

Core provision available from NHS professionals to support the health needs of children in Local Authority maintained schools



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Introduction

This document outlines the core provision available from NHS professionals to support the health needs of children in schools. The objective is to ensure that children with additional or complex health needs are able to:

- Maintain optimal health (NHS Commissioned) and
- Access the curriculum as fully as possible (Commissioned by NCC or schools).

It has been developed under the auspice of the Additional Needs and Disability Partnership¹.

The National Service Framework for Children, Young People and Maternity Services (DfES/DH 2004), states that;

Local health agencies, local authorities and schools (should) work closely to ensure that children with complex medical regimes, whether through chronic ill health or disability, receive the specific support they need so that they can attend school – whether a special school or mainstream – on a regular basis. Where support is provided by school staff, they are fully trained by health professionals. (p.24)

Within Norfolk there exists a history of strong partnership working between professionals within health, the local authority and schools. The aim of this document is to clarify the 'offer' to schools from NHS providers within the services currently commissioned by NHS Norfolk. It is the product of a joint work stream between NHS Norfolk (the Commissioner), Norfolk Community Health and Care, the Norfolk and Norwich Hospital and The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust (the NHS Providers of the relevant services) and Norfolk County Council Children's Services.

The 'Healthy Child Programme for 5 – 19 year olds', DH/DCSG 2009, (HCP) sets out the recommended framework of universal, targeted and specialist services that should be available to promote optimal health and well being for school aged children. The universal health provision across NHS Norfolk is delivered by Norfolk Community Health & Care's (NCH&C) School Nursing Service. This Core Provision document outlines the specialist services that are available in addition to the School Nursing Service. These specialist services provide for the needs of children with long term medical conditions and /or significant disabilities.

The document outlines the range of commissioned specialist advice, training and support available to schools' staff and the direct therapy interventions that are available for children and young people within mainstream and complex needs schools. It also provides information on additional advice, training & support that schools can commission independently, should they wish. It provides a framework to underpin safe practice for school staff in providing care to pupils within the school setting.

It will also support all schools to deliver the appropriate 'reasonable adjustments' and to work closely with these pupils, their families and the relevant health professionals to ensure pupils reach their full potential within the Every Child Matters outcomes.

¹, which is a specialist advisory group to Norfolk's Children & Young People's Trust.

Children with complex health needs will all have an Individual Health Care Plan which is specific to their particular needs. The plan should clarify:

- For staff, parents and children, the level of support that they will receive in any setting
- Who is responsible for each task or procedure relating to that child's health care needs
- The training required for particular procedures and who will carry out the training

Appendices 2 & 3 provide further details about Individual Health Care Plans.

Appendix 4 provides the latest Royal College of Nursing Guidance on delegation of procedures.

The Core Provision framework will be subject to review as necessary. It is the first written joint framework and it is envisaged that it will form a basis from which more detailed specifications and protocols may be developed (see 'Including Me' for examples of good practice²). It is also recognised that the level of provision will need to be reviewed regularly to reflect the latest Norfolk Joint Strategic Needs Assessment and to ensure that the relevant health services are adequately resourced to provide the appropriate level of training and support to all schools.

The core provision delivered by health includes the following services:

- School Nursing Service
- Children's Community Nursing (CCN)
- Paediatric Nurse Advisors
- Children's Occupational Therapy (OT)
- Children's Physiotherapy
- Speech and Language Therapy (SLT)
- Starfish, Child and Adolescent Mental Health Service (CAMHS) for Learning Disabled Children
- ADHD support

All of the services will provide as relevant:

- Written advice for the statutory SEN assessment process
- Effective liaison, joint planning and communication with other relevant agencies
- Participation in education reviews
- Transition planning
- Identification and referral for NHS Continuing Care where appropriate

All children who have a Norfolk GP have their healthcare commissioned by either NHS Norfolk or NHS Great Yarmouth & Waveney.

Services are commissioned from a range of providers depending on geography and speciality. Table 1 shows the providers of children's health services.

² Including Me: Managing Complex Health Needs in Schools and Early Years Settings
http://www.ncb.org.uk/dotpdf/open_access_2/including_me.pdf

Table 1

Geographic Area	Speciality	Provider
Area 1 Gt Yarmouth & Gorleston	School Nursing Children's Community Nursing Speech & Language Therapy	James Paget NHS Foundation Trust
	Occupational Therapy Physiotherapy	James Paget NHS Foundation Trust – based at the Newberry Clinic, Gorleston
	Starfish	Norfolk Community Health & Care
Area 2 Central, North & South Norfolk (incl. Norwich, Attleborough, Watton, Fakenham)	School Nursing Children's Community Nursing Paediatric Nurse Advisors Speech & Language Therapy Occupational Therapy Starfish ADHD Support	Norfolk Community Health & Care NHS Trust
	Physiotherapy	Norfolk & Norwich University Hospital NHS Foundation Trust
Area 3 West Norfolk	School Nursing Children's Community Nursing Speech & Language Therapy Starfish ADHD Support	Norfolk Community Health & Care NHS Trust
	Physiotherapy Occupational Therapy	Queen Elizabeth Hospital NHS Foundation Trust
Area 4 Thetford	School Nursing Starfish	Norfolk Community Health & Care NHS Trust
	Children's Community Nursing Speech & Language Therapy ADHD Support Physiotherapy Occupational Therapy	Suffolk Community Healthcare

Currently the Speech and Language Therapy Service is jointly commissioned and funded by NHS Norfolk and Norfolk County Council (NCC). In addition to its core NHS work, the OT service is commissioned by NCC on behalf of schools to provide moving and handling training. All the other services are singly commissioned and funded by NHS Norfolk.

