

Meeting Health Needs in Educational and other Community Settings

A guide for nurses caring for Children and Young People

CLINICAL PROFESSIONAL RESOURCE





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Publication

This is an RCN clinical professional resource.

Description

This publication aims to provide information and professional guidance to Royal College of Nursing (RCN) members employed in a wide range of professional roles that provide, or are responsible for the implementation of physical health needs training in nurseries, schools, and any other community setting. The lack of professional guidance in this area was highlighted by a RCN Children and Young People's Continuing and Community Care Forum members' survey (RCN 2015; furthermore changes to legislation at this time and the requirement for nurses to have a key role in respect of the development of Education health care plans (and equivalents in the other UK regions) have resulted in its development.

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The Nine Quality Standards

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Evaluation

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Introduction

In providing guidance to all Royal College of Nursing (RCN) members who have a responsibility to plan for, or are required to safely meet the health care needs for Children and Young People (CYP) in various settings, this document will set out key elements and factors for consideration and is applicable to health care professionals working with CYP up to the age of 25 years. The guidance covers CYP with both long term conditions and complex physical health care needs, including those CYP with life limiting and life threatening conditions. Due to the specialist nature of those CYP with mental health needs or learning disabilities this guidance will not address meeting their specific needs, however the principles from this document would equally apply. Further information on this cohort of CYP may be found in a recent review by the Council for Disabled Children (2017).

Best practice exemplars have been included to aid the process of demonstrating how successful assessment, management, and support can be taken forward. Where best practice is identified, the needs of not only the CYP in accessing and maintaining education are highlighted; but significantly the roles and responsibility of the health professional, social care and educational establishments. This is especially pertinent for professionals working in collaboration with education, social care and commissioners; furthermore, takes into account the recent legal changes and responsibilities for the provision of education (Welsh Government, 2015; Department for Education (DfE), 2015a).

Guidance on delegation to support workers is encompassed within this document and seen as an integral component of supporting health and social care needs in educational and other community settings. It is the responsibility of the employing organisation (local authority/school) to ensure robust governance arrangements are in place to support delegation of any clinical procedure to their staff; this responsibility may be shared where formal partnership arrangements are in place between organisations. An example of a collaborative approach to supporting the nursing needs of CYP in the school setting is shown in the work undertaken in West Sussex where delegation and training is underpinned by robust governance arrangements.

Key terms

For the purpose of this document a generic term of “support worker” will be used to describe the wide variety of non-health staff who support CYP with health needs in a variety of settings; these would include teachers, learning support assistants, personal assistants, social care or third sector support workers.

The document refers to the Community Children’s Nurse (CCN), and in the main this will refer to the Registered Nurse Child (RN(Child)) working in the community as a member of the community children’s nursing team but recognises that Learning Disability Nurses, School Nurses, Health Visitors and others will also have a role in the delegation of care in different settings.

Clinical procedure refers to any health care intervention which may be required to support a child or young person in a school or community setting; for example, gastrostomy feeds or oral suction.

The guidance

The guidance will enable Community Children’s Nurses to be fully aware of their role and responsibilities, as outlined in the special educational needs and disability legislation of all four countries, whilst enabling them to promote the inclusion of CYP with additional health care needs in mainstream education and other settings

This document will provide a brief overview of key relevant legislation and policy within the four countries of the UK; however it is acknowledged that development of such guidance is subject to ongoing development and review and thus ever changing. We aim to outline the key points and provide general principles to assist members and CCNs to fulfil their role and ultimately optimise and enhance care for children, young people and their families.

The West Sussex Children and Young People's Community Nursing (CYP CN) service

The West Sussex Children and Young People's Community Nursing (CYP CN) service delivers community positioned nursing for a 0-19 year old population of 183,600 (CHI, 2014) and a caseload of over 4,000 children and young people.

