



**Scotland's Commissioner
for Children & Young People**

**The administration of medicines and health care
procedures in schools**

Findings from a survey of schools

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1. Introduction

The current Strategic Plan for Scotland's Commissioner for Children and Young People identifies disabled children and young people as a main area of focus. This focus, plus concerns raised by those with a direct interest in, or experience of, matters relating to disabled children and young people, has led to research to explore issues around the administration of medicines in schools. The research has a number of different strands and this report provides the findings from a survey of primary, secondary and special schools in Scotland.

2. Background

All schools will at times, to a greater or lesser extent, be required to administer medicines to pupils. Medication may be for the management of long-term conditions (such as asthma, diabetes and ADHD) or to deal with minor, short-term conditions (such as an infection). Alternatively, medication may be required in response to an emergency situation (such as a severe allergic reaction or epileptic episode). The range of pupils and medicines involved presents schools with a number of challenges if they are to ensure that a child or young person's education is not interrupted or curtailed in any way.

Although in Scotland it is the NHS Boards that have statutory responsibility for meeting the medical needs of pupils, it is the teaching and support staff within schools that administer medicines. However, staff do not have to undertake such tasks and many do so on a voluntary basis. Staff are supported by training (usually provided by their local authority, NHS Board or voluntary organisations), as well as by various policy and guidance documents produced by the school, central and local government.

Before going on to present the main findings from the survey, a brief discussion of the method used to explore the issues around the administration of medicines in schools is presented below.

3. Methodology

This research involved an on-line survey of 300 schools across nine local authorities in Scotland. In each of the nine local authority areas, all state secondary schools and special schools were included. Due to the large number of primary schools, a proportionate random sample was selected in each area. Independent sector schools were not included in the survey.

The sample and achieved responses do not claim to be statistically representative of all schools in Scotland. However, the results do provide a snapshot of opinion about the administration of medicines in these particular schools and local authority areas and help identify areas of interest.

Sixty-five full responses were received, giving an overall response rate of 22%. Response rates in the individual local authority areas varied between 4% and 36%. (See Appendix 1 for a full breakdown).

Responses were received from a range of different types of schools:

- 41 primary schools
- 5 secondary
- 5 special schools
- 4 'others'¹.

Pupil rolls varied from 8 to 1,480.

Most responses (37²) were from head teachers, with the rest being from a range of other staff.

Appendix 1 provides more details about the methodology and respondents.

Appendix 2 provides a copy of the survey questionnaire. Signposts to relevant questions are provided throughout the report using the following format - (Questionnaire ref: [Question number]).

4. Main findings

This survey explored a number of key issues relating to the administration of medicines in schools, namely:

- policies and procedures
- training and development
- health care plans
- working with others, and
- meeting pupils needs.

The findings relating to each of these areas are discussed in turn below.

Policies and procedures

The Scottish Executive (now known as the Scottish Government) produced guidance – *The Administration of Medicines in Schools* (2001) - over a decade ago to help support schools and their staff when providing care for pupils with health care needs. This guidance is supported by local policies, such as those provided by local authorities and individual schools.

Awareness of national and local authority guidance

The survey found almost a quarter (23%) of respondents in the 65 schools were unaware of the Scottish Executive guidance and 8% were unaware of their local authority's policy relating to the administration of medicines in schools. (Questionnaire ref: 8).

Clarity of national and local authority guidance

Among those aware of the Scottish Executive guidance (n=50), two-thirds thought that it was clear about head teacher responsibilities in relation to the administration of medicines. However, the remaining third said they did not know, suggesting they may be unfamiliar with the content of the guidance. (Questionnaire ref: 8).

¹ Two 'joint' primary and secondary schools, 2 combined pre-school, primary and secondary schools

² This figure includes one acting headteacher.

Respondents were more positive about their local authority's policy - 88% of those aware of it (n=60) reported that they thought it was clear about head teacher responsibilities. (Questionnaire ref: 8).

Helpfulness of national and local authority guidance

Most respondents felt the guidance was helpful, although views were more positive in relation to local authority than Scottish Executive guidance. Of those aware of the respective guidance documents, the survey found that:

- two-thirds (that is, 33 out of 50) thought the Scottish Executive guidance was helpful in relation to the administration of medicines, whereas
- nearly all (that is, 54 out of 60) felt their local authority's policy was helpful.

However, some of these respondents reported that the current guidance needs updating. For example,

- over a third felt the Scottish Executive guidance needs updating (with 26% saying parts need updating and 10% saying it needs to be updated in full), and
- over a quarter felt their local authority guidance needs updating (with 23% saying it needs to be partially updated and 5% saying it needs to be updated in full). However, almost two-thirds (65%) felt that the content of their local authority policy was fine as it is.

Individual school policies

In addition to national and local authority guidance, all schools should have their own policies relating to the administration of medicines. In the survey one respondent reported that they were unaware of their school having such a policy.

The 2001 guidance from the Scottish Executive (now known as the Scottish Government) also states that *"The Headteacher should make sure that all parents are aware of the school's policy and procedures for dealing with health care needs."*³ Most, but not all, schools in the survey reported that they do ensure parents (95% of responses) and staff (92% of responses) are always made aware of the school's policy regarding the administration of medicines. (Questionnaire ref: 11).

Policies and guidance may need updating for a number of reasons, including the need to take account of legislative changes. For example, under an amendment to the Equality Act 2010, from September 2012 schools were required to make reasonable adjustments for disabled pupils if they would be disadvantaged if due to an auxiliary aid or service not being provided. While just over a third of all 65 respondents reported that 'some' or 'lots' of changes had been required in their school as a result of this (29% and 5% respectively), 11% of respondents were 'not aware of the new duty'. (Questionnaire ref: 12).

The survey also found that despite changes in national policy, most of the 64 respondents who were aware of their school policy (69%) did not feel it needed to be amended, saying it was 'fine as it is'. However, almost a third reported that their

³ *"The Administration of Medicines in Schools"*, Scottish Executive, 2001. Para 30. p.5.

school policy needs updating, either partially (25%) or fully (5%). (Questionnaire ref: 10).

The extent of administering medicines in schools

All 65 schools responding to the survey provided school roll figures, which produced a combined total of 22,555 pupils. (Questionnaire ref: 3).

Sixty-two of these schools also provided figures on the estimated number of pupils within their school who have either *intimate care needs, conditions that may require emergency treatment or other medical or long-term conditions* (such as asthma and diabetes). This resulted in a combined total of 1,547 pupils, equating to 7% of their total school rolls. Only two schools, both of which were small primaries, reported that they had no such pupils. (Questionnaire ref: 5).

The proportion of pupils with *intimate care needs, conditions that may require emergency treatment or other medical or long-term conditions* did, however, vary between types of schools, as well as individual schools. For example, while 5% of pupils in secondary schools in the survey fell into this category, the proportion varied from only 1% to 18% in individual secondary schools. (See Table 1).

