



Northern Ireland
Assembly

Committee for Education

OFFICIAL REPORT (Hansard)

Administration of Medication to Pupils:
Departmental Briefing

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
Mrs Brenda Hale
Mr Trevor Lunn
Miss Michelle McIlveen
Mr Daithí McKay
Mr Sean Rogers

Witnesses:

Mrs Dorothy Angus	Department of Education
Mr Jonathan Boyd	Department of Education

The Chairperson: I welcome Dorothy Angus again.

Mrs Dorothy Angus (Department of Education): Good morning.

The Chairperson: Thank you, Dorothy. You are getting a run of coming to the Committee. Hopefully, you will have as good a time today as you had the last time you were here. Things are reasonably positive.

Mrs Angus: I hope so, Chair.

The Chairperson: With you is Jonathan Boyd, who is deputy principal of the special education team. You are very welcome. Dorothy, we have just had a presentation from three unions. We will hear your presentation and then members can ask questions.

Mrs Angus: Thank you very much, Chair, and good morning, members. You have had a short briefing from us already. I know you are fairly familiar with the subject, so I will not go through the paper that we have provided to you verbatim but will, if I may, just pick out some of the main points.

As you know, the Department's policy is set out in the guidance that was drawn up with the Department of Health, Social Services and Public Safety (DHSSPS) in 2008, entitled 'Supporting Pupils with Medication Needs'. I think you are familiar with that. Both Ministers recently confirmed that the policy remains relevant in their view. That guidance was issued along with £248,000, which

was given to the education and library boards to provide training to school principals on how to meet needs. That was to introduce the policy at the time.

The basis of the policy is the voluntary principle. There is no legal duty on school staff to administer medication. It is a voluntary role that is then backed up by training and guidance, and that is to recognise the balance between the needs of pupils and the needs of staff. The guidance document sets out that school staff will be indemnified so long as certain conditions apply, and those are very much related to the following of procedures. Clearly, people cannot be indemnified if they do not do that. Those procedures are set out in the paper, so I will not go into them in detail. It is the responsibility of the employer to make sure that all school staff know what their legal responsibilities are, the extent of the insurance cover provided to staff acting within the scope of their employment and what their duties and liabilities are within that. It is up to each employer to set that out for members of staff.

We continue to work with DHSSPS to ensure that the policy guidance remains relevant. I suppose the most recent example of that was the anaphylaxis guidance issued in 2010. The Health Department took the lead in that as it was very much a health issue.

You will be familiar with the recent campaign with Diabetes UK, Let's Talk Type 1 Diabetes in Schools. We have been working with Diabetes UK and the education and library boards in response to that because concerns have been raised that some children are not receiving the support that their parents would like them to have. As a result of that and discussions that took place directly with the Minister, the Minister issued the letter of 24 April 2012, a copy of which has been given to the Committee. Again, that reinforces the existing joint policy but reminds school principals of their responsibilities within it.

Work is ongoing on the development of a parent-friendly leaflet because there are clearly some issues around the implementation of the policy. There are issues around schools understanding the policy, and there are issues around parents understanding the policy and how they should deal with schools in relation to it. That booklet is being prepared at the moment. A draft has been prepared by the education and library boards and is with health and social services and Diabetes UK at the moment.

That is really all from me, Chair. I am happy to take questions.

The Chairperson: Thank you. Are we not in a place where there is almost a contradiction in what is going on? On the one hand, we are saying that we have a policy, and both the Minister of Education and the Health Minister have said in correspondence that they are content with it. However, you go on to say that, as a result of its implementation, we need to look at it and review it and do certain things. You could conclude from that that the policy is not fit for purpose. Clearly, the unions are not recommending to their members that they follow the guidance set out in the policy.

What I cannot reconcile in my head is that we have spent £248,000 on this, albeit that, in the context of the overall education budget, that is not a huge amount of money. According to the paper it 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."

That money has not really been spent in the most effective way given that a roadblock has now been put in place by the unions, who are saying, "We are just not going to do this." How do we break the impasse if, on the one hand, we are saying that the policy is fit for purpose, yet, on the other hand, the practice and the reality is that it is not working on the ground? We are spending money and have spent money, and we have had a policy since 2008. How are we going to try to get a resolution to the issue?

Mrs Angus: We believe that the Ministers believe that the essential policy is still fit for purpose as it is set out, but we accept that, in the implementation, it is perhaps not always working as effectively as it might in every school.

The money that was provided at the outset was for the introduction of the policy. That often happens when a new policy is introduced because schools need to be made aware of the policy. They need to know what is coming along and that it is something different. However, we are now four years down the road. Some of our schools will not have had to deal with children who need medication immediately after the policy was introduced, particularly some of the small schools that have a small

number of pupils. It may be that they have come across the policy only in recent times and are perhaps not as familiar with it as they ought to be.

