Supporting pupils at school with health needs 2025

Executive summary

UNISON carried out an online survey of school support staff in England from 1 April to 2 May 2025 to find out the role they play in dealing with pupils' health needs in schools, including providing essential medical care. The survey received 4,026 responses.

The key findings were:

- A huge range of clinical tasks and medical procedures are being undertaken by school staff. These include administering controlled drugs and oxygen, changing feeding tubes and dealing with seizures.

- Only six in 10 (61%) said they had received sufficient training for the healthcare tasks they undertake.

- Just over two-fifths (42%) said their training had been signed off by a healthcare professional, with training often provided by other support staff or family members of the pupil.

- Only 38% felt they had enough trained staff to meet their school's healthcare needs.

- Two-thirds (67%) said the health support element of their role had increased since the pandemic.

- Overall, one in 10 (10%) said pupils were absent from their school because appropriate health services were not in place, with this figure rising to one in five (19%) in secondary schools.

Recommendations

The government needs to review the legal basis for the delegation of clinical tasks from the NHS into the education sector and ensure the relevant statutory guidance supports compliant practice.

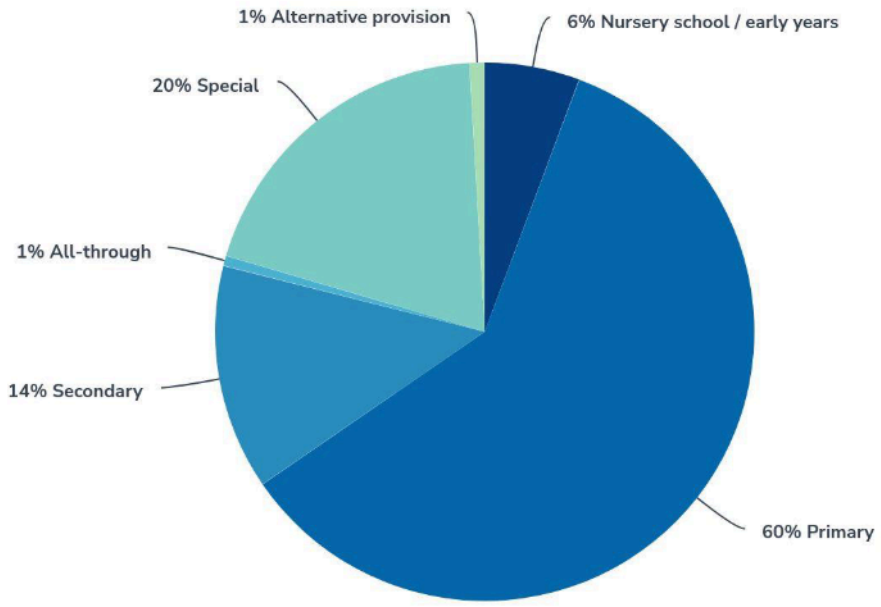
Ministers need to find a solution such as an NHS-commissioned, needs-led clinical school nursing service for schools, alongside a public health nursing service commissioned by local authorities.

A legally compliant approach would provide the foundation for the health care to be delivered under the appropriate regulatory and governance frameworks, with oversight from the Care Quality Commission and the Department of Health and Social care.

This would ensure pupils have access to the NHS quality health services they are entitled to in school, protecting them and staff.

Report

UNISON is the largest union for education support staff in the UK with almost 350,000 members. Most (60%) of the responses came from staff working in primary schools. The chart below shows the responses by settings.



The majority (85%) of respondents were teaching assistants, while 5% were office staff and 4% had pastoral or safeguarding roles. Other respondents included technicians, librarians and catering staff.

Long-term medical conditions

Respondents were asked which of the following long-term conditions they dealt with. Overall, 83% supported pupils with asthma, 61% supported pupils with severe allergies and anaphylaxis, 51% epilepsy, 50% diabetes and 43% eczema.

	Diabetes	Epilepsy	Asthma	Eczema	Severe allergies/anaphylaxis
Primary	48%	35%	87%	41%	59%
Secondary	78%	74%	68%	38%	65%
Special	44%	90%	79%	47%	64%
All through	84%	68%	79%	47%	84%
Alternative Provision	38%	55%	76%	34%	48%
Nursery	30%	30%	89%	52%	60%

Mental health and neurodevelopmental conditions

Overall, 95% of respondents supported pupils with autism, 89% worked with those with ADHD, 67% with anxiety and 31% with depression.

