

APPENDIX ONE

**INTERVIEW WITH HEALTH PROFESSIONALS:
TOPIC GUIDE**

**COMMUNICATIONS PROJECT
INTERVIEW WITH HEALTH PROFESSIONALS**

Code.....Date of interview.....

Job title.....

Client group

Chronic physical conditions (if appropriate)

Working with mainstream and special schools? M S

**Section A:
OVERVIEW OF HEALTH PROFESSIONAL'S ROLE IN PROVIDING
INFORMATION TO SCHOOL STAFF**

Q1 Does your work involve providing information to school staff, either by yourself or through a third person?

Yes / No

If No: Where do teachers usually get health-related information about your patients?

Do you feel this arrangement is satisfactory? (*Do you have any concerns about this arrangement?*)

>>>>GO TO SECTION E

If Yes:

Do you provide information about all school age children on your caseload?

Yes / No

If yes: Is this a responsibility you have taken on as an individual or is it standard practice for all.....?

If no: Which children do you liaise with schools about? (i.e. what are the criteria for liaison)

I'd like to get an overview of HOW you liaise with mainstream school:

Q2 Do you have *direct* contact with school staff?

Yes / No

Q3 Do you have *indirect* contact with school staff, either through other professionals or parents

Yes / No

Q4 Do you *usually* liaise directly or indirectly?

Directly

Indirectly

About equal

Q5 Does whether a child has a statement of special educational needs (SEN) make any difference to liaison with teachers in *mainstream* schools?

Q6 Does whether a child is in *mainstream* or *special* school make any difference to liaison with teachers?

The focus of this interview is about liaison with **mainstream schools**, so I am now going to ask you in some more detail about the way in which you pass on information to staff in these schools (*to include direct and/or indirect contact, depending on answers given above*)

Section B
DIRECT CONTACT WITH SCHOOL STAFF

Q7 WHO usually initiates direct contact?

Me
School staff

Q8 WHAT kinds of information do you pass directly? (Please describe)

- a) **General information on an illness or disability?**
Would this include information on the *impact* of the condition on school life?
- b) **Information *specific* to a child?**
Would this include information on the *impact* of the child's condition on their school life?

Q9 HOW do you usually liaise?

(e.g. visit to school; multi-agency meeting; telephone; letters)

Does whether a child has a Statement of SEN make any difference to how you liaise?

Q10 What are the advantages and disadvantages *for you* of the method(s) you use to liaise?

(If more than one method, please compare)

**Section C:
INDIRECT CONTACT WITH SCHOOL STAFF**

- Q11** Thinking now about *indirect* contact with schools (i.e. through a third person, such as another professional or a parent): **WHO is usually the link person?**
- Q12** Does whether the child has a Statement of SEN make any difference to who is the link person?
Yes / No
- Q13** Is it usually *you* who is wanting to pass on information to the school or is it usually that *the link person* comes to you requesting information?
- Q14** **WHAT** kinds of information do you pass on indirectly to schools? (*Please describe*)
- a) **General information on an illness or disability?**
Would this include information on the *impact* of the condition on school life?
 - b) **Information *specific* to a child?**
Would this include information on the *impact* of the child's condition on their school life?
- Q15** In what form is information *usually* passed on? (e.g. written/verbal)
- Q16** Does whether a child has a statement of SEN make any difference to the way in which you pass information on?
- Q17** What are the advantages and disadvantages *for you* of liaising with schools through (*the link person(s) you have identified*)?

**Section D:
CONFIDENTIALITY**

- Q18** When you need to pass on information about a child (directly or indirectly), how do you deal with patient confidentiality?
- Q19** Does patient confidentiality pose any difficulties for you in liaising with schools?
- Q20** Does it limit the information you pass on to schools?
- Q21** Do you have any suggestions as to how any difficulties in confidentiality might be overcome?

Section E:
**TEACHERS' ROLE IN PROVIDING INFORMATION TO HEALTH
PROFESSIONALS**

Q22 We've talked so far about information which you have that is passed *to* schools.
Does information get passed *to you* from teachers?

Yes / No

If YES:
Describe type(s) of information.

Does this information meet you needs?

Do you have other information needs which could be met by teachers?

If NO:
Do you have needs for information which could be met by teachers?

**Section F:
EXAMPLES OF DIFFICULTY AND GOOD PRACTICE**

I would like to ask about any areas of difficulty or good practice in liaison between health professionals and school staff in York:

Q23 Are there any areas of difficulty which we have not already discussed?
(Can you give me examples of what you mean?)

Q24 Are there any areas of good practice which have not already been discussed?
(Can you give me examples of what you mean?)

Good practice by yourself?

Good practice by school staff?

Q25 Are there any other comments you would like to make about liaison with schools which we have not covered?

**Section G:
RECOMMENDATIONS**

I would like to finish by checking whether you have any recommendations about liaison between health professionals and school staff which could be taken to the workshop in May.

Q26 Thinking about communications with schools, are there any changes you would like to see?

Q27 Are there any examples of good practice you would like to see continuing and adopted in a more widespread basis?

If so, who should have responsibility for these? (e.g. health professionals, school staff, parents).

APPENDIX TWO

WORKSHOP SESSION
PRIORITISING RECOMMENDATIONS

WORKSHOP SESSION: PRIORITISING RECOMMENDATIONS

WHAT CAN BE DONE TO IMPROVE COMMUNICATION BETWEEN HEALTH AND EDUCATION STAFF?

Reported here for this session are the suggestions made by research participants about *what* needs to change to improve communications, along with their suggested examples of existing *good practice*. Participants' suggestions, or recommendations, are split into three themes: *joint working*; the *process of communication*; and *confidentiality*.

