HSC Public Health Agency

Review of Population Health Needs of Children with complex medical needs attending Special Schools in Northern Ireland

September 2025

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Introduction

Across Northern Ireland there are a number of children that attend Special Schools who are recognised as requiring additional individual child focussed support to enable them to access school and the curriculum. This support may be required for multiple reasons that could include learning difficulties affecting the way they learn and interact in a learning environment, complex medical presentations requiring additional care or communication barriers affecting how they interact with school staff and other pupils.

The children with complex medical presentations represent a particularly vulnerable group within society. It is important that the health and education sectors work together to support these children and their families to access school and the curriculum so that they can fully engage in school life.

There is currently no regionally focussed joint health and education assessment of needs for children with complex medical presentations to help understand the necessary provision of nursing within Special Schools to support the education staff to provide child specific, timely care.

The Minister of Health (Department of Health, DoH) and Minister of Education (Department of Education, DoE) agreed to commission a review of the current arrangements within Special Schools in order to understand how care is currently provided, how this may be different across the region and to understand what changes are required to ensure an efficient regional approach to child specific timely care supporting the children to access school and the curriculum. As a result, the Chief Nursing Officer (DoH) commissioned the Public Health Agency (PHA) to identify the population health needs of this vulnerable group of children and to undertake a review of the health needs facing children with complex medical presentations attending Special Schools in Northern Ireland (Terms of Reference Appendix 1 and Letter Appendix 2).

The aim of this work is to better understand the health care needs, and in particular nursing care needs, of this population in order to make recommendations on service provision for the future.

The review will look at the number of children with complex medical presentations who attend Special Schools and who are on the Community Children's Nurse (CCN) caseload. It will scope out who currently provides the healthcare support within the Special School setting, whether that is a Registrant (a qualified nurse) or a non-registrant (an employee of health or education that is trained in specific care tasks). The review will ensure stakeholder engagement across the health and education organisations to understand the roles that are played in the provision of child centred support to access school. It will outline the funding arrangements provided by DoE to support the care of children with complex medical presentations within Special Schools. The review will also examine existing processes and governance structures across health and education organisations that enable staff to make decisions about the health care needs of children within Special School settings. Finally, the review will identify any gaps or challenges in service provision and will make recommendations to address how health and education sectors can work together to ensure an efficient regional approach to child specific timely care supporting children to access school and the curriculum.

Scope of the report

The scope does not include services provided by other specialist nursing teams such as the Paediatric Diabetic Nurse Specialist or Children's Disability Nurses nor does it examine services provided to children by the wider multidisciplinary team such as physiotherapists, occupational therapists or speech and language therapists.

Background and Context

Special School Background

The number of children with complex medical presentations in Northern Ireland has steadily grown over the years. In turn, this has increased demand in Health and Social Care (HSC) community settings including Special Schools. There are a number of reasons for this increase:

Advances in Medical Technology: While medical innovations such as surfactant therapy have historically improved survival rates for preterm infants, recent data (e.g. MBRRACE-UK) indicates that neonatal survival rates have remained relatively stable across the UK over the past decade. Therefore, the recent rise in Special Educational Needs (SEN) identification is unlikely to be solely attributed to medical advances.

Societal and Cultural Shifts: There is now greater societal acceptance of neurodevelopmental and learning differences. Parents and caregivers are more likely to seek support, and professionals are better equipped to recognise and respond to emerging needs.

Recognition of Adverse Childhood Experiences (ACEs): Increasing awareness of the impact of ACEs, parental substance misuse, and domestic violence has highlighted their role in shaping developmental and educational outcomes.

Rising Autism Diagnoses: There has been a notable increase in autism prevalence, particularly among school-aged children. This trend is a significant contributor to the overall rise in SEN assessments and provision.

Not all children attending Special Schools have a complex medical presentation. Within Northern Ireland there are 40 Special Schools with just under 7500 pupils attending[1].

A Special School in Northern Ireland is described, by the Education Authority (EA), as a school that specifically caters for children who have SEN that cannot be adequately met in mainstream school.

