

# Meeting the medical needs of children and young people in education

## CDC Briefing

### Introduction to the issue

All children, no matter their health or medical status, have the right to an education<sup>1</sup>.

Medical advances mean that more children and young people born with complex medical needs are going to early years, school, and college in both mainstream and specialist settings. Some children and young people require regular healthcare tasks that need to be carried out whilst they are in those settings.

Currently a lack of a nationally understood agreement over the accountability and responsibility for overseeing the healthcare tasks for these children and young people means that some are not being fully supported and are too often denied access to education.

### What does the law say?

[Section 100 of the Children and Families Act 2014](#) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRUs) to make arrangements for supporting pupils at their school with medical conditions.

The Department for Education's ['Supporting pupils at school with medical conditions'](#), released in December 2015, is the current statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

The aim of the guidance is "to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential".

Integrated Care Boards are required by the NHS Act 2006 to commission suitable provision to meet clinical needs, and the Supporting pupils at schools' guidance sets out that 'clinical support for children in schools who have long-term conditions and disabilities [which remains a CCG (now transferred to ICB) commissioning responsibility]. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure

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<sup>1</sup> This is not an exhaustive list:

Article 28 of the United Nations Convention on the Rights of the Child

Article 24 of the United Nations Convention on the Rights of Persons with Disabilities

The Equality Act 2010

Protocol 1, Article 2 of the Human Rights Act

their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school'.

In October 2024 all ICBs were sent a slide pack by NHS England underlining these responsibilities and recommending that in delegating any healthcare task ICBs and NHS providers should adhere to the Nursing and Midwifery Council Code<sup>2</sup>.

In many areas clear and robust multi-agency arrangements have enabled some health care tasks to be delegated in line with statutory responsibilities. There is also Royal College of Nursing guidance which supports nurses in understanding what is expected in terms of accountability and delegation. It includes a helpful case study on delegation by a children's community nurse of some healthcare tasks to pupil support assistants<sup>3</sup>.

Where tasks are delegated education staff will be required to work to an explicit job description, this will specify the main elements and competencies of their role. Education staff should only undertake delegated tasks relating to the named child in their care and particular to the care setting in which they are employed. Tasks can only be delegated subject to the necessary training, assessment of competence and supervision of practice by a registered nurse. Delegation cannot be imposed on school staff.

Delegation is custom and practice between adult healthcare providers and adults in social care and there is much that can be learnt from safe and successful practice in that field.

## What is the issue?

Despite these national guidelines, different local partners (Integrated Care Boards and NHS providers and local authorities) take different approaches to the support they provide to education settings and the settings themselves take different approaches to meeting the health needs of their children and young people. This means that in some settings, education staff take a more direct role<sup>4</sup>, in others it is the role of the specialist nurse, Community Children's nurses (CCN) or Children's Continuing Care nursing teams<sup>5</sup>. In some specialist settings nursing staff are based on site.

This would be unproblematic if all children and young people were receiving appropriate clinical support, whether delegated or otherwise. However, the trade union Unison has raised concerns about instances in which school support staff may be providing health support without a suitable policy in place or adequate training<sup>6</sup>. This means that these staff are putting themselves and the children and young people they look after at risk. It also means that overseeing nursing staff are putting their professional registration at risk. It is therefore

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<sup>2</sup> <https://www.nmc.org.uk/standards/code/>

<sup>3</sup> [Accountability and delegation guide | Royal College of Nursing](#)

<sup>4</sup> [Use of teaching assistants in schools - research report](#)

<sup>5</sup> [Improving NHS children's community nursing services - GOV.UK](#)

<sup>6</sup> [Supporting-pupils-with-medical-conditions-1.pdf](#)

unsurprising that there have been anecdotal reports of head teachers denying some pupils access to school because of these concerns.

## What is the solution?

It is vital that ICBs understand the extent of their responsibilities and commission children's community nursing in a way which facilitates the appropriate direct delivery of care and appropriate delegation, where delegation is permissible. Such models of support are in place, see the model in place in West Sussex in the case study box below.

Sussex Community NHS Foundation Trust, Community Children's Nursing service delivers community positioned, clinical nursing care for those ages 0 -18 years (19 years for those with SEND). This is a total caseload number of over 4,000 children and young people, with some children and young people accessing one or more of the services offered. These services are: Children and Young People's Community Nursing (CYPCN); Special School Nursing; and Children's Continence.

There are four locality CYPCN teams across the large geographic area of the Trust, with Special School Nursing supporting 12 individual schools and a bespoke contract with a charity funded residential school. The CYPCN Nurses lead on advising and supporting children and young people in mainstream education settings and the Special School Nurses lead within the special schools.

The trust has an overarching Delegation Policy in place and a Children's Services Delegated Duties Standard Operating Procedure (SOP). The latter sets out delegated duties under formal partnerships i.e. delegating health care tasks to unregistered support staff working in education settings external to the trust. The Delegated Duties SOP:

- outlines the delegated duties process including planning and risk assessment
- makes explicit the roles, responsibilities and accountability of registered practitioners; education employers; and education employees
- provides guidance about duration of training; and expected numbers of people trained per child/young person per annum
- provides information on which clinical procedures may be delegated to unregistered staff, with appropriate risk assessment to ensure it is safe and in the best interests of the child/young person to do so
- provides information on the training process; competency assessment; ongoing support and supervision; audit

Work has been undertaken with the local authority and Special Schools to agree wording for all job descriptions where it is expected that staff should support children and young people with medical/health needs during the school day. Further work is in progress to strengthen partnership working processes and governance arrangements, with joint learning from incidents being a key focus point. The Delegated Duties SOP is being updated to align with the latest Royal College of Nursing (2024) guidance on Meeting the Health Needs of Children and Young People in Educational and Community Settings.

Ideally this should be part of a wider system of support for education settings from community health services. We hope that the Government will consider how to make these responsibilities clearer to ICBs as part of their commitment to deliver the 'healthiest generation of children ever'.

It is vital that education settings are assured that they are adequately protected should something go wrong. It is therefore critical that the Risk Protection Arrangements on offer from the government to public sector schools to provide them with comprehensive risk protection is clear that it covers instances where medical interventions have been delegated to school staff.

It is critical that those staff in school to whom these tasks are delegated are clear that this is a developmental opportunity which comes both with appropriate training and oversight but also with an appropriate responsibility uplift in pay.

With these measures in place we would hope that school Heads and setting leaders will feel confident to welcome and include children and young people with medical conditions.

Working together constructively across service boundaries is essential to ensuring that disabled children and those with complex health needs are able to live ordinary lives in their local communities and their local early years, schools and college settings.

We share below the model of healthcare that we think will best support all children and will importantly be able to do so within existing health resources.