THEME 1: IMPROVING JOINT WORKING

Research participants felt that developing a 'culture' of joint working is important for underpinning good communications. Areas identified for making improvements were:

- **Health and education staff need to make each other aware of their roles, responsibilities and the support they can offer with regard to pupils with a chronic physical condition.**

Possible ways suggested for raising awareness were: a short leaflet outlining roles and how staff can help this group of pupils; compilation and maintenance of a local directory of professionals with relevant expertise; and/or information in the school prospectus. Are these ideas worth taking forward? Any other ideas?

- **Health and education staff need to be more alert to connections between their work and that of others, in respect of developing policies jointly.**

The anaphylaxis policy which applies across all York schools is an example of successful joint working which has resulted in families and schools agreeing the school staff's responsibilities and a health service protocol which ensures that the relevant school nurse will provide training to meet the needs of school staff. Are there other areas of work which might benefit from joint policies?

- **Opportunities for joint training should be identified, as a means of helping staff to understand each others' role and the connections between their work.**

For example, a study day being organised on supporting pupils with mild developmental delay is aimed to help school staff and school nurses support pupils in managing their condition at school. Are there other subjects suitable for joint training?

- **Multi-agency meetings are recommended as an excellent means of health and education staff working together on a routine basis.**

Examples of existing good practice include: termly liaison meetings organised by schools to discuss pupils on Stage 3 upwards of the Code of Practice of SEN; the Child Health and Education Assessment Forum (CHEAF); the Autism Spectrum Group; and termly meetings between a health visitor, speech therapist and nursery school staff in Acomb.

THEME 2:

IMPROVING THE PROCESS OF COMMUNICATION

These recommendations from research participants concern possible improvements in the *process* of passing on information between health and education staff in respect of pupils with a chronic physical condition. Whatever the approach to passing on information, teachers need information with the following *content* (further details in Annex):

- general information about the health condition
- specific details on the condition with respect to the individual child
- implications of the child's condition for their life in school.

Recommendations on what needs to change about the *process* of passing on information were:

- **Teachers need to be more pro-active in contacting health staff when they encounter a problem at school related to the child's health.**
- **Health staff need to be more pro-active in communicating with schools.**

The following areas were mentioned:

- *pass information on to school staff on a routine basis*: for example, local arrangements exist for passing information to schools in respect of children diagnosed with diabetes and anaphylaxis. Could this be considered for other conditions? Are general leaflets on health conditions available for school staff?
 - *ensure more direct contact between school staff and a child's lead health professional*
 - *invite teachers to visit hospital facilities, so establishing face to face contact*
 - *make efforts to include school staff in multi-agency meetings about pupils with complex needs* (including bearing in mind teachers' class time commitments)
 - *approach teachers as fellow professionals* when making a global assessment of the child, and provide teachers with feedback from such assessments.
- **Individual health care plans are recommended as a means of adopting a more systematic, joint, approach to dealing with a pupil's medical needs at school.**

Teachers want plans to specify clear protocols in respect of arrangements for medication and what to do in an emergency. One school doctor mentioned working in this way and a specialist nurse is trialling individual health care plans for pupils with epilepsy. Do you want to extend the use of individual health care plans to other pupils with special health needs?

- **There should be a named professional/ 'key worker' for each child with a chronic illness or physical disability**, regardless of whether they have a Statement of SEN. This person would be a focus for liaison and would take responsibility for co-ordinating health-related information about the child.
- **Teachers should attend general health-related training sessions**, since the ratio of health professionals to teachers makes the provision of one to one advice difficult.
- **Health staff need to act as a child's advocate** by providing written or verbal back up when school staff are sceptical about families' views of a pupil's needs in school.

THEME 3: CONFIDENTIALITY

The research found that concerns about confidentiality were at the heart of difficulties in passing on information from health to school staff.

A number of possible strategies were suggested for a system to standardise and make less cumbersome a family's permission for this information to be passed on:

- health professionals could be pro-active by being clear with parents that there is an expectation that information will routinely be shared with school staff, unless the parents or child indicate otherwise.
- teachers could be pro-active by giving a parent a school contact name and address which, when handed to health staff, signals parental consent for information to be passed to that person.
- the personal child health record, or a system similar to it, could be used as a means of sharing information. This might be especially useful if its scope could be extended to include Statementing information.

ANNEX

IMPROVING THE CONTENT OF THE INFORMATION PASSED ON

What information do teachers need from health staff?

Teachers were very clear about the information they needed:

General information on the condition

- considered particularly important when the condition was rare.
- advice on how to explain the condition to sceptical colleagues.

Specific information about the condition with respect to the individual child

- symptoms, treatment and prognosis (to help design an appropriate curriculum)
- advice on how to respond to the child's questions about their condition.

Implications of the condition for school life

- is any treatment planned which might lead to school absence?
- what medical support is needed in school?
- is there anything the child need to avoid doing so as to avoid putting their health at risk, for example knocks to part of the body; being outdoors in cold weather?
- what side effects are to be expected from any medication?
- is there any likely impact on the child's behaviour arising from the condition itself or from medication?
- will the child's condition have any impact on their ability to keep up with school work?
- will the child's condition have any impact on their ability to take part in physical activities?
- do any special arrangements have to be made for school trips?
- do any special arrangements need to be made for public exams?

What information do health staff need from teachers?

- Does the child have a Statement of SEN? (for awareness of child's difficulties).
- Are there any particular impacts of the child's condition at school which concern teachers? (for example, absence disproportionate to condition? poor social relationships?)