	Autism	ADHD	Anxiety	Depression	Self-harm
Primary	95%	89%	64%	22%	17%
Secondary	85%	88%	88%	62%	69%
Special	99%	91%	68%	40%	48%
All through	95%	100%	95%	70%	55%
Alternative Provision	100%	100%	86%	60%	57%
Nursery	98%	78%	40%	12%	7%

Specific health support provided

Much of the specific kind of support provided was related to pupils' long-term and mental health conditions. For example, 73% said they administer prescribed oral medication (such as inhalers) for asthma, 54% give injections, including insulin pens for diabetes, and 35% administer controlled drugs including for ADHD.

However, a whole range of medical procedures are being carried out by support staff in schools. The table below lists all the types of support provided:

General first aid	84%
Administration of prescribed oral medication (eg salbutamol via an inhaler)	73%
Toileting and/or dealing with soiling incidents	65%
Administration of injections (including insulin pens and EpiPens)	54%
Dressing wounds	49%
Administration of other medicines (eg eye drops, skin creams, MediPens)	47%
Administration of over the counter oral medication (eg hay fever medication)	47%

Administration of controlled drugs (eg medication to manage ADHD and epileptic seizures)	35%
Seizures - non-clinical support (eg moving furniture)	34%
Blood glucose monitoring	32%
Supporting the use of mobility equipment eg wheelchairs, hoists	32%
Seizures - clinical support (eg administering buccal midazolam)	26%
Physical therapy	24%
Fitting/cleaning of hearing aids	21%
Tube (PEG) feeding	19%

Postural management	12%
Clinical observations as set out in a pupil's healthcare plan (eg respiratory rate, oxygen saturation, temperature and blood pressure)	12%
Assistance with colostomy bags	7%
Oral/nasal suctioning	7%

Assistance with catheter care	7%
Administration of oxygen	6%
Administration of rectal medication (eg rectal diazepam)	5%
Tracheostomy care	4%
Intermittent catheterisation	3%

Duties, contracts and payments

Many of the comments suggest vague statements about 'other duties' are used to justify support staff taking on health duties. 'First aid' is also often used as an umbrella term to mean that any medical support needed should be provided. However, Department for Education guidance says *"First aid at work does not include giving tablets or medicines".*

Other said they were carrying out this support as an additional, non-contractual duty. In total, around half (47%) said they had agreed to these additional duties. Worryingly, 42% felt forced by their employer into taking on the additional duties (this was 33% in 2023) and 93% of these were not paid extra to do so.

Comments included:

> *I agreed to become a 'first aider' but none of the administering of medicine was talked about or agreed…it has become part of the job.*
>
> *I was not told until I started working that I would be trained and looking after a child with a colostomy bag. I struggle with this every day and probably wouldn't have accepted the role had I known about it at interview.*
>
> *The role has dramatically changed to a nursing job without a change in job title.*
>
> *It's just assumed that the teachers and teaching assistants will take on the medical care required. That has been fine so far, as parents have been very helpful. But none of us have been formally trained. I learned how to give insulin injections from another teaching assistant. It feels like an accident waiting to happen, even though we're all very careful and professional about our children's needs.*

I was told by the senior leadership team I would be responsible for a child's oxygen.

Effect of the pandemic

Two-thirds (67%) of respondents said that the health support element of their role had increased since the pandemic. Many are feeling increasingly anxious about extra responsibilities. Comments on the support needed included:

During the pandemic, nursing support disappeared leaving teaching assistants in my workplace were responsible for administering all medication to children.

Parents are told "yes staff will do that" without anyone being asked.

School nurse services

Half (50%) of support staff said inadequate nursing services had increased their workload and the stress of the job. Comments on nursing services showed many schools had no nurse or shared one.

The comments suggest there's confusion about the distinct role of the local authority-commissioned public health nurses and the Integrated Care Body-commissioned clinical nurses.