Through three core community teams; the Snowdrop care at home palliative care team; continence team and special school nursing, over 60 registered nurses are involved in actively supporting cyp with health needs in education settings. The community nurses lead on advising and supporting CYP in mainstream education settings and the special school nurses lead within the special schools.

Sussex Community Foundation Trust (SCFT) has a delegation policy in place and there is a children's services standard operating procedure which sets out delegated duties under formal partnerships i.e. delegating health care tasks to unregistered staff outside of SCFT.

The delegated duties service operating procedure (SOP):

- outlines the delegated duties assessment framework: delegated duties assessment and planning; learning module; ongoing support & supervision and audit
- makes explicit the roles, responsibilities and accountability of registered practitioners through the process
- provides information from the Royal College of Nursing on which clinical procedures can be delegated to unregistered staff and those clinical procedures that fall outside of unregistered staff delegation
- sets out the best practice education and training model required to successfully delegate agreed health care tasks to unregistered staff.

The CYP CN service has worked with West Sussex County Council and schools to agree a statement for all job descriptions where it is

expected that staff should support CYP with medical/health needs during the school day. There is also guidance for education settings which sets out the health delegated duties framework including details on duration of training; the training methodology; training content and expected numbers of people trained per child, per annum.

The CYP CN service works to the following specific standards in supporting CYP with health needs in education settings:

- CYP with medical needs will be supported to promote their health, wellbeing and safety whilst in school/college.
- CYP and their parents/carers will feel confident in the provision of training and ongoing support to staff responsible for their CYP's health/medical needs whilst in school.
- Unregistered staff carrying out clinical procedures will be supported through training and competency attainment and ongoing advice and feel confident to carry out their role safely.
- Registered health care professionals will have a clear understanding of their delegation responsibilities and accountability as part of assuring robust clinical governance and patient safety.
- The training of unregistered staff to carry out health care tasks is underpinned by an evidenced educational methodology and process which adheres to professional standards.

Care bundles are set up within the CYP CN service for all areas of nursing need e.g. gastrostomy care and management. The training programmes are held within each care bundle and accessed through the shared drive for all 60 plus nurses to access for consistency and assure current best practice. Nurses with Practice Teacher and/or PGCE qualifications support training developments and assessment of competency consistency. Training resources and practice guidance is reviewed and signed off through the Quality and Standards group.

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Background

It is difficult to estimate the numbers of CYP with health needs who require support in community settings. This may be due to national data collection being disparate and dependant on the source and interpretation of the data on many factors (Council for Disabled Children, 2017). Examples of the range of health needs include, but are not limited to, asthma, diabetes, epilepsy, behavioural disorders and conditions that require nursing interventions such as tracheostomy care, stoma care or enteral feeding. Furthermore with advancements in technology, treatments, and medical and nursing expertise many children are now surviving with very complex conditions and living for longer than would previously have been possible (Council for Disabled Children, 2017).

Across the UK, it has been reported that the number of 16 to 19 year olds with life-limiting and life-threatening conditions has almost doubled in the last decade (Department of Health, 2016). This, together with the strategic shift from hospital to community care within the UK has resulted in many more CYP and their families requiring nursing care, advice and support within the school and other settings. This has increased the need for the delegation of identified care needs in order for CYP to maximise opportunities available to them.

It has been demonstrated that long-term illness or disability can impact negatively on school attendance, educational attainment and other

outcomes for CYP. While many CYP adapt well to having a long-term illness or disability, others report a feeling of difference (Emerson et al., 2016) and an overall impact on their social and emotional wellbeing (Denny et al., 2014). Nurses whose professional remit involves working in educational settings are ideally placed to work in partnership with CYP and their families to optimise their health and wellbeing and improve outcomes for them in line with current UK policy.

In empowering nurses, this guidance will support nurses in meeting the acute, long-term, physical health and wellbeing needs of CYP whilst enabling them to remain in schools or access other community settings. Wherever possible, as indicated in the Equality Act 2010, there should be forward planning and resources agreed between all partners to meet the health care needs of CYP, particularly in relation to the reasonable adjustments that disabled CYP might require (legislation.gov, 2010).