APPENDIX THREE

**ACTION PLAN TEMPLATE:
PRODUCING MATERIALS**

ACTION PLAN

Producing Materials

eg. model SMART card, model health care plan, remit for named teacher, remit for named health professional.

Agency	Actions to be taken	Person responsible for action	By when [date]
Education			
Health			
Other			

APPENDIX FOUR
EVALUATION QUESTIONNAIRE
WORKSHOP ONE

***IMPROVING COMMUNICATION BETWEEN
HEALTH AND EDUCATION***

**WORKSHOP EVALUATION FORM
Friday 21 May, 1999**

In order to help us prepare for other similar events, it would be helpful to have some feedback on the workshop. We would be grateful if you could complete this questionnaire before leaving the hotel.

Please give your comments on the workshop below. We are particularly interested in any aspects of the day you found helpful and/or unhelpful.

Input on research findings:

Group work sessions:

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Is there anything the research team could have done differently which would have improved the day?

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Thank you

APPENDIX FIVE

EVALUATION QUESTIONNAIRE
REFLECTIONS ON THE WORKING GROUP

COMMUNICATIONS PROJECT

QUESTIONNAIRE

Reflections on the Working Group

- This questionnaire is being sent to all members of the ‘Communications Project’ working group. The purpose is to gather your views on *what it has been like to be part of a multi-disciplinary group, which has brought together health and education staff, to develop local services.*

- The information collected will be analysed and included in the final report of the project. It will also form the basis of our discussion at the SPRU meeting in May.

- All information provided will be treated as strictly confidential.

- It is important to us that we have the views of everyone who took part in the group. We would therefore be very grateful if you could spare the time to complete this form and return it to us in the pre-paid envelope provided.

TIMETABLE OF WORKING GROUP EVENTS

Before you begin completing the questionnaire, we thought you might find it useful to have a brief reminder of the various meetings of the working group held during the course of the project. These were as follows:

Members of the working group were nominated at a one day event on 21 May 1999 organised by SPRU for key representatives from health and education services in York. After this event they met in the following ways:

2 July 1999 **Workshop** - one day event held for the working group at the Ambassador Hotel. *The working group refined ideas suggested at the meeting on 21 May as to what changes should be introduced in York. They then drew up an overall plan of how they would implement the changes, including a general timetable.*

12 July 1999 **Meeting** - event held at SPRU

July -September 1999 **Meetings of sub-groups within the working group**

14 October 1999 **Workshop** - half day event for the working group held at the University. *The working group drew up a detailed action plan for implementation.*

11 November 1999 **Meeting** - held at Fulford school

26 January 2000 **Meeting** - held at Fulford School

WORKING AS A MULTI-AGENCY GROUP

- 1. During the course of the project, in what ways did the multi-agency group work well together?**

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- 2. During the course of the project, what difficulties did the multi-agency group encounter in working together?**

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- 3. Were there any benefits for you personally in being involved with the group? If so, what were they?**

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4. **Were there any disadvantages for you personally in being involved in the group? If so, what were they?**

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THE IMPACT OF LOCAL FACTORS

5. **Were there any factors to do with the local area which had a *positive* influence on the way the multi-agency group worked together? If yes, please describe.**
(For example, the existing relationships between agencies, resources, particular events etc.)

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6. **Were there any factors to do with the local area which had a *negative* influence on the way the multi-agency group worked together? If yes, please describe.**
(For example, the existing relationships between agencies, resources, particular events etc.)

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TIME DEVOTED TO THE PROJECT AND HOW IT WAS MANAGED

The project was structured so that members of the working group attended a total of two and a half days in workshops (including 21 May) facilitated by the researchers, followed by a series of shorter working group meetings. Given that this was the amount of time devoted to the project:

7. What *worked well* about how the time was structured?

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8. What was *problematic* about how the time was structured?

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9. On reflection, is there anything about the way the time was used which you would change?

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10. Overall, was a sufficient amount of time set aside for the working group to meet?

Yes

No

If no, how much more time could you realistically have devoted to the project?

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HOW EVENTS WERE ORGANISED AND RUN

The workshops were facilitated by SPRU. Initial working group meetings were also organised by SPRU, but gradually chairing of the meetings was handed over to the working group.

11. What worked well about how the events were organised?

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12. What was problematic about how the events were organised?

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13. On reflection, is there anything about the way the events were organised and run which

you would change?

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OTHER COMMENTS

14. Please give any other comments you would like to make about your experience as a member of the working group

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Thank you for taking the time to complete this questionnaire

APPENDIX SIX
MEETINGS WITH PARENT ADVISORS

MEETINGS WITH PARENT ADVISORS

MEETING ONE

All five parents who volunteered to be an advisor to the project attended the first meeting. The purpose of this event was to allow parents to meet each other and find out more about the project.

During the meeting the research team outlined their plans for the project. We explained that we saw health and education staff as responsible for implementing realistic plans for change and that parents and young people were being asked to give advice on to these plans. We briefly outlined the main research findings from the previous research study which formed the basis for the project and which we would be discussing with staff at the first workshop. Parents had some discussion about their own experiences, which helped to confirm their agreement with the research findings.

We asked parents for any preliminary thoughts at this stage as to whether they would prefer to work separately from the staff group with a researcher as an intermediary, or whether they would prefer to work directly with staff. Only one parent expressed a strong view on this, suggesting that it would best to 'be around the table' with staff on the grounds that this was the best way to secure empathy. The group agreed to meet again shortly after the first workshop to find out about the results of the first workshop and decide how to proceed.

