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RHONDDA CYNON TAF

TREFTADAETH GADARN | DYFODOL SICR

Healthcare Needs Policy for Rhondda Cynon Taf County Borough Council

Access and Inclusion Service

November 2017

1. Introduction

Local Authorities education settings and governing bodies in Wales are responsible for the health and safety of children and young people in their care.

Rhondda Cynon Taf (RCT) Council is committed to providing high quality care that meets the individual needs of all children and young people within the Local Authority. RCT supports inclusion wherever possible and therefore it will be inevitable that each education setting will at some time have a child or young person on roll with a significant healthcare need. There is an expectation that these children and young persons can safely attend their mainstream setting.

A child or young person with a medical condition may be considered as disabled under the definition set out in the Equality Act and/or have a statement of special educational needs (SEN). For children and young people with SEN, this guidance should be read in conjunction with the **Special Educational Needs Code of Practice (Wales), 2002.**

This policy should also be read in conjunction with 'Meeting the Health Care Needs of Children and Young People in RCT: A toolkit for Early Years Settings and Schools'. This resource has been devised by Cardiff Local Authority and adapted to reflect the specific context of Rhondda Cynon Taf Local Authority.

In this policy, the term 'education setting' refers to maintained nursery, primary, secondary and special schools, and pupil referral units (PRUs). RCT Local Authority is fully committed to ensuring the healthcare needs of the children and young people within its care. 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)'.

2. Key Principles

The Local Authority will ensure that:

- Learners with healthcare needs will be properly supported so that they have full access to education, including trips and physical education
- Governing Bodies have robust plans, arrangements and procedures in place to support learners with healthcare needs
- Governing Bodies consider wider safeguarding duties in line with the All Wales Child Protection procedures, while seeking to ensure learners with healthcare needs can access the same opportunities as their peers
- All education settings have a written policy (to be made available on line) for the education of learners with healthcare needs. This policy will be reviewed annually and should be used as a tool for guiding improvements.
- Governing Bodies and education settings consult effectively with relevant professionals, learners and parents to ensure healthcare needs of learners are properly understood and supported.
- Healthcare needs policies and procedures identify multi agency collaborative working arrangements and how partnership working will effectively meet the healthcare needs of learners
- Learners views are considered when making any arrangements to support individual learners
- There is flexible delivery of the curriculum for learners with healthcare needs eg suitable part time study,

- Local Authority alternative provision is monitored and reviewed regularly

3. The Local Authority's Legal Requirements

The Local Authority and the governing bodies of each educational setting remain legally responsible and accountable for ensuring they have regard to Welsh Government statutory guidance: 'Supporting Learners with Healthcare Needs, March 2017', guidance 215/2017 when carrying out their duties in promoting the welfare of children who are learners at an education setting, which includes meeting their healthcare needs. The guidance also applies to activities taking place off site as part of normal educational activities.

Section 175 of the Education Act 2002 places a duty on RCT as a Local Authority and the governing bodies of educational settings to make arrangements to ensure their functions are exercised with a view to safeguarding and promoting the welfare of learners at an education setting and off site activities undertaken as part of normal educational activities 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, RCT Local Authority and all governing bodies **must** have regard to guidance issued by the Welsh Ministers under this section. This includes Welsh Government Statutory Guidance 'Supporting Learners with Healthcare Needs, March 2017', guidance 215/2017.

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 RCT's Healthcare Needs Policy is issued in exercise of the Welsh Ministers' duty to promote the education of the people of Wales and their power in relation to the promotion or improvement of the economic, social and environmental well-being of Wales.

Appendix 1: 'The outline of legal framework' contains further information on the document's legal framework and principles of the United Nations Convention on the Rights of the Child (UNCRC).

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. 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. Welsh Government has ensured that the United Nations Convention on the Rights of the Child (UNCRC) underpins its guidance and is consistent with UNCRC provision. Rhondda Cynon Taf Local Authority is committed to ensuring the rights of the child, including the right to support their health needs.

3.1 Roles and responsibilities

Local Authority

The Directorate of Education and Lifelong Learning will ensure that education settings

provide suitable education provision to learners with healthcare needs, and that:

- reasonable adjustments are made 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

- arrangements are made 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. When making these arrangements, the Local Authority ensures that appropriate agreements are in place for data sharing.

