School aged years 5-19

High Impact Area 5:
Supporting complex and additional health and wellbeing needs
About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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What and why including context

It is important to ensure children and young people with additional or complex health needs are supported to achieve agreed outcomes and are able to engage with learning whilst maintaining their health and social wellbeing. This may include support for children with a long term health condition or with a physical or learning disability. One in seven young people report being diagnosed with a long term health condition or a disability and 800,000 have asthma (AYPH, 2015). The majority of children with complex and additional health needs will have their needs met within mainstream education settings and some will need additional support from specialist services. Strong partnership working is required to ensure seamless support is provided. Professionals working together and developing an understanding of each other’s roles and responsibilities ensures early identification of needs and timely support. School nursing services are well placed to lead and co-ordinate support effectively.

Health, education and social care should work together with parents/carers to agree ambitious outcomes for identified children, set clear progress targets, and be clear in their planning about how resources are going to support and help the child/family reach their targets or aspirations. Parents or carers will be fully involved in discussions about their child’s progress and reviews of the provision needed to achieve the agreed outcomes.

School nurses are able to advocate for the child, young person, parent/carer to ensure that the child’s voice is heard especially if they have communication difficulties or are unable to articulate for themselves.

All children develop at their own pace. Where a child or young person aged 0-25 has a complicated and long term need which covers education, health and care, and the special educational provision required to meet the child’s needs cannot reasonably be provided from the resources normally available to the early years or education provider, then an Education, Health and Care assessment may be appropriate. The education health and care plan assessment and planning process is joined up, outcome focused and delivered in partnership with parent/carers. It is agreed and completed within a maximum of 20 weeks. However, there are times when a child has speech and language delay or behavioural problems, which are not considered a special educational need or disability and therefore do not warrant an Education Health Care plan.

Clear multi-agency infrastructure and locally agreed assessment frameworks will provide the opportunity to jointly assess individual and family needs, whilst offering clarity around partners’ roles and responsibilities. Robust leadership and accountability will support delivery of tailored services as part of agreed local arrangements.

School nursing teams are well placed to identify children and young people who may require additional support or who would benefit from signposting or referrals to more specialist services such as CAMHS or substance misuse services.
Access to services needs to be timely and responsive to individual and family needs. School nursing teams need to work collaboratively with other health professionals, including GPs, dental services, community children’s nurses, community paediatricians and wider stakeholders, for example schools, youth services and social care. When supporting vulnerable and isolated children it is important to ensure services are delivered in locations and at times that are appropriate to their needs – this may include home visits or community locations other than schools. It is important to work within national and local safeguarding pathways and arrangements ensuring that the voice of the child is considered. School nurses’ unique position means they can advocate for vulnerable children and young people who may not be able to easily verbalise their concerns or needs.

Transition to secondary school or college can be a period of high anxiety for young people with additional or complex health needs. School nurses are able to offer support to young people to manage their health condition and medication within mainstream school. Identifying concerns early, putting a health plan in place and offering support through ongoing health drop-ins can help smooth periods of transition.

Parents/carers of children with medical conditions may have concerns about how well their child will be cared for during the school day. Governing bodies of schools and academies have a statutory duty to ensure that there are arrangements in place to support pupils with medical needs.

Some children with long-term conditions require support or medication during the school day to ensure that they remain well. If they are not adequately supported this may impact on the child’s health, social and educational outcomes such as:

- school attendance
- emotional health and wellbeing – e.g. low self-esteem, bullying
- ability to access the full curriculum – e.g. physical education
School nurses have a clear easily understood national framework on which local services can build. The school nursing 4-5-6 model sets out the four levels of service with increased reach from community action to complex needs, five universal health reviews for all children and the six High Impact Areas where school nurses have the greatest impact on child and family health and wellbeing.

School nurses provide a crucial interface between children, young people and families, communities and schools. School nurses have defined skilled to support holistic assessment of the health and wellbeing needs. They provide health promotion, prevention and early intervention approaches to support individual and population health needs.

The School nursing service is valued and trusted by children and young people (BYC, 2011). School nurses use a strengths based, holistic approach and work in partnership with children, young people and parents to provide individualised care which is more likely to promote behaviour change and sustain progress of health outcomes.

School nurses are able to signpost and offer information and support, liaise with key professionals involved in the child’s care and support school staff around training. School nurses work closely with community children’s nurses and community paediatricians.

School nurses have a vital role in educating families and children about hygiene, particularly when children or family members have an illness or infection. They will play a vital role in educating families and children about appropriate use of antibiotics.
Measures of success/outcome

(Including Public Health Outcomes Framework or future Child Health Outcomes Framework measure/placeoholder, interim proxy measure, measure of access and family experience)

School nurses and wider stakeholders need to demonstrate impact and evidence of improved outcomes. This can be achieved by using the local measures:

**Access:**
- number of children with complex or additional health needs who have access to the school nursing service.
- evidence of local multi-agency pathways setting out good practice for identification, assessment, and support for 5-19s with complex and additional health needs or disability.

