



Royal College
of Nursing

Meeting the Health Needs of Children and Young People in Educational and Community Settings

CLINICAL PROFESSIONAL RESOURCE



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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Introduction

This resource will enable community children's nurses or those outreaching into children in the community to be fully aware of their role and responsibilities, as outlined in the special educational needs and disability legislation in England, Northern Ireland, Scotland, and Wales, whilst enabling them to promote the inclusion of children and young people (CYP) with additional health care needs in mainstream education and other settings.

In providing guidance to all registered nurses who have a responsibility to plan for or are required to safely meet the health care needs for CYP in various community settings. This resource will set out key elements and factors for consideration and is applicable to health care professionals working with CYP. It 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 resource would equally apply. Further information on this cohort of CYP may be found in a review by the Council for Disabled Children (2017) and the RCN publication *Understanding and responding to CYP mental health challenges* (2022).

Case studies will also be available to complement this resource and aid the process of demonstrating how successful assessment, management, and support can be taken forward. Where best practice is identified, the roles and responsibilities of health, social care and education professionals and establishments will be detailed alongside the needs of CYP. This is especially pertinent for professionals working in collaboration with education, social care, and commissioners; furthermore, takes into account the legal changes and responsibilities for the provision of education.

This resource replaces the 2018 RCN Meeting Health Care Needs publication and associated guidance list of what may or may not be delegated by the registered nurse. This subject area has historically raised questions around the principles of delegation. The resource does not include the training of parents as this does not fall under delegation.

The aim of this clinical resource is to provide best practice principles to support meeting the health needs of CYP in educational and other community settings, including, but not limited to, hospices, colleges and youth activity settings. It is the responsibility of all employing organisations involved in the delivery of care to ensure robust governance arrangements are in place.

Key terms

- For the purpose of this resource a generic term of “support worker” will be used to describe the wide variety of staff who support CYP with health needs in different settings; some examples of these would include health care assistants, teachers, learning support assistants, personal assistants, voluntary or community sector workers, or social care support workers.
- The resource refers to the community children's nurse (CCN), and in the main this will refer to the registered children's nurse working in the community as a member of the community children's nursing team but recognises that continuing care nurses,

learning disability nurses, school nurses, health visitors and others will also have a role in the management of care in different settings including training and delegation. We recognise that nurses work across health, social care and education in both the public, private and voluntary sectors.

- Care tasks 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.
- Training refers to the delivery of a package of learning, equipping individuals to acquire the knowledge and skills required to meet the health needs of the CYP. Training delivery is not necessarily linked with delegation and can be a separate function. Communication and documentation, therefore, is essential to make the arrangement clear and transparent.

Delegation – guidance on delegation can be found [rcn.org.uk/Professional-Development/Accountability-and-delegation](https://www.rcn.org.uk/Professional-Development/Accountability-and-delegation) and [nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf](https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf)

Background

The guidance

This resource provides a brief overview of key relevant legislation and policy within the four countries of the UK; however, it is acknowledged that such guidance is subject to ongoing development and review and is thus ever changing. Readers are therefore advised to check relevant policy and legislation accordingly and it is for this reason the original publication has been converted to an electronic resource to allow for timely updates to address changes in practice. We aim to outline the key points and provide general principles to assist the registered nurse to fulfil their role and ultimately optimise and enhance care for children, young people and their families.

Examples of the range of health needs include, but are not limited to, asthma, diabetes, epilepsy, and conditions that require care tasks 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.

With the strategic shift from hospital to community care within the UK and CYP living with longer term needs this has resulted in many more CYP and their families requiring care, advice, and support to maximise their outcomes within educational and other community settings. This could include care provision by local authorities, continuing care or using Personal Health budgets. It is expected that at every stage, children and young people are supported and enabled to take ownership of their own care as appropriate for their age and stage of development.

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 and an overall impact on their social and emotional wellbeing. Nurses whose professional

remit involves working with educational and other community settings are ideally placed to work in partnership with CYP and their families to optimise their health and wellbeing. In empowering and enabling nurses, this guidance aims to support nurses in meeting the acute, long-term, physical, emotional and social health and wellbeing needs and outcomes for CYP through 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.

It can be challenging for support workers to fully understand and feel confident in caring for CYP with complex health needs, with anecdotal evidence suggesting this can further compound the challenges faced by CYP in education and community settings. This highlights the crucial role registered nurses play in enabling and supporting the wider team to ensure CYP are receiving the care they require.

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 1989 United Nations Convention on the rights of the child and the 2009 United Nations Convention on the Rights of Persons with Disabilities. 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. It is essential that all CYP and their families/carers are given every opportunity and supported to be involved in their care and their voices heard. This was also recommended by the Council for Disabled Children review (2017).

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 children and young people with disabilities and/or complex health needs must not be discriminated against and must have in place reasonable adjustments to ensure that they are not disadvantaged in any way.