It is evident from examples of practice of the project team that those CYP on a palliative care pathway have faced challenges in accessing education. It has been witnessed that the specific needs of these young people is further compounded due to internal fears of educational staff. Registered nurses supporting schools and CYP can provide teaching and signposting to demystify this area of nursing practice.

The Rights of Children and Young People

All agencies have an obligation to work towards the best interests of the child and work within the framework of the United Nations Convention on the rights of the child (UNCRC, 1989). Every child should be supported to achieve the highest attainable standard of health, and for CYP with specific health care needs this must be supported through person centred planning, listening to the voice of the child or young person and joint working across agencies.

CYP with health care needs are entitled to a full education and have the same rights of admission to school as other children. The Equality Act 2010 indicates that disabled CYP must not be discriminated against and must have in place reasonable adjustments to ensure that they are not disadvantaged in any way (legislation.gov, 2010).

Professional Accountability

All registered nurses are bound by their professional accountability as set out by the Nursing and Midwifery Council (NMC) in The Code (NMC, 2015); the aim of which is to ensure safe and effective practice. This includes treating CYP with respect, upholding their rights, and acting in their best interest at all times.

The code is clear on the responsibilities of the registered nurse in the delegation of care tasks and these must be adhered to when providing training and advice in educational and other settings. Support workers will be required to work to a explicit job description, this will specify the main elements and competencies of their role. Support workers should only undertake delegated tasks relating to the named child in their care and particular to the care setting in which they are employed.

Policy and Legislation

Legislative changes in England (DfE, 2015a) have prompted formal detailed examination of this area of nursing practice. In meeting the needs of CYP and RCN members, the guidance will cover all four countries taking legislation into account and focusing on the provision of positive outcomes for all CYP.

England

In England, the implementation of the Children and Families Act (legislation.gov, 2014) requires the development of Education, Health and Care Plans. The principles of partnership working between education, health and social care which it enshrines are fundamental to supporting all children in gaining access to education; a statutory as well as a moral right. This is mirrored in the Welsh Additional Learning Needs draft Bill with the requirement for individual development plans (Welsh Government, 2015).

Part 3 of the Children and Families Act 2014 sets out the legal requirements for CYP with special educational needs or disabilities in England. As detailed in the Act, the new Education, Health and Care Plan (EHC plan) has replaced what were previously referred to as statements of educational need. A requirement of an EHC is that an assessment of the child or young person's education, health care and social care needs is undertaken, however not all CYP require an EHC plan. However, if in place, this must be reviewed at least annually or earlier if the child or young person's condition has changed. Legislative changes in England are set out in the Special Educational Needs and Disability Code of Practice (DfE, 2015b) with a focus on improving outcomes for CYP alongside the new requirement for Health and Education plans compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children requiring EHC plans. The code of practice sets out a statutory duty on maintained schools and academies to make arrangements to support CYP with medical needs and have regard to the Department for Education guidance on supporting children in school with medical conditions (Department for Education, 2015a).

Where an EHC plan is not required it is deemed good practice for the educational establishment to create a Care plan which should detail

the health care needs/emergency/escalation management should the CYP display signs of deterioration and the contact details of any significant individuals providing nursing/medical support to the CYP.

Further information may be found on the following links:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Wales

The Additional Learning Needs and Education Tribunal (Wales) Bill (Welsh Government, 2015) was introduced to the National Assembly for Wales in 2016 and will work alongside an Additional Learning Needs Code (Welsh Government, 2017). This draft Bill sets out proposals for a new legislative system for supporting CYP, aged 0-25yrs, who have additional learning needs and includes complex health needs. The new system replaces the existing legislation surrounding special educational needs and the assessment of CYP with learning difficulties and/or disabilities in post-16 education and training.