Table 1: Reported percentage of pupils with *intimate care needs, conditions that may require emergency treatment or other medical or long-term conditions*, by type of school (average, minimum and maximum)

Type of schools	Pupils with intimate care needs, conditions that may require emergency treatment or other medical or long-term conditions		
	Proportion of pupils in all schools	Minimum % in any school	Maximum % in any school
Secondary	5%	1%	18%
Primary	7%	0%	20%
Special	73%	17%	100%
Other ⁴	9%	2%	27%

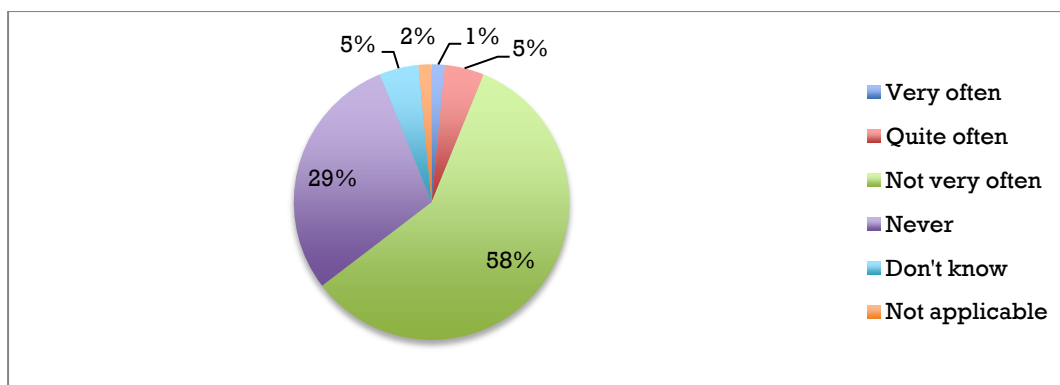
Sixty-two schools also provided estimated figures for the average number of pupils requiring the administration of short-term medicines each week, resulting in a combined total of 165, representing 1% of their total pupil rolls. However, this should be treated with caution as many schools recorded a zero response and this seems highly unlikely, especially in large schools. (Questionnaire ref: 6).

Meeting parents' requests

The majority (95%) of all 65 respondents felt that parents' requests for the administration of medicines are reasonable. As shown in Figure 1, requests can usually be complied with - almost a third (29%) reported that they have never been in a position where they were unable to meet a request for the administration of medicine. However, a small proportion did report that they are unable meet parents' requests either 'very often' or 'quite often'. (Questionnaire ref: 40 & 41).

⁴ 2 'joint' primary and secondary and schools, 2 combined) pre-school, primary and secondary schools

Figure 1: How often would you say the school finds that it cannot comply with a request for the administration of medicines? (Question ref: 41)



Base: all 65 respondents.

Of the relevant respondents⁵, 44% reported that parents or carers of pupils with *long-term conditions* have ‘never’ been required to attend school to administer medicines. Only 1 school reported parents being required to attend ‘quite often’, with the remaining 54% saying attendance ‘not very often’ required. (Questionnaire ref: 42).

Adhering to guidance

Guidance recommends that two adults should be present to provide intimate care or invasive treatment to a pupil and that one of these teachers should be of the same gender as the pupil. This can be difficult to adhere to, particularly in small schools and primaries (where the vast majority of staff tend to be female⁶). Of the 30 schools in the survey with pupils requiring such care, almost two thirds (63%) found it difficult to apply this guidance within their school. (Questionnaire ref: 43).

Training and development among teaching and support staff

The Scottish Executive guidance states that ‘For pupils with health care needs to benefit fully from their educational placement it is necessary for schools to have adequately trained staff capable of providing the level of care required.’⁷

Staff are not obliged to administer medicines to pupils (unless explicitly stated in their job description) and head teachers rely on teaching and support staff to volunteer to carry out this role. However, all staff should receive general training and specific training should then be provided for those who have volunteered to administer regular or emergency medication.

⁵ The base for this question is 55, as 10 respondents reported it as not applicable.

⁶ Summary Statistics for Schools in Scotland, No.3: 2012 Edition. Scottish Government.

⁷ ‘The Administration of Medicines in Schools’, Scottish Executive, 2001. p.12.

Teaching and support staff volunteers

Three schools in the survey reported that they had no volunteers to help administer medicine to care to any of three key groups of pupils asked about – that is, those with either:

- *intimate care needs*
- *conditions that may require emergency treatment, or*
- *other medical or long-term conditions.*⁸ (Questionnaire ref: 22 - 24).

Although most schools reported having some volunteers, the information reported for each individual group of pupils highlights gaps in the availability of volunteers. For example, the survey found that there were no volunteers to administer medicine or care in:

- 42% of schools with pupils who have *intimate care needs*⁹.
- 8% of schools with pupils who *may require emergency treatment*¹⁰, and
- 12% of schools with pupils with *other medical and long-term conditions*.¹¹

Some schools provided information on the estimated number of volunteers within their school for dealing with each of the three groups of pupils asked about. From these, the following volunteer to pupil ratios were calculated for each type pupil:

- those with *intimate care needs* – 1 volunteer to 1.6 pupils in special schools, compared to 1 volunteer to 92 pupils in primary and secondary schools
- those *who may require emergency treatment* – 1 volunteer to 38 pupils.
- those with *other medical and long-term conditions* – 1 volunteer to 43 pupils.

However, despite the apparently low numbers of volunteers, only a small proportion of respondents reported that they often experienced difficulties around either staff being unwilling to administer medicines (8%¹²) or supervise self-medication (4%¹³). (Questionnaire ref: 44)

General training for all staff

As stated above, all staff should receive general training. However, and as shown in Figure 2 below, the survey found differences between schools in the proportion of teachers and support staff who have received this. (Questionnaire ref: 20). For example:

⁸ One of these schools reported having no pupils with either intimate care needs, conditions requiring emergency treatment of other medical or long-term conditions.

⁹ Thirty-four schools reported no such pupils at this question. However, it is difficult to conclude exactly how many schools do not have such pupils as figures provided ranged from 22 to 34 at different points of the survey.

¹⁰ Six schools reported here that they did not have any such pupils at this question.

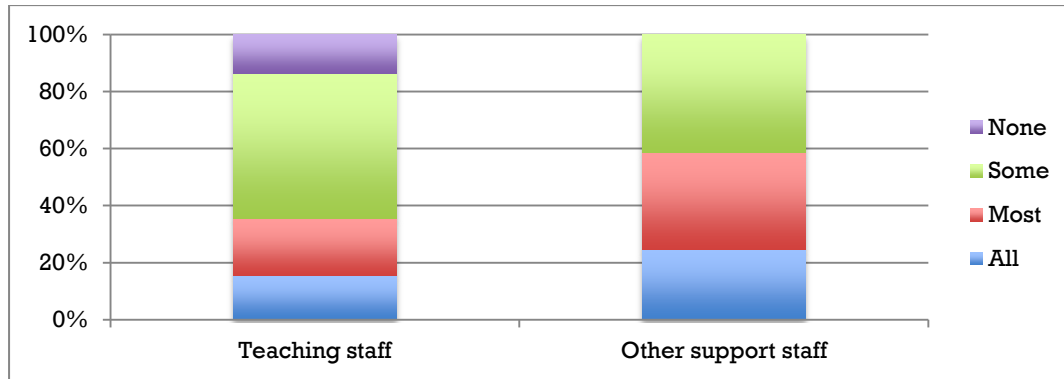
¹¹ Three respondents did not answer the question. A further four schools reported having no such pupils at this question. However, at a different question in the survey, the number reporting not having any such pupils rose to 6.

