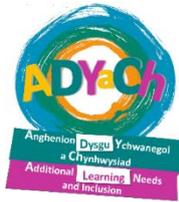




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Gwynedd County Council and Isle of Anglesey County Council Healthcare Policy

Key Principles

Gwynedd County Council and Isle of Anglesey County Council take pride in every pupil's achievement. This is especially true for our pupils with medical and/or physical difficulties. Traditionally, our schools are very inclusive and this is one of the greatest attributes of both counties. Medical and Physical ALN are described as difficulties that, without due attention, would affect pupils' access to the curriculum.

Local Authorities' legal requirements

Gwynedd County Council and Isle of Anglesey County Council - known as the Council from now on - 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 people, (i.e. those who are above compulsory school age, but under 18 years old), local authorities have the 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, local authorities must have regard to any guidance given by Welsh Ministers.

A local authority must make arrangements to ensure that their education functions are exercised with a view to safeguarding and promoting the welfare of children (i.e. those under 18 years old - see section 175(1) of the Education Act 2002).

Local authorities in Wales have a duty under section 15 of the Social Services and Well-being Act (Wales) 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 co-operation between various people and bodies. This includes a health and NHS board within the local authority area.

The arrangements must be made with a view to:

- improving the well-being of children within the area
- improving the quality of care and support for children in the area
- protecting children who are experiencing or who are at risk of abuse, neglect or other harm (see section 25 of the Children Act 2004).

The Education (School Premises) Regulations 1999 S.I. 1999/2 set out requirements (local authorities' 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.

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 that 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' curriculum
- 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 pupils referral unit, the local authority is the responsible body.

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).

Roles and responsibilities -

See - Anglesey and Gwynedd ALN and Inclusion Strategy on the exact roles and responsibilities – Service Handbook

The Council will ensure that education provision is available for learners, and:

- reasonable adjustments are made to ensure that 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 regarding the responsibility for provision should not impact the delivery of service, as delays could be detrimental to the education and well-being of the learner.
- will make arrangements to promote co-operation between various bodies or people, 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. Appropriate arrangements are in place to share data, (local authorities should ensure that appropriate arrangements are in place to share data).
- offer reasonable provision of counselling services 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.
- collaborate with education settings to ensure that learners with healthcare needs receive a suitable education. Where a learner of compulsory school age is not receiving a suitable education for any period because of his/her health, the local authority has a duty to make arrangements to provide suitable education. If a learner is above that compulsory school age but under 18, the local authority may make such arrangements.
- provide support, advice and guidance, including how to meet the training needs of staff in an education setting, so that governing bodies can ensure the support specified within the individual healthcare plan (IHP) can be delivered effectively.

b. Governing bodies

Governing bodies will 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 with 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 that 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 head teacher, member of staff or professional as appropriate
- working jointly 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 that arrangements are in place for the development, monitoring and review of the healthcare needs arrangements
- ensuring that 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 that robust systems are in place for dealing with healthcare emergencies and critical incidents, for both on-site and off-site activities, including access to emergency medication such as inhalers or adrenaline pens
- ensuring that staff with responsibility for supporting learners with healthcare needs are appropriately trained (see '2.8 Training' on page 18).
- ensuring that appropriate insurance cover is in place, that any conditions are complied with and that 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.

c. Head teachers

The Strategic Head teacher will ensure that the 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 that arrangements in place to meet a learner's healthcare needs are fully understood by all parties involved and are acted upon, and that such actions are 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 head teacher should directly supervise this arrangement as part of the regular reporting and supervision arrangements
- ensuring that the support put into 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 a sufficient number of trained staff are available to implement the arrangements set out in all IHPs, including contingency plans for emergency situations and staff absence
- general responsibility for the development of IHPs
- ensuring that learners have an appropriate and dignified environment to carry out their healthcare needs, e.g. private toilet areas 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 that 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 substantial 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.

ch. Teachers and support staff

In cases where there is a need to assist or supervise the administration of medicines, a discussion will be held between the Authority (through the specialist physical/medical teacher) on the best way to provide this within the best available resources.

In addition to the training provided to staff who will support the learner with healthcare needs, the education setting will ensure that staff:

- fully understand the education setting's healthcare needs policies and arrangements
- are aware of which learners have more serious or chronic healthcare needs, and, where appropriate, are familiar with these learners' IHPs. This includes knowing how to communicate with parents and what the triggers for contacting them are, such as when the learner is unwell, refuses to take medication or refuses certain activities because of his/her healthcare needs
- are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency. This includes knowing who the first aiders are and seeking their assistance if a medical emergency takes place
- fully understand the education setting's emergency procedures and are prepared to act in an emergency
- ask and listen to the views of learners and their parents, which should be taken into consideration when putting support in place