It is fair to say that there are very many instances in schools where the policy is working well, where the schools understand it, where they know what to do and are doing it and where they are working with the parents to their satisfaction. From what we have heard recently, there are clearly other places where that is not the case. We now need to ensure that, where a school takes a different view to that of parents, the school, the parents and the education and library boards can all work together to resolve the situation and that the schools know what the policy is. The schools should know what the policy is; they have been reminded of it by the Minister. They should also know that they can get advice and assistance from their education and library board, the school nursing service and the community paediatrician. Sometimes, that is the issue; they think that they cannot deal with something because they do not immediately know where to turn. I do not think it is the case that the essential policy is not fit for purpose, but we need to look at the number of cases where implementation is not happening and where the response is not what it should be.

The Chairperson: There was a discussion earlier about classroom assistants, and there was a varying degree of support or concern among members. That issue comes up repeatedly, and we need to ask the Department a number of questions and for a general update across the board on classroom assistants. We will take a note of that and come back to it before we conclude our business. Did the contract with Diabetes UK include help and assistance from classroom assistants, and, if so, is the Department prepared to look at that model further? One of the union representatives today talked about the three bands of classroom assistant — in fact, there may be four bands. Has money been spent on their training and evaluation? The paper mentions training for principals; it does not mention classroom assistants. Is the Department prepared to look at that option, given the concerns that members rightly raise about classroom assistants who are not appropriately trained? You do not want a situation to arise where a classroom assistant is put in that position. Is that an option for the Department to consider?

Mrs Angus: The money that was spent at the outset and which is cited in the paper is the original money for introducing the policy. Training has been ongoing since then. A principal identifies someone who volunteers to administer medication, and the principal then has that member of staff trained through the education and library boards. That training is ongoing. It was not done in 2008 and then stopped; that process goes on all the time as people are identified and volunteer to do this.

Very many classroom assistants will have volunteered to administer medicine in the same way as some teachers have, and they will be trained appropriately to do that. Some schools, particularly special schools, will have classroom assistants who are known as additional needs classroom assistants and are paid at a higher rate, and it will be in their contract that they will administer medication. However, those classroom assistants are mainly employed to provide a higher level of support for children with complex needs. It is not always essential to have a classroom assistant like that in every school because some classroom assistants would not have the kind of job that an additional needs classroom assistant might have; they may only be needed to administer medication for half an hour or an hour a day. As I understand it, at the moment, there is no means by which to pay a classroom assistant extra money for doing this, but the boards are looking into the possibilities around that. However, yes, I suppose that, when it comes to delivering medication, classroom assistants are already one of the solutions, and that was raised in the UK diabetes campaign.

The Chairperson: We have the Diabetes UK campaign, Let's Talk Type 1 Diabetes in Schools, and the parent-friendly booklet on diabetes that is being devised by the boards. Do you envisage that either of those will have implications for the current policy? Has there been any analysis of the campaign or the parent-friendly booklet vis-à-vis the policy, or are you taking the policy as being fit for purpose and then interpreting the campaign and the booklet in light of the policy?

Mrs Angus: The policy would have been looked at when we worked with Diabetes UK, and, as I understand it, it endorsed the voluntary principle in the policy. There were a number of outcomes from that discussion. One was that the letter would be issued by the Minister, and that has happened. Another was that there would be a single point of contact in the education and library boards, and that has been put in place. The third outcome was that a parent-friendly leaflet would be produced, and that was to address the fact that parents may not always understand how they can deal with a school or discuss with a school what might be needed. They might go to a school and be told, "Well, we are just not doing that". The booklet will ensure that parents will know what to do and how they can engage with schools, board of governors and education and library boards and have all the concerned

parties involved in trying to resolve the issue. Those were the three strands. The policy would have been looked at at the time. It was concluded that it could essentially remain the same, but we needed to make sure that its outworkings were understood by all parties.

Mr Rogers: It is key that the extent of insurance cover is spelt out not only to the members of staff who are responsible for administering medication but to supply teachers, student teachers and other professionals. There is a big onus on principals to spell all that out.

Mrs Angus: Yes.

Mr Kinahan: I am new to this, so I have a quick question. Who is the employer? Is it the board or the school?

Mrs Angus: It varies.

Mr Kinahan: So it was not a daft question.

The Chairperson: That question has been around for a considerable number of years.

Mrs Angus: The employer may be the board, but, in other circumstances, such as in voluntary grammar schools, it will be the school itself. The employer could also be the Council for Catholic Maintained Schools (CCMS). There are various employers in the education sector.

Mr Kinahan: I like that the policy has a light touch and allows interpretation. I was intrigued when we looked at the different sets of rules in Ballyclare High School and Grosvenor Grammar School. What way does the Department lean? Is it towards the Ballyclare High School model of no responsibility or towards schools taking more responsibility? The policy is delightfully vague and allows things to move.

Mrs Angus: Schools have responsibilities under the policy. As the Minister said in his letter, principals have a responsibility to look sympathetically at requests from parents and to make an effort to facilitate the child's needs in school. So, the Department does not lean towards what schools do, but the policy is very clear and schools have responsibilities.