Special Schools are designed to support children with a wide range of needs, these needs include, but are not limited to:

- Severe Learning Difficulties (SLD)
- Moderate learning Difficulties (MLD)
- Profound and Multiple Learning Difficulties (PMLD)
- Autism Spectrum Disorder (ASD)
- Physical disabilities
- Sensory impairment (for example visual or hearing impairments)

In Northern Ireland, for children to access a place in a Special School they have to have undergone a process called the Statement of Educational Needs (SEN) process. This is a formal procedure managed by the Statutory Assessment and Review Service (SARS) team within the EA to ensure children with significant learning difficulties receive the support they need. If determined, this will result in a Statement of Special Educational Needs. This statement outlines the specific needs and type of educational provision required to meet the needs of the child for them to access school. A more detailed description of this process can be found in Appendix 3.

Nursing Roles within Special Schools

The nature of the work of nurses in Special Schools combines both Public Health and Clinical Care. The Public Health role, often termed School Nurse, is outlined in Healthy Child Healthy Futures (2010)[2] which offers school entry health assessment which includes hearing screening, health promotion and immunisations. School Nurses are commissioned to deliver this programme. Vision screening is also offered as part of the Healthy Child Healthy Futures programme in special schools and is delivered by an Orthoptist in each Heath and Social Care Trust (HSCT).

Whilst there has been recent significant media and political attention surrounding the provision of nursing within Special Schools there is a need to review this provision given the increased pressures experienced by CCN teams and education staff.

The report is focussed on children with complex medical presentations whose additional needs within the community are provided by the Community Children's Nursing (CCN) Service.

The CCN Service, was established in 2004, and is a small team of specialist children's nurses who provide nursing care to children with a wide range of health needs outside the hospital setting. Their primary aim is to support children with life-limiting conditions and complex medical care needs, enabling them to be cared for safely at home, within the community. The CCN Service also provides dedicated support for children requiring palliative and end of life care.

Children who attend a Special School with complex medical presentations and are on the CCNs caseload (i.e. they are known to and cared for by the CCN team), will have an individual and comprehensive assessment and health care plan which specifies their additional caring and medical needs, how often they need support to address these needs and how this support will be provided in school.

This assessment and health care plan is completed by a CCN. On completion of their assessment, the CCN is responsible for determining the care the pupil requires and whether or not this can be safely delegated to a non-registrant. This decision process is guided by professional skills, expertise and is underpinned by the Northern Ireland Practice and Education Delegation Framework (2019)[3].

Non-Registrant Roles within Special Schools

In Northern Ireland there are a range of non-registered trained staff who are employed to work within Special Schools to complete the caring tasks delegated from the CCN team to support children with complex medical presentations to access school and the curriculum.

There are different types of non-registrants employed within the education structure. These include Classroom Assistant – Additional Educational Needs JE2 and Classroom Assistant – Additional Educational Needs JE3. Those employed in Special Schools are all employed at a JE3 level. This means that at least one of the three duties below should be carried out as a requirement of the post (these are taken directly from the EA Classroom Assistant Job Description Appendix 4):

- Undertake more comprehensive or invasive medical/clinical procedures
- Help pupils with specialist communication skills and/or sensory difficulties to access the curriculum

- Deal with pupils with very challenging behaviour as identified by the Educational Psychology Service

In many cases children with complex medical presentations require 24-hour care. This care is provided at home by family and in some cases a Health Care Assistant, in schools this is provided by Classroom Assistants. In both cases the care is delegated from the nurse to the carer using the delegation framework.

In many cases children with complex medical presentations require 24-hour care. This care is provided at home by family and in some cases a Health Care Assistant, in schools this is provided by Classroom Assistants. In both cases the care is delegated from the nurse to the carer using the delegation framework. Classroom Assistants are employed by the EA within the education setting and Health Care Assistants are employed by HSCTs within the health setting. Both Classroom Assistants and Health Care Assistants work under the Northern Ireland Practice Education Council Delegation Framework (2019) 3.".