Local authorities will be required to seek advice and assistance from health professionals where it is relevant to the individual learner. Where a relevant treatment or service has been identified, this will be included as additional learning provision within the individual development plan. The Code will provide clear legally enforceable parameters within which health services must act.

Supporting learners with health care needs (Welsh Government, 2017) has been issued as statutory guidance to governing bodies and local authorities in Wales and provides non-statutory advice to other professionals who may have a role in supporting learners with health care needs. The guidance places responsibilities on education and local authorities to create and maintain local policies, supports a collaborative

approach around decision making and describes the specific roles placed on governing bodies and education setting staff. Whilst health care professionals or other organisations may provide training or advice, ultimately the governing body is responsible for, and must promote, the wellbeing of all learners in the school. Whilst school staff may be asked to support CYP with health care needs, this remains voluntary and they must receive sufficient and suitable training and achieve the necessary level of competence before they take on responsibility. Ideally, this would form part of the staff member's contract or be a mutually agreed role. Governing bodies of maintained education settings should ensure an appropriate level of insurance is in place to cover the settings activities in supporting learners with health care needs. The level of insurance should appropriately reflect the level of risk. The guidance gives advice on decision making for individual health care plans, including identifying the need and roles and responsibilities in their creation and management. Further information may be found in the following links:

<http://gov.wales/topics/educationandskills/schoolshome/additional-learning-special-educational-needs/transformation-programme/?lang=en>

Scotland

The Education (Additional Support for Learning) (Scotland) Act 2004 (Scottish Government, 2017) places duties on local authorities, and other agencies, to provide additional support where needed to enable any child or young person to benefit from education. A need for additional support does not imply that a child or young person lacks skills or abilities. Additional support refers to any educational support a child or young person requires to help them overcome a barrier to learning or cope with difficult periods that are impacting on their health and wellbeing. Support given can be either short or long-term. The 2009 amendment to the Act means additional support is not limited to educational support but can include multi-agency support from Health, Children's Social Work and third sector agencies. This is accompanied by additional guidance Supporting Children's Learning Code of Practice. Authorities have a duty to identify and provide support for children by means of a Co-ordinated

Support Plan. There is currently draft guidance for NHS Boards, education authorities and schools 'Supporting CYP with health care needs in schools' (Scottish Government, 2017), and as in the other countries promotes a rights based approach to meeting health care needs in schools with collaborative working between all partners, particularly in relation to the reasonable adjustments that disabled CYP might need and require.

The Scottish Government's performance framework sets out a number of national outcomes. Within this framework, government and public services are focused on shared ambitions, expressed at national level through the National Performance Framework and reflected locally. Many of these national outcomes are of vital relevance to the lives of disabled children and young people. They include:

- National Outcome 5 – our children should have the best start in life and be ready to succeed
- National Outcome 8 – improving the life chances for children, young people and families at risk
- National Outcome 4 – our young people should become confident individuals, effective contributors, responsible citizens, successful learners.

Other National Outcomes relating to inequalities and public services are also relevant. Children's rights under the UN Convention are a guiding principle in the provision of services. There is also a key synergy between children's disability issues and the Well-being Indicators which form a central part of Getting it right for every child, Scottish Government's approach to work with all children and young people which seeks to streamline systems and processes to focus on the needs of the child. The acronym SHANARRI is formed from the eight indicators of wellbeing. These eight indicators set out all that children should be:

- Safe – protected from abuse, neglect or harm at home, at school or in the community.
- Healthy – having the highest attainable standards of health and access to health care.

- Achieving – being supported and guided in their learning and development of their skills, confidence and self-esteem.
- Nurtured – having a nurturing place to live, with additional help if needed.
- Active – having opportunities to take part in activities such as play, recreation and sport.
- Respected – having the opportunity, along with carers, to be heard and involved in decisions which affect them.
- Responsible – having opportunities to play active and responsible roles in their schools and communities.
- Included – having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

All of these wellbeing indicators are necessary for a child or young person to reach their potential. They are used to record observations, events and concerns and as an aid to creating an individual plan for a child.