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, 2018) and the NMC Delegation and Accountability document; 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 accountability of the individual registered nurse in the delegation of care tasks/interventions and these principles must also be adhered to when providing training and advice in educational and other settings.

The NMC have defined delegation as the transfer to a competent individual, of the authority to perform a specific task in a specified situation. Accountability is the principle that individuals and organisations are responsible for their actions and may be required to explain them to others. Delegation of tasks from one individual to another occurs commonly in all health and care settings.

The NMC define that delegation of an activity may be from:

- one registered professional to another.
- a registered professional to an unregulated member of staff.
- a registered or unregistered person to a carer or family member. As registered professionals, nurses, midwives and nursing associates are accountable for all aspects of their practice, including accountability for what they choose to delegate, and agreement, or not, to undertake activities which are delegated to them.

Support workers will be required to work to an explicit job description, this will specify the main elements and competencies of their role. Support workers should only undertake care tasks relating to the named child(ren) in their care and particular to the care setting in which they are employed.

Policy and legislation

In meeting the needs of CYP and registered nurses, the resource 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 (2014) required the development of Education, Health and Care Plans (EHCP). Part 3 of the Children and Families Act (2014) sets out the legal requirements for CYP with special educational needs or disabilities in England. The Special Educational Needs and Disability Code of Practice (2015) places 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.

A requirement of an EHCP is that an assessment of the child or young person's education, health care and social care needs is undertaken which must be reviewed at least annually or earlier if the child or young person's condition has changed.

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 supported by the NICE (2023) guidance on complex needs.

At the end of March 2023 the government published its Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan. This green paper sets out the government's proposals to improve outcomes for children and young people; improve experiences for families, reducing the current adversity and frustration they face; and deliver financial sustainability. It also considered the specific issues facing the alternative provision sector.

Where an EHCP is not required it is deemed good practice for settings to create a plan seeking support from multidisciplinary teams. This plan should include the health care needs, emergency and escalation management as well as the contact details of any significant individuals providing clinical support to the CYP.

Wales

The Additional Learning Needs and Education Tribunal (Wales) Act 2018 was introduced to the National Assembly for Wales in 2016 and works alongside an Additional Learning Needs Code. This Act is the 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 are 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 Additional Learning Needs Code will provide clear legally enforceable parameters within which health services must act.

Supporting learners with health care needs 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:

Additional learning needs (special educational needs) gov.wales/additional-learning-needs-special-educational-needs

The *Continuing Care guidance* and supporting annex for children and young people gov.wales/continuing-care-children-and-young-people

A strategy for implementing A Healthier Wales has been supported with a National Clinical Framework: a learning health and care system which reiterates the need for the future focus to be primary and community care and a move away from hospital provision.

Scotland

The Education (Additional Support for Learning) (Scotland) Act 2004 (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 care and third sector agencies. This is accompanied by the 2010 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 guidance for NHS Boards, education authorities and schools (Supporting CYP with health care needs in schools) 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 wellbeing 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:

Getting it right for every child (GIRFEC) – [gov.scot](#)

Supporting children and young people with healthcare needs in schools: guidance – [gov.scot](#)

Northern Ireland

The 2016 Special Educational Needs and Disability Act (Northern Ireland) 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 on delegation can be found in the Northern Ireland Practice & Education Council for Nursing and Midwifery (NIPEC) [guidance](#) and on their [delegation](#) microsite.

Principles of Delegation

These complement the RCN [accountability & delegation principles](#) which provides a robust framework for both delegation, being delegated to, and the accountability and responsibilities of all involved.

Communication and information sharing

It is the responsibility of parents and legal 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.

Risk Assessments

A risk assessment must be undertaken that would involve a two-step process.

1. Risk Assessment of the nature and complexity of the identified task(s)

This assessment will identify if the task can be undertaken by a support worker or requires a registered nurse. If the task needs to be undertaken by a registered nurse then it shouldn't be delegated.

This risk assessment may include:

- the individual CYP in the context of the environment where the task will be carried out

- is there a need for any assessment in the decision to undertake/not undertake the task? Is there capacity to undertake the work? And if so, the complexity of this? Can the decisions be clearly set out in a protocol?
- what are the steps in undertaking the task – for example if there are multiple steps in the process this could increase risk for error?
- what could the complications/side effects be related to the task and what would be appropriate management should they occur? What if something goes wrong, and how is this escalated and managed?
- is any equipment needed to undertake this task?
- is this going to be a regular activity?

2. Risk Assessment prior to delivering any training

The following risk assessment must be carried out prior to delivering any training to support workers.

