Consultation on Guidance on Healthcare Needs in Schools

Report on the Responses to the Consultation

July 2017

Scottish Government
Riaghaltas na h-Alba
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Contents

Background

1. The Scottish Government opened a consultation[1] regarding the guidance on healthcare needs in schools on 20 January 2017. The purpose of this consultation is to seek views from both the public and interested stakeholders on the draft guidance prior to our publication of the final guidance. The draft guidance document has been developed in partnership with a range of key stakeholders including representatives from education and health services, specific healthcare organisations, and parents and carers.

2. This guidance will replace the guidance on Administration of Medicines in Schools[2] from 2001. While this guidance makes general references to legislation, it is not an authoritative statement of the law. Interpretation of the law is a matter for legal advisers and ultimately the courts. Readers may wish to take legal advice regarding any particular set of circumstances.

3. The guidance has been developed to inform local policy development between NHS boards, education authorities, schools and other partners in supporting children and young people with healthcare needs in schools. It is intended to act as a guide to the strategic and operational matters which should be considered as part of policy development. The guidance may also be of interest to children, young people and parents/carers.

4. The consultation questionnaire contained fifteen questions. All questions except for the last one, which was open-ended, sought a yes or no answer with additional text fields allowing respondents to provide reasons explaining their selection.

Overview of consultation responses

5. There were a total of 81 responses received for this consultation. 62 of those responses came from organisations, whilst the remaining 19 were submitted by individuals. Organisational responses were received from a wide range of stakeholders including NHS Boards, local authorities, independent schools, trade unions and several bodies representing educational and medical professionals.

6. 73 out of 81 respondents have given consent for their responses to be made public. These responses have been published on the Scottish Government's Consultation Hub and they can be viewed by accessing the following link: https://consult.scotland.gov.uk/supporting-learners/guidance-on-healthcare-needs-in-schools/consultation/published_select_respondent.

7. All respondents were given the opportunity to submit their responses anonymously, or for their responses to be anonymised in reporting. Prior to publication, all responses were moderated to ensure no inappropriate language or information which could potentially identify individuals by name.

[1] https://consult.scotland.gov.uk/supporting-learners/guidance-on-healthcare-needs-in-schools/
[2] http://www.gov.scot/Publications/2001/09/10006/File-1

Analysis of responses

Introduction

Question 1: Is the information provided in the introduction clearly set out?

Answer	No. of respondents	% of all respondents*
Yes	57	70
No	14	17
Don't Know	1	1
No Answer	9	11
Total	**81**	**100**

* = percentage totals may not always equal 100 due to rounding

8. A majority of respondents agreed the information provided in the introduction to the guidance was clearly set out. The majority of respondents who were satisfied with the documents clarity provided no further comment.

9. There were 26 respondents who did provide further comment. These comments included asking for a recognition that nursery and special schools should be included too as well as highlighting the importance of attaching equal importance to physical and mental health conditions, with one response specifically highlighting language and communication needs being the most common need experienced by schoolchildren.

10. Those respondents who felt the introduction should be amended highlighted a range of reasons supporting their view. General concerns included the style of language used, with a few respondents noting they felt the complex language was more suited to professionals and that it should be reviewed and potentially simplified, whilst other respondents noted that educational establishments other than state primary and secondary schools should also be highlighted.

11. More specific concerns included the infrequent references to children with disabilities throughout the document; that the guidance should make clearer there are legal obligations for public bodies to support children and young people with healthcare needs in schools, such as through the Education (Additional Support for Learning) (Scotland) Act 2004[3], although one response highlighted lack of resources in schools as a potential barrier.

12. There were a number of responses where the same issues were raised in relation to several, or even many, of the chapters in the guidance document.