Further information may be accessed at:

<http://www.gov.scot/Topics/People/Young-People/gettingitright>

<http://Consult.Scotland.gov.uk/supporting-learners-in-school/supportingdocuments/00513141.pdf>

Northern Ireland

The Special Educational Needs and Disability Act (Northern Ireland) 2016 sets out local authorities' requirements to prepare a Personal Learning Plan for each child or young person detailing the resources, advisory and support services in relation to special educational provision. Increased co-operation between education, health and social care is emphasised in identifying, assessing and providing services to children with Special educational needs. This plan must be reviewed at least once a year with increased emphasis on in-school support. An associated Code of Practice is forthcoming.

Further information may be accessed at:

<http://www.legislation.gov.uk/nia/2016/8/contents>

Information Governance

It is the responsibility of parents and guardians to provide schools, and other community care settings with information regarding their child's health, care and any treatment which may be required. Health professionals may share relevant information with informed consent of the parent, guardian or young person. This must always be in the best interests of the child or young person.

Best practice would support a collaborative approach to the writing of any health plans, in Wales, for example, the Prudent Health care agenda advises co-production when planning care interventions (Bradley and Willson, 2014).

School Health Care Plans

To enable children who are reliant on health/medical technology to fully participate in school, leisure and community activities, delivery of care that is safe and in the child's best interest is paramount. For some children there will only be a need for a straightforward health care plan with clear guidance on steps to take in the event of a health care intervention being required e.g. child with allergy, diabetes, asthma. Some children will require a more detailed health care plan, and following discussion, this should be initiated in partnership between the school and parents/young person.

A child or young person's health care needs may be included in an Education and Health Care plan or Individual development plan, for example those with complex needs or those with a specific health intervention with associated learning disability. In these cases the CYP are often well known to the multidisciplinary team and a collaborative approach should be taken to drawing up the plan. Undertaking effective complex case management requires the leadership ability, knowledge and skills of a CCN with experience of coordinating and managing care to clearly articulate the needs of the CYP, alongside consideration of funding requirements and time required for the necessary training. The associated care planning can be provided by a CCN supported by a senior nurse experienced in managing packages of care identifying the risks associated with the CYP physical health care needs, managing the risks accordingly. The health care plan should be agreed between parents/guardian/CYP and the care provider; this health care plan should identify the training needs and the most appropriate provider.

Risk Assessment

When the decision is made to delegate a specific health care procedure, an assessment of the associated risks must be undertaken. This assessment will identify if the procedure can be undertaken by a support worker or requires a registered nurse. Where the risk can be mitigated through appropriate training, the procedure may be delegated in partnership with the support worker's employer. The training package and competency assessment will be developed on an individual basis specific to the needs of the CYP. The decision to delegate should include the range of questions as detailed in the table

below. Further information for example may be found in The All Wales Delegation Guidelines commissioned by the National Leadership and Innovation Agency for Healthcare (NLIAH, 2010) which gives clear pathway advice on the decision making process in relation to delegation.

The following risk assessment must be carried out prior to delivering any training to unregistered staff

- Is there a formal contract to provide delegated procedures in place?
- Is the procedure specified within the support worker's role and job description?
- Does the employer have appropriate policies, procedures in place to support delegation?
- Has consent been gained from those with parental/legal responsibility and/or the young person?
- Is the delegation on a named CYP basis?
- Is the delegation specified within the CYP's care plan/Education Health Care Plan (EHCP)/school health care plan?
- Is the environment appropriate for the procedure to be carried out?

Delegation

Nursing is regulated by the NMC, with The Code (NMC, 2015) setting out standards of practice that are required to be upheld to ensure registration is maintained. There are a number of clinical procedures which have been deemed appropriate for delegation to support workers subject to the necessary training, assessment of competence and supervision of practice. An example of the procedures which may be considered for delegation to a person who is not registered as a nurse is attached as [Appendix 1](#). This will also support where delegation to a person who is not a registered nurse would not be deemed suitable.