- Is there a formal contract or Service Level Agreement in place to provide the care tasks? This documentation needs to be clear regarding who is providing the training, assessment and delegation (where applicable).
- Is the care task specified (or is generally written) within the support workers role and job description?
- Does the employer have the appropriate policies, procedures in place to support the delivery of care tasks?
- Is the employee covered by their indemnity insurance to provide the care task?
- Has consent been gained from those with parental/legal responsibility and/or the young person?
- Is the care task to be undertaken on a named CYP basis?
- Is the care task specified within the CYP's care plan/EHCP/school health care plan?
- Is the environment appropriate for the care task to be carried out?

Health care plans

To enable CYP who are reliant on health/ medical technology to fully participate in education, leisure and community activities, delivery of care that is safe and in the CYP's best interest is paramount. For some CYP there will only be a need for an essential care and support plan with clear guidance on steps to take in the event of an escalation of needs being required and may not necessarily require the direct support of a health professional. These can be drawn up between the parent/guardian/CYP and the setting.

Those CYP requiring specific health or complex needs are often well known to the multidisciplinary team and a collaborative approach should be taken to drawing up the more complex care and support plan. This may include, but is not limited to, individual health care plans.

In either scenario, the care and support plan should:

- be agreed between parents/guardian/CYP and the care provider
- be clearly documented. If care is going to be delegated, the registered nurse delegating and support worker(s) should be named. This should be reviewed regularly, specifically when named people are no longer involved in the health care plan
- identify the training needs and the most appropriate service to provide this training. Assessment should also be considered
- relevant commissioning arrangements should take into account any delegation, training and assessment including ongoing monitoring, with review periods detailed. It should be clear what services are commissioned for and the provision of training to ensure the CYP is 'supported' to remain in or return to education.

Further information:

Supporting Pupils at School with Medical Conditions (England) [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/484418/supporting-pupils-at-school-with-medical-conditions.pdf)

Supporting Learners with Healthcare Needs (Wales) (page 23) gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf

Consent in England and Wales rcn.org.uk/clinical-topics/Consent-in-England-and-Wales

Training

The training package and competency assessment will be developed on an individual basis specific to the needs of the CYP. This might be facilitated by a different health care professional(s) and may not necessarily be the delegating nurse.

Support workers who are undertaking the care task (whether paid or voluntary) must have the knowledge and confidence to undertake this role and should only do so following appropriate provision of training and assessment from a health professional or other accredited source. They are responsible to raise with their employer if they feel they are no longer competent to undertake the task.

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 training programme must be designed to enable support workers to:

- provide care for a child or young person according to set protocols and guidelines
- be able to recognise signs of when the CYP is becoming unwell
- be able to seek help as indicated in the individual's care and support plan.

Some training of care tasks may need to be delivered using a simulation model if appropriate. This may include assessment however, there is usually a requirement to assess competence in practice.

Assessment of competency

The opportunity must be provided for supervised practice before an assessment of competency is undertaken by a suitably qualified registered nurse. This process takes into account the views of the child or young person, parents and the views of the person being assessed.

Assessment of competency should include the learners understanding of the underpinning knowledge, practice training supervised by the Registered Nurse and formal assessment of performance (wherever possible), as well as their confidence and capability.

The support worker must be assessed and deemed competent to undertake any nursing care task, with documentation signed by the Registered Nurse. The date of the support workers update training and reassessment of competence will be agreed and recorded in this document, this should be a minimum of annually unless the risk assessment mitigations indicate more frequent checks, care needs change or local policy dictates otherwise.

The registered nurse, the employer of the/and the support worker must keep a record of any training, competency assessment, sign off and dates for review. Whilst all parties hold a responsibility to seek retraining within a reasonable timescale prior to expiry, it is the registered nurse who is accountable for this in line with the NMC code of professional standards.

Ongoing support

The employer of the support worker will ensure that the member of staff has access to ongoing support to ensure they remain competent and confident to carry out the care tasks. This will include 1:1 discussion with their line manager and arrangements to contact the registered nurse for advice and support. The support worker must be empowered to share if they are struggling or have any questions that may impact their confidence. The registered nurse must also be satisfied with the arrangements in place.

Conclusion

In summary this resource has been developed to enable community children's nurses or those nurses outreaching into the community to be fully aware of their role and responsibilities, as outlined in the special educational needs and disability legislation in England, Northern Ireland, Scotland, and Wales. This is expected to support them to promote the inclusion of CYP with additional health care needs in mainstream education and other settings. It is a complex setting, and this guidance has brought together a variety of resources together both from the RCN and wider stakeholder such as the NMC.

It is also useful to support the consideration of the following: who is delegating to who, who is teaching and who is assessing, what is the ongoing supervision and monitoring, where are the escalation plans, clear documentation, and communication that set's out responsibilities and accountability as well as any commissioning considerations. This is essential to ensure health care needs for children and young people (CYP) in various community settings are safely met.

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RCN quality assurance

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 delivery and training in nurseries, schools, and any other community setting. This is a revision and subsequent replacement of the original document published in 2018.

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