¹² N=60.

¹³ N=55.

- while around half (59%) of schools reported 'all' *support staff* have received general training, only 15% said 'all' their *teaching staff* have done so, and
- of some concern, 14% of schools reported that none of their *teaching staff* had undergone general training.

Figure 2: How many of your current teaching staff and other support staff have received general training? (%) (Question ref: 20)



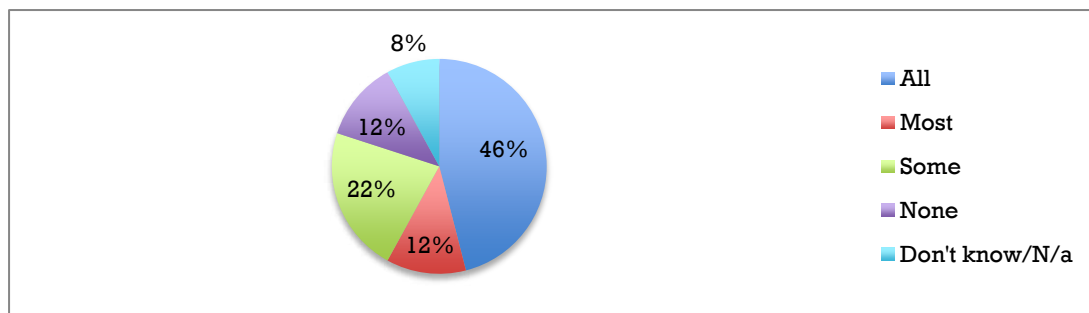
Base: all 65 respondents.

Almost half of schools (49%) reported that refresher general training courses were undertaken 'about once a year'. Nevertheless, a further 40% said refresher training was undertaken 'less than once a year', and 3% reported that it was 'never' undertaken. (Questionnaire ref: 21).

Specialist training for staff volunteers

The survey found that although staff volunteers should receive additional specialist training this does not always happen. Among those schools responding to the survey, and as shown in Figure 3, less than half of schools reported 'all' volunteers having received specialist training. Of even more concern is that 12% reported that 'none' of their volunteers had received specialist training. (Questionnaire ref: 25)

Figure 3: How many of the staff who have volunteered to help with the administration of medicine have received any additional specialist training? (%) (Questionnaire ref: 25)

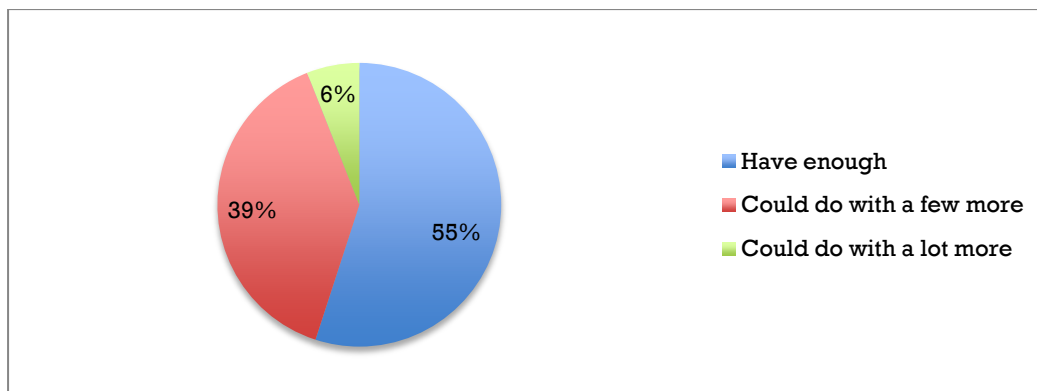


Base: all 65 respondents.

Despite these apparent gaps in the availability and training of volunteers, over half of respondents reported that they had enough trained volunteers within their schools.

While over a third said they 'could do with a few more' trained volunteers, as shown in Figure 4, only a small proportion reported that they could 'do with a lot more' (6%). (Questionnaire ref: 26)

Figure 4: Which of the following best describes how you feel about the number of trained volunteers in your school? (%) (Questionnaire ref: 26)



Base: all 65 respondents.

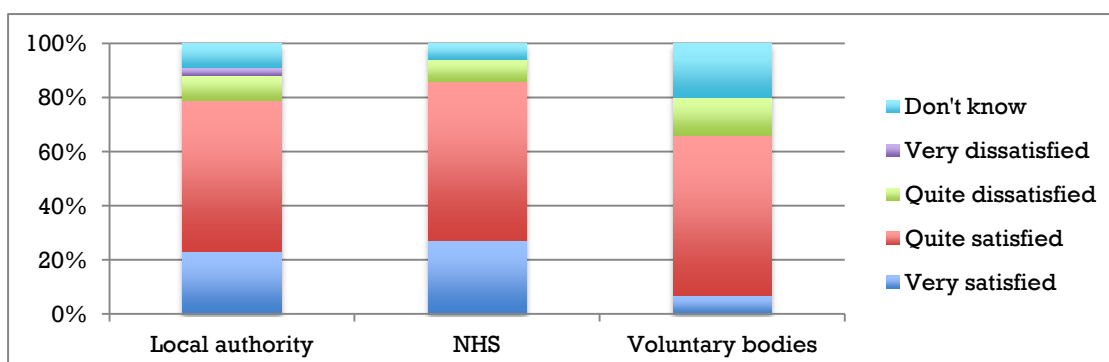
Confidence in staff volunteers

Most respondents were either 'very' (52%) or 'quite' (43%) confident that staff volunteers would know what do to in an emergency. Although confidence levels were quite high in relation to other staff (i.e. those who were not volunteers), the survey found 6% of respondents were 'not very confident' and 9% 'not at all confident' that they would know what to do in an emergency situation. (Questionnaire ref: 28).

Satisfaction with the training provided

Training relating to the administration of medicines in schools may be provided by a number of different sources. The survey asked about training run by three groups: the local authority; the NHS; and voluntary organisations. (Questionnaire ref: 27). As shown in Figure 5, of those that had received training from these bodies, most were satisfied with what was provided.

Figure 5: How satisfied are you overall with the training provided to you and your staff by your local authority, NHS staff/bodies and voluntary organisations (%) (Questionnaire ref: 27)



Bases: for local authority training = 57; for NHS training = 62; and for voluntary body led training = 41.

However, the data suggests that not all schools had received training from these providers. On the basis of those that answered 'Not applicable' when asked how satisfied with the training they had received, it could be inferred that:

- 24 schools had not received any training from the voluntary sector
- 8 schools had not received any training from their local authority, and
- 3 schools had not received any training from the NHS.

Of those schools in the survey that use Health Care Plans (see below), most (88%) felt the plans were helpful in identifying staff training needs. (Questionnaire ref: 19).

Health care plans in schools

Individual Health Care Plans (HCPs) or their equivalents¹⁴ can be used for pupils with health care needs to help identify what support they need and how it will be provided. Sixty of the 65 schools responding to the survey reported using Health Care Plans (HCPs). Four schools reported not using HCPs, however, these schools were located within local authority areas where other schools do use them, suggesting it is an individual school decision rather than a local authority policy¹⁵. (Questionnaire ref: 13).