NOTE:

All the services are subject to the governance and safeguarding arrangements within NHS organisations and the Norfolk Safeguarding Children Board (NSCB).

This document does not include the full range of Child and Adolescent Mental Health Services (CAMHS). These will be available on a dedicated website with a link from the SENCO website. In addition to the services outlined, children will also access GP and other medical services as appropriate to their needs.

Descriptions of Services

As detailed on the previous page there are a range of service providers who cover the county, these include the Queen Elizabeth Hospital, the Norfolk & Norwich Hospital, Norfolk Community Health & Care and James Paget Hospital.

One of the major providers, Norfolk Community Health & Care (NCH&C), is at the time of writing undertaking a major reconfiguration of its services. NCH&C services are being developed into Pathway configuration, so that services that see similar children will be managed together. There are three pathways: Healthy Child Programme, Complex Health & Disability and Learning and Development. It is hoped that this will make services easier to access for families and other professionals.

This document will describe all services inline with these three pathways – although depending on the geography & speciality the provider may not be NCH&C.

Summary of pathways:

- Healthy Child Programme (HCP) – This includes children’s health services available to all children such as school nursing service and some speech & language therapy.
- Learning Difficulties and Development (LDD) – This covers the health services who provide support to children with autism, learning difficulties and attention deficit hyperactivity disorder. The staff are in multi-disciplinary teams (called Starfish) and include nurses, physiologists and speech & language therapists.
- Complex Health & Disabilities (CHD) – This covers children with predominantly physical disabilities and complex health needs. The staff include children’s community nurses, occupational therapists, physiotherapists, and speech & language therapists.

The paediatricians and some other disciplines, for example physiotherapists, see children from all pathways as appropriate,.

Referrals are made into pathways – a multi disciplinary meeting will identify the professional(s) that will best meet the child / family’s need(s) at that time. Many children may require services from more than one pathway – this will be arranged as necessary.

HEALTHY CHILD PROGRAMME

<p>Service: School Nursing Service</p> <p>Contact Details:</p> <p>Team contact details for each School Nursing Team Base is available at www.heron.nhs.uk</p>	
<p>Description of Service</p>	<p>The team provides School Nursing Services to all children of statutory school age and their families/carers. Children/young people can be seen in a variety of settings, for example school, health clinics or at home. The team is comprised of Qualified School Nurses, Community Staff Nurses, and Support Workers. This service follows on from the services provided by the Health Visiting Teams</p>
<p>Key Activities</p>	<ul style="list-style-type: none"> • Height and weight measurements of Reception Year and Year 6 pupils for the National Childhood Measurement Programme. • Hearing and/or Vision testing (depending on area) offered to all Reception Year children. • Health, development and behavioural advice and support to children, young people and their parents/carers (including parenting advice, weight/dietary advice, bedwetting ('enuresis'), soiling, bereavement support, anger management, self esteem/bullying issues etc). • School Nurses offer one to one confidential appointments and 'open access' clinics for young people in High Schools (support and advice is given on a variety of issues including self esteem, anger management, contraception/sexual health issues, mental health, self harm, relationships, diet, smoking etc). • Safeguarding vulnerable children and young people which includes having close working relationships with schools, Children's Services, health services and other agencies working with children/young people and their families

	<ul style="list-style-type: none"> • Providing Health Education support and advice to schools (Contraception and delay/keeping safe/relationships, healthy choices/healthy eating, hygiene and puberty etc.). They support schools with their health policies where appropriate. • Supporting children and young people who have medical needs requiring assistance in school, by providing support and advice to schools and signposting to specialist services as appropriate. • The School Nursing Teams work closely with schools and other agencies supporting children/young people and their families and can refer directly to several services with the parent's consent.
Who is the Service for?	All school age children and their families from school entry to sixteen years old. Services are provided in all mainstream schools except independent schools and Complex needs schools (the later are covered by the Community Children's Nursing Team).
Access to Service	<ul style="list-style-type: none"> • School referrals via School Nurse referral form. • GP referrals (enuresis referrals) via Choose and Book or written referral – (referral criteria applies) • Parent referral (via telephone, school referral or GP) • Young Person referral (high school drop in or appointment) via school staff or self referral at drop in.
Intervention	<p>School Nursing teams will assist school staff, parents and children/young people who have specific health needs. Depending on that health need the School Nursing team will:</p> <ul style="list-style-type: none"> • Signpost parents and school staff to the appropriate professional who can help them in relation to the child's specific health need (e.g. Diabetes Specialist Nurses) • Advise school staff as requested if they have a query about completing a specific health care plan. • Train school staff, complete health care plan with child and family if child has epilepsy or anaphylaxis.

Service: Children's Speech and Language Therapy (SLT) Norfolk Community Health & Care	
Contact Details:	
Area 1	01493 442322
Area 2	01603 508959
Area 3	01553 668544
Area 4	01284 775081
Description of Service	<p>SLTs working with children of school age aim to optimise the child's ability to communicate effectively, and their learning progress, thereby facilitating their wider social inclusion. SLTs are key members of integrated teams in all three pathways. Although much of their casework is aligned to high school clusters, all SLTs are able to access the support of countywide highly specialist therapists working with key diagnostic groups, e.g. swallowing difficulties.</p> <p>A range of provision and interventions, including training for school staff, is available for children with complex communication; provision is tailored to the diversity of their needs and the school settings they are educated within</p>
Key Activities	<p>Children's SLT will provide:</p> <ul style="list-style-type: none"> • Assessment of child, and provision of clear reports, for annual review • Written therapy programmes • Provision of direct 1-1 and/or group therapy • Regular presence in all complex needs schools • Advice to any staff seeking general guidance about how to enhance pupils' communication skills • Management of eating and drinking difficulties • Co-working with teachers/assistants, including curriculum and IEP planning
Who is the Service for?	<p>Children from Reception through to age 18 (19 where attending Special school) with a diverse range of communication and eating/drinking difficulties.</p>
Access to Service	<p>There is an open referral system, including direct referrals from families.</p>
Intervention	<p>Most intervention takes place at the child's school (complex needs school, mainstream or specialist resource base). Some treatments are best delivered in clinic or at a child's home, e.g. therapy for:-</p> <ul style="list-style-type: none"> • Stammering • Severe speech sound disorders