- ensure that learners (or their friends) know who to tell if they feel ill, need support or changes to support
- listen to concerns of learners if they feel ill at any point and consider the need for medical assistance (especially in the case of reported breathing difficulties)
- ensure that learners with healthcare needs are not excluded from activities they wish to take part in without a clear evidence-based reason, including any external trips/visits. This includes ensuring learners have access to their medication and that an appropriately trained staff member is present to assist where required
- are aware of bullying issues and emotional well-being regarding learners with healthcare needs, and are prepared to intervene in line with the education setting's policy
- are aware that healthcare needs can impact a learner's ability to learn and provide extra help when needed
- support learners who have been absent and assist them with catching up on missed work – this may involve working with parents and specialist services
- inform parents of how the healthcare need is affecting the learner in the education setting. This may include reporting any deterioration, concerns or changes to learner or staff routines.

d. Learners and parents

It is vital that learners and parents are actively involved in the planning of support and management of healthcare needs. Meeting the individual's needs should be at the centre of decision making and processes. The UNCRC states learners should have access to appropriate information that is essential for their health and development and have opportunities to participate in decisions affecting their health. The Education Authorities of Gwynedd Council and Isle of Anglesey County Council will use an Individual Development Plan and meetings will be held using Person Centred Approaches to gather information about the pupil.

Learners and parents will:

- receive updates regarding healthcare issues/changes that occur within the education setting
- be involved in the creation, development and review of an IHP (if any). The parent and learner may be best placed to provide information about how their healthcare needs affect them. They should be fully involved in discussions about how the learner's healthcare needs will be met in the education setting, and contribute to the development of, and compliance with, their IHP

- provide the education setting with sufficient and up-to-date information about healthcare needs, including any guidance regarding the administration of medicines and/or treatment from healthcare professionals. Where appropriate, learners should be encouraged and enabled to manage their own healthcare needs
- inform the education setting of any changes such as the type of medication, dosage or method of administration
- provide relevant in-date medicines, correctly labelled, with written dosage and administration instructions
- ensure a nominated adult can be contacted at all times and that all necessary forms are completed and signed
- inform the education setting if their child has/had an infectious disease or condition while in attendance.

dd. NHS Wales school health nursing service, third sector organisations and other specialist services

Healthcare and practical support can be obtained from a number of organisations. Education settings have access to a health advice service. The scope and type of support the service can offer may include:

- 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 can also be 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 support. Pro-actively 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.

Creating an accessible learning environment

Isle of Anglesey County Council, Gwynedd Council and governing bodies will ensure that their education settings are inclusive and accessible in the fullest sense to learners with healthcare needs. This includes the following:

- Physical access to education setting buildings

A duty is placed on local authorities to produce a written accessibility strategy for all schools they are responsible for under the Equality Act 2010. Any such strategy is expected to address:

'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 must relate to a prescribed period, be consulted upon, be available for inspection and kept under review. Similarly, individual schools must carry out accessibility planning and are duty-bound to prepare an accessibility plan following the same principles as the strategies prepared by the local authorities.

- Reasonable adjustments - ancillary aids or services

The Equality Act 2010 places a duty on learning establishments to make 'reasonable adjustments' for learners who are disabled as defined by the Act. In regard to these learners, ancillary aids or services (with the appropriate number of trained staff) must be provided

- Day trips and residential visits

Governing bodies should ensure the education setting actively supports all learners with healthcare needs to participate in trips and visits.

Governing bodies must be aware of their legal duties (see 'Appendix 1: Outline of legal framework' on page 29) to make reasonable adjustments to trips and residential visits ensuring full participation from all learners.

Staff must be aware of how a learner's healthcare needs may impact participation, and seek to accommodate any reasonable adjustments which would increase the level of participation by the learner. Staff will consider how to accommodate the sharing of personal information with third parties if necessary for off-site activities (in accordance with the Data Protection Act 1998 and in respecting the learner's right to privacy). This can include information about the healthcare needs of learners, what to do in an emergency and any additional support, medication or equipment needed.

- Social interaction

Governing bodies should ensure the involvement of learners with healthcare needs is adequately considered in structured and unstructured social activities, such as during breaks, breakfast club, productions, after-hours clubs and residential visits.

The education setting must make all staff aware of the social barriers learners with healthcare needs may experience and how this can lead to bullying and social exclusion. A proactive approach is needed to remove any barriers.

- Exercise and physical activity

The education setting should fully understand the importance of all learners taking part in physical activities and staff will make appropriate adjustments to sports and other activities to make them accessible to all learners, including after-hours clubs and team sports.

Staff must be made fully aware of learners' healthcare needs and potential triggers. By means of the Personal Healthcare Plan formulated on a joint basis with health practitioners, they will know how to respond appropriately and promptly if made aware that a learner feels unwell. They will always seek guidance when considering how participation in sporting or other activities may affect learners with healthcare needs.

Every effort must be made to avoid making separate 'special provisions' for particular activities, with emphasis instead on activities made accessible for all. Where this might not be possible, advice from healthcare or physical education professionals and the learner should be sought.