- reasonable provision of counselling services is made for young people aged 11–18 and learners in Year 6 of primary school. Within schools, this provision should complement the different approaches already in place to support the health, emotional and social needs of learners

- it works with education settings to ensure learners with healthcare needs receive a suitable education. Where a learner of compulsory school age does 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. If a learner is over that compulsory school age but under 18, the Local Authority may make such arrangements

- it provides 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) can be delivered effectively.

Governor Support Service

The Local Authority will ensure that Governing bodies 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 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
- 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.

The Governor Support Service will ensure that the Healthcare Needs Policy is reviewed on an annual basis.

Attendance and Wellbeing Service

The Attendance and Wellbeing Service will:

- support schools to implement effective reintegration plans following periods of long term medical and/or illness absences that do not penalise the learner;
- advise the appropriate registration coding for periods of medical and/or absence and during any period of phased return to education;
- offer support to learners and their families via a wellbeing referral during times of significant absences due to medical and/or illness absence, if necessary/appropriate.

Access & Inclusion Service

The Access and Inclusion Service will:

- provide advice to education settings on the effective implementation of their Healthcare Policy
- provide specific advice and training on supporting pupils physical difficulties
- provide input to multi agency meetings to ensure that learners needs are met.

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
- 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 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 hygiene rooms 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
- ensuring all learners with healthcare needs are not excluded from activities they would 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
- ensuring that all teachers and support staff within the setting fully understand the education settings healthcare needs policy and arrangements in relation to current learners with healthcare needs
- ensure that designated members of staff who support learners with healthcare needs receives sufficient and suitable training and achieve the necessary level of competence before taking on the responsibility including manual handling and first aiders

Safeguarding/ Child Protection Co-ordinator

The Local Authority Safeguarding /Child Protection Co-ordinator can support schools where there are safeguarding concerns and to carry out risk assessments where appropriate.

Cwm Taf Health Board 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 which is widely communicated through the Local Authority. The scope and type of support the service can offer includes:

- supporting the writing of and 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 is 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.

4. Creating an accessible environment

The Local Authority has an Accessibility Strategy in line with the requirements of the Equality Act 2010:

> '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)

This strategy is monitored on an ongoing bias and is reviewed every three years. 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.

Governing Bodies and education settings are reasonable for ensuring reasonable adjustments. This includes:

- Auxiliary aids or services (with the appropriate number of trained staff) must be provided.
- Day trips and residential visits
- Social interactions
- Exercise and physical activity
- Food management

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. Staff need to be aware of the variety of risk assessments required e.g. manual handling, off site. Head teachers and governing bodies are fully responsible

for undertaking specific risk assessments.

In addition, there are duties under the Equality Act 2010 to prepare and implement accessibility strategies and plans. These strategies and plans deal with matters related to increasing participation by disabled learners.

RCT Access & Inclusion Service can provide advice and guidance to schools on assessing and managing risks in relation to individual learners.

5. Sharing information

Welsh Government circulars are distributed to all schools via termly agendas provided by the Governor Support Service. 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 notice boards 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 learners should also be made aware of their own rights and responsibilities (please note any arrangements for sharing personal data must comply with Data Protection Act 1998).

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 web link 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.

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

RCT expects all education settings to establish 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:

- Contact details for emergency services
- Parental agreement for educational setting to administer medicine
- Head of educational setting agreement to administer medicine
- Record of medicine stored for and administered to an individual learner
- Record of medicines administered to all learners by date
- Request for learner to administer own medicine
- Record of medicines administered by learner
- Staff training record – administration of medicines
- Medication incident report

New records should be completed when there are changes to medication or dosage. The education setting should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy.

It is a requirement that all record keeping compiles with Data Protection Act 1998. 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.

7. Storage, access and administration of medication and devices

Governing bodies should ensure the education setting's policy is clear regarding the established procedures 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,

labeled 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 available via 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 labeled. 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. This should be agreed and reflected in the IHP and risk assessment.
- The education setting should have an intimate care policy (refer to RCT guidance on writing Intimate Care policy 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 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).
- 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.

8. 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.

9. 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.

This includes the safe moving and handling of learners who are unable to physically manoeuvre themselves independently. In these cases schools are required to select suitable members of staff to complete the training. The training requires staff to be physically capable due to the requirements of the training and resulting role. This should be a minimum of two staff per school, though we would recommend up to four where the learner has significant physical needs to ensure the needs of the learner can be met at all times e.g. staff absences.