We felt this first informal meeting had met its objectives. Parents seemed happy to share information with one another and to take part in the project.

Events following meeting one

At the first workshop, the research team told the working group that they had recruited and met with a group of parents. The identities of the parents were not revealed. The working group discussed the pros and cons of meeting up with parents at the second workshop. They decided that if they were to meet with parents this would be better at a later stage in the project, since staff had many issues about which they needed to reach a consensus among themselves, and to seek authority within their own agencies, before they could proceed.

MEETING TWO

The second meeting was attended by four of the five parent advisors. The meeting opened with the research team feeding back on the events of the first workshop. The parents were given a list of the staff on the working group who would be carrying forward the development work, and the events the working group had scheduled for the forthcoming months. Parents knew of and were pleased with the staff involved, expressing confidence in their ability to develop

appropriate plans and carry out the work. The research team explained that the working group would prefer to meet on their own for the time being, but that they would like to have parents' views on the priorities for change identified at the workshop. The rest of the meeting was spent discussing the staff's short-term priorities (named teacher and health professional for each school, health care plans and Smart cards).

After the discussion parents were asked to rank the priorities for change so that staff would know what parents considered especially important or urgent. Parents wanted staff to take all four ideas forward since they were seen as complementing one another. If only one idea could be taken forward, parents thought having a named teacher for health was probably the most important in the sense of it being a platform from which other improvements might develop. The Smart card was seen as an excellent idea, since children with a long-term condition need to learn to take responsibility for accessing support. The idea was also thought to be simple enough to be taken forward without too much additional work for staff.

For the time being, parents were happy for staff to meet on their own and for parents to continue to meet separately. They spoke of the benefits of not having staff present, such as feeling freer to discuss issues important to them and feeling able to give more honest feedback.

MEETING THREE

Three parents were present. The researcher told the group about the second workshop, providing parents with an overview of the day and a handout of the working group's plans. The parents were asked for their views on the plans, and specifically for their reaction to an idea which had been added since the previous meeting: the setting up of special health registers in schools.

In general, parents were very positive about the working group's plans, but were cautious about whether it would be possible to introduce all the ideas being taken forward. They were keen that the working group be realistic about what they could achieve with the resources available locally. Parents' comments were as follows:

- They were delighted that the working group were planning to take forward all the ideas previously discussed, but wondered how it would be funded.
- They urged the working group to set some targets as to what they would have in place by when, so that the project does not simply 'run and run'.
- They were concerned as to what would happen if the LEA did not back the proposed changes and urged the group to think about what they could implement without LEA backing. They suggested that the Smart card seemed like something which could be introduced locally without too many resources and the need for LEA backing.

- They asked if the LEA had someone who could take responsibility for approaching schools to make sure that they have named teachers.
- In relation to proposed health register, parents had no real objection to the idea but had difficulty seeing what the purpose would be. The issue of resources was raised again, with parents expressing concern about asking teachers to take on the job of completing registers and keeping them up to date.

So far parents had been meeting monthly. At the third meeting, parents expressed reluctance to continue doing this since it was time-consuming. They felt there was less reason for meeting now that staff had made decisions about what they wanted to change and would be focussing on how to implement plans, which was something parents felt less able to advise on. We agreed that the research team would wait until after the working group's third workshop in the Autumn before contacting parents again. It was also agreed that the group should not continue to meet unless it was clear that there was something for parents to advise on.

At the subsequent Autumn workshop, the working group felt they had a clear idea of how they would proceed and no longer needed advice from parents. Bearing in mind the parents' agreement that they would not continue to meet unless further advice was needed, the research team contacted all the parent advisors to let them know that they did not need to meet again and to thank them for their involvement.

APPENDIX SEVEN
MEETINGS WITH YOUNG ADVISORS

MEETINGS WITH YOUNG ADVISORS

The four young advisors were asked to comment on the ideas of the staff working group for improving health-education communication and to choose their favourite idea.

SMART CARD

This idea made immediate sense to pupils, prompting them to recall incidents where they had difficulty getting help from teachers and where a card would have been useful.

One pupil already had a Smart card, which she had devised together with her SENCO after experiencing problems due to teachers not being aware of her condition and its implications. Lack of knowledge had persisted despite her mother having taken leaflets about the condition into school and a hospital-based specialist nurse visiting to talk to staff. The pupil had worked together with the SENCO to decide what should be on the card. She has used the card on a number of occasions but was careful to point out that she never used it unnecessarily. When in hospital, she had shown the card to other young people with the same condition and they had all wanted one for themselves.

Reasons why young people thought the card was a good idea were:

- Pupils could obtain help from staff quickly - at the moment pupils often have to wait for a teacher to confirm their special health needs to other members of staff before they can get the help they need.
- It allows the young person to have some control over information - pupils talked about being able to keep a lot of information private, while at the same time being able to get help when it is needed.
- It means that young people do not have to explain things to teachers.

Ideas on what could be included on the card were:

- this pupil has permission to telephone home to check they have taken medication;
- this pupil has permission to eat or get a drink during lessons;
- PSAs have permission to take this pupil out of class;
- a list of the drugs a pupil takes;
- what to do in an emergency.

Two people did think of some negative points to the card. First, they suggested that people would have to be careful that other pupils did not steal it. However, the pupil who already had

a card said she never had any such problems as she kept it hidden in her bag. Another pupil worried that other pupils might ask lots of questions if they saw the card.

