Northern Ireland Assembly

Committee for Education

OFFICIAL REPORT (Hansard)

Administration of Medication to Pupils: ASCL/ATL/NAHT

23 May 2012

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Mervyn Storey (Chairperson)
Mr Danny Kinahan (Deputy Chairperson)
Ms Michaela Boyle
Mr Jonathan Craig
Mr Phil Flanagan
Mrs Brenda Hale
Mr Trevor Lunn
Miss Michelle McIlveen
Mr Daithí McKay
Mr Sean Rogers

Witnesses:

Mr Chris Peel	Association of School and College Leaders
Mrs Anne Millis	Association of Teachers and Lecturers Northern Ireland
Mr Raymond McFeeters	National Association of Head Teachers Northern Ireland

The Chairperson: I welcome Raymond McFeeters, the president of the National Association of Head Teachers Northern Ireland (NAHT NI), Chris Peel from the Association of School and College Leaders (ASCL) and Ann Millis from the Association of Teachers and Lecturers Northern Ireland (ATL NI). You are very welcome. Thank you for your input on this issue, which has been ongoing for a considerable time.

I suppose we should declare an interest on behalf of a former Committee member, Mr McDevitt, who has taken a particularly keen interest in the issue. It is an issue for us all as a Committee, and we are concerned that there is a battle going on. If we can be seen as honest brokers and referees and try to come to some resolution, I think that would be very helpful and useful to many parents. Raymond, I ask you to make your presentation and members will then be able to ask questions.

Mr Raymond McFeeters (National Association of Head Teachers Northern Ireland): We are going to give three separate presentations, if that is OK. I am happy to start.

The Chairperson: That is fine.

Mr McFeeters: Good morning and thank you for having us along. I have a prepared statement that I will read. I apologise for the formality of that.

The NAHT believes that the core purpose of any school is education: the provision of teaching and learning. We obviously accept that, alongside that, we have a duty of care to all our pupils, and the

pastoral dimension is very much an integral part of what all our schools rightly provide. What concerns us greatly, however, is the pressure that is being placed on school staff to provide medical intervention for children who, in many cases, require very complex and potentially dangerous procedures.

The guidance from the Department of Education (DE) and the employing authorities is unclear and open to interpretation, particularly with regard to the role and responsibilities of the principal. As a result of that lack of clarity, we feel that teachers and principals who agree to administer medication are placing themselves in a legally vulnerable position. Under the current circumstances, it is impossible for us to recommend that our members place themselves in that situation of risk.

It is certainly not our desire to prevent children and young people with medical needs from attending the school that best meets their needs, but we strongly believe that there is a need for appropriately qualified, experienced and trained staff to provide the medical care for those often extremely vulnerable children. We believe that, if that arrangement were in place, it would dramatically reduce the anxiety around this area and allow teachers and principals to concentrate on their job, which is to teach. After all, we do not expect nurses and other healthcare staff to educate young people when they are in our hospitals. That, of course, would be inappropriate.

I want to quote the words of a number of principals to demonstrate the concerns that exist. One principal said:

> *"Some of the medication requires invasive administration methods. Teachers are frightened of this and the taking of litigation against them even if they have protection. Please let us do our job - TEACH!"*

Another principal expressed the feeling:

> *"The Dept of Health have thrown the monkey off their own backs onto schools."*

A third principal expressed their concern:

> *"Although the vast majority of parents manage their child's medical needs properly, some do not. This places an even greater pressure on staff, who feel that, if something goes wrong, they may get the blame, even if it is not their fault."*

I will also quote this plea from a parent:

> *"Our child was diagnosed with type 1 diabetes as a toddler and has required constant supervision and support since this time. Without the support of a suitably trained member of staff, she simply would not have been able to attend nursery school."*

As I am principal of a special school, it would be remiss of me not to mention our special school colleagues and issues that they have raised. There are deep concerns that our special schools are dealing with a dramatic increase in the number of pupils who have very complex medical needs. With an increase in the number and severity of medical interventions required, a great deal of pressure is being placed on the education staff, and that often has to be at the expense of the education of our pupils. Time spent on medical needs is time not spent on education. Although their primary role is to assist with the delivery of education, classroom assistants in special schools in particular find themselves spending more and more time on medical issues. To deal with that change and the complexity of many of our pupils, special schools require an increase in their staffing levels, not a decrease, as some will potentially have to cope with.