13. These points referred to the importance and recognising physical health conditions and mental health conditions equally, since positive mental wellbeing plays an important part in engaging with learning; specific reference to seeking more information for children with long-term conditions such as diabetes and asthma; the guidance should recognise children and young

[3] http://www.legislation.gov.uk/asp/2004/4/contents

people with palliative care needs; and the roles staff and health and educational professionals have in providing healthcare. There was also a sizeable number of responses asking about the role of the named person and what it involves and for consideration of the Equality Act 2010[4] in relation to the content of various chapters. These points have been referenced here so as not to appear repeatedly throughout this document.

14. On language used within the document, comments suggested providing clarification of what is meant by "reasonable adjustments", which is referred to throughout the guidance document, plus there is also several requests to consider making the language in the document more user-friendly. There was also various suggestions to consider the use of words such as "may" and "should", it is suggested the document is reviewed on this point to consider if the context of these words is correct in light of whether there is a statutory requirement involved. Other simplifications suggested including an Executive Summary at the start and a summary table setting out agencies' duties and responsibilities under the various pieces of legislation referred to in the guidance.

Chapter 1 - The legislative and policy context

Question 2: Are there any areas missing, requiring strengthening, or which are not required?

Answer	No. of respondents	% of all respondents
Yes	41	51
No	27	33
Don't Know	6	7
No answer	7	9
Total	**81**	**100**

15. A small majority felt there were areas where this chapter could be amended, whilst one-third of respondents felt no further change was required. Of those saying no further change was required, there were very few comments with only one of those referring to paragraph 27 concerning named person reference.

16. There were 42 responses which felt amendments should be made - there were further points made regarding paragraph 27 and its references to named person. Responses highlighting this felt schools should work closely with external bodies to manage and address long-term health conditions and that children with long-term conditions should have individual healthcare plans.

17. Responses from professional bodies noted the target audience of the guidance should be considered. Two responses noted, whilst the document was intended for use at strategic level, the responsibilities of school nursing teams and health and education professionals should be more strongly

[4] http://www.legislation.gov.uk/ukpga/2010/15/contents

articulated. Other responses raised points concerning parents and guardianship, these included the guidance referencing the Scottish Schools (Parental Involvement) Act 2006[5]; guardianship in respect of young people over 16 with additional support needs, regarding who can make decisions on their behalf in cases where the young person themselves do not have capacity to do so.

18. The final notable theme from those providing response to this question covered staff training. Those responses stated the school should be responsible for sourcing appropriate staff training, rather than individual staff members; training be provided on mental health disorders; and the guidance should clarify which school staff are responsible for providing healthcare. Other responses, outwith the themes already covered, included guidance on the administration of medicines; a mention about independent schools which have nurses on during the day; and reference to Getting it Right for Every Child[6].

Question 3: Does this chapter provide sufficient reference to the relevant policy and legislative provisions?

Answer	No. of respondents	% of all respondents
Yes	37	46
No	27	33
Don't Know	8	10
No Answer	9	11
Total	**81**	**100**

19. The views in respect of this question were more mixed. Whilst many respondents agreed the chapter did provide sufficient reference to the relevant policy and legislative provisions, a sizeable minority of respondents did not share this view.

20. There were 35 responses providing comment to suggest amendments. Generic comments noted the wide range of legislation involved and those legislative Acts with the most prominence should be signposted within this chapter. There was also support for an Executive Summary at the start of the guidance which would be a 'one stop shop' highlighting the most relevant pieces of legislation, whilst another response preferred the legislation to be categorised by subject rather than the proposed chronological order in the current document. Some respondents suggested referencing relevant publications such as 'Ready to Act'[7] with regards to children and young people requiring support from allied health professionals.