Role of Department of Education and Department of Health and Funding

The DoE sets the policy framework, allocates funding, and holds the statutory responsibility for ensuring that children with SEN receive appropriate educational provision. DoE commissions the EA to implement and manage SEN services, including those for children with complex medical presentations. On an annual basis, each Special School agrees with the EA what their staffing requirements are for the incoming academic year.

The below funding was allocated in this regard to Special Schools for Classroom Assistants (Education Authority June 2025):

- Year 2024/25 - £77,491,869
- Year 2023/24 - £62,498,012
- Year 2022/23 - £53,438,631

As part of their role in supporting education to enable children with complex medical presentations to attend Special School, healthcare organisations are responsible for providing training for Classroom Assistants undertaking delegated health care

Interventions The day-to-day supervision of Classroom Assistants is undertaken by the teachers in the classroom.

There is, however, what is termed a 'legacy agreement' that has placed CCNs and Health Care Assistants within a small number of Special Schools in two HSCT areas. There is no regional policy, agreement or funding that covers the placement of these CCNs and therefore no regionally agreed governance structures to cover the work they do in these roles.

In one HSCT area there are School Health and Learning Assistants, (Appendix 5) this is also a 'local legacy agreement' that has seen non-registered trained healthcare staff placed within a Special School to work alongside Classroom Assistants completing delegated tasks to support the health needs of children with complex medical presentations. This role is funded 50:50 by education and health (health does not have an allocated budget for this) but, as above, there is no regionally agreed policy or governance structures to cover the work the School Health and Learning Assistants do within the Special School setting, and this model is not replicated across the region with other children requiring the same care interventions.

The DoH sets the policy framework and allocates funding for services within Healthcare settings. This report is specifically covering Special Schools, the DoH do not have a role in policy creation or funding within the school setting. They do, however, set regional policy and funding related to staff that are employed within the Healthcare system and have a duty to collaborate with education to support children with SEN.

Legislation and Policy

The Children's Service Cooperation Act 2015[4] is clear on the rights of all children to have access to education and health services and places a responsibility on education, health and social services to ensure that no child is excluded from schooling.

The Education Order (Northern Ireland)1996[5] established the framework for identifying and assessing SEN, which includes the involvement of health professionals in the statutory assessment process

Special Educational Needs and Disability (Northern Ireland) Order 2005[6] introduced duties to prevent disability discrimination in schools and required reasonable adjustments to be made for pupils with disability, including those in Special Schools. It laid the groundwork for integrating health considerations into educational settings.

Special Educational Needs and Disability Act (Northern Ireland) 2016[7] emphasises the duty of the EA to cooperate with health and social care bodies in identifying, assessing and providing for children with SEN. It states that the school Board of Governors must ensure the needs of children with SEN are met, which includes working with health professionals where appropriate. It notes that HSCTs are required to respond to requests for help from the EA in relation to a child's Special Educational Needs and highlights that multiagency collaboration is a central theme, ensuring education, health and social care services work together to provide holistic support.

The Special Educational Needs (SEN) Framework[8] is made up of primary legislation, secondary legislation and statutory guidance. It is governed by the Special Educational Needs and Disability Act (NI) 2016 and ensures early identification, assessment and support for children with SEN. It states that schools must appoint a Learning Support Co-Ordinator and create Personal Learning Plans for each SEN pupil. It emphasises that the EA and HSCTs must collaborate in planning and delivering support and that children's views must be considered in decisions affecting their education.

The Special Educational Needs and Disability (SEND) Code of Practice[9] was developed by the DoE to provide statutory guidance to outline how schools, the EA and HSC organisations should identify, assess and support children with SEN. It promotes early intervention, inclusive education and collaboration with parents and professionals. The Code ensures that every child receives tailored support to help them achieve their full potential throughout their educational journey.