In conclusion, the NAHT is keen to work with DE and the employing authorities to develop clear guidelines for this very complex area in the hope that all our young people will be able to access their education in a safe environment.

The Chairperson: Thank you, Raymond. Do you want to take questions now and then we can go back to the individual presentations? Trevor has indicated that he has a question.

Mr Lunn: I do not mind if we wait until the end.

The Chairperson: If you are happy enough then, we will hear the other presentations first.

Mrs Anne Millis (Association of Teachers and Lecturers Northern Ireland): I have prepared a formal statement based on our advice to teachers. The Association of Teachers and Lecturers realises that, while teachers are not contractually obliged to administer medicine, there will be times when, for the benefit of individual pupils, teachers may be asked, on a voluntary basis, to give medication or supervise a pupil when self-medicating. Support staff members may, as part of their contract, have specific duties to provide medical assistance to pupils.

As a union, we advise teaching staff to consider a range of issues before agreeing to administer medicine within the parameters set out by the school's policy and the agreement reached between the parents and the school. We advise that the member ensures that appropriate training is given by a qualified medical person beforehand. The member needs to receive written confirmation that insurance arrangements fully indemnify staff against claims for alleged negligence.

Ideally, significant numbers of staff should volunteer to cover possible absences. The principal can set an example by being one of the volunteers. We recommend that members think carefully before volunteering to administer conventional injections, rectal diazepam or other invasive treatments where allegations of assault or sexual abuse are more likely to arise. Two adults, preferably of the same gender as the pupil, should be present in those circumstances. It is essential that all staff know how to call emergency services. Pupils should not be taken to hospital in staff cars but should be transported by ambulance.

Additional measures for educational visits need to be put in place following a risk assessment and consultation with the pupil's GP or the school's health service. If a pupil suffers an adverse reaction, a member can only be deemed to be personally liable if he or she were proved to be negligent. It is therefore important that medication is administered as per training and following procedures that have been laid down. ATL would naturally provide legal assistance to any member who is in the very unusual position of being pursued legally.

Mr Chris Peel (Association of School and College Leaders): My presentation might be slightly shorter. ASCL represents the professional interests of heads, deputies, senior teachers and bursars in some 95 grammar, integrated and secondary schools across the Province. Its membership includes over 150 school leaders who collectively have responsibility for some 45% of pupils in post-primary education.

In the comparatively short time available for the consultation, responses were received from four schools. Sullivan Upper School, Holywood, which is my school, submitted a copy of its policy. Three other schools provided quick comments, which, between them, offer a snapshot of how schools tend to address the issue. Sullivan Upper School has an administration of medicines policy based on the joint DE/Department of Health, Social Services and Public Safety (DHSSPS) document 'Supporting Pupils with Medication Needs'. This policy is currently under review. With a full-time school nurse in school, the administration of medicines is fairly straightforward for us. However, we support having more guidance for schools, particularly as the number of pupils with these needs grows, especially those requiring EpiPens. We would welcome practical advice to ensure that we are operating according to best practice recommendations. As a result of an issue last year, we have now included a checklist for staff organising education trips and visits in relation to pupils with medication needs.

Staff in Ballyclare High School — this shows the difference in practice — are not permitted to administer medication. Parents must inform the school office in writing of any prescribed medication that their child requires to take in school, and then there are some details, such as the pupil's name, etc.

Belfast High School says:

> *"At Belfast High we are fortunate to have a full time school nurse. At the beginning of each school year parents complete and sign a medical details form and also sign to give permission for the administration of certain common medications such as paracetamol etc. Parental permission is also sought for the administration of medication on school trips etc. If pupils have to take prescribed or regular medication the school nurse will see children to administer this, as long as parents give written permission. A school nurse may become a luxury that we cannot afford if the situation with school budgets deteriorates as planned!"*

Grosvenor Grammar School says:

"The School will make every reasonable effort to ensure that pupils with medication needs receive appropriate care and support at school.