21. Some comments made specific references to legislation including raising awareness about the General Data Protection Regulation, which will change current data protection laws in 2018. The Care Inspectorate felt it appropriate

[5] http://www.legislation.gov.uk/asp/2006/8/contents
[6] http://www.gov.scot/Topics/People/Young-People/gettingitright
[7] http://www.gov.scot/Publications/2016/01/1324/0

that the guidance highlights legislation applicable to those services regulated by them. The issue of drugs was also raised, stating the guidance should consider the role schools have a role to play in preventing substance misuse, and how they could tackle situations involving controlled drugs or psychoactive substances, therefore the guidance should reference the Misuse of Drugs Act 1971[8] and Psychoactive Substances Act 2016[9]. In the case of health conditions, further references asked for consideration of the effect on mental health and wellbeing and its impact on ability to engage with learning.

22. Some comments suggested changes to specific sections of this guidance. There was a desire to see reference to the public sector equality and diversity week in paragraph 13; SHANNARI wellbeing indicators[10] between paragraphs 23 and 27; and, in paragraph 36, noting the role of the Child Health Commissioner is to provide strategic leadership. Finally, one comment asked the for all links to be up to date ahead of formal publication of the guidance.

Question 4: Does the information provided under each heading in this section adequately explain how the legislation or policy applies in relation to provision of healthcare or administration of medicines in schools?

Answer	No. of responses	% of all respondents
Yes	45	55
No	16	20
Don't Know	8	10
No Answer	12	15
Total	**81**	**100**

23. Just over half of all respondents agreed with the question, with the remaining respondents split fairly evenly between disagreeing and don't know/no answer. 27 responses answered the question on whether amendments should be made.

24. Specific comments to this question included reference Article 12 of the United Nations Convention on the Rights of the Child[11] - the right to have views heard and taken into consideration. In paragraph 10, make clear 'pupils with a disability' are defined in the Equality Act 2010. Paragraph 5, in relation to Age of Legal Capacity (Scotland) Act 1991[12], this paragraph should be reviewed to incorporate all healthcare practitioners who have authority under this legislation otherwise it could restrict access to treatment.

25. Also, in a legislative context, several responses noted the Human Medicines (Amendment) (No. 2) Regulations 2014[13] regarding school having powers to buy inhalers for children diagnosed with asthma, and prescribed an inhaler.

[8] http://www.legislation.gov.uk/ukpga/1971/38/contents
[9] http://www.legislation.gov.uk/ukpga/2016/2/contents/enacted
[10] http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing
[11] https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_summary-1.pdf?_ga=2.205145936.1567591479.1498820387-1177587709.1498493956
[12] http://www.legislation.gov.uk/ukpga/1991/50/contents
[13] http://www.legislation.gov.uk/uksi/2014/1878/contents/made

Those comments say it should be clarified that the provision of emergency medication is the responsibility of the parent/carer rather than the school.

26. On providing clarity, responses suggested the guidance make clear the legal definition of 'disability' can include long-term conditions, such as epilepsy; the implementation of care plans for individual children should be mandatory and reviewed annually; the impact of resources within schools due to reduced numbers of school nurses and health visitors and recognition of the needs parents of children with multiple and/or profound learning disabilities, highlighting PAMIS model of having parents participate in the facilitation of training due to their knowledge of their children's needs.

Chapter 2 - Rights and responsibilities

Question 5: Are there any areas missing, requiring strengthening, or which are not required and could be removed?

Answer	No. of respondents	% of all respondents
Yes	53	65
No	13	16
Don't Know	3	4
No Answer	12	15
Total	**81**	**100**

27. A majority of respondents felt that amendments could be made to this chapter. Of those respondents who didn't think amendments were necessary, none provided any additional comments although there were 58 responses providing suggested amendments.

28. There were several references to specific paragraphs in Chapter 2. Paragraph 37 should include references to the role of pharmacists as the point of contact for medication queries and questions over use of the word "may" in the first sentence and paragraph 38 should specify the responsibilities and accountabilities of each agency. Another response also noted the absence of a reference school nurses. Paragraph 39, clarification about whose responsibility it is to monitor partnership working effectiveness. Paragraph 40, whether Education Authorities have a duty to liaise with healthcare teams Paragraph 42 and the reference to the role of named person in relation to the Children and Young People (Scotland) Act 2014[14]. Paragraph 51, clarify who is main contact point and paragraph 64 should allow flexibility for cases where children require regular medication and clarify the role the head teacher has in duty of care for children when medicines are administered.