Staff must also understand that it may be appropriate for some learners with healthcare needs to have medication or food with them during physical activity; such learners should be encouraged to take the medication or food when needed.

- Food management

Where food is provided by or through the education setting, consideration must be given to dietary needs of learners, e.g. those who have diabetes, coeliac disease, allergies and intolerances.

Gluten and other intolerances or allergens must be clearly marked. Providing information will help facilitate parent and catering teams' collaborative working. This is especially important when carbohydrate counting is required.

Consideration will be given to availability of snacks. Options that correspond with the pupil's dietary needs should always be offered. As some conditions require high calorific intake, there should always be an option to choose glucose-rich food and drinks.

Food provided for trips must reflect the dietary and treatment needs of the learners taking part. Food provided for snacks in classroom settings should also take the dietary needs of these learners into account. While healthy school and 'no sweets' policies are recognised as important, learners with healthcare needs may need to be exempted from these policies. Learners needing to eat or drink as part of their condition should not be excluded from the classroom or isolated.

- 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.

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.

What do Medical and Physical Needs mean?

There are a number of Medical and Physical conditions that would not affect a pupil's access to the curriculum with minor adjustments and the existence of a school medical plan. Medical and/or Physical Learning Difficulties refer to individuals with a Medical and/or Physical condition that has a substantial impact on the pupil's ability to gain access to the Curriculum without significant adjustments.

It is possible that some pupils with a Developmental Co-ordination Disorder (which is also referred to as Dyspraxia) will need some specific adjustments and strategies. These can derive from the knowledge and recommendations of an Occupational Therapist or a Physiotherapist, rather than through a Medical Plan.

General

Every school has a responsibility to create a safe and caring environment where it is possible for all pupils to develop happily and confidently. In order to ensure a friendly environment for learners with Medical and/or Physical difficulties, schools are expected to:

- Ensure that the learning and social environment is inclusive and welcoming.
- Ensure that effective, flexible and sensory use is made of the entire school's staffing resources to meet the needs of those pupils, where reasonable.
- Ensure that any risks are identified and targeted within reasonable boundaries.
- Gradually respond to needs by taking into account any reasonable specialist advice that is provided.
- Measure the progress of children who receive interventions in order to show the effectiveness of the interventions.

The aim of Gwynedd and Anglesey's Medical and/or Physical Needs Support Strategies and Policies is to:

- Promote consistency in the way schools respond to Medical and Physical needs;
- Be clear on what the responsibilities of the teaching team, pastoral leaders, senior management team and head teacher are;
- Promote the ethos of partnership working between pupils, school staff and external agencies.
- Ensure that the pupils have an equal opportunity, receive their education alongside their peers in local schools and communities.
- Promote the independence of pupils in response to their own medical and physical needs where possible.
- Reach their potential and develop to become independent learners.

Pupils with Additional Learning Needs

Gwynedd and Anglesey schools will give special consideration to cases relating to pupils on the ALN register for other reasons in addition to their Medical and/or Physical needs. Medical and/or Physical intervention will need to be tailored and consideration given to the other potential needs of the pupil (e.g. learning disability, communication difficulty). In such cases, the role of other Services will need to be considered.

Communication with Parents/Carers

Working with families and ensuring parental collaboration is crucial for a successful relationship with any pupil. Every school in Gwynedd and Anglesey should be open to discussion at all times and should encourage parents to contact them if they have any concerns.

Sharing Information

Governing bodies will ensure healthcare needs arrangements, the wider education settings' policies and the IHPs, are supported through 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 noticeboards 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) will 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 appropriate, 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.

Parents and learners should be active partners, and to achieve this the education setting should make parents fully aware of the care their children receive. Parents and learners should also be made aware of their own rights and responsibilities. To help achieve this the education setting will:

- make healthcare needs policies easily available and accessible, on-line 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.

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

The education setting will create 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.

1. Contact details for emergency services
2. Parental agreement for the educational setting to administer medicine
3. Head of educational setting agreement to administer medicine
4. Record of medicine stored for and administered to an individual learner
5. Record of medicines administered to all learners by date
6. Request for learner to administer his/her own medicine
7. Staff training record – administration of medicines
8. Medication incident report

New records will be completed when there are changes to medication or dosage. The learning setting should ensure that the old forms are clearly marked as being no longer relevant and stored in line with their information retention policy. The above forms/templates can be found in 'Appendix 2:

Storage, access and the administration of medication and devices

Governing bodies must ensure the education setting's policy is clear regarding the procedures to follow 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 will not store surplus medication. Parents are asked to provide appropriate supplies of medication. These should be in their original container, labelled 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 which is generally available via an insulin pen or 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. Every learner knows where his/her 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 labelled. A lockable medical refrigerator should be considered if there is a need to store large quantities of medicine.
- **Emergency medication - Specific Pupils**
Emergency medication must be readily available to learners who require it at all times during the day or during off-site activities. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (pens) will be readily available to learners and not locked away. This is particularly important to consider when outside the education setting's premises, e.g. on trips. If the emergency medication is a controlled drug it will be kept as securely as possible so as to minimise the risk of unauthorised access whilst also allowing quick access if this might be necessary in an emergency. A learner who has been prescribed a controlled drug may legally have it in his/her possession, if competent to do so, and 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 will 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. Sharpboxes 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 will be appropriately 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 will only be administered by suitably trained staff. The movement and location of these trained staff should always be in conjunction 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 sex as the learner, and may need to be witnessed by a second adult. The learner's thoughts and feelings regarding the number and sex of those assisting must be considered when providing personal 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 a personal care policy¹. It should be followed, unless alternative arrangements have been agreed, and recorded in the learner's IHP.
- If a learner refuses his/her medication, staff should record this and follow their defined procedures informing parents as soon as possible. If a learner misuses any medication, his/her 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. See - *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 that 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.

1 Personal care can be defined as any care which involves washing or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some learners are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as day-to-day tasks such as help with washing, toileting or dressing. It also includes supervision of learners involved in intimate self-care.

Emergency procedures

Governing bodies must ensure a policy is in place for handling emergency situations. Staff should know who is responsible for the policy, who the nominated first aiders are and how to deal with common healthcare needs. In situations requiring emergency assistance, 999 should be dialled immediately. Staff should be aware of the location of learners' healthcare records and emergency contact details.

Where a learner has an IHP, this should clearly define what constitutes an emergency and should explain what to do. Staff should be made aware of emergency symptoms and procedures.

Other learners in the education setting will also know what to do in general terms in an emergency, such as immediately informing a member of staff.

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 will have details of any known healthcare needs and medication.

Training

Governing bodies will ensure that staff who support learners to support those with healthcare needs are provided with appropriate training. Governing bodies will also ensure that their policies clearly set out how a sufficient number of these staff will be identified and supported.

When assisting learners with their healthcare needs, the Education authority will recognise that no specialist training is required for many interventions and that the role of staff is to facilitate the learner to meet his/her own healthcare needs.

IHPs may reflect complex needs requiring staff to have specific information and training. This training may also be in the use of aids such as hearing aids (staff should 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 suitable for education settings as well as learners and families.

Training provided will be sufficient to ensure that staff are competent, have confidence in their ability to support learners and fulfil 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 solely be relied upon to provide training on 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 will have a basic understanding of common conditions to ensure that they can identify symptoms and understand where to seek appropriate support.

Policies will 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 be made especially 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 will set out alternative arrangements. This also needs to be addressed in risk assessments and when planning off-site activities.

Medical and Physical Service

1. Aim of the Service

The Medical and Physical Service collaborates with Gwynedd and Anglesey schools to facilitate a suitable and reasonable response for young people who experience medical and/or physical difficulties, where these needs significantly affect the individuals' access to the curriculum.

2. Objectives

In order to achieve this aim, as a service we have set the following objectives:

- Ensure that the ethos of Gwynedd and Anglesey schools ensures the schools' responsibility for these young people who have medical and/or physical needs.
- Every teacher in every school in Gwynedd and Anglesey to receive appropriate training which will lead to teachers who are confident when working with young people who have medical and/or physical needs.
- Ensure expert guidance to enable schools to tailor specialist interventions within the school's resources.
- Ensure local standard specialist provision for the young people with the most profound needs.

3. Measures

The Medical and Physical Service measures provision success through a number of indicators. Our main indicators are noted below:

- Increase/stability in attendance percentage.
- Increase in the main indicators at the end of key stages.

- An increase in the percentage of schools' workforce who have up-to-date training with regards to whole school responsibilities
- Medical evidence regarding the severity and stability of the condition.

4. Provision

The provision provided by the Medical and Physical Service has been split into two main sub-sections.

School Action

General

Every school in Gwynedd and Anglesey receives a devolved budget in order to implement school level strategies to support young people with Medical and/or Physical needs.

The Service supports the work of schools by co-ordinating an agreed training programme for each teacher and classroom assistant. This training programme is consistent across schools with a clear focus on secondary school progression. The training programme is reviewed on a joint basis with the Health Board every five years and only interventions with evidence of being effective are approved.

Schools Action and More

Specialist

Every school in Gwynedd and Anglesey can refer pupils to the attention of the ALN&I Area Forum. This should be done in line with the Criteria by following the agreed procedure. As part of the provision, a school can receive specialist support to co-ordinate medical advice and respond to a Medical Plan, assess risk and respond in order to reduce identified risks, and identify required training, refer to sources of advice on strategies/resources.

5. Staffing Structure

Senior Educational Psychologist - Medical / Physical

The Senior Educational Psychologist - Medical and Physical participates in strategic planning and ensures quality of the provision on the level of the school and beyond.