As previously highlighted within this guidance document; whilst these procedures can be

undertaken by a person who is not a registered nurse, it is the responsibility of the employer (e.g. school, college or other) to ensure that such responsibilities are included within the employee's job description or within a mutually agreed job role before any training is provided or expectation that care will be undertaken.

For those nurses requested to provide training to non-registrants The Code (NMC, 2015) clearly sets out the responsibilities of the registered nurse in delegating clinical procedures/health care tasks and the associated accountability in doing so, and that the accountability for training resides with the registrant.

The Code NMC 2015

11 Be accountable for your decisions to delegate tasks and duties to other people

To achieve this, you must:

- 11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
- 11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and
- 11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard.

In addition there is a requirement for Registered nurses to:

12 Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse or midwife in the United Kingdom

To achieve this, you must:

- 12.1 make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice.

Training

Support workers undertaking clinical procedures for CYP should receive appropriate training from a health professional or other accredited source in the care they are providing. Care should only be undertaken, following appropriate provision of training and assessment and monitoring of competence; robust governance arrangements should be in place to ensure the safety of the child, young person and support worker.

An example of practice from Aneurin Bevan University Health Board stresses the importance of ensuring risks are identified and that protocols are put in place to mitigate these risks and ensure the child or young person is placed at the centre of care.

Enabling school admission for a child who required a blended diet in the school setting

When a parent of a preschool child with complex health needs informed the health care team that she had been administering a blended diet via a gastrostomy at home and that she wanted a carer to administer this when her child commenced school, it raised a number of issues for practitioners.

The Health Board delivers care in the acute and community setting across five local authority sectors and in order for the Health Board to agree an approach it was important to fully understand the risks and benefits to the child, the professionals and the organisation. Having reviewed the history, evidence and expert opinion in relation to the use of blended diets for children with complex health needs and following Executive Team approval for the initiative, key professionals from health and education were brought together to gain a consensus of support and commitment to make it happen for the child and family.

A solution was made possible through the development of a protocol and governance framework which incorporates a pathway of professional approval, documentation of professional discussion which clarifies that all risks have been highlighted and discussed with family and reinforces the family's wishes and choice, a risk assessment and a multiagency care plan which clarifies everybody's individual responsibility. Education colleagues understood and accepted the parent's request to administer a blended diet at school from the outset and were very supportive of the process at all stages.

“This all seemed so impossible when there was talk of her going to school, but it's amazing what has been achieved!” (Parent)

Through the delivery of bespoke care the child and family's wishes have been listened to and needs met as agencies have reviewed their practice and challenged boundaries resulting in positive outcomes for the child and family.

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Support workers who are delegated specific health care responsibilities must have the confidence to undertake this role. This should be underpinned with training and assessment of competence. The aim of any programme of training should provide information along with learning opportunities regarding both theoretical and practical aspects of the support worker's role. The opportunity must be provided for supervised practice before an assessment of competence is undertaken by a suitably registered nurse. This process takes into account the views of the child or young person, parents and the views of the person being assessed.

The training programme must be designed to enable support workers to provide care for a child or young person who is medically stable within defined parameters and be able to recognize signs of when the CYP is becoming unwell, seeking help as indicated in the health care plan.

Support workers should be trained to deliver care according to set protocols and guidelines and must not make independent decisions about a child's care but refer these to the child's parent or registered health professional. In Powys Teaching Health Board a teaching programme was devised to enable support workers to undertake specific health interventions for the pupils they were already supporting in the classroom.

Ensuring competence in a special school setting

A review of the role of the nurses who cover the two special needs schools within the Health Board area was undertaken. These nurses, who work within the remit of the community children's nursing team, were noted to spend a considerable amount of time undertaking basic health interventions, for example, gastrostomy feeds and administration of routine medication. The nurses felt isolated in the school as they felt physically tied to the building making it difficult to attend team meetings or increase their scope of practice. This was especially important as they were employed at Band 6 level and needed to be able to work towards the top of their professional remit and not feel stagnant or under-utilised.