29. Responses in respect of specific health conditions, highlighted obesity and supporting diabetics. Healthcare in the pre-school setting was also highlighted, including the rights and responsibilities regarding children in early years settings and who pre-school providers engage with when they don't

[14] http://www.legislation.gov.uk/asp/2014/8/contents

have a school health team. In the case of school health teams, some responses felt the term was ambiguous and further definition is required whilst another response stated the legal duties of education authorities and schools should be referenced, including the Education (Additional Support for Learning) (Scotland) Act 2004 and the Equality Act 2010.

30. In the case of school staff, parents asked about guidance for what happens when best practice is not followed; what happens in larger schools if children are not getting the help they need; and what schools can do where a parent does not provide information, or provides incorrect information. When this happens, the responses ask if the guidance could state whether the school can approach health professionals for the correct information themselves.

31. The final main theme in respect of comments about this chapter refers to the roles and responsibilities of parents. In paragraph 57, one response noted it should be strengthened. Although registering a child with a GP is not compulsory, guidance exists to say that recommend adults do register their child. These included the disclosure of health conditions perceived as "stigmatised", such as HIV, where only 11% of families had informed schools due to concerns about confidentiality. Other issues raised include making more explicit the responsibility of parents to ensure medication is within its expiry date and a clearer explanation of the importance of co-operation between parents, schools and the NHS including points of contact where parents have questions healthcare.

Chapter 3 - NHS board and education authority agreements and policies

Question 6: Are there any areas missing, requiring strengthening, or which are not required and could be removed?

Answer	No. of respondents	% of all respondents
Yes	54	67
No	12	15
Don't Know	7	9
No Answer	8	10
Total	**81**	**100**

32. A sizeable majority of respondents felt that amendments could be made to this chapter. Of those respondents who didn't think amendments were necessary, only one provided a comment by saying that it is very helpful to see that a data sharing agreement is advised. There were a further 57 responses over and above this one providing suggested amendments.

33. Although one respondent did not provide a yes/no answer, they welcomed the guidance referencing consulting with children, young people and their parents when developing local strategic joint agreements. However, the stakeholder asked the need to consult with children and young people be made explicit since this recognises their right to a say in decisions which impact on them.

34. There were identical comments regarding this chapter as there were about chapter 2. These comments focused on what happens when best practice is not followed; the lack of coverage on obesity; what happens when a school or local authority prevents a child from accessing medical or physical help in the school setting; communication with children and young people to ensure their needs are being met; and where there is available points of contact when parents have questions about healthcare.

35. In relation to specific paragraphs in this chapter, many comments noted that paragraph 71 appears to be incomplete. Other comments noted the following: the duties in paragraph 65 may not always be responsibility of the child health commissioner; paragraph 66 who the school health team is when nurses are focusing on children with additional support needs; paragraph 69 should include policy on disposing of sharp and/or contaminated equipment and reference to dental services; paragraph 72 "will be" repeated on the first line and it should be changed to say that accredited organisations will provide suitable training and that community paediatricians rarely provide training and whether "private trainers" also referred to third sector groups; paragraph 78 to provide more clarity and detail on routes to resolving disputes, including information on complaints processes.

36. There was also reference to consistency of health service provision. North Ayrshire believing that equitable provision should be established across Scotland. Greater Glasgow and Clyde also agreeing although highlighting the challenges they face working across 6 different local authority areas. Other themes noted in responses to this chapter include how frequently joint agreements should be updated and whether there is a duty to publish them. The issue of recognising mental health was raised again in relation to this chapter, including the need for CAMHS to work with colleagues in health, education and social work and giving mental health equal recognition with physical health.