Suggestions about design and implementation

Young advisors thought the card should be of credit card size and made of long-lasting material. It should have the person's name on it, although opinions varied as to whether it should include a photograph: one person felt this would be useful in ensuring that the card did not get used by others, while another did not want a photograph in case it was not a good one! The young advisors thought it should be signed by the adult who wrote it and that it might be helpful if this was a health person as teachers would then take it seriously. One person compared the card to their medical alert card and thought it could be of a similar design.

One pupil stressed that someone would need to go into school before the card was introduced to tell teachers that it was important that they take the card seriously.

HEALTH CARE PLAN

The health care plan was less popular than the Smart card. One pupil could see that it might be helpful, but did not feel he needed one since he did not take any medication in school and was unlikely to have a medical emergency. Another suggested that it might be a good way of stopping teachers from panicking about symptoms if the plan showed that these were normal for the pupil.

Young advisors listed a number of concerns about the health care plan. One pupil pointed out that the card and the plan seemed to be doing much the same thing, but that the Smart card was the better of the two ideas since it would take time to find a health plan if it was needed in a hurry. Another young advisor worried that if teachers had a lot of information about a pupil they would constantly be watching the pupil to make sure they were alright. One pupil did not like the idea of teachers knowing her whole medical history and said she would only be happy if it was restricted to things that teachers definitely needed to know about the pupil.

Suggestions about design and production

One person suggested that if the intention was to have a Smart card and a plan, the two should be integrated: the card would be a shorter version of the plan. Furthermore, they should be written by the same people, otherwise you would have two different perspectives on what the pupil needs in school, as well as creating unnecessary work.

One young person felt very strongly that young people themselves need to be involved in writing the plan:

If you have all these different people writing the plan (SENCO and school doctor), I think you are missing the point totally because you haven't got the person it involves, you aren't consulting them. That's totally wrong because the staff are just saying what they think, but the person might need things they don't know about. Have I got it right, the point is to help the person, not the teacher, not the doctors? So if you haven't got the person there is no point.

(Young advisor)

and

The doctor might say, 'He looks OK, I think he's doing alright, he should be fine' but the pupils might not be OK. They might just be putting a brave face on it, they might not want to make a fuss, and if you ask them in confidence you might find that out.

(Young advisor)

NAMED TEACHER

Pupils appreciated that a named teacher would be good if they made sure every teacher was aware of the pupil's difficulties. One person even suggested that if they were successful in doing this there would be no need for a Smart card. However, pupils also pointed out a number of negative points about the idea of a named teacher.

First, one young advisor was unsure whether the teacher would work in isolation from the Smart card and health care plan:

I'm trying to understand what the point would be. What would you get from a person who was up-to-date with everything, that you wouldn't get from a Smart card and a health care plan?..... The emphasis would always be on the named teacher, so if you needed anything you would always have to wait for that person to turn up.

(Young advisor)

Secondly, it was suggested that the named teacher would need some medical training if they were to be useful to the pupil, otherwise it would not be very different from what is already in schools.

Thirdly, one pupil was very concerned about the named teacher relying on a school nurse or doctor, citing instances where her school nurse or doctor: was unaware she had a chronic illness; was out of date in their knowledge about her condition; and did not follow up offers of advice and information from her consultant. However, she did concede that other school nurses and doctors might be different.

Fourthly, one person did not like the idea of teachers passing on information without checking with her or her Mum:

I need to be able to say, 'can you not mention that'.
(Young advisor)

Finally, from the teacher's point of view, two pupils worried that it was a lot of work, and teachers might not like having the responsibility.

If a named teacher was put in place, pupils suggested:

- It should be the same person throughout the secondary school so that it is someone who gets to know the pupils well.
- The named teacher should check with the pupil whether information can be passed on to others. It is very important that they do not pass on information to other pupils, even if other pupils ask them questions.
- While some pupils thought it was a good idea that the named teacher would come to them to get information, one pupil did not like this idea, worrying that a teacher would ask questions that were difficult to answer.
- It is a very good idea for the named teacher to keep in touch with primary schools since things get difficult when a pupil moves on to secondary school and families have to start from scratch explaining things to staff.
- It would be very good if the named teacher could take on the job of making sure that work gets sent to pupils who are in hospital. One pupil said she did not like asking staff to do this as they were always so busy, but she would ask if it was part of their job.
- One pupil explained that there was no-one she could get advice from at the moment: she could not talk to friends about her condition, she rarely saw the specialist nurse, and her consultant did not seem to be able to connect her condition with school. It would be good if the named teacher was someone that pupils could talk to and get advice from.

THE PRIORITY

When asked to prioritise the ideas, the young advisors made their decision based on what would help pupils most. Two of the four young advisors selected the Smart card as their first choice, explaining that the card was better than the health care plan as staff would probably not look at the plan. Another selected jointly the card and the plan, so that there would be back-up in school if the pupil forgot their card. The fourth person chose the named teacher, suggesting that if this worked properly there might be little need for the card. Young advisors had most difficulty seeing how the health care plan on its own would help pupils, with one young advisor commenting that she would probably not even know if it existed.

One young advisor asked that the working group bear in mind what is most helpful for pupils when making their decisions:

The ideas should be for the pupils mainly, but for the teachers to make sure they

are doing the right thing. The focus should always be on the pupils, not for the side people.
(Young advisor)

APPENDIX EIGHT
THE GUIDELINES ON GOOD PRACTICE



in conjunction with

**PUPILS WITH CHRONIC HEALTH NEEDS
IN MAINSTREAM SCHOOLS**

Guidelines for Good Practice

GUIDELINES FOR HEALTH STAFF

Health and Education have been looking at ways of improving life in mainstream school, for pupils with chronic health needs. The sharing of medical and health related information is an important aspect of this.