The main functions of the Medical and Physical Psychologist are highlighted below

- Jointly plan a five year training programme with officers from the Health Service (e.g. Specialist Doctors and Nurses, Physiotherapist, Occupational Therapist, Speech and Language Therapist) and the Medical and Physical Co-ordinators for Gwynedd and Anglesey school staff.
- Jointly plan workforce training and skills in the field of Developmental Co-ordination Disorder by creating active contacts with health workers in the field, e.g. Occupational Therapists.

- Ensure that the ALN&I Area Forum operates in line with the Criteria.

Specialist Medical and Physical Needs Teacher

The role of the Specialist Medical and Physical Needs Teacher will be essential in terms of supporting schools in their response to pupils' needs by:

- Utilising an understanding from a health field to co-ordinate information regarding the health and physical conditions of pupils, and assist schools to make sense of the information.
- Ensuring the quality of medical plans across schools.
- Identifying the support required on the most suitable and reasonable level.
- Assisting schools to carry out risk assessments.
- Having an understanding of medical and physical conditions and the appropriate and relevant interventions.
- Advising schools in terms of understanding of responsibilities and the L.A's Criteria.

Specialist Medical and Physical Needs Assistant

Risk Assessment Officer

The role of the risk assessor will be essential in terms of supporting school staff to manage risk when working with pupils with medical, behavioural and physical needs.

6. Training

The Medical and Physical Service supports the work of schools by presenting each teacher and classroom assistant with an agreed training programme. This training programme is consistent across schools with a clear focus on secondary school progression. The training programme is reviewed every five years and only interventions with evidence of being effective are approved. The Service also co-ordinates training by the Health Service on a school level according to the specific needs of the conditions of pupils from specific schools.

Health Board Supervision

Senior Psychologist - Medical and Physical

Co-ordinator / School Nurse

Specialist Medical / Physical Teacher

Risk Assessment Officer

7. Multi-agency Service

The Medical and Physical Service is part of an integrated multi-agency team. Contact with the Health Service is vitally important to ensure a co-ordinated Service. By working in a fully integrated manner, the service provided for the children is holistic and more effective.

Education other than at school (EOTAS)

This section describes the support available to learners of compulsory school age who, due to their healthcare needs, may not for any period attend a mainstream education setting. The support they receive during an episode of illness could be at the hospital, a pupils referral unit or at home. Local authorities have 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.

See EOTAS Policy and Guidelines – Services Handbook

Home-schooling for Sick Children

1. Aim

The home-schooling service for sick children works with families and mainstream schools in Gwynedd and Anglesey to support young people who have complex medical conditions to reach their full potential. Our aim is to offer timely and effective support for Gwynedd and Anglesey pupils in order to overcome any problems which could arise due to long-term illness.

2. Objectives

In order to achieve the above aims, as a service we have set the following objectives:

- Respond in a timely and consistent manner to requests from schools to home-school children with medical needs.
- Plan an educational provision which is at a suitable level for each pupil.
- Collaborate with schools to deliver the most suitable provision.
- Support the pupils emotionally.
- Make referrals to appropriate services as necessary.
- Ensure a career pathway for pupils at the end of their educational career.

3. Measures

The Home-schooling Service for Sick Children measures provision success through a number of indicators. Our main indicators are noted below:

- An increase in the attendance percentage of primary and secondary schools.
- Increase in the main indicators at the end of key stages.
- Reduction in the number of young people who are ill and educationally under performing.
- Reduction in the number of pupils who are out of education, training and post-16 employment.
- Client feedback forms

4. Criteria

Home-schooling is provided for pupils of compulsory school age who, for several reasons, cannot attend a suitable school. In individual cases, specific factors are often complex. Home-schooling on a temporary/specific period basis is considered in the following circumstances:

- Pupils with medical conditions that prevent them from attending school. (Medical cases; including children with psychological or psychiatric conditions and who are open to the CAMHS service)
- Medical and physical - Children who receive a medical report from specialists or paediatricians who state that attending school would be dangerous for them.
- Medical and emotional - (phobia and open to the CAMHS service).

With all of the above conditions, a letter from a Paediatrician or Medical Specialist is required clearly stating that the pupil should be home-schooled. Any application submitted without a letter will be refused.

Registered Pupils

The Authority is responsible for providing for pupils once they have been admitted to the service due to one of the reasons listed above. However, while provision continues, the pupil's name will remain on the school register and the school will continue to receive the pupil's financial value.

In the majority of cases, such situations are brought about by temporary conditions and the pupil often returns to school following a period of absence. Consequently, and to ensure that the pupil is not at an educational disadvantage on account of the absence, schools are required to collaborate with the Education Department by providing and marking work. This is essential for pupils who are due to sit external tests/examinations.

Pupils who are not Registered

A situation infrequently arises where home-schooling can be an option for a pupil who is not on the school register. The Authority will take responsibility for educating and providing work for this category. Every pupil will be registered on the Education Other Than At School (EOTAS) register. The Authority is responsible for any examination costs.