Northern Ireland Practice and Education Council (NIPEC) Delegation Framework[3] supports the safe and effective delegation of healthcare tasks to non-registered practitioners, particularly in the context of children with complex medical presentations. A comprehensive assessment must be carried out to determine the complexity of the child's medical condition and the suitability of delegation. A registered nurse assigns a specific task to a competent non-registered practitioner (e.g. classroom assistant, support worker), while retaining accountability for the decision to delegate. The delegating professional must ensure ongoing supervision, regular review of the delegated task, and re-assessment of the child's needs. The

person to whom the task is delegated must receive appropriate training and demonstrate competency in performing the task safely and effectively

United Nations Conventions on the Rights of the Child[10] states that children with SEN have the right to inclusive, quality education tailored to their abilities. They must be protected from discrimination and supported to reach their full potential. It also ensures the child's rights to express views and be heard in decisions affecting them.

National Institute for Health and Care Excellence (NICE) Guidelines[11] are guidelines designed to help health and social care professionals to deliver high-quality care by outlining best practice. They are based on the latest research and expert consensus and support informed decision making to ensure consistent standards of care are delivered. They are aligned with the ethos of integrated care promoted in Northern Ireland's Children and Young People's Strategic Partnership (CYPSP) and Transforming Your Care initiatives.

Meeting the Health Need of Children and Young People in Educational and Community Settings, Royal College of Nursing (RCN) 2024[12] provides comprehensive policy direction and professional guidance for nurses and healthcare professionals working with children who have health needs in schools and community environments. It supports local policies such as the NIPEC Delegation Framework, which governs safe practice in community settings.

Healthy Child Healthy Future Framework (Department of Health) 2010[2] is Northern Irelands universal child health promotion programme. It aims to give every child the best start in life by supporting health, development and wellbeing from birth through early childhood. It is designed to identify and support vulnerable children and families who may benefit from targeted Health Visiting and School Nursing services. It focuses on early identification and intervention to improve health outcomes for children with complex or additional needs.

The Code (Nursing and Midwifery Council) 2018[13] sets out the professional standards of practice and behaviour that nurses, midwives and nursing associates must uphold in the UK. It is built around four key principles: prioritise people, practice effectively, preserve safety, and promote professionalism and trust.

Methodology

The methodology used for this review was a mixed methodology approach. Below gives an overview of how the information was gathered on the legislation and polices to support the context, how education and health data was collected and analysed, how the stakeholder engagement was approached and any limitations of the review.

Background and Context

Discussions took place with colleagues from the DoE, EA and DoH relating to any relevant legislation, polices or guidance concerning the provision of care for children with complex medical presentations within Special Schools.

A desktop review was completed of special education school policies and guidance available to the PHA, this included Northern Ireland legislation pertaining to children with SEN. The desktop review also included the appraisal of relevant health and social care best practice polices and guidance. The available and relevant documents were summarised as part of the review.

Data capture

Northern Ireland is a small region and all data requested was required to be anonymised to protect the children and families within special educational settings from being identified within the report.

The PHA requested anonymised data from the EA as follows:

- List of Special Schools
- Number of children attending each Special School
- Number of Classroom Assistants employed within each special school and the split in grade/role (e.g. JE2/JE3)
- Number of children that require support from Classroom Assistants for roles that would be delegated by CCN's e.g. enteral feeds, catheterisation, tracheostomy care, medication administration, emergency care plan for epilepsy etc.

This data was requested to give an overview of the Special School landscape, to understand number of schools, number of children within Northern Ireland attending Special Schools and the staffing resources available within those schools relating to the additional support needed.

Anonymised data was received from the EA; this was not as detailed as the original request. Therefore, another request went to the Statutory Assessment and Review Service (SARS) within the EA and additional data was received.

This anonymised data received was from the school information management system (SIMS) and included reference to the pupil's special education primary need and a description of that primary need as well as reference to medical primary need if applicable and a description of medical primary need. Data received also included the number of Special Schools, the number of children enrolled at the Special Schools (as of 31.10.24), the total number of Classroom Assistant hours (2024/25) and number of whole time equivalent (wte) Classroom Assistants.