The use of Health Care Plans

Of the 60 schools that reported using HCPs, 54 could provide information on how many they currently have in place.

From the information provided by these schools, a total of 628 pupils were identified as having HCPs in place. (Questionnaire ref: 14). This equates to 6% of all pupils within these schools, and 43% of those with either *intimate care needs, conditions that may require emergency treatment or other medical or long-term conditions* (such as asthma and diabetes).

Only 12 schools reported that all of their pupils with *intimate care needs, conditions that may require emergency treatment or other medical or long-term conditions* had an HCP in place. Three schools reported having more HCPs in place than the number of these pupils, suggesting that such plans are also used for other groups. (Questionnaire ref: 15).

The survey found variation in level of use of HCPs for the three main categories of pupils – those *with intimate care needs, those who may require emergency treatment* and those with *other medical and long-term conditions*. Of concern is that some schools reported that none of their pupils in these categories had an HCP in place.

¹⁴ HCPs may be known by a different name in some local authorities.

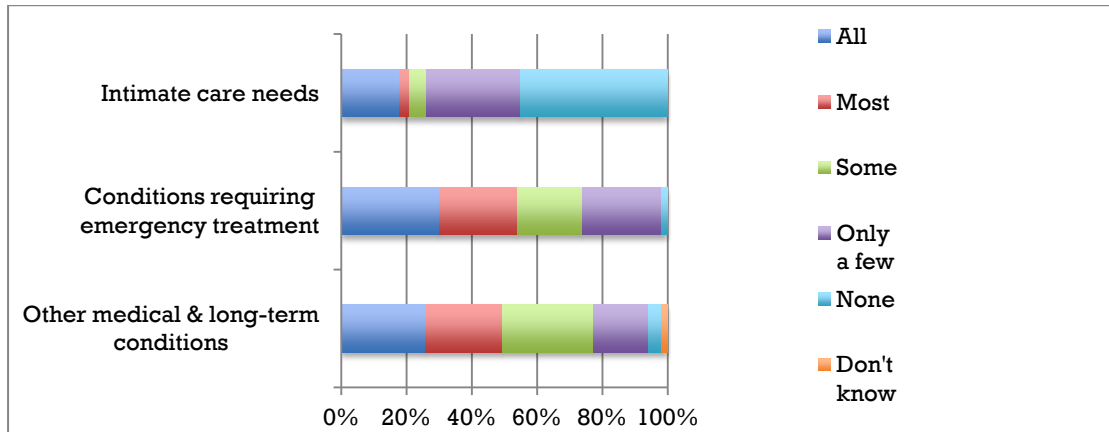
¹⁵ One school did not know whether their school uses them.

The survey identified:

- 1 school where none of the pupils *who may require emergency treatment* have an HCP
- 2 schools where none of the pupils with *other medical and long-term conditions* have an HCP and, of particular concern,
- 17 schools - that is almost half of all relevant schools - where none of the pupils *with intimate care needs* have an HCP in place.

As shown in Figure 6, less than a fifth of the 38 relevant schools reported that all of their pupils *with intimate care needs* had an HCP in place. The situation was slightly better with regards to the 54 schools with pupils with *who may require emergency treatment* and those with *other medical and long-term conditions* (N=54), where 30% and 26% of relevant schools reported all of these pupils having a plan. (Questionnaire ref: 15).

Figure 6: Which of the following best describes the number of pupils in each of the following groups that have a formal written HCP or equivalent? (%) (Questionnaire ref 15)



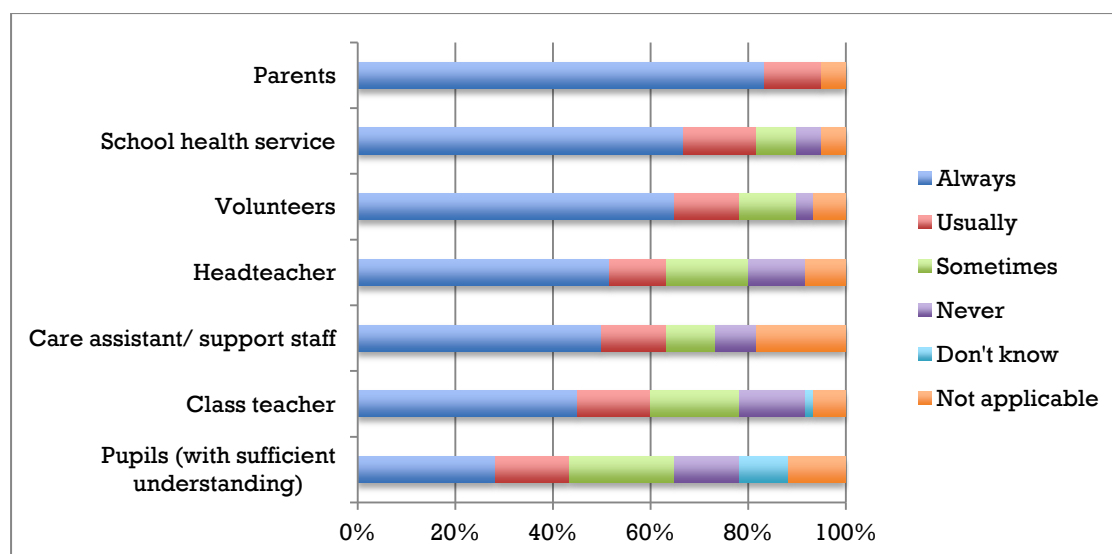
Bases: intimate care needs = 38 schools; for the other categories = 54 schools.

Developing Health Care Plans

The Scottish Executive guidance provides information on who should contribute to detailed health care plans, as well as others that may be involved in the process. The plans are written agreements that should be drawn up and reviewed in consultation with parents. The survey found that practice varied between schools.

Parents appear to be more involved in this process than pupils. As shown in Figure 7, most schools reported parents as 'always' being involved in developing individual HCPs, however just over a quarter (28%) reported that pupils 'always' being involved. Furthermore, 13% reported that they 'never' involve pupils in this process. (Questionnaire ref: 16).

Figure 7: To what extent are each of the following involved in developing individual Health Care Plans or equivalent (%) (Questionnaire ref: 16)



Base: the 60 respondents that use HCPs.

Other variations were also found. For example:

- while 60% of all schools reported the school health service (for example, the school GP and school nurse) as 'always' being involved in developing HCPs, 5% said they were 'never' involved and a further 8% only 'sometimes'.
- while around half of schools reported head teachers as 'always' being involved, 17% said they were only involved 'sometimes' and a further 12% (all of which were secondary schools) said they were 'never' involved.

It is interesting to note that for all of the groups asked about (see Figure 7 above), some respondents reported their involvement as 'not applicable'. It is unclear as to why they consider this to be the case.