Nature of home-schooling for sick children

Home-schooling cannot provide pupils with the breadth of a school environment's educational and social experiences, therefore, pupils are taught in small groups where possible. There are several advantages to this:

- increases the number of hours available for learning;
- allows some expertise,
- encourages some pupils to return to school.

Individual training is offered at home if joining small learning groups is not possible.

A minimum of **5 hours per week** of individual training at home will be provided. This can be undertaken at the pupil's home or at a specific centre. The teacher of sick children is

responsible for monitoring the progress of each pupil and reviewing the arrangements. Reviews are undertaken every half term and evidence is requested from relevant agencies. Provision ends at the end of Year 11, in line with the academic year's timetable.

Referral Process

Every home-schooling application will be referred to the attention of the '**ALN&I Area Forum**' through the 'Home-schooling for Sick Children Referral Form'.

Based on evidence from agencies and individuals involved with the case, the Forum will determine whether or not the authority has a duty to provide and prepare home-schooling provision.

In most cases, provision is on a short-term temporary basis for pupils before they return to learning alongside their peers.

Any application for home-schooling should submit clear and detailed evidence of need including reports by medical experts or paediatricians stating that attending school would be dangerous to the health and safety of the child. Schools will be expected to submit an appropriate risk assessment to support the application to be considered by the admission panel.

Pupils are expected to gain access to the provision. Provision will be withdrawn if a pupil is not ready to be home-schooled or he/she refuses to co-operate, and parents or carers will be informed in writing and given opportunities to discuss ways forward.

Monitoring Arrangements

As a result of arranging any type of home-schooling, the Education Department will take responsibility for monitoring and reviewing the arrangements. The aim is to undertake reviews every half term and ask for evidence from the relevant agencies. Ending provision and integrating back into the mainstream will be discussed at each monitoring meeting.

Re-integration

The Education Department has an agreed procedure to support pupils' integration back into schools. This can involve supporting a child returning back to school when they are on the register or supporting a child to settle in a new school. The integration/support programme will include the following:

- Hold an initial meeting with relevant staff from the school in order to discuss support details. The meeting can also include representatives from other agencies such as social workers, the home tutor, educational psychologists etc.
- Usually, the integrated programme will be introduced in a phased manner and structured in order to provide support while the pupil is at school. This includes:
 - Agreement regarding lessons where support is provided.
 - Agreement on the manner and nature of support.
 - Agreement on dealing with situations that could be difficult for the pupil.
 - Arrangements to review and monitor the programme.

Staffing Structure

In order to ensure that the Home-schooling Service for sick children achieves the main objectives, the staffing structure of the service is as follows.

Home-schooling Teacher of Sick Children

One Home-schooling Teacher of Sick Children operates in Gwynedd and Anglesey.

The teacher is responsible for ensuring that every pupil receives a suitable home-schooling package in terms of academic challenge.

The Head of Behaviour Support is responsible for monitoring and assuring the quality of teaching. Collaborating with mainstream schools is essential in order to ensure progression. Where appropriate, the service will ask Secondary Inclusion Officers/Sick Children Inclusion Officers to initially introduce home-schooling packages. After undertaking all safeguarding checks, the Specialist Home-schooling Teacher of Sick Children will ensure that suitable support is offered to the young people.

The teacher of sick children draws-up progress reports every half term for all home-schooled pupils.

The teacher of sick children takes part, as required, in processes that review, monitor and develop the Home-schooling Service. This includes the need for self-evaluation and the creation of detailed development plans for the service.

Aim of the Counselling Service

The Counselling Service is an independent service working with Gwynedd and Anglesey schools to support young people who have social or emotional concerns to reach their full potential. Our aim is to support the complex emotional needs of these young people and in doing so improve their educational achievement.

Objectives

In order to achieve this aim, as a service we have set the following objectives;

- Offer a regular place and time in order to talk and discuss their worries or difficulties
- Help young people to discuss their feelings and look at how they might want things to be different, by talking and using a variety of counselling models.
- Involvement with developmental matters, problem-solving, improving relations, making choices, coping with changes, nurturing insight and understanding, growing as an individual
- Support for our children and young people by ensuring that qualified trained counsellors are available who work within the recognised code of ethics and code of practice of the British Association for Counselling and Psychotherapy.

Counsellors do not give advice. They attempt to examine problems that young people talk about from the perspective of the young person. In providing time, confidentiality and a safe place, they can help young people talk about their worries and any problems that affect them, and find ways of coping.

What is counselling?

"Formal Counselling work is undertaken by a professional counsellor in his/her specialist role and in accordance with the recognised code of ethics which requires confidentiality, accountability, supervision and continuous professional development".

(Counselling Services in Schools in Wales - National Strategy)

"Childhood and adolescence can be very harrowing times and occasionally, like adults, young people need to speak to someone intelligent and independent who will not judge them".

"Counselling can help people by speaking and listening. Clients are encouraged to express their feelings and thoughts about their problem so that they can better understand themselves and their behaviour, and as a result, improve their coping methods".