The PHA requested anonymised data from the CCN Service as follows:

- Number of children on the CCN caseload that require additional support. For example, feeding, changing, tracheostomy care
- The Special Schools the above children attended
- The interventions required
- Who delivers the interventions for example Classroom Assistant, Health Care Assistant
- Who has been trained through the NIPEC Delegation Framework to deliver care to support the child

An additional request was made to the CCN service to support this data that included:

- Number of Classroom Assistants trained to support each child
- Number of Classroom Assistants still working directly with that child
- Has there been CCN input into the child's yearly statutory assessment update

This data was requested to understand the CCN input as part of the Special School landscape. To give an overview of the number of children with complex medical

presentations that required additional support to access school. What the input looked like and who had been trained to provide that support as well gaining an understanding of the input CCNs had to the yearly statutory assessment update.

The anonymised data was received from the CCN Leads in each of the five HSCTs. It included the number of children on the CCN caseload and the Special Schools attended, the interventions required to support the children, who provided those interventions and the number of Classroom Assistants trained to provide that care.

In most cases, but not all, the data also included the number of trained staff still working with the children and whether the CCN had been invited to the yearly statutory assessment update.

Stakeholder engagement

Stakeholder engagement is an integral part of this review it ensures those involved in and effected by the services delivered have their views and opinions heard and their feedback helps to shape the recommendations going forward.

Views and experience were sought from a range of stakeholders including parents of children that attend Special Schools, education staff who work within the Special School setting particularly those that directly provide care to the children and healthcare staff that support education to provide that care.

The format the stakeholder engagement took was both interviews and focus groups. Individual interviews were held with education staff and parents, and focus groups were undertaken with the HSCT CCN Leads and CCN Nurses.

The EA were approached for their assistance to seek nominations for staff working in Special Schools to participate in the stakeholder engagement interviews. The request was to identify one Principal, Teacher and at least one Classroom Assistant in three schools per HSCT area. Reassurance was given to the EA that discussions would remain anonymous. The criteria for school selection specified these should range in complexity, there should be schools selected who have a nurse on site and schools selected without a nurse on site.

In an effort to achieve a proportional representation in terms of numbers of schools per HSCT, complexity of schools and schools with and without a nurse on site, a more specific request was made to the EA to cover the distribution of schools across the regions.

Education staff were invited to individual interviews hosted on the Microsoft Teams platform. Classroom Assistants, Teachers and Principals were all asked the same questions. The questions were shared in advance of the interviews following a request from Principals of the schools that were participating. The questions focused on delivery of child centred care in schools, ensuring the individual needs of the child are met, any concerns with the provision of holistic care to the children and how the needs of children in schools can be better met.

It can be challenging to get a high uptake for service user stakeholder engagement. There are many reasons for this including conflicting priorities especially for families with children requiring additional support. Therefore, it was agreed that all families on the CCN caseload would be invited to participate in stakeholder engagement as the review was focused on these children.

As the PHA do not have access to service user data a letter (Appendix 6) with accompanying information (Appendix 7) explaining the request to participate was circulated to HSCT CCN Leads for onward distribution to all families on the CCN caseload.

The initial uptake was low so in an effort to increase parental participation, additional requests were sent to CCN Leads.

Questions were shared with the families in advance of the interviews. Questions focused on the health care their child receives in school; who provides the health care; parents' satisfaction with the care their child received in school; if the parents thought the service their child received in school could be improved and if so what that would look like. Parents were also asked if they had anything additional to add.

A request was made to the CCN Leads in the two HSCT's where CCN staff had been working in the Special School setting, who have first-hand experience of supporting Classroom Assistants, to nominate representatives from these nurses. A separate

request was sent to the CCN Leads of the remaining three HSCT's requesting to nominate representatives from CCN staff who have first-hand experience of supporting Classroom Assistants through the NIPEC delegation framework. The CCN Leads from each HSCT were also invited to participate in stakeholder engagement.