37. The final issue to cover in this chapter is that of insurance. Responses that that staff in schools must not undertake tasks which are not covered by their employer's insurance and that the line "as far as possible" should be removed at the start of paragraph 75. In respect of insurance references in paragraph 76, responses suggested strengthening this paragraph to say that NHS Boards must immediately be made aware of cases where there are difficulties in securing insurance to meet the needs of children and young people.

Chapter 4 - School Level Arrangements

Question 7: Are there any areas missing, requiring strengthening, or are which are not required and could be removed?

Answer	No. of respondents	% of all respondents
Yes	55	68
No	15	18
Don't Know	5	6
No Answer	6	7
Total	**81**	**100**

38. Again, a sizeable majority of respondents felt that amendments could be made to this chapter. Among those who didn't respond 'yes' to this question, their additional comments suggested that, on paragraphs 90 and 91, it should highlight the health sector takes the lead on writing healthcare plans and, as with chapters 2 and 3, more information be provided about what happens if the practices set out in the guidance are not followed. There were 61 responses in total suggesting changes of some form.

39. Among the respondents who answered 'yes' to this question, a number of themes from previous questions once again emerged. This included observations on support for children's mental health needs, both generically and for specific conditions such as ADHD; schools involving the parents where their child has profound learning disabilities or complex needs and cannot communicate verbally; and whether different arrangements could apply for independent schools with a nurse on site.

40. With this chapter there were also a range of comments in relation to specific paragraphs. These noted the following: Paragraph 79, include other emergency kit e.g. injections for anaphylaxis; paragraph 84, provide example of what is meant by "specialist medical support"; paragraph 90, the assessments referred to are more likely to be carried out by a Paediatric Specialist Nurse; paragraph 97, that health board pharmacists assist education authorities with producing policy and handling and storing medication; paragraph 98, that safe and hygienic places should be provided for self-medicating children; paragraph 100 appropriate storage of Class A or controlled drugs; paragraph 102, what happens when the temperature of the fridge goes outside the recommended range (2-8 degrees) and this should be monitored daily. In the case of paragraph 116, it was suggested more information be provided around intimate care, for example the training and equipment required, who is responsible for funding and providing it and the role of supervisors.

41. Further comments were received in relation to staff. In paragraph 80, comments requested adding that staff themselves are satisfied that training provided gives them sufficient knowledge and confidence to undertake the role and reflect that support may be provided by partner organisations; and paragraph 83 information on follow-up action to be taken when a child notifies a staff member about a new healthcare issue. In paragraphs 82 through to 86, specific which staff roles are involved.

42. Other points raised include a request for more explanation about the role of integration authorities and an outline about where responsibility for healthcare needs has been delegated by NHS Boards to integration authorities; in the case of confidentiality the guidance should stipulate who has permission to access information in healthcare plans; and in line with Article 12 of UNCRC, that the child or young person should be consulted when drawing up and signing off individual healthcare plans, although the guidance should note extra time being allowed when engaging with children and young people who

have communication support needs; and a request for the guidance to encourage that defibrillators be held in all schools.

Chapter 5 - Circumstances where a school may need to make special arrangements for supporting children and young people with healthcare needs

Question 8: Are there any areas missing, requiring strengthening, or which are not required and could be removed?

Answer	No. of respondents	% of all respondents
Yes	46	57
No	23	28
Don't Know	3	4
No Answer	9	11
Total	**81**	**100**

43. A majority of respondents also felt that amendments could be made to this chapter. There were 47 responses which provided additional comments as to what changes could be made. All responses, bar one, came from respondents who had answered 'yes' to this question. This response echoed an issue raised in the preceding chapters about how the practices set out in the guidance will be monitored and what can be done when they are not followed.

44. Among the respondents who suggested amendments be made to this chapter respondents asked for information about school trips. This included what happens when schools refuse to take medication on school trips unless it is labelled, highlighting that over-the-counter medications cannot be labelled; risk assessments and planning for occasions where those trips go abroad, including a transport risk assessment; this guidance refers to the 2004 guidance on educational excursions[15] and it should be reviewed to reflect more up to date guidance; and the same standards should be used for storing and administering medicines on school trips as within the school setting.