The Counselling Service in Schools is a professional, confidential service that is available for young people in secondary schools and for year 6 pupils in primary schools. The service offers a regular space for young people to talk and think about things that are important to them. The service operates in accordance with the Ethical Framework of the British Association for Counselling and Psychotherapy and the Strategy that is being developed by Welsh Government for counselling services established in schools in Wales. The counselling service provides support for children and young people who have social and emotional concerns such as grief, suicide, self-harm, violence and trauma, and supports them as they reach their potential. The service includes professional qualified counsellors, supervisors, inspectors and trainers who have years of experience in working with children and young people.

The counselling service is planned for the individual needs of children and young people. It provides:

- one-to-one counselling for young people
- staff training when requested
- consultation
- contacts with other suitable agencies
- group work after contacting other agencies

The service should be promoted as support and no stigma should be attached to it.

School transport

Local authorities, head teachers and governing bodies have statutory duties in relation to learners travelling to the place where they receive their education or training². For example, depending upon the circumstances, local authorities may need to arrange home-to-school transport for a learner, or provide appropriately trained escorts for such journeys to

² [The Learner Travel \(Wales\) Measure 2008](#).

facilitate the attendance of a learner. Information and guidance on this is set out in the *Learner Travel: Statutory Provision and Operational Guidance (2014)*³.

Reviewing policies, arrangements and procedures

Governing bodies will ensure that all policies, arrangements and procedures are reviewed regularly by the education setting. 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.

Insurance arrangements

Governing bodies of maintained education settings will ensure an appropriate level of insurance is in place to cover the setting's activities in supporting learners with healthcare needs. The level of insurance will 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.

Complaints procedure

If the learner or parent is not satisfied with the education setting's healthcare arrangements he/she is entitled to make a complaint. The governing body must publicise its formal complaints procedure, including how complaints can be escalated from teacher to head teacher, then to the governing body, and then to the local authority. The complaints procedure should also be summarised in their policy for supporting learners with healthcare needs.

If the complaint is made in relation to the Equality Act 2010-/disability, then consideration of a challenge to the Special Educational Needs Tribunal for Wales (SENTW) can be made.

Individual healthcare plans (IHPs)

Introduction

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 contains information on who has overall responsibility for the development of the IHPs. IHPs are essential where healthcare needs are

3 Available at gov.wales/docs/det/publications/140616-ltogg-en.pdf

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 determine which interventions are the most appropriate. The following diagram outlines the process for identifying whether an IHP is needed.

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 will explain how the learner's needs can be met. An IHP will be easily accessible to all who need to refer to it, whilst maintaining the required levels of privacy. Each plan will 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 a previous education setting
- appropriate healthcare professionals
- the head teacher 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 co-ordinator, a well-being officer, and special educational needs co-ordinator (SENCo).

Whilst the plan will 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 his/her 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 will ensure that the plans are reviewed at least annually or more frequently should there be new evidence that the needs of the learner have changed. They will 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 an SEN the IHP should be linked or attached to any individual education plan, Statement of SEN, or learning and skills plan.

Co-ordinating 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 will 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 are likely to 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.

Unacceptable practice

It is not acceptable practice to:

- prevent learners from attending an education setting due to their healthcare needs, unless 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.

Appendix 3: Useful contacts⁴

Asthma

1. Asthma UK Cymru
Helpline: 0300 222 5800
www.asthma.org.uk
2. *Guidance on the use of emergency salbutamol inhalers in schools in Wales* (Welsh Government, 2014)
learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-inschools-in-wales/?lang=en

Anaphylactic shock

3. Allergy UK
Helpline: 01322 619898
www.allergyuk.org
4. Anaphylaxis Campaign
Helpline: 01252 542029
www.anaphylaxis.org.uk

Child support organisations

5. Action for Children
Tel: 0300 123 2112
www.actionforchildren.org.uk

⁴ The Welsh Government is not responsible for the content of any external links listed within this document.

6. Action for Sick Children
Helpline: 0800 744519
www.actionforsickchildren.org.uk
7. Barnardo's Cymru
Tel: 02920 493387
www.barnardos.org.uk/wales
8. Children in Wales
Tel: 02920 342434
www.childreninwales.org.uk

Diabetes

9. Diabetes UK Cymru
Tel: 02920 668276
www.diabetes.org.uk/In_Your_Area/Cymru

Diabetes Individual Healthcare Plan Template
www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/IHP-a-childs-individual-healthcare-plan

Diabetes UK school and parent resource packs
www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes/Schools/Diabetes-in-schools-resources

Epilepsy

10. Epilepsy Action Wales
Tel: 01633 253407
Helpline: 0808 800 5050
www.epilepsy.org.uk/involved/branches/cymru
11. Epilepsy Wales
Helpline: 0800 228 9016
www.epilepsy-wales.org.uk
12. Young Epilepsy
Helpline: 01342 831342
www.youngpilepsy.org.uk