Reviewing Health Care Plans

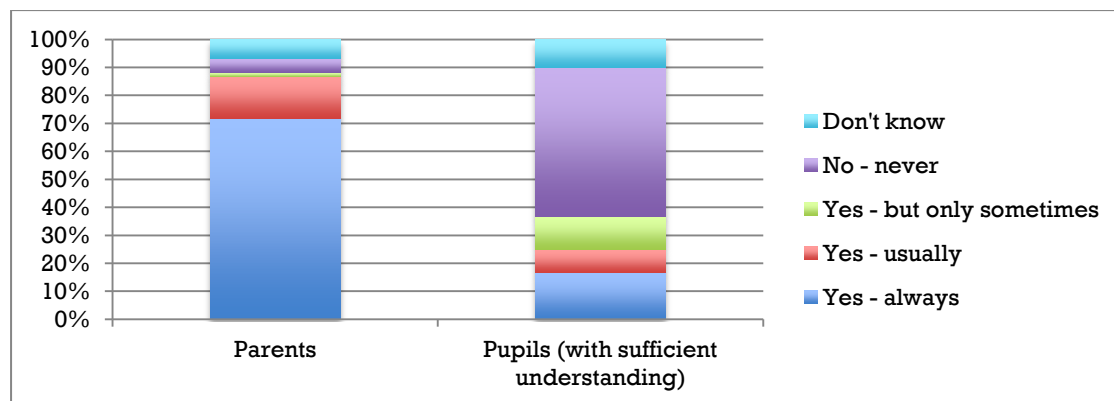
Health care and medication needs can change frequently and parents need to keep schools updated about such changes. Likewise, the school needs to ensure that any HCPs in place are updated in line with this. Most schools (52%) reported that HCPs are reviewed only 'about once a year' and a further 23% 'just as and when required'. A small number of schools reported that HCPs were reviewed 'once a term or more' (8%) or 'about twice a year' (8%). (Questionnaire ref: 18).

Sharing Health Care Plans

As shown in Figure 8, the survey found parents were more likely than pupils to be given a copy of the relevant HCP. Whilst almost three quarters (73%) of schools using HCPs reported that they 'always' give parents a copy, only 17% 'always' give pupils a copy.

Of concern is that over half (55%) of schools said they 'never' give a copies of HCPs to pupils. In contrast, only a small proportion (5%) reported 'never' giving a copy to parents. (Questionnaire ref: 17)

Figure 8: Are parents and pupils (with sufficient understanding) given a copy of their child's Health Care Plan? (%) (Questionnaire ref: 17)



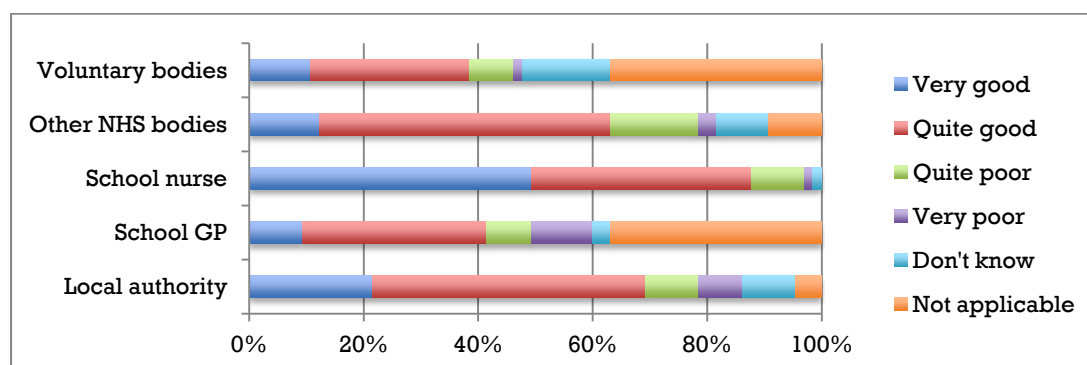
Base: the 60 respondents that use HCPs.

Working with others

The successful administration of medicines relies on effective communication and cooperation between schools and parents, as well as others such as the school nurse, school GP, the local authority and voluntary organisations.

Overall, most respondents reported that they receive good levels of support from the school nurse (88%), the local authority education department (69%) and other NHS bodies (63%). However, as shown in Figure 8, a small proportion of schools felt that the level of support was poor. (Questionnaire ref: 29).

Figure 9: How would you generally describe the level of support the school receives from each of the following? (%) (Questionnaire ref: 29)



Base: all 65 respondents.

In the survey, schools appeared to receive lower levels of support from school GPs, with less than half of all respondents describing the support received from them as either 'very' or 'quite' good (41%). However, 37% described the school GP as 'not applicable' to them and when excluding these respondents, the proportion of those describing the level of support from the school GP as 'very' or 'quite' good rises to 66%.

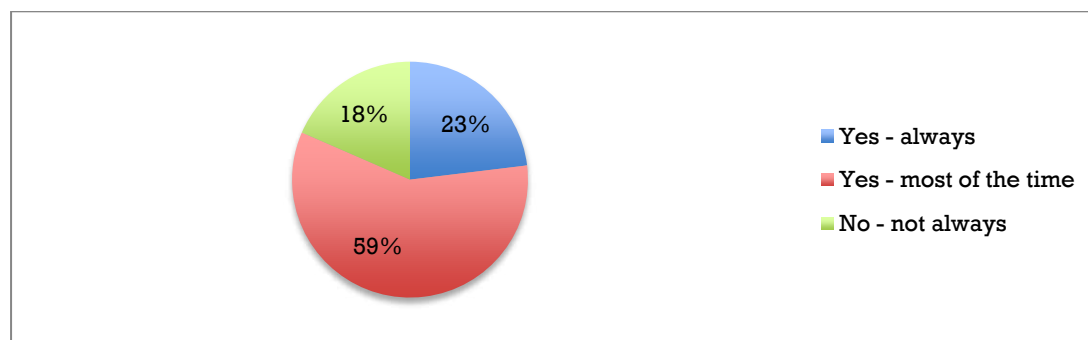
Working with parents and pupils

About three-quarters (76%) of all respondents reported that parents understand the school's role in helping with pupils' health care well. However, 20% felt parents do not understand it very well and a further 2% felt they did not understand it at all well. (Questionnaire ref: 31).

The Scottish Executive guidance states that *'Parents should provide the Head teacher with sufficient information about their child's health care needs and treatment. They should in collaboration with health professionals and the Headteacher, reach an understanding on the school's role in helping with their child's health care needs.'*¹⁶

As shown in Figure 10, most respondents felt that parents of pupils with long-term health care needs provide them with sufficient information to enable the school to meet the child's needs. However, only around a quarter felt that this was always the case. (Questionnaire ref: 30).

Figure 10: In general, do you feel parents of pupils with long-term healthcare needs provide the school with sufficient information to enable you to meet their children's needs? (%) (Questionnaire ref: 30)



Base: all 65 respondents.

¹⁶ 'The Administration of Medicines in Schools', Scottish Executive, 2001. p.1.

It is good practice for schools to communicate with parents about issues relating to the administration of medicines in schools. It is also helpful if parents have a named contact at the school so that they know who and how to pass any relevant information on to. However, the survey suggests this does not always happen. It found that a named contact was 'always' given:

- to parents of pupils with health care plans in only two-thirds (66%) of schools
- to parents of pupils with other long-term conditions in just over half (56%) of schools.

A small number of schools reported that named contacts were 'never' given to parents of pupils with health care plans (3%) or those with other long-term care needs (8%). (Questionnaire ref: 32).

