

Supporting pupils at school with health needs 2023

Introduction

UNISON is the largest union for education support staff in the UK with almost 350,000 members, around 250,000 of whom work in schools. UNISON members are critical to the smooth running of all sections of the education system and make a vital contribution to delivering improved education outcomes for children and young people.

UNISON carried out a survey of school support staff members in England, Wales, Northern Ireland and Scotland between 1 March and 15 March 2023 which aimed to find out about the role support staff play in dealing with pupils' health needs in schools. The survey received 2581 responses. More than half (53%) of responses came from staff working in primary schools, with 15% in secondary schools, 25% in special schools, 5% in nurseries, 1.5% all-through and 0.5% in pupil referral units.

The majority (82%) of respondents were teaching/classroom/learning assistants, while 5% were office staff. The remainder of respondents had a range of roles including technicians, librarians and catering staff.

Medical conditions and support

Respondents provided healthcare support for a range of medical conditions: 8 in 10 provided healthcare support for asthma, and 59% for severe allergies/anaphylaxis. 55% provided support for epilepsy and 50% for diabetes; 39% for eczema, 7% for arthritis and 5% for cancer.

The kind of support provided corresponded to the medical conditions above, with 69% of respondents administering inhalers and/or nebulisers; and half administering injections (including insulin pens and EpiPens). 28% were involved in blood glucose monitoring. The table below shows the full set of responses to the types of support provided:

Administration of oral medication (e.g. paracetamol/other pills)	58%
Administration of injections (including insulin pens and EpiPens)	50%

Administration of rectal medication (e.g. rectal diazepam)	5%
Administration of inhalers or nebulisers	69%
Administration of other medicines (e.g. eye drops, skin creams, medipens)	47%
Administration of oxygen	8%
Assistance with catheters	7%
Assistance with colostomy bags	7%
Blood pressure checks	2%
Blood glucose monitoring	28%
Dressing wounds	35%
Tube (PEG) feeding	24%
Physical therapy	27%
Toileting and/or dealing with soiling incidents	65%
Tracheostomy care	5%
Supporting the use of mobility equipment e.g. wheelchairs, hoists	39%
Cleaning/fitting hearing aids	22%
Support with seizures	43%
Oral/nasal suctioning	9%
General first aid	77%

In the comments, respondents also specified administering buccal midazolam and drugs to treat symptoms of ADHD, stoma care and jejunostomy.

Duties, contracts and payments

Just 14% of respondents had a reference to supporting pupils with their health needs specified as a duty in their contract of employment. The remainder were carrying out this support as an additional duty.

Over half (53%) of the respondents said they had agreed to these additional duties but of these, the majority (92%) were not paid extra to do so. Worryingly, 33% were forced by their employer into taking on the additional duties and 94% of these were not paid extra to do so.

“The duties were never fully explained and were brushed over in the contract – references to medical needs are not individual or detailed.”

“All general first aid staff get paid £100 extra per year. However my role of administering medication (including controlled drugs) is done for no extra pay, but carries much more responsibility.”

“Contract just says ‘personal care’ - each class requires different levels of medical care and nobody gets paid any extra.”

“It's an expectation for support staff to assist with any medical conditions learner present with.”

“You're just told to do these things and expected to get on with it. I think that it's a lot of responsibility especially if something goes wrong.”

“The medical needs of our students are become more severe every year and we are just expected to take on their needs with yearly training but not actually asked.”

“More duties that would once be performed by relevant health services are now class responsibilities.”

Effect of the pandemic

47% of respondents stated that the health support element of their role had increased since the pandemic. Many cited an increase in anxiety and mental health issues for this. Comments on the support needed included:

“Before Covid, we had a group of nurses in school. They left school during Covid and it was decided that school staff could cope without them.”

“More children coming through school with poor fine and gross motor skills. Lots more support needed for toileting and support for eating needs.”

“Particularly in relation to mental health support/eating disorders and providing coping strategies as families are unable to access any appropriate NHS treatment/support but even GPs are telling parents to get this support from schools!”

“Lot more parents seem to send students to school even though they are clearly unwell. There is little and very inconsistent support from our SLT in dealing with this.”

“Mental health and self-harm has significantly increased with more students seeking additional support or counselling. Our waiting lists are off the chart as the wait for CAMHS is unbelievable and is at breaking point. The support for young people just isn't there and often falls at school's feet.”

“Since returning to full time regular education after COVID I feel there is much more pressure on TAs to support these students due to additional pressure on all staff within schools, because people available to do these roles are stretched.”

“Special schools have taken on a lot more roles - we help with dressing, feeding, washing, dealing with lice, soiled nappies, children not eating, being spat at, hit bitten, broken bones. We have taken on roles as social workers, respite carers, carers when children are sick and still sent in - even when they have upset stomachs. We sit with these sick children being kicked, punched and bitten.”

School nurse services

Just 36% of respondents felt that their school had adequate access to school nurse services. Comments revealed a trend that school nurse services were either completely absent, or inadequately staffed, with many school nurses stretched between a number of sites:

“When I started we had three full time nurses. Now there is one with four times the amount of pupils.”