The school nurses who have been allocated to our school do not provide the regular support we enjoyed prior to Covid.

The school nursing service is understaffed and seems to deal mainly with children who are known to social services.

I can't remember the last time we had a school nurse in.

We used to have a full-time nurse. But now there is often no nurse on site leaving teaching assistants to decide if a child needs medical attention.

School nurse services are limited. Most contact is via email.

The nurses train teaching assistants to administer medication, feeds and other duties alongside their classroom roles. This can become overwhelming. Teaching assistants deliver physio, therapy, posture management, personal care. There is less and less time spent teaching and learning.

When we have asked for help from the NHS regarding epilepsy, diabetes etc. It can be months before we get a response.

We have no nurse, just a few first aiders who are also teaching assistants. They are pulled out of lessons to administer first aid, which can have a really negative impact on children.

The NHS nursing staff have cut back on a lot of support they give. The support staff are now doing more than ever.

Our school nurse no longer comes in as the academy is not paying her insurance. The parents have no idea and assume she's still there.

Training

Three-fifths (61%) said they had received sufficient training for the healthcare tasks they undertake. A quarter (26%) said their training was inadequate.

Just 42% said their training had been signed off by a healthcare professional. Only (46%) had received refresher training at least once a year and only 38% believed they had sufficient trained staff to meet healthcare needs.

Furthermore, only 39% felt confident refusing tasks they were uncomfortable with. Just a third (34%) felt supported by school leaders in their work helping pupils with medical conditions.

The biggest barrier to receiving training was lack of cover, with 60% citing this. Half (51%) said they did not have enough time. School funding to pay for the training was another key factor, identified by 31% of respondents.

More than six in 10 (62%) cited the fear of making a mistake given the huge responsibility of administering the correct medicine to children. Over half (53%) said they feared being blamed by either the head or parents if something went wrong, while a similar number (51%) were concerned at a lack of trained staff to complete the medical duties.

I frequently have to deal with students who have seizures and we have to call 999. I am not comfortable dealing with asthma issues and no training has been provided. I have only done a one-day first aid course.

We receive training from NHS nurses but only very briefly. You're left with the responsibility to put into practice what you have been taught.

Some medical support could be life changing if given incorrectly which makes me feel uncomfortable as I'm not medically trained.

School management say we have a duty of care even when we don't feel confident enough to perform some medical procedures. We are told our training is of the highest calibre, but it's usually done in-house in a large group and signed off by people that aren't medical professionals.

In other sectors, such as social care, training is necessary before someone can administer medicine. Schools shouldn't be any different.

I am not a qualified physiotherapist and I strongly feel teaching assistants should not be used as a cheap alternative to do the highly skilled job of professionals.

Problems and concerns

Over a quarter (27%) of respondents said they had encountered a problem while providing healthcare support and 16% said there had been an increase in the number of times emergency services had been called to the school. Problems included:

The amount of medication prescribed was not adequately discussed and so an incorrect amount was administered.

We are trying to educate children. But by the time we have administered medication, toilet trained them, given speech and language therapy, helped them dress and tied their shoelaces, there is little time left for education.