Pupils do not seem to be as involved as parents in decisions about whether or not they should be able to self-medicate. While most schools reported that parents are either 'always' or 'usually' (71% and 9% respectively) involved in any decision the school makes around this, just over half of pupils are involved in this way. A further 6% of schools reported that pupils are 'never' involved. (Questionnaire ref: 33).

Meeting pupils' needs

The survey found that nearly all respondents felt their school's processes and facilities for the administration of medicines were either 'very successful' (52%) or 'quite successful' (43%) in allowing pupils to be educated to their fullest potential. (Questionnaire ref: 35).

Nearly all respondents also felt it was either 'very easy' or 'quite easy' to ensure pupils with *long-term conditions* can fully participate in school trips and sporting activities. However, while only a minority of respondents, a small number of schools reported that they find it difficult to ensure full participation in school trips (9%) and sporting activities (5%). (Questionnaire ref: 39).

Most respondents felt it was 'very easy' or 'quite easy' to ensure that the education of pupils with conditions that *may require emergency treatment* and those with *other medical or long-term conditions* (85% and 94% respectively) is not interrupted or curtailed by the need to take or have medicines administered, as required by legislation.¹⁷

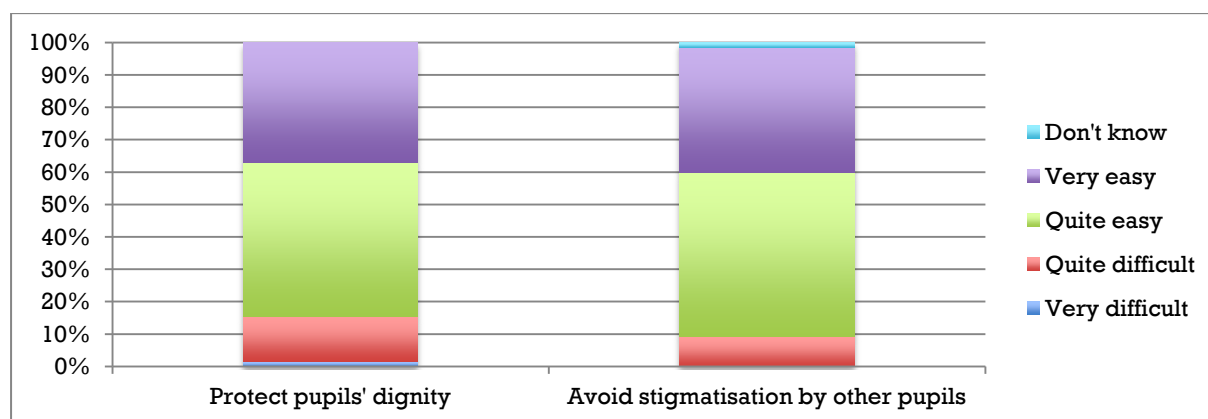
Similarly, most respondents felt it was 'very easy' or 'quite easy' to ensure education is not interrupted or curtailed for pupils with *short-term needs* (95%) and classmates of those *with long-term conditions* (92%). However, ensuring this for those with *intimate care needs* (which could include invasive treatment) appears to be more

¹⁷ Standards in Scotland's Schools etc. Act 2000; Additional Support for Learning (Scotland) Act 2004 and as amended (2009).

challenging, with over a third reporting this as ‘very difficult’ or ‘quite difficult’.¹⁸ (Questionnaire ref: 38).

As shown in Figure 11, only a small proportion of respondents felt that it was difficult to ensure pupils had their dignity protected and avoid stigmatisation by other pupils when administering medicines to pupils. (Questionnaire ref: 36).

Figure 11: When administering medicines, how easy or difficult is it to (a) ensure pupils have their dignity protected and (b) avoid stigmatisation by other pupils? (%). (Questionnaire ref: 36)



Base: all 65 respondents.

Just over two-thirds (68%) of respondents reported that they felt their school had appropriate facilities to allow pupils to self-administer medicine in a private setting. However, almost a quarter (23%) reported that they did not have appropriate facilities. (Questionnaire ref: 34).

To help avoid stigmatisation and create a shared understanding, schools may work with pupils throughout the school to explain the impact of health conditions on others. Of the 65 schools responding to the survey, just over a quarter (29%) reported that they did ‘a lot’ of this type of work. A further 63% said they only did ‘a bit’. (Questionnaire ref: 37).

¹⁸ These percentages are based on different bases due to some categories not being applicable in some schools. The bases are as follows - pupils with intimate care needs (30); conditions requiring emergency treatment (55); medical or long-term conditions (63); pupils with short-term needs (63); and classmates (63).

Views on the most important issues around the administration of medicines in schools

Respondents were asked what they saw as the most important issue relating to the administration of medicines in schools in 2013. (Questionnaire ref: 45). A wide range of comments was made¹⁹, and those mentioned most often were as follows.

- staff training (including the need for more training, the difficulties of staff cover and a need for out of hours training due to the impact on staffing levels)
- staffing levels (including the difficulties of meeting the requirement for a teacher of the same gender for intimate care and logistical difficulties around two teachers having to sign for certain medications)
- a need for effective guidelines and protocols (including from the NHS)
- ensuring policies and procedures are adhered to and paperwork is completed accurately.

5. Conclusions

This survey is based on 65 responses from schools across nine local authority areas in Scotland. The findings are not statistically representative of all schools in Scotland but the findings offer an insight into views about the administration of medicines in these particular schools and local authority areas. A number of key conclusions can be drawn in relation to the schools participating in the research.

Guidance and policies

- There is a need to raise awareness within schools about both national guidance and local policies relating to the administration of medicines in schools, as well as the new legislative duties relating to disabled pupils.
- There is some evidence to suggest guidance and policies relating to the administration need updating.
- Schools can find it difficult to adhere to some of the legislative guidance around the administration of medicines. Staffing arrangements and levels do not always enable the guidance to be followed.

Staff volunteers and training

- There appear to be gaps in the number of staff volunteering to help administer medicines, especially in relation to pupils with intimate care needs. However, schools did not identify this as causing significant problems for them.
- The levels of general and specific training appear low. In some schools none of the teaching staff have received general training on the administration of medicines. While it seems that an increase in training is required, this would have to take account of the impact on staffing arrangements and the education of the pupils.

¹⁹ Forty-seven of the 65 respondents answered this question.

Working with parents and pupils

- The use of Health Care Plans varies. Not all pupils who should have a plan do so. Parents and pupils could play more of a role in both developing and sharing HCPs.
- In general, there could be a more inclusive approach to the administration of medicines in schools, particularly in relation to pupils. In some schools pupils appear to be excluded from important decisions made and information held about them.
- Overall, communication between parents and schools seems to be working well. However, this is not consistent across all schools and so there is room for improvement.

Despite some of the issues noted above, the view from most, although not all, schools is that they are managing to meet the needs of pupils with health care issues in terms of educating them to their fullest potential, ensuring full participation in school life, and ensuring their education is not curtailed or interrupted by the need to take or have medicines administered.

Appendix 1: Methodology

The survey of head teachers was conducted on-line in nine local authority areas. The nine areas were selected to provide a mix of smaller and larger authorities across the length and breadth of Scotland.

The sample consisted of a total 300 schools. In each of the nine local authority areas, all secondary (108) and all special schools (39) were selected. Due to the large numbers, a random sample of 153 primary schools was selected in each area.