IHPs may reflect complex needs that require staff to have access to 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 instigated by health professionals, they can be asked to provide advice for education settings as well as for learners and families.

Training provided should be sufficient to ensure staff are competent, have confidence in their ability to support learners and fulfill 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.

Education settings 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.

10. 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 through the Local Authority's EOTAS provision.

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) and A *guide to the special consideration process* (2016), which are both accessible from the Joint Council for Qualifications' website.

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*.

11. Education other than at school (EOTAS)

The Local Authority has 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 who, due to their healthcare needs, may not for any period attend a mainstream education setting.

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.

In the case of a short absence (likely to last for less than 15 school days) the school will 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 and school will 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 and experiences may be different to that of their peers in school. Even so, as much continuity as possible will be ensured. The Local Authority will 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.

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 will 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 and experiences may be different to that of their peers in school. Even so, as much continuity as possible will be ensured. The Local Authority EOTAS Service will take a learners condition into consideration when planning a bespoke package of support, 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 has a written policy regarding EOTAS which includes provision for learners with healthcare needs.

Close liaison between parents/EOTAS staff and mainstream teachers underpins the provision of an effective educational programme for the learners. 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.

The Local Authority recognises that the school has a key role to play in the successful integration after diagnosis or reintegration of learners with healthcare needs. The Local Authority expects education settings to be proactive in working with all agencies, including involving other learners in supporting transition. Staff are advised in a timely manner to assist the learner's return. The support is considered by key parties, including the parent and learner and reflected in the IHP. When a learner is discharged from hospital, appropriate information should be provided for parents, which is then shared with education settings who will liaise with the EOTAS Service as appropriate in line with RCT's EOTAS policy.

Learners who are older than compulsory school age

The Local Authority will make arrangements 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.

12. School transport

There are statutory duties in relation to learners travelling to the place where they receive their education or training. Further information is provided in RCT's Starting Schools Booklet which is available on the Council website

13. Individual Healthcare Plans (IHPs)

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.

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.

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

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.

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

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.

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.

14. Insurance arrangements

The Local Authority expects governing bodies of maintained education settings to have an appropriate level of insurance 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.

Before carrying out any medical procedures RCT employed staff must be trained and assessed by appropriately trained health professional and are deemed competent in the relevant procedure. There needs to be written evidence via a risk assessment and/or appropriate training and/or competency assessment.

On the basis that the training has been completed and assessed, employed staff of RCT will be protected by Public Liability insurance (subject to its terms, conditions and exclusions). This may not include supply staff if they are employed by an independent supply agency. On occasion a separate insurance policy may be required to insure a particular health procedure.

15. 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 of each education setting must publicise their formal complaints procedure, 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 the education setting's policy for supporting learners with healthcare needs. The school's Complaint Policy must be accessible via the school website. Parents may also request a copy of the Complaints Policy directly from the school.

In the event that a complaint is escalated to the Local Authority, the Local Authority's corporate complaints policy will be adhered to. The corporate complaints policy can be accessed via

http://www.rctcbc.gov.uk/EN/GetInvolved/CommentsComplimentsandComplaints/Commentscomplimentsandcomplaints.aspx

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.

16. Reviewing policies, arrangements and procedures

The Local Authority will review this policy and its associated toolkit in line with the Directorate of Education & Lifelong Learning policy review schedule. In the event of any significant legislative or policy changes during the cycle the policy will be amended as necessary.

It is the responsibility of the governing body to ensure that the policy is reviewed on an annual basis. Education settings must be aware that 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. The Access & Inclusion Service can provide advice and guidance in this area.

17. Practice to avoid

It is not acceptable practice within a RCT education setting 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.

The local authority monitors good practice in relation to supporting the healthcare needs of learners as part of its support and challenge processes for education settings in collaboration with Central South Consortium Challenge Advisers. The attendance of cohorts of vulnerable pupils is monitored by the Attendance and Wellbeing Service and education settings receive support as and when required.

Appendix 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.

Information on how to create your policy is available in the Welsh Government 'Supporting Learners with Healthcare Needs' statutory guidance: http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en However if after reading the guidance you require assistance, please email additionallearningneedsbranch@wales.gsi.gov.uk