- Voice problems

All children undergoing treatment will have an Intervention Plan. Intervention can also take the form of advice and training to staff and parents. In many cases adapting the child's environment to facilitate communication and lessen factors which create barriers to communication are more effective than direct corrective input. The success of interventions is assessed through a system of outcome measures

CHILDREN'S COMPLEX HEALTH & DISABILITY PATHWAY

<p>Service: Children's Community Nursing Service</p> <p>Contact Details:</p> <p>Area 1: 01493 453964 Area 2: 01603 505581 Area 3: 01553 668511 Area 4: 01284 775086</p>	
<p>Description of Service</p>	<p>The team provides a nursing service for children and young people with complex health and disability needs from birth to 19 years and their families/care givers.</p> <p>Children/young people can be seen in a variety of settings, including home, short breaks or social care settings, complex needs and mainstream schools.</p> <p>The service provides holistic child centred/family centred assessments of need and clinical interventions.</p> <p>This provision is led by qualified paediatric nurses</p>
<p>Key Activities</p>	<p>The Community Nursing service aims to support families/care givers in the care of their child/young person encouraging confidence, competence and independence through:</p> <ul style="list-style-type: none"> • Providing nursing care closer to home and minimising hospital attendance • Assessment of individual health care needs of the child/young person, the planning, implementing and evaluation of care. • Providing teaching/training and on going support to families/care givers for specific clinical interventions and techniques. • Prevention, identification and management of safeguarding concerns including involvement in a child's/young person protection plan • Provision of end of life care and bereavement support. • Contributing to relevant child focused multi agency meetings

Who is the Service for?	Children and young people from nursery age to 18 years (19 where attending a special school) with complex health and disability nursing needs.
Access to Service	In areas 1,2 and 3 initial referrals to the pathway are accepted from parents, schools and health professionals. Referrals to CCN are accepted from health professionals in area 4
Intervention	<p>Children's Community Nurses will support parents, child/young person and school staff where there are specific health/nursing needs that impact on the ability of the child/young person to access education.</p> <p>Depending on the identified health need the CCN will:</p> <ul style="list-style-type: none"> • Provide specialist nursing interventions • Provide training to school staff in respect of delegated procedures/interventions • Support school staff with the completion of a specific health care plan. • Signpost parents and school staff to the appropriate professional/service who can give support in managing the identified need. • Train school staff to enable them to complete school health care plans where appropriate.

Service: Paediatric Nurse Advisors for Complex Needs Schools Norfolk Community Health & Care	
Contact Details:	
Area 1 N/A – see pages 12&13 Area 2 01603 505581 Area 3 01553 668511 Area 4 N/A – see pages 12&13	
Description of Service	The paediatric nurse advisors provide a key contact for each of the complex health needs schools. They also act as a key resource to school nurses.
Key Activities	<ul style="list-style-type: none"> • To be a named point of contact for the complex health needs schools and the staff within the Children’s Complex Health & Disability pathway. • They provide advice, training and updating on delegated duties • They act as a key resource to the school health advisors • They support children with complex health needs and disabilities within the school setting on an individual assessment basis. • To write / provide health based care plans for children in complex needs schools.
Who is the Service for?	For children and young people with complex health needs and disabilities who attend complex needs schools.
Access to Service	Referrals can be made into the pathway by parents, health professionals or schools.

Service: Children's Occupational Therapy	
Contact Details:	
Area 1: 01493 442322 Area 2: 01603 505581 Area 3: 01553 613547 Area 4: 01284 775017	
Description of Service	<p>Children's Occupational Therapy services are commissioned by NHS Norfolk to provide specialist assessment and intervention to children and young people who have a physical disability which limits their current or future functional independence.</p> <p>Children's Occupational Therapists (OTs) aim to help children whose physical disability or complex health needs impact upon their ability to undertake everyday activities, to develop the skills they need, or to employ compensatory techniques in order to 'enable' them to engage satisfactorily within their potential.</p> <p>Children's OTs undertake their assessment of the child's needs at home and school. If the child has a dual school placement the OT will probably need to visit the child in both settings.</p>
Key Activities	<ul style="list-style-type: none"> • Undertaking assessment of the child's functional abilities based on observation, discussion with parents/carers and teacher, as appropriate, and standardised assessments as necessary • Providing advice and strategies to parents/carers and school staff in order to develop the child's functional skills and aspects of personal care. • Minimising effects of disability, for example contractures and deformity, through intervention or advice such as the provision of splinting or the recommendation of specialist seating and equipment. • Provision of group interventions for children with co-ordination difficulties up to the age of 8.
Who is the Service for?	<ul style="list-style-type: none"> • Children and young people from reception through to 19 years of age, who are in full time education, and whose function is impeded by a physical disability or complex health needs. • Assessment / Intervention for children with a co-ordination difficulty (DCD) is for children from age 4 to 8 years of age (incl.) or in the academic year of transition to high school