The School believes that the administration of medicines is always best undertaken by the parent / guardian of the pupil.

Whilst the School recognizes that this is not always possible, it is also aware that there is no legal nor contractual requirement for teachers, or other employees, to administer medication or undertake medical practices with pupils in their charge, other than that required in loco parentis.

The School anticipates that the vast majority of our pupils will be able to manage their own medication with little or no assistance from staff. However, there may be occasions when, following a parental request or in an emergency situation, that staff will need to assist pupil(s) with the administration of medicines during the school day."

The Chairperson: Thanks, Raymond, Chris and Anne. I will try, probably for the first time ever, to be impartial. *[Laughter.]* You notice the reaction; even from you, Raymond. If you look at this from a teacher's perspective, you can see that there are issues. If you look at it from a parent's perspective, you can see that there are issues. If I look at it from a child's perspective, I cannot see how unions, the Department and everybody concerned are, to take a well-used phrase, putting children first. I take your point, Raymond: nurses are not expected to educate children in hospitals, but provision is made for that. We are in a different environment when a child walks through the school door. That guidance has been conveyed to yourselves, the people who have responsibility for looking after that child for those hours during the day. It is very difficult to see how you can isolate one element of that guidance — the duty of care; the responsibility to put children first — set it aside and say, "We are not going to do that."

There are two issues. First, we need the guidance to be overhauled so that your members will be comfortable and can ensure that they put children first and provide for their needs. Secondly, is there not already in place, through agreements with classroom assistants, a system that could be used? Remember that the paper, 'Supporting Pupils with Medication Needs', was launched. According to the briefing paper that we have received from the Department, which we are quite happy to share with you:

"£248k was provided to Education and Library Boards (ELBs) to provide training to all school principals on how to meet the needs of pupils with medication needs."

Where is that £248,000 being spent? Why did we spend money on something that we knew people were not going to do? The unions would be very critical of the Department for doing that in any other set of circumstances. Where did that money go? Did we waste it on training? Who did we train? Did we train teachers who were doing the training so that they could provide a service only to have their union say, "By the way, you will not be allowed to do that"? I do not think that that is very acceptable to the public. My understanding is that, if a request is made to the board, a classroom assistant can be trained and paid additional money to carry out those functions. Is that a way to address the problem and meet the needs of the children?

Mr McFeeters: That is a way forward. Our argument is around teaching staff being asked to do those things and the grey area around that. A big part of the solution is having appropriately trained, experienced and qualified classroom assistants. There are now three grades of classroom assistant and a general assistant. Part of the solution may be that every school now has, I think, at least one classroom assistant. If that one classroom assistant were appropriately trained and signed up to the job description for additional special needs, part of which involves medical intervention or invasive medical procedures, that may mean them taking on additional responsibility and being appropriately remunerated for doing so.

Mr Lunn: I thank you for your presentations. I have to respect your point of view on this although, frankly, I agree with hardly any of it. There is this business about teachers being in a legally vulnerable position. To me, schoolteachers are in a legally vulnerable position from the moment they enter the school until the moment they leave. The prospect of being sued over this particular issue is probably no greater than it is for a lot of other issues that could be regarded as actionable if a teacher does something wrong; it is no higher up the list. The problem I have with your view is that you are completely indemnified. We had representatives from the Irish National Teachers' Organisation

(INTO) in last week, and they seemed to cast some doubt on whether they regarded the indemnity as complete. I can only tell you that it seems to me to cover every eventuality except criminal behaviour. You are bursting to say something —

Mr Peel: We received a letter from the Minister on 24 April that referred to that very point, which stated:

"I would encourage you to ensure that all relevant staff are aware of the indemnification."