A total of 65 completed responses were received, giving an overall response rate of 22%. Six partially completed surveys were also submitted but these were removed from the analysis.

Response rates by local authority area.

Local authority	Number issued	Number returned					Response rate
		Primary	Secondary	Specials	Other	Total	
A	31	6	3	2	0	11	35%
B	34	7	0	0	4	11	32%
C	20	3	1	0	0	4	20%
D	14	2	3	0	0	5	36%
E	57	5	4	2	0	11	19%
F	63	6	0	0	0	6	9%
G	29	6	2	1	0	9	31%
H	26	1	0	0	0	1	4%
I	27	5	2	0	0	7	26%
TOTAL	300	41	15	5	4	65	22%

The questionnaire was sent to head teachers. However, it was recommended they should pass it on if they felt that it was more appropriate for somebody else to complete. Responses were received from 37 head teachers, with the remaining responses being completed by a range of staff including deputy head teachers (5), business managers (3), auxiliaries (6); welfare assistants (2) and school administrators (3).

Appendix 2: Survey questionnaire

Administration of Medicines: a survey of head teachers

Introduction

As you will already be aware, Scotland's Commissioner for Children and Young People, Tam Baillie, has commissioned Becki Lancaster Social Research and Consulting to conduct a survey of headteachers to gather views on the administration of medicines in schools. He recently wrote to your local authority's director of education about this study.

The survey has been issued to headteachers in 300 primary, secondary and special schools. None of the schools will be identified in the research and responses are confidential.

The survey should be easy and quick to complete - it does not ask for lots of facts and figures, but instead for your general opinions and experiences around some of the issues relating to the administration of medicines in your school. The questions can be answered quickly through the use of tick boxes. If you want to change any of your answers, you can navigate through the survey by using using the 'Previous' and 'Next' buttons.

This survey should not take you more than 15 minutes to complete, however, in recognition of your existing workloads it has been set up so you do not need to fill it in all at once. Each page has an option to 'Exit this survey' and you can then return to the question you last answered by simply by clicking on the link in the email. However, you must always use the same computer to do this, otherwise the software will start a new survey. Also, please note that when you exit in the middle of the survey you may get a message thanking you for completing it, even though you have not finished, so please ignore this.

When you do get to the end of the survey you will see a 'Thank you' page and here you simply need to click on 'Submit' and this will automatically send your response to me.

If you have any difficulties completing this, please contact me, Becki Lancaster, on [phone no.] or at [email].

Thank you in advance for your cooperation with this important study.

Becki Lancaster
Social Research and Consulting
4 March 2013

Section 1: Background information

This section collects some brief background information about your school which will be used for survey monitoring and analysis purposes. No individual school will be identified in the research findings.

1. In which local authority is your school based? Please select from the drop-down menu.

Section 1: Background information

Administration of Medicines: a survey of head teachers

2. Which of the following best describes your school?

- Primary
- Secondary
- Special
- Joint Primary and Secondary
- Other

If 'Other' (please specify)

3. What is your current pupil roll?

Pupil roll

4. What is the name of your school? This information will not be used in the analysis. This is only being collected in case the researcher needs to contact you about your return (for example, if a problem occurs with the software).

Section 1: Background information

We would like to get an idea of roughly how many pupils may require the administration of medicines. It would be helpful if you could complete the following questions, even if you can only provide estimated figures.

If the answer is zero, please note this as '0'. If you cannot provide an estimate, please leave blank.

5. Roughly how many pupils do you have within your school who have either intimate care needs, conditions that may require emergency treatment or other medical or long-term conditions (such as asthma and diabetes)?

Number of pupils

6. On average, roughly how many pupils a week require the administration of short-term medication (such as antibiotics)? This does not include those who require regular medication for a long-term condition.

Number requiring short-term medication

Section 1: Background information

7. If you are completing this questionnaire but you are not the headteacher, please state your title (e.g. class or principal teacher, deputy head etc) and the role you play, if any, in relation to the administration of medicines.

Section 2: Policies and procedures

Administration of Medicines: a survey of head teachers

The Scottish Executive issued guidance on the administration of medicines in 2001. Local authorities also issue their own policies, as do individual schools. This section asks your views about these documents.

8. Do you feel the following documents are clear about the responsibilities of headteachers in relation to the administration of medicines?

	Yes	No	Don't know	Not aware of it
The 2001 Scottish Executive guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The local authority's policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Overall, how helpful do you find each of the following documents in relation to the administration of medicines?

	Very helpful	Quite helpful	Not very helpful	Not at all helpful	Don't know	Not aware of it
The 2001 Scottish Executive guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The local authority's policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2: Policies and procedures

10. Which of the following best describes how you feel about the content of the following documents?

	Fine as it is	Parts need updating	It all needs updating	Don't know	Not aware of it
The 2001 Scottish Executive guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The local authority's policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school's own policy/policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Are parents and staff always made aware of the school's policy regarding the administration of medicine?

	Yes	No	Don't know	Not aware of school policy
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2: Policies and procedures

Schools and education authorities have had a duty to provide reasonable adjustments for disabled pupils since 2002 (under the Disability Discrimination Act 1995) and from October 2010 (under the Equality Act 2010).

From September 2012 the reasonable adjustments duty for schools and education authorities includes a duty to provide auxiliary aids and services for disabled people.

Administration of Medicines: a survey of head teachers

12. In relation to the duty taking effect from September 2012, to what extent do you feel your school has had to make changes?

- No changes were required
- Some changes were required
- Lots of changes were required
- Not aware of the new duty
- Don't know

Section 3: Health care plans

13. Does your school use individual Health Care Plans or equivalent?

- Yes No Don't know

Section 3: Health care plans

14. How many pupils in your school currently have a formal written Health Care Plan (or equivalent) in place? If the number is zero, please record '0'. If you do not know, leave the box blank.

Number of pupils with a formal plan

15. Which of the following best describes the number of pupils in each of the following groups that have a formal written Health Care Plan (or equivalent)? If you don't have any such pupils, please tick 'Not applicable'.

	All	Most	Some	Only a few	None	Don't know	Not applicable
Those with intimate care needs, which could include invasive treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Those with conditions that may require emergency treatment (such as allergic reactions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Those with medical or long-term conditions (such as asthma or diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3: Health care plans

Administration of Medicines: a survey of head teachers

16. To what extent are each of the following involved in developing an individual Health Care Plan (or equivalent)?

	Always	Usually	Sometimes	Never	Don't know	Not applicable
The pupil (if they have sufficient understanding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pupil's parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School health service staff (e.g. GP, nurse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headteacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff who have volunteered to administer medicines or be trained in emergency procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pupil's class teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pupil's care assistant/support staff (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Section 3: Health care plans

17. Are parents and pupils given a copy of their child's Health Care Plan (or equivalent)?

	Yes - always	Yes - usually	Yes - but only sometimes	No - never	Don't know
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pupils (if they have sufficient understanding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In general, how often are Health Care Plans (or equivalent) reviewed?