Access to Service	Initial referrals to the pathway are accepted from parents, schools and health professionals (areas 2). Referrals to OT are accepted from health professionals (areas 1, 3 &4)
Intervention	<p>The OT's focus is enabling the child / young person to maximise their health outcomes, by for example 24 hour postural support. This may include the assessment for specialist seating or toileting equipment in school. The OT may see the child at home, in a clinic environment and/or at school.</p> <p>The frequency and type of intervention will depend upon the child's needs. The intervention may be a "one-off" appointment or ongoing.</p> <ul style="list-style-type: none"> • Advice & suggestions of strategies Where appropriate the OT will provide advice / training to school staff on how to promote a child's independence in the school environment. • Equipment assessment & recommendation The OT will assess and make recommendations for any necessary specialist equipment required by the child within school. • Use of classroom activities to develop skills Following assessment of the child, the OT may suggest routine classroom activities that would be useful to help develop the child's skills. • Group Intervention For children aged 4-8 with coordination difficulties or children with poor hand strength, they may be offered group intervention. Parents are requested to attend and school staff are welcome to also attend. Information from the sessions are provided to the parents to share with school. • Moving & Handling Norfolk County Council commission NCH&C Children's OT service to undertake moving & handling assessments, development of moving & handling plans and the necessary training of staff within maintained mainstream schools. In addition to this support is provided to Key Movers in Complex Needs Schools.

Service: Children's Physiotherapy	
Contact Details:	
Area 1: 01493 442322 Area 2: 01603 286333 Area 3: 01553 613759 Area 4: 01473 321220	
Description of Service	<p>The Childrens Physiotherapy services provide specialist assessment and intervention to children and young people who have a range of physical difficulties, which limit their mobility, functional abilities and independence.</p> <p>Childrens Physiotherapists aim to help children and young people maximise their physical and movement potential, to achieve improved quality of life, independence and enable access to the curriculum.</p> <p>The service is delivered in a hub-and-spoke model outreaching from the Norfolk & Norwich University Hospital (NNUH), The Queen Elizabeth Hospital Kings Lynn (QEHKL) and the Newberry Clinic (Gorleston) into the community, mainstream schools and complex needs schools.</p> <p>The teams are comprised of specialist qualified Childrens Physiotherapists and also includes skilled therapy assistants. The teams may see the child at home, in school, or in a clinical setting</p>
Key Activities	<ul style="list-style-type: none"> • Undertake assessment of child's pain, mobility, movement and functional abilities, based on observation and discussion with the child, carers and school staff. This may include the use of standardised assessments • Providing advice to carers and school staff to manage the child's physical difficulties in order to develop movement , mobility and functional abilities. • Minimise the effects of disability and reduce the risk of joint contractures and deformity by assessing the need for specialist equipment or orthotics such as walking aids, standing frames, splints etc • Direct physiotherapy work with children, families and school staff as necessary
Who is the Service for?	<ul style="list-style-type: none"> • Children and young people from reception through to 19 years of age, who are in full time education, with an assessed clinical need that can be addressed by physiotherapy intervention
Access to Service	Initial referrals are accepted from paediatricians, GPs or health professionals. Re-referrals may be accepted from schools.

Intervention	<ul style="list-style-type: none">• Specialist physiotherapy assessment of physical difficulty, which may take place at home, school or in the clinical setting• The provision of a physical management programme as necessary. This may include a written physical management programme/ advise on 24 hour postural care/ advise on equipment and splints/ stretching programmes/ Aquatic therapy etc. to support the child's comfort and outcomes.• Provide training to individual members of school staff around a child's physical management programme, use of equipment or splinting etc• To contribute to annual reviews and Individual Education Plans (I.E.P) as necessary• To provide direct 1:1 or group intervention and physiotherapy treatment as appropriate• To be a regular presence within complex needs schools to support school staff in implementing a child's physical management programme.• Provide acute or more frequent intervention following a change in physical status, for example following orthopaedic surgery
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LEARNING DISABILITY & DEVELOPMENT PATHWAY

Service: Starfish and Community Psychology Team (Child and Adolescent Health Service for children with Learning Disabilities, Autism and ADHD)	
Area 1 01603 776895 Area 2 01603 776895 or for ADHD 01603 505581 Area 3 01553 762742 Area 4 01553 762742	
Description of Service	<p>The two Starfish and Community Psychology teams provide a community based (non-hospital based) service to children with diverse and complex mixed neuro-developmental disabilities and their families; mental health difficulties, learning disability, Autism, ADHD, communication and behaviour difficulties.</p> <p>The objective is to improve social inclusion and reduce distress and mental health difficulties, family breakdown and school placement breakdown. The Teams work to improve reciprocal relationships within the children's networks and allow children to access a wide range of experiences and build resilience to future difficulties and mental health problems (anxiety).</p> <p>The Teams consist of community learning disability nurses, specialist ADHD and ASD nursing, speech and language therapists, clinical psychologists, with psychiatry input and access to systemic family therapy. The majority of work is located in homes and educational settings with a few specialist clinics.</p>
Key Activities	<ul style="list-style-type: none"> • Assessment, analysis and intervention for mental health presentation, communication and behaviour, ASD and ADHD assessment and diagnosis. • Support to parents, carers and teachers and other health/education professionals in understanding the child's skills profile and to reduce factors which prevent progress to include consultations to the service • Direct therapeutic work with children and families and professionals within education • Opportunities for training and regular consultations at specialist schools, mainstream schools and with children with disabilities social workers. •
Who is the Service for?	<p>Children 0 – 18, who have a significant degree of developmental, behavioural, communication or cognitive impairment. They may also have symptoms associated with mental health difficulties/illness</p>

Access to Service	Open referral system, fortnightly referral meetings centrally and monthly referral meeting in the West. Consultation prior to referral is encouraged.
Intervention	<ul style="list-style-type: none"> • Goal based outcomes and interventions established and agreed with parents to include direct 1:1 work with child or parent, (e.g. psychotherapy, CBT etc) behaviour strategy advise and management, family support for complex family presentations. Complex interventions at multiple levels/systems • Initial assessments and discharge clinics. • Specified parent programmes (Early Bird Plus,Cygnet) • Observations, joint working with other professionals eg early intervention teams, CAMHS, liaison and key worker for child. • Consultations clinics and consultation offered to other professionals, parents and carers. • Nurse led clinics, parenting groups, medication review clinics, year 7 reviews (ADHD), • Autism specific - Complex Communication Disorder team referrals, assessments and diagnosis. Post Diagnosis follow up clinics for parents. • Psychological assessments – cognitive assessments, etc. • Family support work • Safeguarding preventative work, involvement at conferences and core group initiatives.