The Health Board worked with the local education authority to change the way health interventions were supported in the school environment. A training and delegation framework was developed to allow children and young people's support workers to provide the basic care interventions for those in their care. The school nurse supported the training and signing off of competencies.

The result of this change has been a better school experience for both the children/young people and the professionals, including the

school nurse. The school nurse has taken on a more strategic role and has gained the ability to mediate between home and school and undertake home visits where necessary. They may make preadmission visits for children and young people with complex health needs, providing reassurance for families that health care needs will be met safely and in line with the care plan. The school nurse has also become the case manager for the children in the school who are in receipt of continuing care, facilitating the reviews and ensuring these are linked to school reviews thus reducing the number of meetings for all professionals. The staff enjoy a new level of autonomy and feedback from them has been positive.

The schools have embraced this new way of working and hold a training database for all staff training with initial dates for assessment of competency and dates for the annual review of competency. Carers show a pride in the skills they have learnt and children/young people benefit from this new person centred approach which "normalises" their education experience as much as possible.

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Assessment of competency

The support worker must be assessed and deemed competent to undertake any health care procedure, with documentation signed by the CCN to indicate competency on the date of training. At this time the date of the support workers update training and reassessment of competence will be agreed and recorded, this should be a minimum of annually unless care needs change or local policy dictates otherwise. The employer and support worker must keep a record of any training, competency assessment, sign off and dates for review.

Assessment of competency should include underpinning knowledge, practice training supervised by the CCN and formal assessment of performance (wherever possible) and capability competence. In the example of best practice from Cambridge Community Services NHS Trust, support workers were given the opportunity to work alongside registered nurses from the community children's nursing team for a period of time allowing time for carers to build confidence and ensure competency has been reached.

Supporting carers to achieve competence

Emma had expressed a wish to attend a local sixth form college to study the International Baccalaureate; she had recently arrived in the UK and required 24 hour invasive ventilation.

She required a personal assistant who was skilled in her clinical care needs, but also at an academic level so that they could act as scribe and teaching assistant in college.

We worked in partnership with the local college identifying any risk factors and support required to minimise these, along with criteria needed to ensure Emma's safety.

A job description and specification was developed describing a role that could encompass both her clinical and academic needs. This was to ensure that the integration she wanted with her peers would not be interrupted, and her support could be kept to a minimum.

Emma met the prospective candidates on the day and a nurse joined the headteacher on the interview panel. Two teaching assistants (TAs) were successfully employed.

A jointly funded package was agreed, across Health and Education, to enable this to happen and the CCN Team provided theoretical and

practical training, alongside Emma, enabling the TAs to support her transition in to college. The CCN Team provided three weeks of 'on the job' support, provided by an RN, for the TAs during Emma's first three weeks at college to facilitate Emma's successful transition.

This partnership approach allowed for flexibility in Emma's care, these successful workers were able to be her personal, clinical and teaching assistant all in one, working in a way to enable Emma to have 1:1, rather than 2:1 care to meet all of her various needs.

The continuity of this approach also meant that, over time, Emma developed a close and trusted relationship with both PAs because of their consistency and care as she had a say in who she wanted to care for her

Emma built trust and confidence in her carers and despite one of the carers moving out of the area, on leaving school, Emma was able to employ the second PA on a personal health budget (pilot) to support her transition into adult care and attend University. Her PA successfully worked with her for the following 18 months.

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Summary

With revision of education policy and code of practice either in place or pending throughout the four countries it is imperative that support is available for CCN's and other registered nurses to meet their specific roles and responsibilities in ensuring CYP with health care needs are fully able to access education. The principles and practice of providing competency training within a defined framework applies equally to other community settings where support workers are required to support specific health care needs and this has been reflected throughout the document.