I looked at the indemnification in paragraphs 1·2·1 to 1·2·3 of the policy. If I were an ordinary member of staff, I would be fearful because the indemnification will apply only if you follow certain guidelines. As stated in paragraph 1·2·3, those are:

" c. The member of staff follows:
the procedures set out in this guidance;
the school's policy;
the procedures outlined in the individual pupil's Medication Plan, or written permission from parents and directions received through training in the appropriate procedures.
d. Except as set out in the Note below, the expenses, liability, loss, claim or proceedings are not directly or indirectly caused by and do not arise from fraud, dishonesty or a criminal offence committed by the member of staff."

I can understand an ordinary member of staff saying, "Listen, I do not have to do this. I will intervene in an emergency situation and administer an EpiPen if a child is having an anaphylactic fit. I will do whatever is necessary. I will possibly volunteer to be a first aid trainer. When I look at that indemnity, I think that it is putting me at additional risk unless I follow all these precise guidelines."

Mr Lunn: I would have thought there were guidelines applicable to a teacher's daily activities, leaving aside the question of medical activities. The point is that you have full indemnity unless your behaviour is criminal, fraudulent or dishonest. We are probably not going to agree on that one.

I heard the comment about nurses. The Chairman says he takes the point. Frankly, I do not. That is a completely different scenario.

The other problem I have is that there is such a variation in approach. Maybe the unions' approach is more or less solid on this, although, as I said, I do not agree with it. We heard of a case last week — I was talking about it when you came in actually — where a child was admitted to a school and there was an agreement that the school would deal with the medical need, which was diabetes. After a short number of days, the school changed its mind and said that it could not do it. There may have been some reason for that that we are not aware of, but the child was transferred immediately to another school, where there was no problem whatsoever.

It seems that a big proportion of your members, the teachers, are willing to do this work. They are in loco parentis, and they regard it as part of their duties. I respect the right of any teacher not to do this work if they cannot stand the sight of a needle or if they have a particular individual objection to doing that kind of thing. However, a lot of teachers are prepared to do it and are being put off by the advice that they are getting from your unions, not by their personal inclinations. They are probably satisfied with the indemnity for the administration of medication, just as they are satisfied with the indemnity for their general duties. However, it is the approach of the unions that is causing the problem. Frankly, I have precious little sympathy for you.

Even among the four schools that Chris mentioned, Grosvenor Grammar School appears to take a different view from the others. When I see the attitude of Ballyclare High School at one end of the spectrum and the attitude of Grosvenor Grammar School at the other end, I know which I favour.

Teaching is not a job; it is a profession for life. Teachers have to put up with pressures and demands that most of us probably would not understand. I think that most teachers are willing to administer medication, although perhaps not in extreme circumstances. I am sorry to bang on Chairman, but if you have permission from the parent in writing, clearly labelled and up-to-date medication and all the appropriate checks and balances in place and all the teacher has to do is to administer it, I really do not see the problem in this day and age. Teachers have enough problems, and I do not think that this issue is in any way greater or more difficult than a lot of others.

Mr Craig: I find myself in a very odd situation. Mervyn and I are more like the Alliance Party and Trevor has moved off somewhere else. *[Laughter.]*

Mr Lunn: This is not an Alliance policy.

Mr Craig: Really?

I can understand the quandary that teachers are in. My wife is a paramedic, and I know the advice that paramedics are given about what they can and cannot do when they are off duty. I have to be honest with you; nine times out of 10, due to moral obligations, they ignore that advice. My gut instinct tells me that, nine times out of 10, for moral reasons, teachers will ignore even the advice that you have given them on this issue. So, there is a huge quandary. If a teacher has a child in their classroom who has specific medical needs that the teacher is fully aware of, would it not be more appropriate for that teacher to be trained to deal with that situation? Let us face it, a child will normally only be with a given teacher for one year. We should perhaps accept that teachers will be in that awkward situation because of the specific medical needs of some children.

We also need to bear in mind that this is not as big an issue as some make it out to be. The number of children in the education system whose specific medical needs require teachers to intervene in some way, shape or form throughout the day is incredibly small. The figure is not huge. As unions, do you not think that a more pragmatic approach to the issue might be more helpful to teachers? You are putting them in an awful moral predicament.