- Once a term or more
- About twice a year
- About once a year
- Less than once a year
- Just as and when required
- Never
- Don't know

Section 3: Health care plans

19. How helpful are Health Care Plans, or their equivalent, in identifying staff training needs?

- Very helpful
- Quite helpful
- Not very helpful
- Not at all helpful
- Don't know

Administration of Medicines: a survey of head teachers

Section 4: Training and development

Many of your current teaching staff and other support staff will have received general training about the administration of medicines for common conditions (such as asthma, diabetes, epilepsy, allergic reactions etc). Some of those who have volunteered to help administer medicines may also have received more specialist training (for example on specific conditions, intimate care needs or emergency treatments).

20. How many of your current teaching staff and other support staff have received general training?

	All	Most	Some	None	Don't know
Teaching staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other support staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Generally, how often do staff undertake refresher courses for this general training?

- Three times a year or more
- About twice a year
- About once a year
- Less than once a year
- Never
- Don't know
- Not applicable

Section 4: Training and development

22. Have any of your current teaching or support staff volunteered to administer medicines or care to pupils with intimate care needs, which could include invasive treatment? If you do not have any such pupils, please tick not applicable.

- Yes
- No
- Don't know
- Not applicable

If yes, roughly how many volunteers do you have?

23. Have any of your current teaching and support staff volunteered to administer medicines or care to pupils with conditions that may require emergency treatment (such as allergic reactions) If you do not have any such pupils, please tick not applicable.

- Yes
- No
- Don't know
- Not applicable

If yes, roughly how many volunteers do you have?

Administration of Medicines: a survey of head teachers

24. Have any of your current teaching and support staff volunteered to administer medicines or care to pupils with other medical or long-term conditions (such as asthma and diabetes)? If you do not have any such pupils, please tick not applicable.

- Yes No Don't know Not applicable

If yes, roughly how many volunteers do you have?

Section 4: Training and development

25. How many of the staff who have volunteered to help with the administration of medicines have received any additional specialist training?

- All Most Some None Don't know Not applicable

Section 4: Training and development

26. In relation to the administration of medicines, which of the following best describes how you feel about the number of trained volunteers in your school?

- We have enough Don't know
 We could do with a few more Not applicable
 We could do with a lot more

27. With regards to the administration of medicines, how satisfied are you overall with the training provided to you and your staff by each of the following?

	Very satisfied	Quite satisfied	Quite dissatisfied	Very dissatisfied	Don't know	Not applicable
You local authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS staff/bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voluntary organisations (e.g. condition specific)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4: Training and development

28. How confident are you that the following groups would know what to do in an emergency?

	Very confident	Quite confident	Not very confident	Not at all confident	Don't know	Not applicable
Staff volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All other staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 5: Working with others

This section asks just a few questions about how the school works with other organisations, as well as parents and

Administration of Medicines: a survey of head teachers

pupils.

29. In relation to the administration of medicines, how would you generally describe the level of support the school receives from each of the following?

	Very good	Quite good	Quite poor	Very poor	Don't know	Not Applicable
The local authority education department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The school nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other NHS bodies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voluntary organisations (e.g. conditions specific)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 5: Working with others

30. In general, do you feel parents of pupils with long-term health care needs provide the school with sufficient information to enable you to meet their children's needs?

- Yes - always
 No - never
 Yes - most of the time
 Don't know
 No - not always

31. In general, how well do you feel parents understand the school's role in helping with pupils' health care needs?

- Very well
 Not at all well
 Quite well
 Don't know
 Not very well

Section 5: Working with others

32. Thinking of those pupils with health care plans and others with long term conditions, are parents given details of a named contact person within the school?

	Yes - always	Yes - usually	Yes - but only sometimes	No - never	Don't know	Not applicable
Pupils with health care plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other pupils with long-term conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 6: Self-administering of medicines

Administration of Medicines: a survey of head teachers

33. In general, how often are the following groups involved in the decision whether or not a pupil is able to self-medicate?

	Always	Usually	Sometimes	Never	Don't know	Not applicable
Pupils (if they have sufficient understanding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>					

Section 6: Self-administering of medicines

34. Do you feel the school has appropriate facilities to allow pupils to self-administer medicine in a private setting?

- Yes
 No
 Don't know
 Not applicable

Section 7: Meeting pupils' needs

This final section of the survey looks at meeting pupils' needs.

35. Thinking about the administration of medicines, how successful do you think your school's processes and facilities are in allowing pupils to be educated to their fullest potential?

- Very successful
 Not at all successful
 Quite successful
 Don't know
 Not very successful

36. When administering medicines, how easy or difficult is it to ensure pupils...?

	Very difficult	Quite difficult	Quite easy	Very easy	Don't know
...have their dignity protected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...avoid stigmatisation by other pupils?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 7: Meeting pupils' needs

Administration of Medicines: a survey of head teachers

37. Does your school do any work with pupils (not just those requiring medication) to explain the impact of health conditions on others?

- Yes - a lot
- Yes - a bit
- No
- Don't know
- Not applicable

Section 7: Meeting pupils' needs

38. In general, how easy or difficult is it to ensure that the education of pupils is not interrupted or curtailed by the need to take or have medicine administered for...

	Very difficult	Quite difficult	Quite easy	Very easy	Don't know	Not applicable
...pupils with intimate care needs, which could include invasive treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...pupils with conditions that may require emergency treatment (such as allergic reactions)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...pupils with medical or long-term conditions (such as asthma or diabetes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...pupils with short-term needs (such as antibiotics)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...classmates of those with long-term conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 7: Meeting pupils' needs

39. Overall, thinking about the administration of medicine, how easy or difficult is it to ensure that pupils with long-term conditions can fully participate in...?

	Very difficult	Quite difficult	Quite easy	Very easy	Don't know	Not applicable
(a) school trips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) sporting activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 7: Meeting pupils' needs

40. In general, how reasonable do you feel most parents' requests for the administration of medicine are?

- Very reasonable
- Quite reasonable
- Not very reasonable
- Not at all reasonable
- Don't know

Administration of Medicines: a survey of head teachers

41. How often would you say the school finds that it cannot comply with a request for the administration of medicine?

- Very often
- Quite often
- Not very often
- Never
- Don't know
- Not applicable

Section 7: Meeting pupils' needs

42. For those children with long-term conditions, how often are parents/carers required to attend school to administer medicines?

- Very often
- Quite often
- Not very often
- Never
- Don't know
- Not applicable

43. Guidance recommends that two adults, one of the same gender as the pupil, should be present to provide intimate or invasive treatment. How easy or difficult is it to apply this guidance in your school?

- Very difficult
- Quite difficult
- Quite easy
- Very easy
- Don't know
- Not applicable

Section 7: Meeting pupils' needs

44. In relation to the administration of medicines, how often would you say your school experiences difficulties around the following?

	Very often	Quite often	Not very often	Never	Don't know	Not applicable
Religious and cultural views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff unwilling to supervise self-medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff unwilling to administer medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 7: Meeting pupils' needs

45. And finally, what do you see as the single most important issue relating to the administration of medicines in schools in 2013?

Administration of Medicines: a survey of head teachers

Thank you for completing this survey

You have now finished this survey - thank you for taking the time to do so. Please click the 'Submit' button and this will be forwarded directly to myself.

Thank you once again.

Becki Lancaster
Social Research and Consulting



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