“Rarely see a school nurse on site. Shared with other schools. Those who are first aiders mostly do it out of the goodness of their heart.”

“School nurses only come in to do certain checks/immunizations. Years ago we had a designated nurse for each school who came in weekly. We could ask her about any concerns or go to her for advice.”

“Never met a school nurse in the past 5 years.”

“Special schools nurses were pulled out a few years ago.”

"We have one designated school nurse who isn't based on site. Barely see her as she has several schools in the area."

"We do not have a school nurse - only teaching assistants. The teaching assistants are first aid trained and will deal with these incidents as they arise. Teaching assistants are also trained in administration of medicine."

Six out of ten support staff stated that a lack of access to school nurses had increased their workload and the pressure on them. As a result over a third (36%) said they were considering alternative work. Comments included:

"Feels more like a care or nursing home than a school."

"It has made me consider a job in the health or care sector as this is my main role, even though I am employed as a teaching assistant."

"I love my job but the demands have increased tenfold of late. We are given more than we can effectively do, doing 3 jobs badly instead of one job brilliantly."

"We are underpaid anyway and are now expected to be responsible for children with life threatening medical needs. Many of us now feel out of our depth."

Training

1 in 5 respondents stated that they had not received sufficient training for healthcare tasks they undertake, and a further 12% said that they were unsure if their training had been sufficient. Nealy half (48%) had not had their training signed off by a healthcare professional and more than half (52%) were not receiving refresher training every year. Over a third (37%) did not feel that sufficient staff were trained to meet needs.

A further 37% did not feel able to refuse to complete tasks that they felt uncomfortable with, nor did they feel supported by school leaders in this area.

The biggest barrier to receiving training was lack of time, with 53% citing this. School funding was another key factor, identified by 31% of respondents; while 10% had trouble finding a suitable training provider. However, in many cases informal training was deemed sufficient: 18% said that training from colleagues had been deemed sufficient, and 9% training from a pupil's family. 8% of respondents stated that their school had refused their training request.

The majority (62%) stated that they only sometimes felt confident, competent and comfortable when supporting health needs. Many cited the fear of making a mistake given the huge responsibility, and the fear of being blamed by either school management or parents if a child's health deteriorated.

"Depends on the situation. I don't feel comfortable in epilepsy as this is the area I haven't had training on."

"Only through my own research to ensure I'm doing everything properly for the pupils in my care."

"Small accidents but not major ones- have had to deal with broken bones and epilepsy. Also febrile convulsions- very scary."

"Am not comfortable with rectal diazepam, was deemed not necessary for refresher training with PEG."

"Whilst I do feel confident, it is mentally exhausting at times and has affected my sleeping at times."

"It's a huge responsibility and I do often worry about making an error."

"On residential trips as the only first aider, I have been solely responsible for the health of children with quite profound health issues, administering multiple medications including immuno-suppressants, oral steroids and tablets for liver, lung and heart conditions. In addition, monitoring the food that children with life threatening allergies are consuming. I find this stressful and the responsibility sometimes feels quite overwhelming."

Problems and concerns

A quarter of respondents said they had encountered a problem while providing healthcare support, and 13% said there had been an increase in the number of times emergency services had been called to the school. Problems included:

"Conflicting guidance regarding diabetic care advised and training given by professionals."

"Having to ring the office to get 999 called and then communicating through them, wasting time when a child was not breathing."

"I was asked by ambulance control to administer paracetamol to a student with an obviously broken leg. I did as requested but was later told that I shouldn't have done this."

"I panic sometimes when a young adult doesn't respond to treatment especially during seizures."

The biggest concern for staff around supporting pupils' medical needs was not being paid enough for the level of responsibility (67%), but this was closely followed by fear of something going wrong (59%). 48% also feared not being supported if something went wrong, and 46% were concerned about not having enough trained staff to complete medical duties.

26% said they were actively seeking work elsewhere, with many citing low pay and increased pressure and responsibility as their reason.

Conclusion

Supporting pupils with health needs is a growing concern for school support staff, with staff asked to provide medical support on a wide range of issues that is increasing in number and severity, including complex medical support. The majority of support staff carry out these duties without additional pay, with many feeling pressured to complete these extra unpaid duties.

The pressure on school support staff is compounded by a lack of access to school nurse services. Funding cuts have led to fewer school nurses who are often covering multiple sites, leaving school support staff to carry out health support in their stead. Funding cuts are also making it more difficult for support staff to be trained in health support, either in a direct sense as training is unaffordable, or because school support staff are stretched so thin that they cannot find the time for training.

The additional responsibility of supporting pupils with health needs without proportionate pay or adequate training is taking a toll on school support staff, with many actively seeking work elsewhere. Using support staff as a substitute for trained medical staff is both unreasonable and unsustainable. A range of stakeholders are currently examining the legal framework for the provision of healthcare in schools and how this is practically applied. In the meantime UNISON is publishing updated guidance for branches based on the Department for Education's current statutory guidance.