

MEDICAL INTERVENTIONS IN SCHOOLS IN WALES REPORT





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Introduction

NAHT Cymru surveyed members in Wales at the end of January 2026 on medical interventions. Our survey was open for a week in which time we received a very strong level of concern from our members, with some 339 responses.

Our members are clearly highly concerned at the amount of medical intervention they and their staff are being required - inappropriately - to carry out in the classroom.

Increasingly, they tell us, they are simply not able to follow Welsh Government guidance on pupils with medical conditions because there isn't the funding available for the medical practitioners needed.

As a direct result, education settings and staff - rather than qualified clinicians - are being put under pressure to provide medical care. This in turn is leading to a two-tier system and an unsatisfactory experience of healthcare whilst at school for young people who most need it; clinical tasks being unlawfully delegated to school staff; and potential issues with the insurance and liability for schools and school leaders.

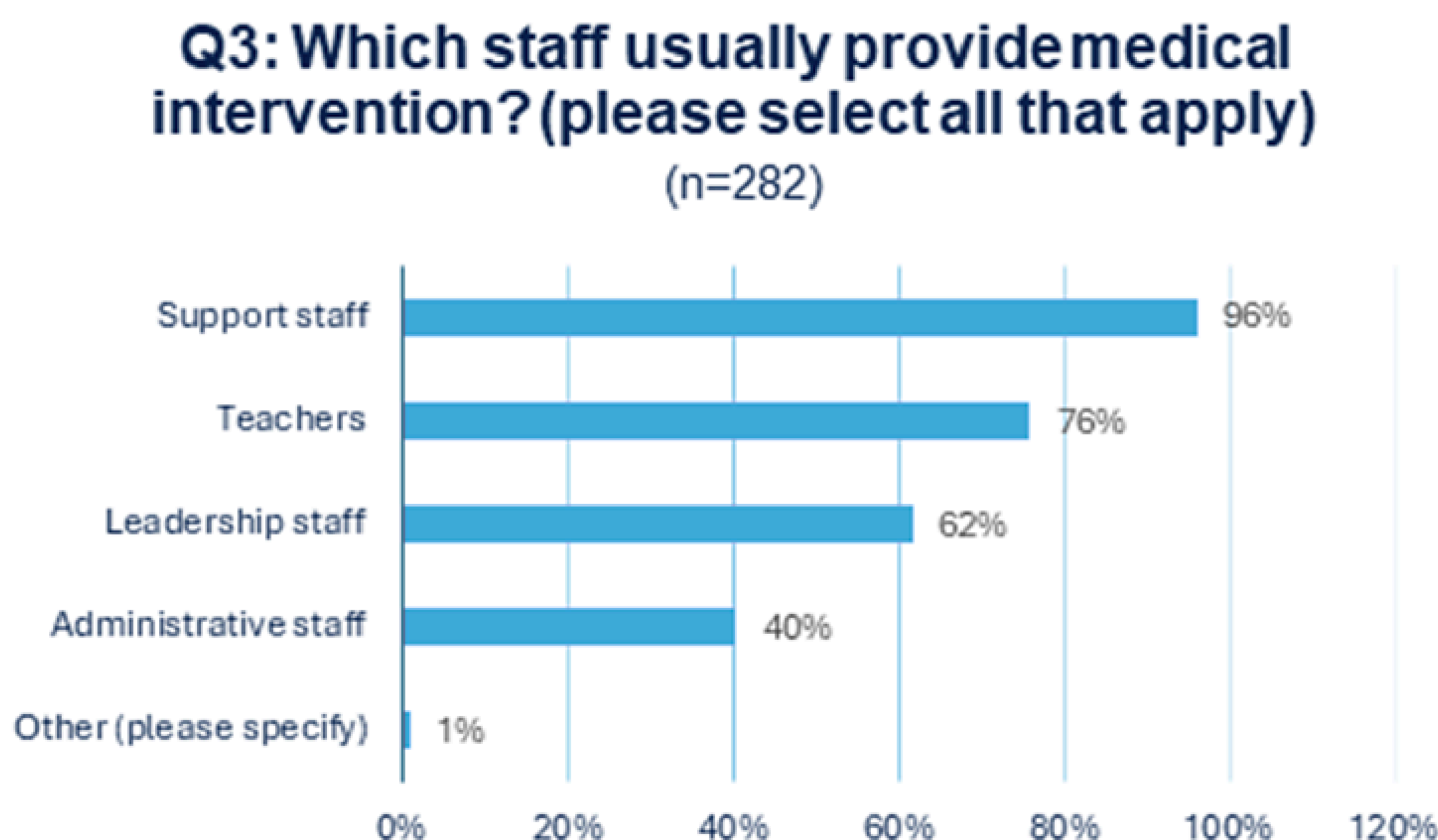
NAHT has long considered this unacceptable. We believe action must now be taken to address the issue. NAHT's National Executive agreed to a motion in 2024 as follows, to:

- lobby governments in England, Wales and Northern Ireland to update existing guidance to resolve the current tensions and inconsistencies between health, social care and educational legislation on which it draws,
- lobby health services across all nations to live up to their clearly articulated legal duties towards pupils in our schools, and
- equip members with the tools needed to advocate for our pupils, insisting that health and care boards across all nations commission and provide the quality medical care to which they are entitled, regardless of where they are.
- This new survey provides a clear evidence base to further inform the lobbying work needed in Wales.

Survey findings

The vast majority (92%) of respondents to our survey confirmed that staff in their schools are being required to provide medical interventions for pupils.

Respondents told us that medical intervention is most commonly provided by support staff (96%), followed by teachers (76%), school leaders (62%) and then administrative staff (40%). This is clearly taking school leaders, teaching staff and support staff away from the key functions of their jobs and preventing them from delivering education.



96% of respondents said that support staff usually provide medical interventions for pupils

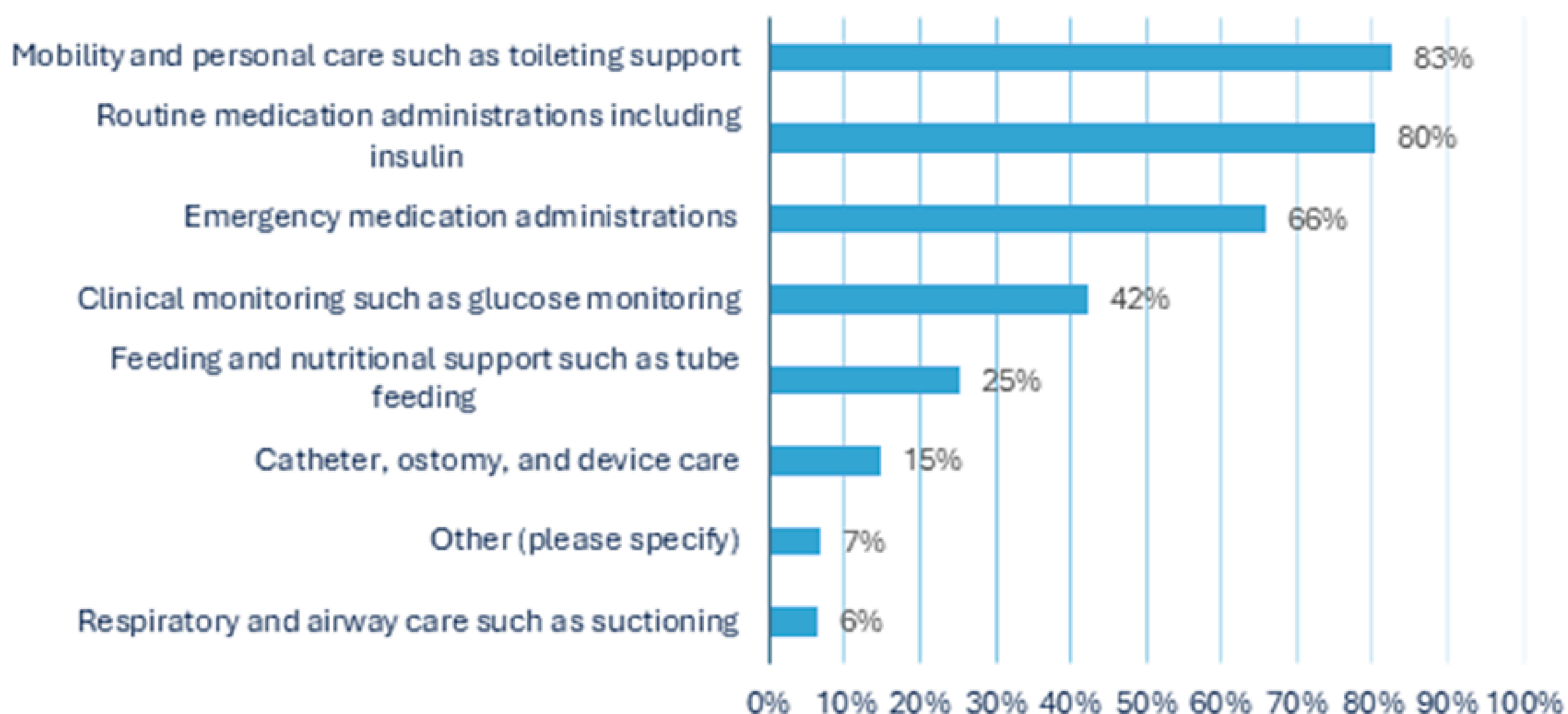
Our survey found that the most common interventions provided by staff were mobility and personal care, such as toileting support (83%), and routine medication administrations including insulin (80%).