We would recommend the following as good practice:

Role of School Medical Officer

- He/she is the named School Medical Officer for a group of primary and secondary schools. He/she is responsible, together with the School Nurse, for liaison between health, educational staff and parents on health matters.
- The School Medical Officer is the Named Health Person who, together with the Named Teacher for the school, is responsible for the setting up of a Health Register for the pupils on the school roll. The register should include the pupil's name, medical condition, and any information about health support needs which *all* staff need to know.
- The register will need to be updated at least annually from information collected from the parents and other sources in health. This is a responsibility shared by the Named Teacher and School Medical Officer.
- The Named Teacher and School Medical Officer will be responsible for the preparation of Health Care Plans for pupils with health needs who may require daily or emergency treatment or for whom special precautions must be taken every day to ensure their safety.

e.g. Daily treatment: administering a nebuliser/inhaler
suctioning of a tracheostomy tube
Emergency: administering rectal Valium
giving glucose tablets to a child in a hypoglycemic attack
Requiring precautions: diet for a child with peanut anaphylaxis
ensuring safe physical exercise for a child with haemophilia

Health Care Plan

- When should a Health Care Plan (HCP) be drawn up?

“When a child has a significant medical need which requires extra care/supervision/support to be given to the child to ensure his/her safety and the safety of others”

The School Medical Officer, Named Teacher, parent and child must use their judgement to decide if such a plan is needed. In practice approximately less than one per cent of the mainstream school population should require a HCP. Any party may request a plan and a joint decision reached on the necessity of preparing such a plan.

- The School Medical Officer will be responsible for the writing, updating and review of the HCP, in conjunction with the parents and the Named Teacher.
- The HCP will be drawn up using an agreed uniform set of documentation to be used in all the schools within the City of York (see Appendix A). This documentation can be obtained from the school health service administrative staff. Legally this will be a voluntary agreement between the parties concerned and will not have the status or the need to satisfy regulations as with a Statement of Special Educational Needs.
- Once agreed and drawn up all parties must sign the plan and copies will be kept by parents, school and school health service. The child's GP will not routinely be involved in this. The child's consultant paediatrician may wish to have access to a copy to answer queries from parents.
- It will be the responsibility of the School Medical Officer to ensure that the HCP is kept up to date, probably by means of a brief medical examination of the child.
- Training needs for teachers or other staff which will arise from this process will be the responsibility of the School Medical Officer who may share some of this with the School Nurse. The Named Teacher will be responsible for notifying the School Medical Officer when additional or new staff need to be trained.
- It is parents' responsibility to keep the school up to date with medical information and to provide medication which is within its expiry date.
- Provided that school staff follow the guidance of the plan and have received appropriate training in the administration of any medication (this being recorded on the plan), they are legally indemnified by the LEA's insurers.

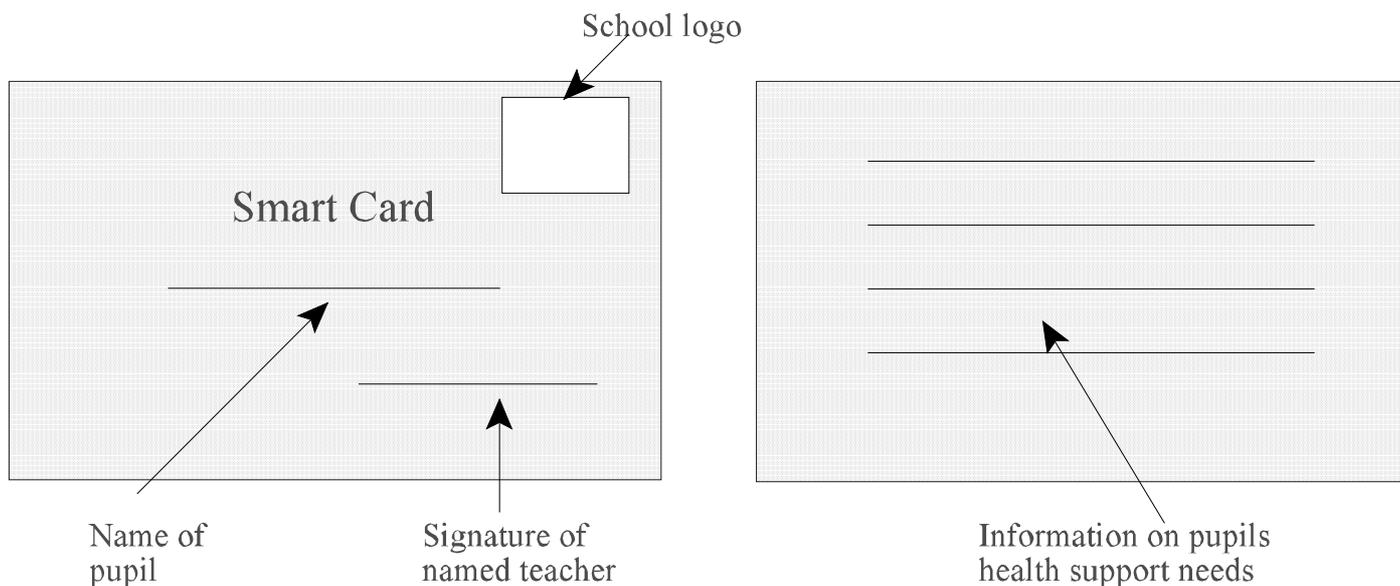
Smart Cards

- Children move around the school building, particularly in secondary school, and may meet teachers who will not be aware of their health needs. A Smart Card (issued by the school) may allow the pupil to disclose information to teachers who ask questions about their illness or disability. It would empower them and perhaps reduce some of their personal stress.
- The other possible use for a Smart Card would be for children who have a serious condition and for whom emergency treatment may be life-saving e.g. diabetes, epilepsy. The card may be more useful in secondary rather than primary schools. This group of children may already wear a medic-alert bracelet which is recognisable and accessible.