45. Over and above school trips, other responses highlighted exam-time where pupils taking time-limited medicines and that consideration should be given where medication is required outside the exam room. There was also a specific request for this chapter to be expanded slightly to include a paragraph about fundraising or social events within the school, particularly where food is involved, recognising the potential risks for children with severe food allergies.

46. A number of respondents also highlighted changes to specific paragraphs. In paragraph 118; refer to Equality Act 2010; paragraph 119, several comments suggested replacing "disabled children" with "children and young people with additional healthcare or support needs" to bring this paragraph into line with the rest of the document; paragraph 122, that risk assessments should be done in collaboration with AHP; paragraph 123, could we add precautionary measures for children with diabetes to take before participating in sport;

[15] http://www.gov.scot/Publications/2004/12/20444/48943

paragraph 127, fuller information regarding appropriate training for transport escorts who are required to provide emergency medication. Professional bodies also suggested wording changes to paragraphs 120, 122 and 124.

Annexes A and B - Guidance on the use of emergency salbutamol inhalers and other condition specific information

Question 9: Are there any areas missing, requiring strengthening, or which are not required and could be removed?

Answer	No. of respondents	% of all respondents
Yes	39	48
No	24	29
Don't Know	6	7
No Answer	12	15
Total	**81**	**100**

47. Whilst many respondents still felt that changes could be made to these annexes, views were more mixed than for preceding chapters. There were 44 responses suggesting revisions be made to Annexes A and B.

48. Mental health has been a recurring theme throughout previous responses and responses to this question asked we include links to the 'see me', 'respectme' and the Scottish Association for Mental Health. In the case of the provision of medical equipment, responses highlighted the provision of salbutamol inhalers should be resourced by local authorities and is not for individual schools to act on; that inhalers should not be used by more than one child due to infection risks; the guidance be extended to include emergency adrenaline auto-injectors; spacers are single patient use items and guidance should specify whether they are cleaned or replaced - suggestion is they are never reused.

49. In relation to the specific Annexes, in the case of Annex A comments included it being overly detailed in relation to content; making it clear the provision of inhalers is not a matter for individual schools; in section 11 make clear who is responsible for updating consent forms; in section 14 suggests contacting parents directly whereas rest of guidance says to contact named person or member of management team; and in section 22 address concerns about disposing of medical waste appropriately.

50. There was also the suggestion of further expanding Annex B with input from relevant healthcare professionals, although some respondents suggesting this were also willing to contribute to the work if it was decided to do so. Other comments on Annex B included providing information in dealing with other conditions; provide information and web link to 'Young Epilepsy' which has a range of free resources for schools; highlight that staff be given allergen avoidance advice and training on emergency medicines for allergic reactions; and whether this annex could also include guidance on diabetes and anaphylaxis (auto-injector pens) in addition to asthma and epilepsy.

Annexes C and D - Other relevant legislation, useful guidance and useful organisations

Question 10: Do these annexes provide appropriate supplementary detail?

Answer	No. of respondents	% of all respondents
Yes	33	41
No	31	38
Don't Know	5	6
No Answer	12	15
Total	**81**	**100**

51. Responses to this question were mixed, with an almost equal number of respondents agreeing these annexes provided appropriate supplementary data compared with the number of respondents who disagreed.

52. Responses in relation to Annex C specifically included incorporating this annex into Chapter 1 - The Legislative and Policy Context; that paragraph 1 in this annex hints that a school could justify failing to make 'reasonable adjustments' when the Equality Act 2010 actually says the test is whether it is reasonable to make adjustments, so reword to this effect; inclusion of Type 1 diabetes and allergies.