It is however clear that while the vast majority (88%) of respondents felt their staff receive training to carry out those required medical interventions, only a third (33%) said that training was sufficient. Over half (55%) said their staff do not receive sufficient training, with 12% saying staff receive no training.

This lack of training in delivering medical intervention would be concerning enough in itself. But at the same time the level of the medical interventions that staff are being asked to provide is becoming increasingly complex. All too often, as one member told us, *“medical interventions require a significant amount of time and often two members of staff.”*

Q4: What types of intervention do you/your staff provide? (please select all that apply)

(n=281)



School staff are being asked to carry out a wide range of interventions. These include:

Medication & Clinical Treatments

- Administration of routine and emergency medication (e.g. Calpol, antibiotics, ADHD medication including Ritalin, asthma/breathing medication, EpiPen)
- Topical treatments for skin conditions
- Personal Care, Continence & Medical Needs
- Nappy changing, including high-frequency changes due to bowel or continence issues

Stoma care

- Use of hoists for safe personal care and transfers

Therapy & Specialist Interventions

- Occupational Therapy, Physiotherapy, and Speech & Language Therapy programmes

Mental health interventions

- Implementation of therapy care plans, including use of splints and standing frames
- Respiratory, Cardiac & Health Monitoring

Oxygen use and respiratory monitoring

- Ongoing monitoring for medical risks, including heart failure

Mobility, Handling & Physical Support


- Manual handling and mobility support (wheelchairs, walkers, standing frames)
- Safe transfers between mobility aids


Feeding & Safety Supervision


- Supervision during eating due to choking risks
- Ongoing monitoring of children with complex medical safety needs


We asked our members what effect they feel this is having on their schools and the pupils – and teaching and non-teaching staff – within them.


The key themes emerging from their responses are:


-  **Reduced Teaching and Learning Time**
 - Medical and personal care duties (toileting, feeding, medication, monitoring) regularly remove staff from classrooms.
 - Often requiring two adults, this significantly reduces teaching, interventions and pupil support, particularly in Early Years and Foundation Phase.


-  **Staffing Capacity and Operational Strain**
 - Maintaining safe staffing ratios is increasingly difficult.
 - Absences of trained staff, timetabling pressures, and disruption to trips, lunchtimes and interventions are common.
 - Leadership and admin staff are frequently pulled into frontline care.


-  **Increased Workload and Time Pressure**
 - Medical needs add substantial workload through direct care, paperwork, care plans, training and parent meetings.
 - Staff often lose breaks and INSET time is diverted away from educational priorities.


-  **Staff Wellbeing, Stress and Morale**
 - High levels of stress, anxiety and exhaustion are reported.
 - Fear of making mistakes with serious consequences is widespread.
 - Morale is low, sickness absence is rising and burnout is a growing concern.

-  **Training, Confidence and Professional Boundaries**
 - Many staff feel under-trained and under-qualified for complex or invasive medical tasks.
 - Training is inconsistent and often inadequate.
 - Staff strongly emphasise that they are educators, not medical professionals.