An Example of a Smart Card

Front

Back



For further information and advice on these guidelines, please contact:

LEA Officer Contact:	Sara Witherick Support Teacher (Physical and Medical Conditions) 10-12 George Hudson Street York, YO1 6LP	Tel: 01904 554332
Health Contact:	Dr Pat Guest School Health Park Cottages Bootham Park Drive York, YO30 7BT	Tel:01904 454880

GUIDELINES FOR SCHOOL STAFF

Health and Education have been looking at ways of improving life in mainstream school, for pupils with chronic health needs. The sharing of medical and health related information is an important aspect of this.

We would recommend the following as good practice:

Role of Named Teacher

- The Named Teacher in each school is the person with designated responsibility for pupils with medical/health needs.
- He/she has overall responsibility for liaison with medical professionals and the LEA officer where appropriate (Please note that this is not necessarily a SENCO responsibility).

Health Register

- All pupils with a medical condition or health support needs should already be placed on a Health Register. The register should include the pupil's name, medical condition and any information about health support needs which *all* staff need to know.
- The School Medical Officer is the Named Health Person who, together with the Named Teacher for the school, is responsible for the setting up of a Health Register for pupils on the school roll.
- The register will need to be updated at least annually from information collected from the parents and other sources in health. This is a responsibility shared by the Named Teacher and Named Health Person. Parents should be encouraged to provide the school with up to date medical information.
- The school prospectus should be used to inform parents about the existence of, and purpose behind, the Health Register and Named Teacher. The prospectus should also encourage parents to keep the school up to date with changes in the child's medical condition or health support needs.
- Most pupils on the register will have a condition which does *not* impact on their school life, for example those with stable asthma or controlled epilepsy, and will therefore not require any additional documentation.

Health Care Plans

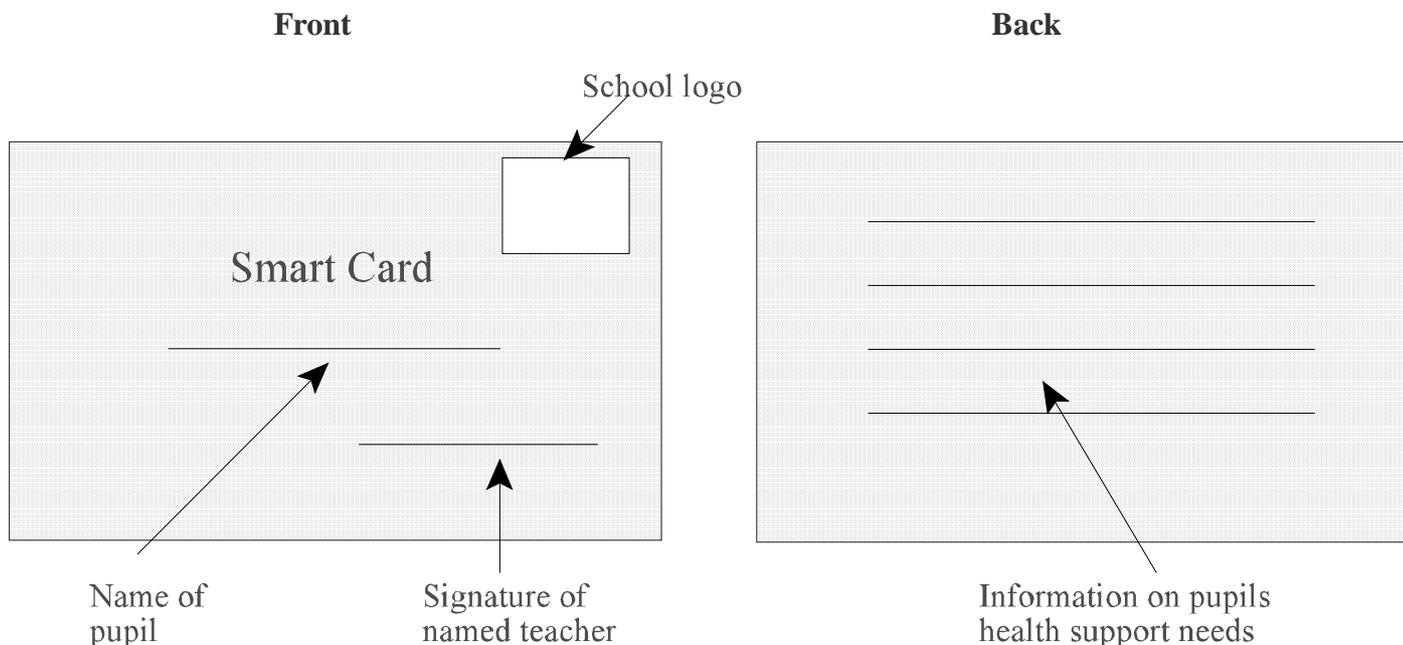
- A Health Care Plan (HCP) should be drawn up for the small minority of pupils who may require daily or emergency treatment, or for whom special precautions must be taken to ensure their safety.
- e.g.
- | | |
|------------------------|--|
| Daily treatment: | administering a nebuliser/inhaler
suctioning of a tracheostomy tube |
| Emergency: | administering rectal Valium
giving glucose tablets to a child in a hypoglycemic attack |
| Requiring precautions: | diet for a child with peanut anaphylaxis
ensuring safe physical exercise for a child with haemophilia |
- A HCP sets out the action which needs to be taken to ensure that a pupil's health support needs are met during the school day. This will include day to day and emergency procedures. Consideration may need to be given to the need for risk assessment if this has not already been undertaken.
 - If you become aware of a child who needs a HCP, please contact your School Medical Officer. The School Medical Officer will be responsible for the writing, updating and review of the HCP, in conjunction with the parents and the Named Teacher. Once agreed and drawn up all parties should sign the plan and copies will be kept by parents, school and school health service.
 - The HCP will be drawn up using an agreed uniform set of documentation to be used in all the schools within the City of York (See appendix A). This documentation can be obtained from the school health service administrative staff. Legally this will be a voluntary agreement between the parties concerned and will not have the status or the need to satisfy regulations as with a Statement of Special Educational Needs.
 - Training needs for teachers or other staff which will arise from this process will be the responsibility of the School Medical Officer who may share some of this with the School Nurse. The Named Teacher will be responsible for notifying the School Medical Officer when additional or new staff need to be trained.
 - It is parents responsibility to keep the school up to date with medical information and to provide medication which is within its expiry date.
 - Provided that school staff follow the guidance of the plan and have received appropriate training in the administration of any medication (this being recorded on the plan), they are legally indemnified by the LEA's insurers.