Learning difficulties

13. Learning Disability Wales
Tel: 02920 681160
www.ldw.org.uk

14. MENCAP Cymru
Helpline: 0808 808 1111
www.mencap.org.uk/cymru
15. Special Needs Advisory Project (SNAP) Cymru
Helpline: 0845 120 3730
www.snapcymru.org/

Medical-based support organisations

16. The National Autistic Society Cymru
Helpline: 0808 800 4104
www.autism.org.uk/?nation=wales&sc_lang=en-GB
17. Bobath Children's Therapy Centre Wales
Tel: 029 2052 2600
www.bobathwales.org
18. Cerebra – for brain-injured children and young people
Tel: 01267 244200
w3.cerebra.org.uk
19. Crohn's in Childhood Research Association (CICRA) – for children with Crohn's and colitis
Tel: 0208 949 6209
www.cicra.org
20. CLIC Sargent – for children with cancer
Helpline: 0300 330 0803
www.clicsargent.org.uk
21. Coeliac UK
Helpline: 0333 332 2033
www.coeliac.org.uk/local-groups/?region=wales
22. Cystic Fibrosis Trust
Helpline: 0300 373 1000
www.cysticfibrosis.org.uk
23. Headway – the brain injury association
Helpline: 0808 800 2244
www.headway.org.uk/home.aspx
24. Migraine Action
Tel: 08456 011 033
www.migraine.org.uk
25. Multiple Sclerosis Society

Helpline: 0808 800 8000
www.mssociety.org.uk/ms-resources/what-ms-welshenglish-bilingual-version

26. Muscular Dystrophy UK
Helpline: 0800 652 6352
www.musculardystrophyuk.org

27. National Attention Deficit Disorder Information and Support Service (ADDiSS)
Tel: 0208 952 2800
www.addiss.co.uk

28. National Eczema Society
Helpline: 0800 089 1122
www.eczema.org

29. Prader-Willi Syndrome Association UK
Helpline: 01332 365676
www.pwsa.co.uk

30. Spina Bifida and Hydrocephalus Information (Shine)
Tel: 01733 555988
www.shinecharity.org.uk

31. Welsh Association of ME and CFS Support
Helpline: 02920 515061
www.wames.org.uk

Mental health

32. Child and Adolescent Mental Health Services (CAMHS)
www.mental-health-matters.org.uk/page151.html

33. Mind Cymru
Tel: 02920 395123
www.mind.org.uk/about-us/mind-cymru

Public bodies

34. Contact a Family – for families with disabled children
Helpline: 02920 396624 or 01978 351769
www.cafamily.org.uk/advice-and-support/in-your-area/offices/cardiff

35. Children's Commissioner for Wales
Tel: 01792 765600
www.childcomwales.org.uk

36. Equality and Human Rights Commission

Helpline: 0808 800 0082
www.equalityhumanrights.com/cy/comisiwn-yng-nghymru

37. Health and Safety Executive
Tel: 02920 263120
www.hse.gov.uk/

38. National Children's Bureau Council for Disabled Children
Tel: 020 78436000
www.ncb.org.uk

39. National Health Service Direct Wales
Tel: 0845 46 47
www.nhsdirect.wales.nhs.uk/contactus/feelingunwell

40. Information Commissioner's Office Wales
Tel: 029 2067 8400
Helpline: 0303 123 1113
ico.org.uk/for-organisations/education

Children's rights

41. Children's Rights Wales
The United Nations Convention on the Rights of the Child (UNCRC) is a list of rights for all children and young people, no matter who they are or where they live. These rights are the things that they need to be safe, healthy and happy.
www.childrensrights.cymru

Sensory impairment

42. Action on Hearing Loss
Helpline: 0808 808 0123
Text: 0808808 9000
www.actiononhearingloss.org.uk/default.aspx

43. The National Deaf Children's Society (NDCS) Cymru
Tel: 08088 008880
www.ndcs.org.uk/family_support/support_in_your_area/wales

44. RNIB Cymru (Royal National Institute of Blind People)
Helpline: 0303 123 9999
www.rnib.org.uk/wales-cymru-1

45. Sense Cymru – services across Wales for deaf and blind people and their families

Tel: 0300 330 9280

Text: 0300 330 9282

www.sense.org.uk/content/sense-cymru-wales

Speech and language

46. Afasic Cymru – helping children who have difficulty speaking and understanding

Helpline: 0300 666 9410

www.afasiccymru.org.uk



Ysgol Bro Idris County Healthcare Policy



Mabwysiadwyd ddiwethaf: Corff Llywodraethol Ysgol Bro Idris, 12^{fed} o Orffennaf 2018

Dyddiad mabwysiadu nesaf: Tymor yr Haf 2021

Llofnod Cadeirydd y Corff Llywodraethol: *H. W Jones*

Dyddiad: 12.07.18

Llofnod y Pennaeth Strategol: *J. Owen*

Dyddiad: 12.07.18