CCN Leads and the CCN's were asked the same questions which were shared in advance of the focus groups. Questions focused on how the CCN's ensure the care provided to children in school is child centred; how they support practice delegated to Classroom Assistants; if they had any concerns with the delivery of holistic care to the children and how they thought the needs of the children in Special Schools could be better met.

Limitations

While this report provides valuable insights into the needs of children with complex medical presentations attending Special School, it is important to acknowledge several limitations that may affect the collection and interpretation of the findings. These limitations are outlined below to provide context to the findings.

- There is no universally accepted definition of complex medical care needs with health and education, leading to inconsistencies in data interpretation.
- System-wide variation exists in access to services and overlap with mainstream education, highlighting the need to consider the population holistically.
- Disparate processes between the education and health sectors complicate data alignment and integration.
- Due to staffing issues there was no education contact nominated for this work, making the coordination of data collection and stakeholder engagement with education challenging leading to time constraints in interpreting findings.
- There is no central health database meaning data collected from the five HSCTs was received in different formats leading to possible inconsistencies in data interpretation.
- Qualitative data collection was limited to a snapshot, making it difficult to eliminate bias without a more extensive study.

- Data had to be anonymised, therefore validation of data across the health and education sectors was not possible.
- The voice of the child is absent; specialist input is essential to meaningfully capture this perspective.
- Due to a low uptake of service user engagement there was not a proportional representation across the region.
- Due to time constraints stakeholder engagement was undertaken using different methods, so the collection and interpretation may be inconsistent across health and education.

This review is the first of its kind to be completed in Northern Ireland. The work presented a preliminary overview, so a more in-depth multiagency study is necessary to fully explore the complexities of this subject area.

Key Findings

Special Schools Population Data

According to the Annual Enrolments At Schools And In Funded Pre-School Education in Northern Ireland 2024/25[14], DoE data there are over 70,200 children enrolled in schools who have a special educational need. This equates to 19.8% of the school population. 29,500 or 8.3% of all pupils have a statement of Special Educational Needs. In 2024/25 82.9% of children with SEN were educated in mainstream schools within a mainstream classroom, 6.5% were educated in Specialist Provision in Mainstream School (SPiMS) and 10.6% were educated in Special Schools.

There are currently approximately 7500 children enrolled in Special Schools in Northern Ireland. This number has risen year on year, with School Census projections estimating enrolments will rise to 8840 pupils by 2031/32. (Appendix 8).

These projections represent an increase in enrolments of just over 54% from 2017 to 2031.This is shown in Figure 1 below.