TRAINING

The next pages detail the training that is available to school staff from health professionals. Some of this training has been commissioned to be part of the Core Provision (and there is not charge to schools). Some of the training is not part of the Core Provision and therefore a school will incur a charge for it.

Training Available

The following training is available to school staff, as part of the NHS Core Offer. Please contact the organiser directly to further discuss the course content and any further information

Training by Starfish (Learning Disabilities - CAMHS) and Community Psychology Team

Topic	Target Group	Frequency	Organiser	Location
Mental health presentation in children with learning disabilities	Teachers, Social Workers, Respite Carers	As requested	Starfish	School/office
Challenging behaviour	Teachers, Social Workers, Respite Carers	As requested	Starfish	School/office
Understanding and assessing cognitive impairment	Teachers, Social Workers, Respite Carers	As requested	Starfish	School/office
Working with children with learning disabilities	Teachers, Social Workers, Respite Carers	As requested	Starfish	School/office
Attachment and attachment difficulties	Teachers, Social Workers, Respite Carers	As requested	Starfish	School/office
Bereavement and loss	Teachers, Social Workers, Respite Carers	As requested	Starfish	School/office
ASD and Mental Health Difficulties	Teachers, Social Workers, Respite Carers	As requested	Starfish	School/office
Autism (including: what is ASD, sensory difficulties, supporting communication, routines obsessions and rituals, Psychological theories of Autism etc	Predominantly Teachers, but also social care staff and anyone working with children with ASD	As requested	West Norfolk Only - 01553 668514	Schools

Training offered by NCH&C Paediatric Speech and Language Therapy (SLT)

Topic	Target Group	Frequency	Organiser	Location
Early Bird Early Bird Plus	Parents, Carers and Teaching Assistants working with children with ASD	Up to 4 x 10 week courses per year	SLTs in LDD Starfish Teams	Various
Elklan: Supporting children with communication needs	Teaching Assistants	2 x 10 week course per year	SLT	Various
Feeding awareness	Teaching Assistants/ Midday Supervisory Assistants in complex needs schools	6 x 2 hour sessions	SLT	Churchill Park Complex Needs School Clare School, Norwich
Makaton training	Carers/Teaching Assistants	One session each week of school year	SLT	To suit
Janasc training: communication skills of children with ASD	Teachers/Teaching Assistants	4 x half days	NCC	To suit
Using Visual structure	Teachers/teaching assistants	1 x 2 hours	SLT	To suit

Training offered by Children's Community Nurses

Where a child/young person has a Health Care Plan, the nursing staff will provide the appropriate level of training to members of staff identified within the school to support compliance with delivery of the plan.

Pupil Specific Training that will be offered includes:

The following training is commissioned by the NHS as part of the core provision of the service

- Gastrostomy and Jejunostomy care including medicine management
- Naso-gastric and naso-jejunal feeding
- Tracheostomy care
- Oral and nasal suction
- Intermittent catheterisation
- Catheter care
- Stoma Care

Training in respect of these conditions will be delivered according to pupil need.

All of these training sessions have initial competency based training with an annual refresher.

This list is not exhaustive and other pupil specific training will be delivered on individual needs & requirements of the students.

Training Available for schools to commission.

The following training is intended to enhance staff development in meeting pupil's needs but is not commissioned by the NHS as part of the core provision of the service therefore a charge will be incurred

If you are interested in further details about the contents and cost of the training – please contact the service directly

Topic	Target Group	Frequency	Organiser	Location
Cerebral Palsy Training Day	Learning Support Assistants / teachers who work with a child with cerebral palsy	Annual 2 days need to be attended	OT & Physiotherapy services With colleagues from education e.g. Access Through Technology	Central & west venue in Norfolk
Developmental Coordination Disorder (Dyspraxia) – A Practical Classroom Approach	Teachers and Learning Support Assistants who work with a children with co-ordination difficulties	As requested	NCH&C Childrens Occupational Therapy	To suit
Fine Motor Skills and Handwriting Development	Teachers and Learning Support Assistants who work with a children with fine motor skills difficulties	As requested	NCH&C Childrens Occupational Therapy	To suit
Strategies for improving handwriting	Teachers and Learning Support Assistants who work with a children with handwriting difficulties	As requested	NCH&C Childrens Occupational Therapy	To suit

Topic	Target Group	Frequency	Organiser	Location
Moving & handling people	Staff working with children who require assistance to change position who attend a non-maintained mainstream schools	As requested	NCH&C Childrens Occupational Therapy	To suit
Disability Awareness	All school staff who need to consider issues of inclusion	As requested	NCH&C Childrens Occupational Therapy	To suit
Strategies to assist children with transfer to high school	Primary & High school staff who work with children with organisational difficulties	As requested	NCH&C Childrens Occupational Therapy	To suit
Anaphylaxis management	All school staff who work with children with anaphylaxis	As requested	Children's Community Nurses	To suit
Epilepsy Awareness	Complex needs school staff	Annual or as required	Children's Community Nurses Specialist Epilepsy Nurse	Complex Needs School / Venue to suit
Care Plan Formatting	Complex needs school staff	Annual or as required	Children's Community Nurses	Complex Needs School / Venue to suit