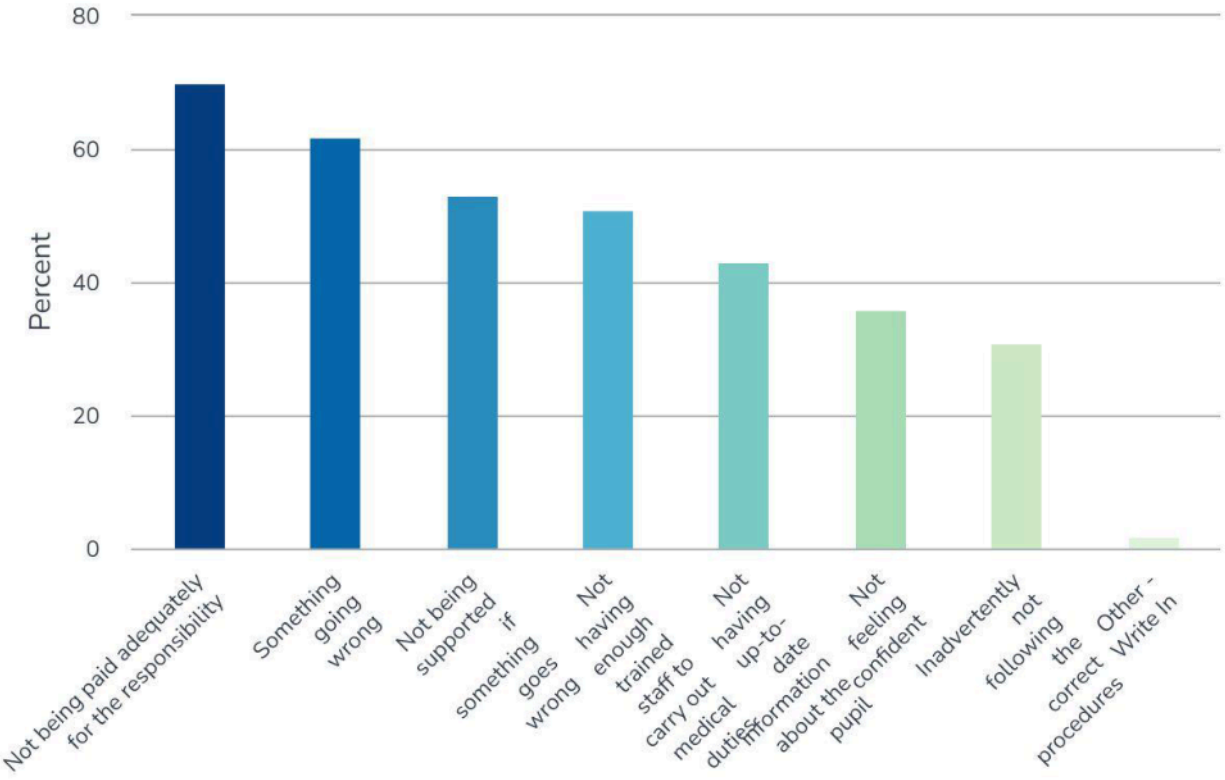
At one point I had an unconscious student, a hypo student, a head injury and a nosebleed that I was expected to deal with. All at the same time.

Some parents expect me to change a diabetic pod for an insulin pump. The school supported me when I refused to do this. It's an invasive procedure which we are not trained to do.

I would be horrified if anything went wrong, and I was to blame for a child suffering due to this. I am not trained in the medical profession, and I feel there should be more staff employed for this, rather than quick training of learning support assistants.

Completing a healthcare plan with a parent is quite difficult if you are not a medical professional.

I was expected to do daily exercises with a child with cerebral palsy. I had no training whatsoever and was only given only a photocopied sheet of exercises. I refused to do it until I'd had adequate training as I was worried I could cause more harm.



Impact on the support staff workforce

A quarter (25%) of respondents said they were actively seeking work elsewhere, with many citing low pay and increased pressure and responsibility as their reasons, as well as being uncomfortable with the medical side of their job. Comments included:

> *I'm due to start a new job in the coming weeks. The lack of funding and staffing pressures in mainstream education have made me to reconsider.*

> *I'm leaving education to do a return to nursing course. I should be paid properly for that level of responsibility.*

> *It is getting progressively worse and I'm actively looking to find something else. More staff are leaving and are unlikely to be replaced, increasing the burden on those who remain.*

Conclusion

Children and young people with additional health needs should have the same rights and opportunities as all other children.

Support staff are increasingly having to act as health professionals in schools. Children and young people with medical conditions are being looked after by school support staff who are not health professionals. This practice jeopardises the safety of both staff and children and is incompatible with current legal, governance and regulatory frameworks.

The majority of support staff carry out the health duties without additional pay, with many feeling pressured to perform the extra work. The additional responsibility of supporting pupils with health needs is taking a toll on school support staff, with many actively seeking work elsewhere.

UNISON has been raising these concerns with the government and is calling for a solution which delivers appropriate NHS care to pupils in schools with medical conditions. It should include an NHS-commissioned, needs-led clinical school nursing service for schools, alongside public health nursing service commissioned by local authorities.

For more information see UNISON's advice for branches on these issues and the union's evidence to the current special educational needs and disabilities inquiry.