Smart Cards

- Children move around the school building, particularly in secondary school, and may meet teachers who will not be aware of their health needs. A Smart Card (issued by the school) may allow the pupil to disclose information to teachers who ask questions about their illness or disability. It would empower them and perhaps reduce some of their personal stress.

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An Example of a Smart Card



For further information and advice on these guidelines, please contact:

LEA Officer Contact:	Sara Witherick Support Teacher (Physical and Medical Conditions) 10-12 George Hudson Street York, YO1 6LP	Tel: 01904 554332
Health Contact:	Dr Pat Guest School Health Park Cottages Bootham Park Drive York, YO30 7BT	Tel: 01904 454880

HEALTH CARE PLAN FOR A PUPIL WITH
CHRONIC HEALTH NEEDS

APPENDIX A
THE HEALTH CARE PLAN

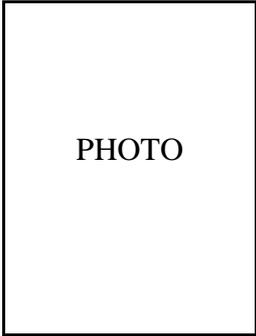
*Please note, copies of this documentation can be obtained
from school health services*

Name

Date of Birth

School

Class



Medical Background

Describe what constitutes an emergency for the pupil

Action to be taken

Location of Medication

Contact telephone numbers

Family contact 1.....

Telephone Number:.....

Family contact 2.....

Telephone Number.....

General Practitioner.....

Telephone Number.....

Other.....

Telephone Number.....

Healthcare plan review date

Copies of healthcare plan held by

Medication to be administered

Please note, it is parents' responsibility to keep the school up to date with medical information and to provide medication which is within its expiry date.

Name and designation of those trained to administer medication

Signed:

ParentDate

Head Teacher/Named Teacher.....Date

School Medical Officer.....Date

HEALTH CARE PLAN FOR A PUPIL WITH
CHRONIC HEALTH NEEDS

RECORD OF TRAINING TO ADMINISTER MEDICATION

Pupil's Name:

<i>Name of person receiving training</i>	<i>Designation</i>	<i>Date of training</i>	<i>Trainer</i>	<i>Trainers signature</i>	<i>Suggested date for re-training</i>
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**HEALTH CARE PLAN FOR A PUPIL WITH
CHRONIC HEALTH NEEDS**

RECORD OF MEDICATION ADMINISTERED IN SCHOOL

Pupil's Name:

APPENDIX NINE

**LETTER FROM DIRECTOR OF
EDUCATIONAL SERVICES**

Michael Peters
Director of Educational Services

Mill House
North Street
York
YO1 6JD

Tel: 01904 613161 Ext 4205
Email: sara.thorn@york.gov.uk

To: Headteachers

Our Ref: MP/sat
11 May 2000

Dear Colleague

Pupils with Chronic Health Needs in Mainstream Schools: Guidelines for Good Practice

At the Headteachers' Conference on 9 March, Anne Kelly (Consultant Community Paediatrician) and Hazel Smith (Senior Education Development Adviser) gave a short presentation relating to these recently produced guidelines. They are the outcome of a project, funded by the National Health Executive, aimed at improving communication between Health and Education services.

We are now sending you an additional copy of the guidelines, requesting that you begin to make use of them in your school with effect from September 2000. The guidelines have been drawn up to support you and your staff and following them should not present any additional administrative burden. They cover Health Registers, Smart Cards and Health Care Plans, the last of which will be needed for only a very small number of pupils, and many of you will already be following the recommendations in the document.

You may have already made use of the DfEE pack distributed to schools in 1996, 'Supporting Pupils With Medical Needs'. The present guidelines in no way contradict this, but set the information provided within a local context and clarify responsibilities, for example that of the School Medical Officer in taking the lead role in drawing up Health Care Plans. They also give details of contacts in Health and Education Services.

Both Health and Education will be monitoring the success of the guidelines in Spring 2001. This should allow time for your regular liaison visit from your School Medical Officer and putting any necessary documentation in place. We would, of course, welcome any feedback before this and I would ask that you direct this to Hazel Smith.

I hope that you find this document useful in supporting pupils with chronic health needs.

Yours sincerely



Michael Peters
Director of Educational Services