

JOINT AGENCY PRACTICE GUIDANCE: CONCERNS AND RECOMMENDATIONS

This paper focuses on joint agency provision for pupils who have a specific health care need in Wiltshire. It includes pupils who have medical needs, either temporarily or permanently. It does not include pupils who have therapy needs e.g. OT, Physio.

Current Concerns

- Although jointly accountable with their Health partners, Heads are not always fully consulted before some decisions that relate to supporting pupils with medical needs in their schools are made.
- Health staff will often tend to focus on individuals, without seeking to take on board the interrelated wider picture and needs in a school.
- Heads are therefore sometimes left in an adversarial position (with parents, with other professionals), rising from a lack of consultation and agreement.
- Training does not support Heads in their task of managing staff anxiety in relation to accountability, and can sometimes result in staff stepping back from further training.
- Training is not tailored to school needs, which saps confidence in it and can make parts seem a waste of valuable time.
- Information to Heads about different types of medical training can be inconsistent depending on the professionals involved, and the way training is delivered can be altered without any consultation with schools.
- Where several children have the same need, eg gastro feeding, insistence on each member of staff having to be signed off as competent separately for each individual child - when doing the same task in the same way with each of them - can cause huge operational difficulties.
- Schools are supported differently depending on geography and this is confusing and not consistent.
- Current “off site” nursing support does not adequately reflect the increasing complex medical needs of pupils in some schools.
- Schools that do not have nurses on site are unable to make clinical decisions that depart from a care plan and in the case of some pupils – for example those poorly enough to have end of life plans – this could lead to a tragedy.
- The management of certain medication and equipment within a school setting by non-medical staff is potentially dangerous and an additional responsibility for the Head.
- The management of paperwork, resources, liaison and organisation related to pupil’s medical needs is time consuming and has become a full time job in some special schools.

Recommendations for Improvement

- A School Specific Protocol should be created by a working group that includes School and Health managers. This should identify roles, responsibilities and clear processes for all Wiltshire schools.
- The practice of including schools in meetings to write care plans, alongside pupils (where possible), parents and nurses, should be emphasised in the protocol, and schools should routinely be a signatory on care plans to demonstrate that they also have agreed them.
- An additional protocol should be identified for when a child has had a serious illness/ emergency hospital admission: pupil (where possible), parents, nurses and school should jointly devise a plan for returning to school and review / write that child's risk assessment as part of the meeting.
- There needs to be a clear understanding between Health and Education partners in relation to the purpose of a school day so that it is clear that schools are not respite providers and should not be admitting children when they are not well enough to cope with the school day with their usual level of support.
- There should be transparency with regard to the role of the Complex Needs Panel in providing additional funding where schools are unable to cater for a pupil's medical needs without additional resource (see joint agency practice guidance pg 10) – for example a matrix of need.
- There should be a full **joint** review of the training delivered for school staff, and changes that are positive for schools agreed as a consequence.
- All Risk Assessments need to be discussed and problem-solved by both Health and Education partners in relation to the wider picture in a school in order to safeguard the wellbeing of other pupils - and of staff.
- Nurse – led Risk Assessments and Care Plans must be completed in a timely way to support the school and the child. It is unacceptable for schools to be expected to have pupils who do not have a current signed care plan.

Written by Wiltshire Special School Heads, April 2012.