Topic	Target Group	Frequency	Organiser	Location
Medication Administration	Complex needs school staff	Annual or as required	Children's Community Nurses	Complex Needs School / Venue to suit
Essential Care – use of continence products	Complex needs school staff	As requested	Children's Community Nurses	Complex Needs School / Venue to suit

Services available for Schools to commission (not included within the Core Provision)

Topic	Target Group	Frequency	Organiser	Location
Handwriting assessment	Mainstream Schools	As required / requested	Childrens Occupational Therapy	School or clinic setting
Handwriting intervention	Mainstream Schools	As required / requested	Childrens Occupational Therapy	School or clinic setting
Moving & Handling assessment & planning	Non maintained mainstream schools	As required / requested	Childrens Occupational Therapy	School
Assessment of the school physical environment and recommendations for it to be accessible	Mainstream Schools	As required / requested	Childrens Occupational Therapy	School

Guidelines for Ensuring the Safe Management Of Medicines in Schools.

All schools should ensure they work in accordance with the framework set out in the updated guidance on Managing Medicines in Schools and Early Years Settings (DfES 2005).

Schools should ensure:

Schools have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.

Any member of staff undertaking the management of medicines either voluntarily or as part of their terms and conditions of service, is appropriately trained acting within the scope of their employment and is indemnified by their employer's insurance arrangements.

Travel to school escorts are advised and trained where appropriate on what to do in an emergency. (DfES / DoH 2004).

- All schools to have Medicines policy in place. This should be reviewed annually. This should be developed in accordance with Norfolk County Council Children's Services Health and Safety Manual Section 11 – 5 'Managing Medicines'.
- The administration of medicines may be safely taught and delegated to non health qualified staff following a child specific assessment of clinical risk ((DfES 2005). Annual Training and update of staff should be provided on managing medicines safely. This should be provided by the local health care professionals such as community nurses who will also give on-going advice and support to school staff around managing medicines in school in accordance with 'Medicines for Children and Young People (DoH 2004).
- All medications prescribed and which are to be given in the school day are entered onto Form Med1 which is dated and signed by parents. Form Med 1's should be renewed as required or at least yearly.
- Schools have a process in place for recording any medicines administered. The 'Record of Medicine Administration Form' should be used for recording administration of medicines and this form should be kept for 5 years. A robust audit trail should be in place to demonstrate the medications have been given as prescribed.
- All medicines are stored, accessed and disposed of safely.

REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Head Teacher has agreed that school staff can administer the medication

PERSONAL DETAILS

Name of Child/Young Person:	Class/Form:
Date of Birth:	Date:
Name of School:	

MEDICATION

Name of Medication	Duration of Course	Dosage and method	Timing	Self Administer Yes/No	Date prescribed

Side effects from medication:	
Emergency procedures:	

CONTACT INFORMATION

Family Contact Name:	(Work):
Phone No: (Home)	Relationship:
(Mobile)	
GP:	Phone No:

DECLARATION:

I understand that I must deliver the medicine personally to:(agreed member of staff) and accept that this is a service which the school is not obliged to undertake. I confirm that my child's doctor has stated that it is necessary for the medication to be taken during school hours.

Signed:**Parent/Carer**

Relationship to pupil:..... **Date:**.....

APPENDIX 2

Name of Child/Young Person: NHS Number:
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HEALTHCARE PLAN FOR A CHILD/YOUNG PERSON WITH COMPLEX HEALTH NEEDS

PERSONAL DETAILS

Name of Child/Young Person: Date of Birth: Name of School: Class/Form: Date Date Care Plan to be reviewed:	Child/Young Person's Photo
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Child/Young Person's Health Need

CONTACT INFORMATION

Family Contact 1	Family Contact 2
Name:	Name:
Relationship:	Relationship:
Phone No:	Phone No (Home):
Phone No (Mobile):	Phone No (Mobile):
GP Name:	Tel no:
Consultant:	Tel no:

INFORMATION CONCERNING CHILD/YOUNG PERSON'S COMPLEX HEALTH NEED

1. Describe Health Need and give details of young person's individual symptoms:

2. What are the young person's daily care requirements (e.g. before sport/at lunch-time etc.):

3. Describe what constitutes an emergency for the child/young person, and the action to take if this occurs:

4. Persons able to respond should an emergency occur (state if different on off-site activities):

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5. The prescribed medication (if applicable) is located at:

--

Health Care Plan agreed by:

Signatures:

Parent/Guardian	Parental Responsibility Yes/No**	Date
Headteacher/SENCO/other*	Name, Designation and Tel. No:	Date
Health Care Professional	Name, Designation and Tel. No:	Date

SENCO: Special Educational Needs Co-ordinator

* Other: Please specify

** Delete as applicable

Form copied to: Parent/Community notes/School/Respite Care/Consultant/Other

Note for Parents:

Confidentiality: For reasons of safety and rapid access, this form may be displayed on a notice board in the staff room, and will not be kept in a locked file.

EMERGENCY CARE NEEDS FOR CHILD/YOUNG PERSON DURING TRANSPORT TO/FROM SCHOOL

NB: This last section to be used **only** for children/young people who may require emergency care during transport.

Name of Child/Young Person:
Date of Birth:
Name of School:
This child has:
Medication:
In case of emergency: <ul style="list-style-type: none">• Dial 999 for police/ambulance
Emergency Contact numbers for parents/carers:

Information Sharing

I agree to the information recorded on this form being shared with the Passenger Transport Providers for Education and the relevant drivers and escorts.

Signed (Parent/Carer).....

Print Name.....

Date.....

