsibility.

Transport

Section 127: we are not sure why bus escorts are singled out as the only group of staff who need only know the “information necessary for them to do their jobs”. Bus escorts, like other members of staff responsible for children’s health and wellbeing also need appropriate and accredited training. Transport is not a special time where nothing can go wrong. The healthcare plan and risk assessments should be clear about what training bus escorts may require.

Annex A

Section 11: Guidance should be clearer about who is responsible for updating consent forms

Section 14: this section unlike other sections in the draft guidance, which suggest contacting the named person or a member of the management team who would then be responsible for taking it forward, suggest that a member of staff should contact parents directly. This seems out of step with the rest of the guidance

Section 19: is again not clear about who is responsible for ensuring the tasks/protocols laid out here are undertaken/in place.

Staff and training

Sections 24 and 25: these sections should state who is responsible for implementing the guidance and training rather than just saying it needs to take place.

Section 27 this should state **should** consider not **may wish to** consider

Conclusion

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