Mr Peel: That, of course, is the difficulty. One of the ways around that difficulty would be to have a fully trained nurse or even a pupil welfare auxiliary, or, as was suggested earlier, to train certain classroom assistants. It is a small number, and maybe the issue is more relevant to the primary sector than the post-primary sector. In my experience, post-primary pupils with type 1 diabetes are perfectly able to self-medicate. It is definitely more of an issue in our primary schools. The crux of the issue is who should do it and who has the time to do it. Based on the experience at my school and at other schools, I would not describe it as a luxury to have a full-time nurse or pupil welfare auxiliary on site. It makes all the difference.

Mr McFeeters: I agree that there is a dilemma, and I agree with you that the association that I represent has to take a certain stance, and, in my case, that is a national stance. I also agree that people have flexibility within that to make their own individual decisions, and a vast majority do.

I want to clarify one point. Very often, people feel that the teaching unions are there purely to protect the teachers and the education staff. However, we see this as an issue around protecting the child as well. Would you want lifesaving medication administered to your child by a person who is not properly qualified and who is extremely busy in a primary classroom and could potentially forget to do something because of the busyness of that classroom? We feel that having somebody there who is appropriately trained and who has the time and the focus to do that protects the child. Therefore, we are not just about protecting teachers; we are about protecting the children themselves.

I have 270 young people with special educational needs in my school, and a very high percentage of those young people have medical needs, some of them very severe and complex. Medical intervention is an hourly, not even a daily, occurrence in my school. We have the facilities to make that possible through the additional special needs classroom assistants, even though the stresses are there. As I said earlier, I do feel that there are solutions within the system.

Mrs Millis: ATL tries to take a moderate and a sensible approach to this. While we are not saying that teachers have to administer medicines, we are trying to help them to find a common-sense answer to this. However, we are also concerned about the security and well-being of our members who have worries about children whom they have to medicate. That is a huge additional strain.

Mr Kinahan: I think that we are all in the same place on this; it just depends on how you put it together. We know that the legal system is there. I tend to agree more with what Anne is saying. We need a light touch. We need a set of guidelines, not a set of rules, so that we can let the teachers be free. You will have a teacher who is not trained in a classroom on a day when something goes wrong, and he or she will have to make the decisions. I want to know that the unions are ready to help the teacher after the event, because you know that the teacher will have tried his or her best. If you put too many guidelines or rules in front of teachers now, you will end up with it backfiring, in that they will not do something to help. You have to leave that flexibility. It then comes down to a mixture of the

head teachers and those who are there. I am frightened when I read the NAHT guidelines document because I think that too much of it is saying no, whereas we want to hear "yes" at the right time. I know where you are coming from; the lawyers are on your back. However, we have to stop people being frightened of the lawyers and stop them over-interpreting. That is why I am asking for a light touch in how you do this. You must allow teachers the freedom to make the right decision at the time, and, yes, you should go for the training. That was more of a statement than a question.

The Chairperson: I know the feeling because I have been there in the past; I know about saying no and then having to make changes. I will not repeat what I said at a teachers' union meeting when the unions were very critical of us for not being able to come to an agreement on certain things. This is an issue on which the unions need to get agreement among themselves and then say collectively, as one body, "This is what we will do for the benefit of the children." You can talk to us afterwards if you want some advice. We have gone through that pain barrier.

Mr McKay: I think that everybody who attended the session last week found it very rewarding. Some of the stories that the parents told us were, quite frankly, horrific. On a number of occasions, it seemed that the unions were causing the problem, not the teachers who were raising the issues. It is important to outline some of the examples. There was one case of a three-year-old boy who has diabetes. The teacher told the parents that she was going to give him his injection but then did not because she got a letter from one of the trade unions. Another example was from the parent of a primary school child who outlined how the child was made to feel like he was a burden on the school principal. He was diagnosed at the age of eight. The other staff in the school were willing to assist the child but the principal blocked that. I agree entirely with other Members; there is a solution — it is staring us in the face — if the will is there. I encourage the unions to take another look at this. Mixed messages are going out to teaching staff. Some unions are saying that staff should not administer medication at all, while others seem to be saying that teachers have some choice and flexibility around the issue.