53. Annex D provides links to useful guidance and organisations. Responses suggested adding the following to this annex: Allergy UK; Centre of Excellence for Looked After Children; Children with Exceptional Needs Network; Royal College of Nursing Scotland; Scottish Congenital Cardiac Services; and Together for Short Lives. In the case of guidance sources, the following were recommended: Making Connections - Supporting children and young people with Type 1 Diabetes in Education; SIGN Guidance 138 (2014) on dental health; Strategic Framework for Action for Palliative and End of Life Care and the Royal College for Paediatrics and Child Health would like to see reference to the use of health passports.

Paracetamol (and the use of other non-prescription medicines in schools)

Question 11: This is a particularly difficult balance to strike, is the guidance on this issue appropriate?

Answer	No. of respondents	% of all respondents
Yes	32	40
No	19	23
Don't Know	13	16
No Answer	17	21
Total	**81**	**100**

54. There was a mixed response rate to this question, whilst many respondents did feel the guidance was appropriate although it fell slightly short of a majority. There were 26 responses regarding information which could be added, amended or removed.

55. Comments concerning paracetamol itself noted that the provision of medicines for headaches would be fine, although it could raise question as to where the boundaries lie in respect of schools administering medicines; the guidance could allow more flexibility for schools to consider limited use of pain relief medication in cases where pupils have not brought their own; clarify that a single day's dosage should be limited to be enough to manage pain, with emergency protocols in place for schools to deal with suspected overdoses whilst highlighting the danger of misusing medicine.

56. In the case of other medicines, suggestions included keeping Piriton on-site for emergency treatment of allergies; the guidance should recommend medication queries on prescribed or bought medicines be directed to a pharmacist; and, in the case of medicines in blister packs, keeping the medication in its original pack is vital because cutting blister packs might remove details about the type of medication or its expiry date.

57. The final point in relation to this question covered parental consent. Comments included school handbooks set out expectations of parental responsibility when young people carry their own medicine to school, including parents providing information of dosage given before school so as to prevent overdosing during the school day; independent school representatives say they already have written parental consent to administer non-prescription medicines; and that paracetamol can be administered following a fall where the school has contacted the parent for permission.

General views on the guidance

Question 12: Does the structure help the reader to follow/use the guidance effectively?

Answer	No. of respondents	% of all respondents
Yes	45	56
No	18	22
Don't Know	5	6
No Answer	13	16
Total	**81**	**100**

58. A majority of respondents felt the structure of the guidance did help the reader to follow or use it effectively. There were 21 responses providing further comment to this question.

59. Comments suggesting to further improve the guidance included strengthening it by providing examples of best practice in relation to how schools and/or local authorities local policies meet statutory responsibilities; more frequent references throughout the guidance to the Equality Act and the duty to involve young people about the decisions that affect them; and the guidance giving other common health conditions among children and young people the same level of recognition as asthma.

60. There were a number of more general comments about the guidance, including that it is too lengthy making it difficult to find guidance on specific issues. There was also references to duplication stating that the distinctions between chapters 4 and 5 was unclear and the length of it meant there was a risk of duplication throughout, suggestions included more use of bullet points rather than prose or the inclusion of an FAQ section; and the guidance should set out the roles and duties involved in dealing with various types of health conditions i.e. temporary conditions, long-term conditions and disabilities. More specifically it was felt that, in paragraph 79, the responsibilities in relation to the role of schools should be clarified.

Question 13: Is there anything in the body of the document that you would like moved to an annex or anything in an annex moved to the body of the document?

Answer	No. of respondents	% of all respondents
Yes	13	16
No	45	56
Don't Know	6	7
No Answer	17	21
Total	**81**	**100**

61. Some respondents suggested that parts of the document should be moved, although the majority made no suggested changes in reply to this question. In total, 13 respondents suggested changes in response to this question.