APPENDIX 3

What should a Health Care Plan Cover

A health care plan should adopt a holistic approach detailing all aspects of the child's condition, as well as the medicines and support required to set out:

- Particular procedures that should be carried out, including who should carry out those procedures and the training they can expect
- Protocols for exchanging information between agencies (with clearly defined lines of responsibility and named contacts)
- Additional risk assessments required for that particular child – who is responsible for carrying them out
- Any special healthcare needs which may affect the child's use of services such as transport or play activities, implementation of therapy programmes, etc
- The use, storage and maintenance of any equipment
- Any arrangements for the provision of education or associated services when the child is too unwell to attend school or is in hospital or another health care setting
- Parental wishes for the child
- Information on the manner in which the child prefers any task to be carried out, in order to ensure consistency of approach across all settings the child attends
- Any anticipated changes in the child's condition or care routine
- Arrangements for reviewing the plan

Taken from 'Including Me'³

³ Including Me: Managing Complex Health Needs in Schools and Early Years Settings
http://www.ncb.org.uk/dotpdf/open_access_2/including_me.pdf

WHY DOES MY CHILD NEED A HEALTH CARE PLAN IN SCHOOL?

To ensure:

- The Health, Safety and Welfare of your child's needs are being met, whilst in school or a similar setting such as Brownies/Cubs.
- That teaching staff have information and training provided, to enable the appropriate care of your child in school or a similar setting.

WHAT ARE PARENTS'/CARERS' RESPONSIBILITIES?

- Notify School of child's health need.
- In partnership with school and Community Paediatric Nurses or School Nursing team (depending on condition (s) requiring health care plan), formulate and sign Care Plan.
- Notify School of any changes in their child's health need, treatment and/or medication.
- Supplying schools/respice carers with an up to date passport sized photograph of their child.
- Notify new school where their child is due to attend, preferably during the preceding term.
- Notify schools of changes in emergency contact details.
- To take responsibility to cooperate with the review process.

WHAT ARE SCHOOL'S RESPONSIBILITIES?

"The Head Teacher will be responsible for ensuring that there are appropriate, effective communications and consultations with parents, children and health professionals, concerning pupils medical needs," Harvey, (1999)

School staff will:

Notify Community Paediatric Nursing team or School Nursing team (depending on the condition(s) which require a health care plan) of need for Health care plan and when any updates are required.

School staff will ensure:

- All relevant staff attend training updates.
- All relevant staff have access to the Care Plan and act accordingly.
- The Care Plan is signed and dated by all parties.
- Form Med 1 completed where applicable

WHAT ARE the Community Paediatric Nursing teams' RESPONSIBILITIES?

- To work in partnership with parents, child and school, to formulate Care Plan and offer training as required.
- To support individual pupils with health care needs in schools.
- To review and update Care Plans as necessary.
- To liaise with other health professionals as appropriate e.g. GP and hospital consultants, and specialist nurses.

WHAT ARE the School Nursing teams' RESPONSIBILITIES?

For Epilepsy or Anaphylaxis health care plans:

- to work in partnership with parents, child and school, to formulate Care plan and offer training as required.

For other conditions:

- to offer advice to parents and school staff on the completion of plans.
- To signpost school staff and parents to specialist health teams
- To liaise with other Health professionals as appropriate.

References and supporting literature

- *DfEE/DOH1996, SUPPORTING PUPILS WITH MEDICAL NEEDS.*
- *DfES 2001, SPECIAL EDUCATIONAL NEEDS: CODE OF PRACTICE.*
- *DfES 2001 ACCESS TO EDUCATION FOR CHILDREN AND YOUNG PEOPLE WITH MEDICAL NEEDS.*
- *HARVEY 1999, MANAGING MEDICINES IN SCHOOLS.*
- *Dcsf/DOH 2009, HEALTHY LIVES, BRIGHTER FUTURES.*
- *Standards and Guidelines for School Health Teams: 2003 NCH&C.*

APPENDIX 4

Royal College of Nursing (2005) Guidance on Delegation of Procedures

Managing children with health care needs: delegation of clinical procedures, training and accountability issues

Background

In 2004 the Council for Disabled Children published 'the Dignity of Risk'(1) which contained an advisory list of procedures previously produced by the Royal College of Nursing in 1999, highlighting those clinical procedures which could be safely taught and delegated to non-health qualified staff. This list was subsequently updated for 'Including Me' in 2005(2). Further revisions have since been made to reflect some of the queries which have arisen, clarifying pointers as needed. This document will continue to be updated at periodic intervals.

Clinical procedures which might be undertaken by non-health qualified staff

Administration of medication or invasive clinical procedures should only be undertaken by staff or carers when prescribed by a qualified nurse*, qualified medical practitioner or qualified dentist. Staff and carers should only agree to undertake these tasks if they feel competent and confident to do so.

In order to safely and effectively support the care needs of children requiring these procedures comprehensive training needs to be in place and delivered by appropriately qualified nursing staff.

Underpinning principles

- The training programme must be designed to enable carers to
 - care for a child who is medically stable
 - recognise signs of when the child is becoming unwell
 - Know how to seek appropriate help³.

NB. If the child becomes unwell they need to be seen by appropriate clinical staff and cared for by appropriately qualified staff (Registered nursing care may be required at such times).

- Non-health qualified staff should be trained to deliver care according to set protocols and guidelines and would not be expected to make independent decisions about a child's care, but refer these to either a parent or health professional.

* In respect of medications – only nurses who have completed the required training as a non-medical prescriber can prescribe medications

The permitted tasks for non-health qualified staff and focus of training for these tasks must be on the care as it applies to a **named** child. The individual carer will require specific training and assessment in order to participate in the care of a second or third child.