It is absolutely shameful and disgraceful that some of the things we have heard about are happening in our education system in the 21st century, given that we have a Disability Discrimination Act and that children who have these difficulties should be put first. As one parent said, she has raised her child from the age of nought to four and has to deal with all the issues. She is not a trained nurse, but she has had to adapt. When she hands that child over, she expects there to be the same duty of care and that her child will receive the same care as she has given up to that point.

So, the unions need to look at how they can ensure that teaching staff who are willing to deal with these issues and who are capable of doing so can be allowed to carry out that role. It is not a black and white issue. We should not be rigid about this and say that because you are a teacher you should not be carrying out these particular actions. Clearly, there is indemnification for the employer. That has been outlined. The Committee should look closely at that to see how it stands up. It is quite clear, as Trevor said, that the unions are taking too hard an approach on this issue.

Ms Boyle: I tend to agree with most members today. Raymond, you mentioned the possibility of classroom assistants being able to administer this type of assistance to pupils. As a parent of a young girl who is training to be a classroom assistant, I have concerns. We have discussed this before. My daughter was on placement in a particular area of a school, and there was a situation. We had a discussion. I do not want to give too much away, but she said to me that she would not have felt confident assisting that child, possibly because she does not have the training. Even if she had the training, she would still not have felt comfortable doing it. So, I feel that there are issues with moving responsibility to the classroom assistants.

I concur with what the rest of the members have said. I did not get to the presentation last week due to other commitments, but since then, a parent has told me that she feels that children are not at the heart of this matter. Her child has been disadvantaged because the child is not able to go on a school trip.

The Chairperson: Do you want to comment on school trips? Obviously, that is a recurring issue that has caused considerable concern over the last number of years.

Mr McFeeters: Certainly, I do not feel that any child should be excluded from a trip. I want to respond to some other comments by saying that I certainly do not feel that any child should be penalised in any way or should not be able to attend a school that best meets their needs. As far as school trips are concerned, the secret is having the right level of staffing in our schools to cover those issues.

Managing schools and staffing levels is very complicated; there is no question about that. You must ensure, for example, that, if a child has a care plan, you have the right number of people who can fill in when other people are off on particular days. It is about staffing levels. In spite of the complexities, in my school, we would never prevent a child from going on a school trip for medical reasons.

I come back to the question about classroom assistants. The emphasis needs to be on the appropriately trained and experienced classroom assistant. It should be a classroom assistant who has experience over a period and who is prepared to take on that training and additional responsibility. That will not be the case for every classroom assistant in schools. It would not be appropriate for some classroom assistants to take on that role and responsibility.

The Chairperson: How different is the approach that the union takes to dealing with this issue from the one that you take as the principal of a special school? I appreciate that you can speak only for your own union and not on behalf of your other colleagues. We all value special schools, and I can speak from personal experience and knowledge of your school as it is in my constituency. The pupils in your school obviously have very complex medical needs. How do you draw a line when it comes to the administration of medication? Your duty of care in the school is exemplary. However, is there a point at which the unions will say that, even in a special school, you should not make a particular medical intervention or give assistance?

Mr McFeeters: Yes. A lot of special schools have nurses on site, but mine does not. We tend to run with an approach in which some of our young people with extremely life-threatening conditions who need very invasive procedures are banded by the health trust according to their need. One of the solutions that we use is what has been called a hybrid worker, which is someone who is employed jointly between the Health Department and the Department of Education and trained to a particular level to meet an individual child's needs. There is a very direct input from the Health Department. My understanding is that that is also jointly funded, which makes it a very positive model to look at.