-  **Responsibility, Accountability and Fear of Blame**
 - Staff feel an excessive level of responsibility and accountability, with anxiety around safeguarding, legal implications and parental complaints.
 - A perceived blame culture intensifies pressure.

-  **Funding and Budget Pressures**
 - Medical needs are rarely matched with sufficient funding.
 - Schools absorb costs for staffing, training and cover, contributing to budget deficits and difficult trade-offs between safety and learning.

-  **Recruitment, Retention and Reliance on Goodwill**
 - Staff—particularly TAs—feel the responsibility outweighs pay and role expectations.
 - Some refuse duties or leave roles, increasing reliance on goodwill and further destabilising staffing.

-  **Toileting and Intimate Care as a Major Pressure**
 - A sharp rise in pupils requiring toileting support is the single biggest pressure.
 - It is time-intensive, requires two staff for safeguarding, impacts dignity, and significantly reduces classroom capacity.

 *Fear of making mistakes with serious consequences is widespread*

We asked members to tell us in their own words what effect this is having on all staff working in schools:

- We are educators, not professionally trained medical practitioners
- Staff are incredibly stretched and pulled away from other key roles/duties
- The main concerns are the lack of funding, lack of expertise, lack of thorough training, lack of staff and time constraints.
- Huge impact as we have ratios to consider when staff are dealing with medical needs and taken away from class. Staffing the biggest issue.
- Impact on lost learning time as two members of staff change together
- Some days staff are changing 25 nappies per day. They feel worthless and are not enjoying their job. They are provided with no training.
- It is not something staff particularly want to do and is not in their job description. It can have a negative impact on staff morale, and the safeguarding of other pupils and colleagues as it can take staff members away from what they should be focusing on - learning.
- The pressure on staff is intense, medical procedures - inserting catheters in our case is not in the job description, it is too much to ask of staff.
- It's extremely exhausting; staff have no breaks (which are due to them) and hardly any lunchtimes. No one seems to take account of this in a mainstream school - it seems to be 'expected' as part of our 'Duty of Care'.
- We have previously had pupils needing insulin administered and I as the Head took that role on as staff were unhappy to do so. The training was difficult to get as we had no school nurse at the time and so for a period of time the parents had to come to school daily to administer.
- Not enough staff to change in pairs (many staff very reluctant to change a child alone given the risk to their career) Leaves Early years woefully understaffed when changing is required.

- TAs have left as they've felt it's too great a responsibility and not what they signed up for. Staff have raised concerns.
- Staff morale is low. Support staff are nervous and scared of making mistakes. Leadership team also carry out the feeding to support and help with staff morale, but it takes so much time and we're so short staffed.
- Staff are nervous about carrying out these tasks in case they do something wrong.
- I have had staff making mistakes in administering the wrong medication because classes are so busy. Staff feel pressured to carry out medical procedures so that the child can be included in off-site activities where the nurse is not present.
- I've had TAs in tears, worrying that they've hurt a child with some paralysis when inserting a catheter.
- Limits staffing in classes when a second staff member needs to be a witness. Too much responsibility for support staff - we are not trained medical professionals. Causes anxiety and worry.
- Taking staff away from supporting teaching and learning. Staff are anxious about having to take on the responsibility of administering medication. There is lots of paperwork associated with advising medications which again takes away from teaching and learning/nurtures support/intervention groups to raise standards and places an additional workload on staff
- Retention of staff has been impacted. In this school year, three excellent teaching assistants have moved to new jobs for more money and less stress.
- The amount of children (physically able) who are not toilet trained is shocking including nursery and reception/ yr1 children arriving in nappies or soiling themselves. Parents are not providing toilet training and its impossible task in a mainstream class for teachers to manage.

To summarise, as one of our members put it:



It's very hard to free staff to do these duties. We have no issue doing it - it's important for our pupils - but we need funding for these pupils so that we can make sure we can meet their needs without burning out staff or pulling support from other pupils and impacting negatively on learning.

Commentary

It is clear from what we have heard back from our members that there are clear issues here which are wholly untenable. Staff are being asked to carry out ever-more complicated and intricate medical interventions for the simple reason that there is no one else available to do them.