The following advisory list of procedures may be safely taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk:

- Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, or orally
- Bolus or continuous feeds via a nasogastric tube
- Bolus or continuous feeds using a pump via a gastrostomy tube
- Tracheostomy care including suction using a suction catheter
- Emergency change of tracheostomy tube[†]
- Oral suction with a yanker sucker
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin).
- Intermittent catheterisation and catheter care
- Care of Mitrofanoff
- Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter and replacement of button devices once stoma has been well established for more than 6 months and there have been no problems with the stoma[‡].
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- Rectal medication with a pre-packaged dose i.e. rectal diazepam
- Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child's lead medical practitioner i.e. GP or paediatrician
- Manual Evacuation
- Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel.
- Emergency treatments covered in basic first aid training including airway management
- Assistance with inhalers, cartridges and nebulisers
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required
- Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e. GP, paediatrician or paediatric diabetes nurse specialist

[†] Routine tracheostomy changes provide an opportunity for a registered practitioner to assess carer competency while also undertaking an assessment of the tracheostomy site

[‡] The first time replacement must be undertaken by an appropriately qualified nurse or qualified medical practitioner

- Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learnt.

The following tasks should **not** be undertaken by non-health qualified carers:

- Assessment of care needs, planning a programme of care or evaluating outcomes of a programme of care
- Re-insertion of nasogastric tube
- Re-insertion of PEG's or other gastrostomy tubes
- Intramuscular and sub-cutaneous injections involving assembling syringe or Intravenous, administration
- Programming of syringe drivers
- Filling of oxygen cylinders (other than liquid oxygen as stated above)
- Deep Suctioning (oral suctioning tube beyond back of mouth or tracheal suctioning beyond the end of the trachea tube)
- Siting of indwelling catheters
- Medicine not prescribed or included in the care plan
- Ventilation care for an unstable and unpredictable child

Delegation and accountability

Nursing involves complex tasks and procedures and even though health care support staff may have been trained to provide certain aspects of care to specific children, they may not necessarily be competent in all circumstances to do so. The NMC code states:

4.6 You remain accountable for the appropriateness of the delegation, for ensuring that the person who does the work is able to do it and that adequate supervision and support is provided.

When delegating any aspect of care the NMC states that each child should be clinically assessed and the most appropriate person appointed to deliver any subsequent care. If this is a health care support worker then the registered nurse delegating the care should ensure they are competent to undertake the task being requested of them. The NMC advises that if a registrant feels they have been asked to delegate care to a health care support worker who they believe does not have the required competency or it is an inappropriate delegation, then they should refuse the instruction. This should then be raised formally with their employers including the justification for taking such a decision. Clause 8.2 and 8.3 of the Code supports this:

8.2 You must act quickly to protect patients and clients from risk if you have good reason to believe that you or a colleague, from your own or another profession, may not be fit to practice for reasons of conduct, health or competence

8.3 Where you cannot remedy circumstances in the environment of care that could jeopardise standards of practice, you must report them to a senior person with sufficient authority to manage them and also, in the case of midwifery, to the supervisor of midwives. This must be supported by a written record.

When a registered nurse assesses a member of health care support staff to carry out an aspect of care, then that must also include all aspects of the task including recording activities completed in the child's record. The best interests of the child are paramount. It is important that in order to promote this registrants must ensure that they provide appropriate support and supervision to health care support staff when performing delegated care delivery.

- Initial training and preparation
- Assessment and confirmation of competence
- Confirmation of arrangements for on-going support, updating of training and reassessment of competence

Training non health qualified staff

The aim of a training programme should be to provide information and learning about both theoretical and practical aspects of the carers role. Opportunities must be provided for supervised practice before an assessment of competence by a suitably qualified person[§]. This process should take into account the views of the child or young person, parents and the views of the person being assessed.

Training should take place at two levels:

- General training around complex health needs
- Training around a specific child and the procedures or the care that child will require

Key elements of a training programme are suggested as follows

- A competency-based approach
- Written goals for individuals
- Audit cycles (regular updating and reassessing of competence)
- Evaluation criteria
- Statements of accountability
- Confidentiality
- The care of the required equipment
- Care of the child's holistic care needs including social and developmental care
- Emergency management
- Risk assessment and when to get help

In the same way as information is shared on a need-to-know basis, training should be arranged on a general level for all staff working with a particular child and specific training for staff who will be supporting a child on a one-to-one basis.

The trainee must be assessed as competent to undertake the task and documentation signed by the health care professional to indicate this. At the time of assessment of competence the monitoring and date of training update will be agreed and recorded.

[§] This is usually an appropriately qualified nurse such as a Community Children's Nurse
Any delegation of clinical tasks to non-health qualified staff must be undertaken within a robust governance framework which encompasses

An example of general and specific training around complex health needs including core competencies for training that can then be used locally with necessary adaptations alongside standardising policies and procedures will be added in due course.

Updated by: Fiona Smith, David Widdas, Mary Lewis, Liz Bray and Linda Maynard
Date: January 2008

References

¹ Council for Disabled Children, Shared Care Network and National Children's Bureau (2004) The Dignity of Risk, London: National Children's Bureau, Council for Disabled Children and Shared Care Network

² Council for Disabled Children, Department for Education and Skills (2005) Including Me, London: Council for Disabled Children

³ Noyes, J and Lewis, M (2005) From Hospital to Home. Guidance on the discharge management and community support for children using long-term ventilation, Essex, Barnardos.

⁴ NMC (2007) Advice on delegation for NMC registrants, London: NMC

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Department for Schools and Education and Department of Health (2004) Medicines for Children and Young People London DH Publications.

Department for Education and Skills (2005) Managing Medicines in Schools and Early Years Settings. DfES Publications

Harvey J (1999) Managing medicines in Schools. Dunstable Folens Publishers.

Norfolk County Council (2008) Children's Services Health and Safety Manual