Mrs Hale: I agree with all my colleagues around the table. Basically, it comes down to the fact that the unions need to remove what is effectively an instruction to not participate in the administration of medication. Maybe the unions could get together and draw up a coherent plan so that you can back your staff. I was a classroom assistant for many, many years. I had to administer medicine to the child who I was assigned to. He refused to take it, and issues arose. The teacher whose class I was working in refused to take responsibility because she did not have the backing of her union, which led to further issues down the line. Luckily, the parent was a close friend of mine and understood. Whether classroom assistants are hybrid or not, is it really fair that they bear responsibility for medicating in the school?

Mr McFeeters: In response to that, it could also be asked whether it is really fair that teaching staff and principals are put under pressure to do a particular activity and go down a particular route. Even the joint DE/DHSSPS document states that people should not be obliged to do it and that it is a voluntary act. You can turn that round and ask this: is it fair to put the education staff in that position?

Part of it is to do with indemnification, and that can be clarified and cleared up. However, the other issue is around the workload agreement that has gone through the joint working party just recently. The emphasis of that workload agreement is really that teachers are there fundamentally for learning and teaching. Any additional tasks, such as admin or medical tasks, etc, that take them away from their core purpose are detrimental to the education of our young people. There is a balance to do with what the expectations are. I come back to the comment that I made about the nursing staff. I am totally aware that it is a completely different circumstance, but the point that I was making is that you would not expect a nurse to take on something totally different and outside of their job description that they had not been trained for. In the same way, you are, in many cases, expecting teaching staff to do things outside of their job description; things that, in some cases, they do not feel they are properly prepared for or trained to do. Therefore, they feel insecure.

It is important to state that no school or teacher in the country is doing this to be thran, to use a Northern Ireland term. They are not digging their heels in and saying that they are not prepared to do it. They are not doing it for a reason. As Chris said earlier, there is a grey area, and they are frightened about what will happen. Goodwill is great when things go well, but goodwill and the grey area tend to become more problematic when things do not go well. That is what they are fearful of.

Mrs Hale: Raymond, how do you see a way forward? In reality, more and more children with medical needs are coming into mainstream schools, so there is more and more pressure. In a perfect world,

every school would have a nurse attached to it. I had nurses at all my schools growing up. How do the unions see a way through this? The problem is going to keep going on and on. Do we wait until some child has a serious incident at school before the unions get together, even if it is with the Department of Health, Social Services and Public Safety, and say, "This is what we need to do"?

Mr McFeeters: I agree with you; the number of kids coming in is definitely increasing. The problems are going to get worse. The Health Department needs to take more responsibility for a number of the children. There is a big difference between the accident that happens in school and the emergency, which any teacher with a duty of care will obviously respond to; there is no question about that at all. EpiPens, in particular, are a no-risk form of medication. There is a difference between those cases and ongoing medical issues that are potentially life-threatening if not properly handled. There is an element of truth in the principal's comment about the health trusts throwing the monkey off their back and onto the schools. The health trusts need to not just produce care plans for those children but be more actively involved in the solutions to those children being in education.

Mr Lunn: Raymond, you mentioned the question of indemnity, and you said that it could be clarified. Do any of the unions have specific legal advice from their legal advisers that queries the indemnity provided by the Department of Education? I am beginning to think that we should ask for specific legal advice or comment on the wording of the indemnity that is being provided. I used to be an insurance man; I still am in my heart. I cannot see the problem with this. This is an indemnity that will be given in any walk of life. It has the normal exclusions. To me, it is pretty foolproof, but I am prepared to be proved wrong if some legal eagle can explain to me where the gap is or where the problem is.

Mr Peel: I am not sure that there is a problem with the wording or the actual indemnity. I think it is that when you read it, you see what people may see as the hoops they have to jump through to get to the position where they feel confident to respond and confident that they would be able to cope with that along with their other duties. I do not necessarily think that it is the wording of the indemnity. It is clear that you will be indemnified "if", but it is about all the things that come after the "if": if you follow all the procedures, if you do this, if you do that, if you do the other. That comes back to the fundamental point: they do not have to do it.

Mr Lunn: That is life. A fireman would have to follow procedure, and so would a nurse. I still do not get it. We could argue about it until the cows come home. I would like to see something from a legal expert on this. It would be for the benefit of all of us.