While they are doing this for the best of reasons, many are simply not qualified or trained to carry out these interventions with the inevitable consequence that they could inadvertently be causing more harm than good. They are not paid for this work and nor are they equipped to do it; and they feel an unduly high level of accountability and responsibility for interventions which they should not be asked to make. Added to which, it is pulling school leaders and their staff away from their core day jobs of teaching and raising educational standards.

Alarming, this lack of medical professional support staff is not confined to mainstream schools. A recent inspection by Estyn of an all-age special school for pupils with complex health needs and severe learning difficulties found that it had no dedicated school nurse. This was inevitably having a serious negative effect on the level of ongoing medical support available for its pupils. It also means that oversight of pupils' medical needs and routine adjustments to care plans are dependent on the availability of external health services. These are all too often not readily available to the school. It is shocking that there is not sufficient funding available to allow a special school to employ a dedicated school nurse to provide the necessary medical interventions, coordinate care and support families. School leaders, teachers and teaching assistants cannot and should not be put upon to carry out these tasks which they are quite simply not trained or able to do effectively.

Conclusion





We simply can't go on like this. NAHT Cymru do not believe that it is appropriate for school staff to be expected to carry out the extent of medical interventions that they are left with no other choice but to do.

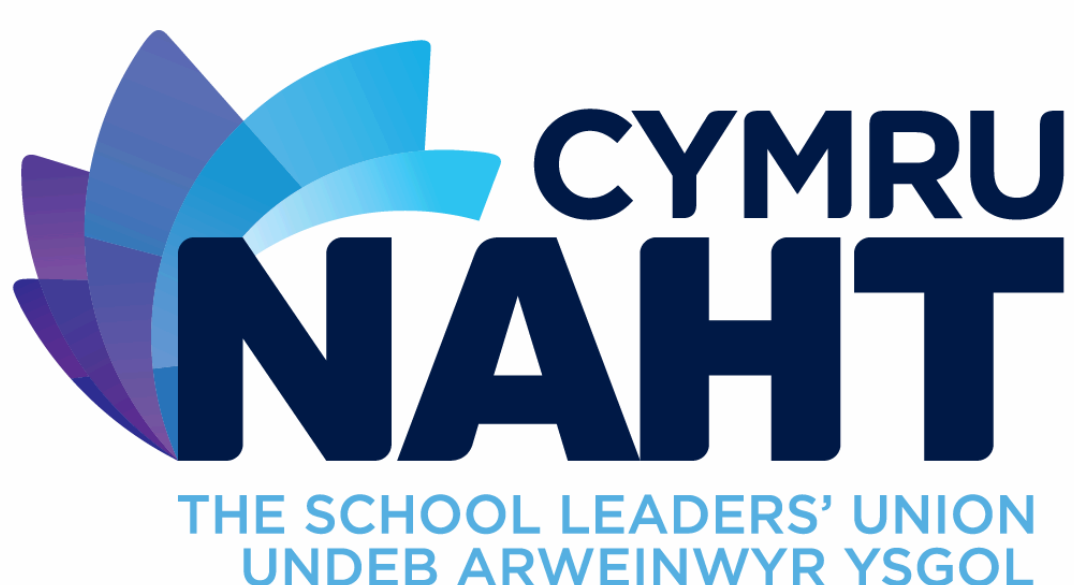
We need to act now to help our schools find a way forward on this. We need to protect the safety of some of our most vulnerable learners by ensuring those children are appropriately supported. They must not then be doubly-disadvantaged by interventions provided by school staff rather than by medical practitioners - however well-meaning in intent - which simply are not and cannot be appropriate to meet their needs.

We must not allow a whole generation of young learners in the greatest need to be failed by an under-funded system.



Recommendations

In the light of these hugely concerning findings from our member survey, NAHT Cymru believes that there needs to be:

-  recognition that some of the demands placed on schools are unreasonable and Welsh Government should compel health boards to support schools with medical interventions
-  a commitment from Welsh Government to provide fully-funded, appropriate medical support for all learners who need it
-  clear and far better guidance for school leaders on what is - and what is not - the responsibility of schools to deliver
-  support and training for those staff who support learners with appropriate levels of need so that there is clarity and understanding on what reasonable expectations on school staff look like.



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