62. There were differing comments about Chapter 1, which included making this chapter an annex whilst other responses suggested incorporating Annex C into Chapter 1. There were also suggestions of creating an appendix, where the links in Annex D could be placed along with a glossary of terms used in the guidance. Comments about Annex A were (a) that it is overly detailed; and (b) that it should be moved into the main document.

63. The only specific reference in this question came in respect of paragraph 72. There are two health conditions listed where staff have to meet certain evidence-based training standards (epilepsy seizures or diabetic hypoglycaemia episodes). One of the professional bodies replied that there are more conditions than those where competency standards are required and a full list should either be provided in an appendix, or the conditions referred to in paragraph 72 removed.

Question 14: Is the guidance helpful?

Answer	No. of respondents	% of all respondents
Yes	62	77
No	7	9
Don't Know	0	0
No Answer	12	15
Total	**81**	**100**

64. The majority of respondents agreed the guidance was helpful. There were 19 responses providing feedback, although some of them simply were to acknowledge and thank for the work done in producing it.

65. There were some suggestions made by those who explicitly provided positive feedback, including it was quite technical and an easier to understand version was available for parents and/or non-professionals; that it could be shortened; that, in order to reach its full potential, it is promoted among relevant stakeholders including families, policy-makers and staff in schools and local authorities and that its publication will result in a consistent approach towards managing healthcare needs in schools across Scotland.

66. Other comments all referred back to issues raised in response to previous chapters and these will be considered, or requested more clarity across the guidance document.

Question 15: Are there any other comments you would wish to make about the draft guidance in supporting the health care needs of children and young people in schools?

67. This was an open-ended question to which there were 54 responses. Many of these responses covered issues in response to questions on previous chapters, such as mental health needs; the inclusion of palliative care; frequent use of the word "should"; consideration of children with complex care needs; the role of 'named person' and of professional staff in schools and

health; and consideration of the needs of children with long-term conditions which have not been covered as widely as asthma. There were also a number of comments welcoming the introduction of this guidance.

68. Points raised for the first time include asking whether there are different regulations and practices between mainstream schools and special schools; and public health issues, such as what would happen where a pupil requested help to stop smoking.

Survey Satisfaction

Question: How satisfied were you with this consultation?

Answer	No. of respondents	% of all respondents
Very Satisfied	16	20
Slightly Satisfied	22	27
Neither Satisfied nor Dissatisfied	8	10
Slightly Dissatisfied	8	10
Very Dissatisfied	1	1
No Answer	26	32
Total	**81**	**100**

69. Of those who did respond to this question, the majority were satisfied with the consultation. In response to their experience of this consultation, some responses welcomed the opportunity to provide feedback and felt that it was easy to navigate and the questions allowed flexibility. The absence of an 'in part' answer was also welcomed.

70. Points of dissatisfaction included not being able to access the document whilst completing the survey, a preference to have seen more open-ended questions in the consultation; and difficulty with using the boxes, for example having to resize text in order for it to fit. There were 14 responses providing feedback in relation to this question.

Question: How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?

Answer	No. of respondents	% of all respondents
Very Satisfied	26	32
Slightly Satisfied	21	26
Neither Satisfied nor Dissatisfied	7	9
Slightly Dissatisfied	1	1
Very Dissatisfied	0	0
No Answer	26	32
Total	**81**	**100**

71. Of those who did respond to this question, the majority were satisfied with using Citizen Space to respond to this consultation. Those respondents who provided feedback to this question commented on the ease of use and welcomed the ability to save their progress and return to the consultation later. Features that respondents would like to have seen were a printable PDF being available prior to their submission; a downloadable list of questions in Word format to allow organisations to develop and share their responses internally for comment before submitting. There was one comment which stated that the question numbers on the platform did not bear resemblance to those on the downloaded form, on which the respondent had used to prepare their draft response.

This publication is available at **www.gov.scot**

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St Andrew's House
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EH1 3DG

ISBN: 978-1-78851-099-8 (web only)

Published by The Scottish Government, July 2017

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS266601 (07/17)