**Effective delivery:**
- Reduced social isolation and targeted support to meet local needs

**Outcomes:**
- reduction in school absences
- 1.03 Pupil absence indicator
- number of Education Health Care Plans in place
- fewer A&E attendances for children with long term conditions

**User experience:**
- feedback about service delivery from children, young people and families via the NHS Friends and Family Test, You’re Welcome and local service surveys.

Other measures can be developed locally and could include local pathways and partnership approaches to supporting children with additional and complex health needs, for example referrals to specialist services or to support groups, engagement of previously non-compliant/vulnerable children and young people with medication or treatment.
Connection with other policy areas and interfaces

(How does it fit/support wider 5-19 work)

The high impact area documents have been developed to support delivery of the Healthy Child Programme and 5-19 agenda, and also to highlight the link with a number of other interconnecting policy areas e.g. early intervention, health inequalities, children with Special Educational Needs and Disabilities (SEND). The importance of effective outcomes relies on strong partnership working between all health partners (primary and secondary), education providers, local authority partners including early years partners, and third sector (voluntary) partners.

How will we get there?

System levers

- Public Health Outcomes Framework indicator reported and benchmarked by Public Health England and local authority
- Department of Health specification supports the High Impact Areas and delivery of the Healthy Child Programme
- Information sharing agreements in place across all agencies
- Integrated commissioning of services
- Partnerships working with schools to support integrated planning, delivery, monitoring and review
- Information sharing from Joint Strategic Needs Assessment (including health data and information about families and communities) to identify and respond to joint priorities
- Special Educational Needs and Disability (SEND)

Improvement

- Improved accessibility for vulnerable groups
- Integrated IT systems and information sharing across agencies
- Development and use of integrated pathways
- Systematic collection of user experience e.g. Friends and Family and You’re Welcome quality criteria Test to inform action
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- Increased use of evidence-based interventions and links to other early years performance indicators
- Improved partnership working e.g. schools, GPs, dental services, children and young people
- Consistent information for children, young people, parents and carers
- Place measure completed
- Early identification of risk
- Improved engagement of previously non-compliant children and young people

Improved understanding of data within the JSNA and at the local Health and Health and Wellbeing Board
- Integrated working of school nursing services with existing Local Authority arrangements to provide a holistic/joined up and improved service for young children, parents and families. This includes effective joint working with specialist substance misuse services.
- Identification of skills and competence to inform integrated working and skill mix
- Increased integration and working with schools to offer range of services/activities to promote health and wellbeing

Professional/Partnership Mobilisation

- Multi-agency training and supervision to identify risk factors and early signs of health and wellbeing issues
- Multi-agency training in approach for discussion with children and young people to obtain information
- Multi-agency training in evidence based early intervention and safeguarding practices
- Effective delivery of universal prevention and early intervention programmes
Associated Tools and Guidance
(including pathways)

**General**

Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and call to action, Department of Health, 2012

Maximising the school nursing team contribution to the public health of school aged children: Guidance to support the commissioning of public health provision to school aged children 5-19, Department of Health, 2014

An RCN toolkit for school nurses, Royal College of Nursing, 2008

TAC interconnections, accessed April 2016

Conception to Age 2 – The age of opportunity, Wave Trust, 2013

Working Together to Safeguard Children, Department for Education, 2015


Key data on adolescence, Association for Young People’s Health, 2015


**Long term conditions**

No child with cancer left out, Clic Sargent, 2012


SEND delivery support, Department for Education and Department of Health, accessed April 2016

Contact a family, accessed April 2016


Supporting Pupils at School with Medical Conditions, Department for Education, 2014

Disability matters, changing the landscape of disability in the UK, Royal College of Paediatrics and Child Health, accessed April 2016

Managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues, Royal College of Nursing, 2012 – currently under review

Providing support for children and young people with health needs in schools, Royal College of Nursing and Unison, accessed April 2016

Disability matters, accessed April 2016


Implementing the 0-25 Special Needs System, Department of Health/Department of Education, 2014

SEND Code of Practice 0-25, Department of Health/Department of Education, 2014
Valuing people now: a three year strategy for people with learning disabilities, HM Government, 2009

Support and Aspirations: A new approach to special Educational needs and disabilities – Progress Report, Department of Education, 2012

Special Educational Needs and Disability (SEND), Department for Education and Department of Health, accessed April 2016

Supporting pupils at school with medical conditions, Department for Education, 2015


Building the right support: A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, NHS England 2015

Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, Local Government Association, Association of Directors of Adult Social Services and NHS England, 2015


**Lifestyle**


**NICE Guidance**

Oral health, Local authorities and partners, NICE guidelines [PH55], 2014

Oral health promotion, general dental practice, NICE guidelines [NG30], 2015