The document explores the process of training and assessment of competency skills, stressing the importance of adhering to delegation principles and addressing risk at all stages of the process. A list of clinical procedures which may be considered for delegation that has been professionally peer reviewed by community children's nurses alongside other registered nurses who may be responsible for supporting CYP with health care needs in a variety of settings ([Appendix 1](#)). This may provide assurance to organisations that require staff to undertake such delegated care.

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Appendix 1

The following advisory list of clinical procedures may be delegated to unregistered health and non-health support workers following a child-specific assessment of clinical risk and a robust governance framework as advised in the guidance document Meeting Health Needs in Educational and other Community Settings: A guide for nurses caring for Children and Young People (RCN, 2017) and in accordance with national guidance. **It is important that registered nurses also work in line with their contractual arrangements and in line with local policies based on their own country specific guidelines, and these must be taken into account when making a decision on the delegation of any procedure.** It should be noted that at the time of publication Northern Ireland is in the process of designing a delegation framework for Registered Nurses and Health Care Assistants and therefore this list may not, at this time, be applicable for nurses working in Northern Ireland.

- Administering medicine in accordance with prescribed medicine, with pre-calculated dosage provided via naso-gastric tube, gastrostomy tube, orally or applied to skin, eyes and/or ears.
- 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 and another for administration at night with long acting insulin).
- Inserting suppositories or pessaries with a pre-packaged dose of a pre-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. Paediatrician or GP.
- Administration of buccal or intra-nasal Midazolam and Hypo Stat or Gluco Gel.
- Assistance with inhalers, cartridges and nebulisers.
- Emergency treatments covered in basic first aid training including airway management.
- Tracheostomy care for a stable stoma including suction using a suction catheter.
- Emergency change of a tracheostomy tube.
- Nasal or oral suctioning which does not go beyond the back teeth and where there is an effective cough. This should be prescribed by a doctor, children's respiratory nurse specialist or a paediatric respiratory physiotherapist.
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required.
- Administration and care of liquid oxygen administration.
- Ventilation care for a child with a **predictable** medical condition and **stable** ventilation requirements (both invasive and non-invasive ventilation).
- Blood glucose monitoring and carbohydrate counting as agreed by the child's lead nursing/medical practitioner. E.g. GP, Paediatrician, Children's Diabetes Nurse Specialist.
- Bolus or continuous feeds via naso-gastric tube or gastrostomy.
- Bolus or continuous feeds using a pump via gastrostomy or jejunostomy.
- Intermittent catheterisation and catheter care.
- Supporting a child/young person to access a mitrofanoff.

- Stoma care including the requirement to maintain patency of a stoma in an emergency situation prior to seeking advice from the registered nurse.*

The following clinical procedures should NOT be undertaken by unregistered health and non-health qualified carers.

- Assessment of care needs, planning a programme of care or evaluating outcomes of a programme of care.
- Re-insertion of a naso-gastric tube.
- Re-insertion of percutaneous endoscopic gastrostomy tubes, balloon type gastrostomy tubes or low profile devices except as advised in an emergency.*
- Intramuscular or sub-cutaneous injections involving assembling syringe or intravenous administration.
- Programming of syringe drivers.
- Filling of oxygen cylinders.
- Laryngo Pharyngeal (Nasal or Oral) suctioning into the pharynx past the epiglottis but above the vocal cords, this should be carried out by a registered nurse due to the risk of laryngeal spasm.
- Tracheal suctioning, this is specialist suctioning through the vocal cords and should only be carried out by a specialist and is not a procedure used in community settings.
- Siting of indwelling catheters.
- Medicine not prescribed or included in the care plan.
- Ventilation care for an unstable and unpredictable child.

* In response to the NPSA guidance (2010) regarding the replacement of gastrostomy devices the RCN recommends that only registered nurses may replace and confirm placement of gastrostomy devices (gastrostomy tube or low profile balloon).

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