

Special School Nursing Service North Tyneside

The Special School Nursing service, is commissioned through the Clinical Commissioning Group and is operated by Northumbria Healthcare NHS Foundation Trust.

The service consists of a Team Lead and a skill mix team of nurses and support workers. The nurses are on site daily at two schools with children attending with complex physical health. Outreach school nursing support is also provided to schools supporting children and young people with moderate learning difficulties and behavioural, social and emotional needs. The nurses support children and young people in the schools with specialist health needs, which include physical disability, tube feeding, respiratory issues, diabetes, complex epilepsy and prescribed medication. The nursing team additionally provide the school nurse statutory safeguarding role, provide emotional and behaviour support to children, young people and families and public health nursing in the schools. Support is available for transition. For children with complex health needs a transition healthcare plan is completed in partnership with their paediatrician. Health promotion and support with the PSHE curriculum including relationships and sex education is provided by the service. [You're Welcome](#) accredited drop in services are available at 3 sixth form sites.

Pupils and staff at the two main sites have daily access to registered nurses to provide on-site nursing advice, professional liaison, assessment, care planning and healthcare training for school staff. The Special School Nursing Service has a multi-disciplinary team approach, working and liaising with many health partners and education staff to ensure all available support is provided to children in school with everyday physical complex health needs and those with complex life limiting conditions or fluctuating health needs. This may include:

- Pupils feed daily enterally - gastrostomy, nasogastric, jejunostomy
- Pupils with complex respiratory everyday needs - tracheostomy, ventilation, nasopharyngeal airways, suctioning, oxygen therapy.
- Pupils with complex epilepsy - seizure profiles & plan development, VNS, rescue medication protocol e.g. buccal midazolam
- Pupils returning to school after surgery with post-operative needs including tissue viability.

Current Caseload:

- Base 1 - 202 children and young people with a diversity of learning needs including physical, medical and sensory needs and autism.
- Base 2 - 146 children with profound and multiple learning difficulties.
- Outreach school 1 - 126 children with complex moderate learning difficulties and those on the autistic spectrum.
- Outreach school 2 - 36 young people with autistic spectrum condition and moderate learning difficulties.
- Outreach school 3 - 127 young people with moderate learning difficulties and/or behavioural, social and emotional needs.
- Outreach school 4 - 117 children and young people with moderate learning difficulties and/or moderate learning difficulties.

Our Journey

During the Pandemic the nursing team continued to work from their base sites. They were not redeployed. They provided nursing support to children and education staff and outreach support, advice and bespoke resources to children and families not attending school. The proactively contacted families and spoke to the child's MDT whenever there was a need. The nurses provided fit testing for education staff to be fitted with the correct PPE for Aerosol Generating Procedures. The nurses supported Covid testing in school supporting the school to implement PHE guidance. The service received lots of positive feedback from families and schools about the support given during this time.

The service responds to all notifications from the Local Authority for information for EHCP's. The service provides health information on a standard template for EHCP annual reviews where there has been an agreed identified health need. The nurses receive the dates of the review meetings and agree with the schools SENCO which ones would be beneficial for them to provide information for and attend. The nurses support the individual child's needs and work closely with the families and key personnel in school. Through a partnership approach with education, identified healthcare needs for these children are then met. The service facilitates smooth transition between school, home and into adult health services, or between settings.

Northumbria Healthcare Trust's transition clinical guideline was refreshed in 2020 and training has been given by the Team Leader to the special school nursing team in 2021. A recent audit has been undertaken to evaluate if all young people eligible to be included in this pathway are transitioning appropriately into adult services. The audit has showed improvements particularly in promoting and reminding young people with LD aged 14+ to attend their GP annual healthcare check.

At the beginning of January '21 new investment from the CCG enabled the service to appoint a nurse to be part of a new SEND programme. We have utilised this new

investment to develop a new health needs assessment (HNA) for children starting nursery or reception class at the two base sites. This assessment is completed by the newly appointed nurse with parents as soon as their school place is confirmed. Bespoke resources and health advice are given to the family to help with readiness for school. From the HNA a school profile health document is prepared for education staff so they are fully informed of the child's needs and can plan in partnership with the nursing team for the child's safe and supported transition into school. Feedback from parents and the schools has been that this work is extremely beneficial to families and school staff with all parents rating the usefulness of the support from the nurse a 9 or 10 out of 10.

What action we are taking

- Work with NHCT service leads, the Commissioning Lead in the CCG and the DCO on continuing to refresh and develop appropriate service guidelines, protocols and policies for the service.
- To feed into the Local offer development and refresh annually.
- To continue to explore opportunities to evidence service outcomes.
- Offer all parents at the base sites the opportunity to complete a Health Needs Assessment Questionnaire to request information and advice on their child's health and wellbeing. The service has developed new self-help information booklets on a range of health themes that link to the HNA for children with SEND.
- Continue to develop programmes of public health to groups, individuals and families. One example includes 'coffee and chat sessions' for parents to speak to the team and other parents informally about any worries they have about their child's health or emotional well-being. These sessions have been started in April '22 and have been very well received by parents.

Case Studies

Case study 1

Background

An 11-year-old boy was refusing his epilepsy and cardiac medications at home. It was not known to the nursing team that this had been an issue for over a month and was only discovered by one of his nurses whilst attending a TAF meeting for his sibling. After a brief chat with the pupil the nurse discovered his non-compliance was due to the 'gritty' taste of the liquid medications. It was agreed with his mum that the nursing team would do some work with the pupil on how to take tablets instead of liquid medication.