Mr Lunn: Danny will be delighted when the Education and Skills Authority (ESA) comes along because we will have clarity on who the employing authority is.

The Chairperson: All that mist will be removed.

Mr Kinahan: Not necessarily.

Mr Lunn: No doubt you will vote for it when the time comes.

The unions still appear to be suspicious of the extent of the indemnity that is required. I do not agree with them; I am with the Department on this. They made comments about the need to follow the procedures set out in the booklet, the medication plan and written permission from parents. They feel that they have to jump through a lot of hoops, to use their term, before they can be certain that they will be fully indemnified. Since 2008, has there been a case in which a teacher was successfully sued for an action that arose from the administration of medication and did not receive indemnity from the appropriate employer?

Mrs Angus: Not that we are aware of.

Mr Lunn: And have there been any cases in which they were successfully sued and they had to be indemnified by the employing authority?

Mr Jonathan Boyd (Department of Education): I am not aware of any cases.

Mr Lunn: There have not been any. That is the first point. They said today that they would like more clarity. We are thinking of looking for some legal advice on this. Have the unions asked the Department to clarify any issues arising from the guidelines?

Mrs Angus: No, we have not been formally asked for any clarity. In fact, we were listening to that, and we would be interested to know what clarity is needed in the policy.

Mr Lunn: As far as unions are concerned, I seem to veer from admiration to frustration. They do such good work in some areas, but, on this issue, they are, frankly, being obstructive. It is almost simpler for them not to change their position. I do not for one minute think that teachers should be compelled in any way to do this kind of thing, but some teachers are afraid to do it because of the attitude of their union and the advice that they are getting from it, which seems a shame. They have to follow procedure; that is life. No matter what your occupation, you are going to have to follow procedure these days. In some cases, the procedure could be 20 pages long. Teachers are no different in that respect. I really do not get it. In my previous life — I will bore you now, Chairman — I can remember a claim where a plumber managed to blow up the heating system of a major hotel the night before two big weddings in December. That did not go down well. He was not indemnified because he was doing electrical work and he was engaged as a plumber. He did not follow procedure, therefore he was not indemnified. That is how extreme it has to be before somebody will not be covered.

Mrs Angus: The only comment I would make is that anyone administering medication will be trained, so they will know what the procedures are. Clearly, as you say, if you are putting in place an indemnity, you are asking people to follow procedure.

The Chairperson: We, as a Committee, have agreed to seek clarification on the legalities of all of this. Obviously, that will give us some guidance and assistance. The correspondence from the Health Department and the Minister of Education indicates that they are reasonably happy. The Minister has recently sent out correspondence about diabetes to principals and so on. Is there no formal review of all this going on in the Department? It sometimes seems as though the Department is well aware that there is a battle going on out there and that there are issues but has said, "We have your policy." You have covered yourselves because you have, no doubt, put out one of those wonderful circulars that I love. You have sent that out, and the Minister has sent a letter out. You have said, "We have covered yourselves, Jack; that is fine. It is really now up to the employer, whether that is the board of governors, CCMS or the education and library boards." However, a practical problem still remains. Parents came to us last week, and a comment was made about a particular school's policy being very vague. Is that the best place for the Department to be in, given that there is an issue? Earlier, a member pointed out that, compared with the total number of children in our system, the number affected by this issue is not huge. However, for those children who are affected and for those parents who have concerns and worries, it is, irrespective of the numbers, a big issue.

Mrs Angus: We absolutely accept that it is an issue for the children concerned. The Department has not seen a need to change the policy but that is not the same as saying that it is complacent about it. We have looked at it along with the Department of Health, Social Services and Public Safety, with whom we issued it in the first place. We think that it remains relevant. As I said, we think that the issues are happening on the ground, and that is why we have been working with Diabetes UK to try to address some of the issues. If people continue to bring us those issues, we will continue to look at them. It is quite a comprehensive policy, and you cannot make a policy for absolutely every eventuality, but, if there is anything that the Committee thinks the Department ought to be doing around the policy, or if there is any clarity that the unions think is missing from the policy, we are willing to look at that. We are not saying that the policy is there for ever and a day. That would not be appropriate because things change all the time. So, although we have not changed the policy, we have looked at it, and we are very willing to take some advice from the Committee or some requests from the unions if either party thinks that there is more that we can do in the policy.

The Chairperson: Have you any idea when the Minister or the Department last met the unions on this issue?

Mrs Angus: They certainly engaged in the drawing up of the policy. I am not aware of the unions bringing us any particular issues on it in between. However, if they have some issues — they clearly suggested today that they do — then, yes, there may be some merit in meeting them now to find out what exactly their difficulties are.

The Chairperson: We will provide the Department with the correspondence that we received following our event last week so that it can comment on it.

Mrs Angus: Yes, indeed.

The Chairperson: Dorothy and Jonathan, thank you very much for your help and assistance.