The Chairperson: OK. I will put that to the Committee. It would be useful.

Mr Rogers: Thanks for your presentation. As a former member of Raymond's organisation, I firmly believe that duty of care comes first, be it for a teacher in the classroom or a school head. It is only when the duty of care has been exercised well that learning and teaching can take place. So, it comes first.

I understand some teachers' concerns because of the horror stories you hear, whether from some of the other unions or wherever else. I hear those stories as well. I do not want to repeat everything that members said earlier. However, I think that, essentially, it is about a common-sense approach. If a school has the proper procedures in place, we should be able to work through this. The unions should sit down together and come up with a common-sense approach. However, I understand that some staff might not want to administer medication.

I have some concerns about classroom assistants, which is a point that other members touched on as well. The fact that some of our smaller primary schools have decreasing budgets means that boards of governors are having to look at the budget plan for next year and ask themselves, "Are we going to lose a teacher or are we going to lose a classroom assistant?" It is coming down to that. Unfortunately, in many cases, the classroom assistant may have to go as well.

We need to be reasonable about school trips and so on, as long as schools have the proper procedures in place. Granted, it is great if you have a school nurse. However, the boards of most post-primary schools run first aid training and whatever, so I would think that, as part of their procedures, a first-aider could go on trips. I have been that person on a football pitch with 20 lads when someone has broken a leg. Nowadays, you know that you have to get an ambulance, but, 20 years ago, if someone were lying on a football pitch screaming, you put them in your car and away

you went. There has to be a common-sense approach. This can be worked through. Children have to come first. That was a commentary more than anything else.

Miss M McIlveen: I think that nearly everything has been said at this stage; we are repeating ourselves. I attended last week's meeting with a couple of members, and I have sympathy for the case put forward by parents. However, as someone who spent a short time in the classroom with Chris at Grosvenor Grammar School, I also empathise with teachers, given that today's society is very litigious, even more so than it was a number of years ago.

Chris, your paper refers to the fact that, as a result of an issue last year, you have had to include a checklist for staff organising educational trips and visits in relation to medication needs. Can you elaborate on that? You may not be able to give the detail of it.

Mr Peel: I think that the issue was talked about at a big event here last year, so I just want to be careful that the person cannot be identified. It involved a pupil in our preparatory department who has type 1 diabetes. Her mum would normally accompany her on trips. However, on this particular occasion, she was not able to do so. So, because part of our policy is about inclusion and the child coming first, we made alternative arrangements, and her mum was happy with that. There was a slight issue on the trip because the readings were not right, and there was panic. Even though the teachers had volunteered and agreed to take on the responsibility and the mum was happy with that because she knew the teachers very well, they were not used to the flashing lights, which are custom and practice. So, they immediately went to the hospital, which, of course, was exactly the right thing to do. I think that the parent's initial reaction was different from the long-term reaction, and we were able to work round that. It was very simple for us to put in place a foolproof checklist. I do not know whether you have ever seen the educational visits policy, but it is about 2 inches thick, and schools have to go through it for every single trip. We thought that this was already covered, but there is now a wee addition: if you are taking a pupil who has different medical requirements, you must go through a wee checklist. Again, I think that was an issue because it was in the prep department rather than in the big school.

Miss M McIlveen: The point is well made. The fact is that the issue is perhaps about those children under nine who cannot self-administer. However, there are issues around children with complex medical needs and the role that the Health Department has to play in all this. I agree with others members that there needs to be a balanced approach to how this is worked through. Thank you very much for your presentations.

The Chairperson: In conclusion, this is an area that we are particularly concerned about. Last week, the Committee met a number of interested parties, including the unions, parents and organisations. The Department is now going to give us an update on where it is at with this issue. You are very welcome to stay in the visitors' gallery to hear that. If the Committee is happy to do so, we will also make the papers available to you so that you can consider them. Thank you very much, and we look forward to seeing you again.

Mr McFeeters: Thank you very much.