Action

The nursing team used [Kidzmeds](#) resources and videos which is available through Northern Paediatrics led by Dr Vincent Tse, consultant paediatrician in Newcastle. The kidzmeds resources are excellent and helped the nurses to understand the best way to teach the pupil to swallow the tablets safely. A one to one practical session was

carried out, using small sweets as dummy tablets and a water bottle with a spouted lid. Lots of praise was given throughout the session to encourage the pupil to swallow the smallest sweet progressing to a larger sweet. The session was extremely successful with the end result being that the pupil was able to swallow the biggest sweet (tablet) in one go very easily.

Outcomes and impact

The nurse liaised with his epilepsy nurse to get his epilepsy tablets prescribed, along with a plan for an increasing dose due to him not having any medication for a while and the likelihood of side effects if he was started back on his full dose. It was agreed with mum that we would support her by getting the child to take his new medication (in the form of tablets) in school each morning for the first two weeks, with a view to handing it back over to the responsibility of his mum when the child was totally confident. Reward charts were put in place to assist with this and the pupil was very proud to show us his new skills. Without the success of this intervention the child would not have been taking his medication and would be susceptible to seizures at home and school and emergency hospital admission.

Case study 2

Background

An 11-year-old girl was very anxious and upset daily in school due to a planned operation for bladder and stoma surgery. Due to this she was being taken out of lessons and being sent home when she was upset, it was getting to the stage where she wasn't able to learn anything in school. Her concept of time was distorted and she was unable to understand that the operation was planned for another 12 weeks away. The girl had a very good relationship with the nurses in school as she usually saw them every day for her medication.

Action

The nursing team agreed with mum that they would complete a piece of work with her to help her understand more about her operation and help her see that it was not something that was happening in the next couple of weeks. The nurses liaised with her specialist nurses at the RVI to get the most up to date and accurate information about her planned surgery and details of which websites had useful information. The nurses met with this pupil every week for 8 weeks and talked about how her appearance would change following her surgery as this was her biggest concern. They looked at photos and helped her draw what her stomach area would look like afterwards and how this might make her feel, exploring all of the different emotions that are normal to feel before and after any type of surgery.

The nurses also showed her age appropriate and simple videos of the surgery and testimonies of other children who had similar surgery to help her understand how she will carry out her daily activities afterwards. All of this helped her to understand the process of what was going to happen and reduce her main worries.

With the help of her class teacher we made a visual chart so that she could tick off the weeks prior to the surgery so she could visually see how far away the surgery was. We also tried different juice flavours to find one that she liked the taste of, ready to mix with her bowel prep that she would need to take prior to her surgery.

Outcomes and impact

The nursing support this pupil received helped reduce her anxieties about when the surgery was going to happen and the worries about how the surgery would affect her body image. The completed work resulted in the pupil being happier and more settled in school. The pupil was once more able to concentrate on her school work and have fun with her friends again.

Case Study 3

Background

The nurse for the SEND programme completed a Health Needs Assessment with a parent for her 4-year-old son who was due to begin full time school at one of the base sites. He was diagnosed with ASD and during the assessment, mum expressed some concerns that she would appreciate advice and support with. These included his level of continence, his diet and weight and his challenging behaviour. Mum was finding things difficult as she also had two other smaller children with special educational needs.

Action

The nurse provided mum with advice regarding continence, discussing setting the scene for toilet training and the benefits of using a step approach to introducing a toileting routine. Step one was agreed for mum to change the child's pads in the bathroom whilst working towards step 2 of sitting on the toilet with a reward. The nurse also referred the child into the continence service for the provision of containment products. Dietary advice was given but as the appointment was held remotely the nurse was unable to assess the child's weight at that point. Mum agreed for the nurse to see the child when he started school. They discussed that mum had access to support from her health visitor regarding the child's challenging behaviour and that she would ask for further support. The nurse completed the school profile document and met with his classroom teacher and support assistants to discuss and talk through this information so they could prepare for the child's transition into school.

Once the child had started school, the nurse assessed the child's weight. The measurements confirmed that he was above the 99th centile for his BMI in the very over weight category. The nurse then discussed with mum completion of a food diary and SMART goal setting. Multiple snacks appeared to be the main problem. Mum was sending in a packed lunch with snacks for him that he was having alongside his school lunch and mum was also giving a snack on his return from school before his main meal. A plan was agreed that the child would just receive a healthy snack that was provided by school that all other children access. This would either be a plain biscuit

or a piece of fruit. Mum would no longer send in a packed lunch for him as there were no concerns around him eating school lunches.

They discussed his behaviours around eating; Mum was advised not to use food as a motivator or a reward for good behaviour. Challenging behaviours that Mum described included hitting and kicking when Mum refused him food or stealing food from his brothers' plates. The nurse encouraged Mum to 'ignore unwanted behaviours where possible and praise non-food related behaviours such as sitting nicely at the table and using good manners.

Outcomes and impact

The parent has been very receptive to all advice and strategies discussed despite not being concerned about his weight in the original assessment. She has begun to implement more of a routine at home that mirrors the routine that the child has at school. There have been improvements in the child's behaviour at home and to his diet. A therapeutic relationship has been formed with the child's parent who requires on-going support. The child's diet and weight will be monitored regularly over the next 6 months. Advice and support to help the child achieve continence will be provided.

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