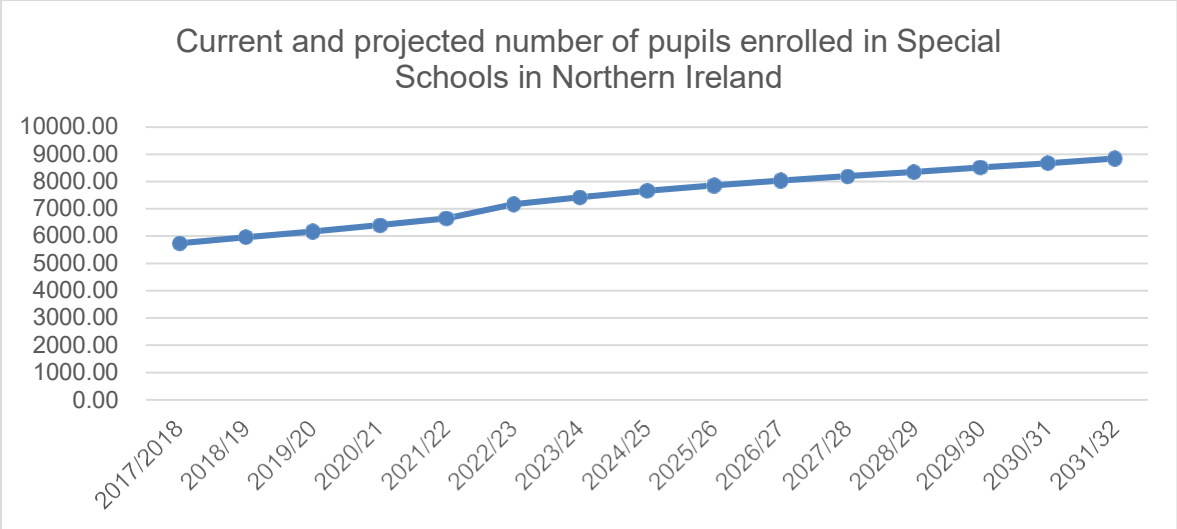

Figure 1. Current and projected number of pupils enrolled in Special Schools in Northern Ireland Source: Department of Education

To note actual data was collected up to 2021/22 with projected data for the years following this. For 2024/25 the projected numbers were 7863 compared with actual data showing 7488 children enrolled in special schools. Table 1 below shows the number of children enrolled in Special Schools across Northern Ireland and split

across HSCT areas. This data was received from the EA, captured from their SIMS system on 31st October 2024.

Total Number of Children attending Special School	HSCT Area	Number of Children enrolled in Special School in HSCT	Percentage of Children enrolled in Special School in HSCT area
7488	BHSCT	2392	31.9%
	NHSCT	1811	24.2%
	WHSCT	1209	16.1%
	SHSCT	846	11.3%
	SEHSCT	1230	16.4%

Table 1. Number of children enrolled in Special Schools in Northern Ireland split across HSCT areas Source: Education Authority

Table 1 shows there are 7488 children enrolled in Special Schools across Northern Ireland. The split between HSCT area is similar to that of the number of schools with BHSCT having the highest number at 2392 (31.9%) and SHSCT with the lowest at 846 (11.3%). It does highlight there is a marked difference in number of children in each area with nearly 3 times the number in BHSCT compared to SHSCT. It is important to note this does not consider complexity.

There are 40 Special Schools in Northern Ireland, they are spread out across the region with Special Schools in each HSCT area. Belfast Health and Social Care Trust (BHSCT) with the highest number of Special Schools within its area with Western Health and Social Care Trust (WHSCT) and Southern Health and Social Care Trust (SHSCT) having the lowest numbers. Table 2 below shows the number of Special Schools in Northern Ireland and how they are split across the five HSCT areas.

Total Number of Special Schools	HSCT Area	Number of Special Schools in HSCT Area	Percentage of Special Schools within HSCT area
40	BHSCT	13	32.5%
	NHSCT	9	22.5%
	WHSCT	5	12.5%
	SHSCT	5	12.5%
	SEHSCT	8	20.0%

Table 2. Number of Special Schools in Northern Ireland with split across HSCT areas Source: Education Authority

Special Schools are required to capture data about children on the SEN register for the school census. This helps to understand the population and their needs to enable education to plan resources required. As per the Recording SEN and Medical Categories Guidance for Schools[14] the overarching SEN categories are as follows:

- Cognition and Learning (CL)
- Social, Behavioural, Emotional and Wellbeing (SBEW)
- Speech, Language and Communication Needs (SLCN)
- Sensory (SE)
- Physical Needs (PN)

Each of the above overarching SEN categories has sub categories within them. For the purposes of this review the Cognition and Learning (CL) sub categories have been listed below.

- Dyslexia (DYL) or Specific Learning Difficulty (SpLD) – Language / Literacy
- Dyscalculia (DYC) or Specific Learning Difficulty (SpLD) –
- Mathematics / Numeracy
- Moderate Learning Difficulties (MLD)
- Severe Learning Difficulties (SLD)
- Profound & Multiple Learning Difficulties (PMLD)

Special Schools are categorised by the EA. This is based on the predominant needs of the children enrolled within that school. Table 3 below shows the number of schools within the region split by their predominant need.

Main Categorisation of Special School by predominant need	Number of Schools	Percentage split by category
Physical Disability	1	2.5%
Profound and Multiple Learning Difficuties	2	5.0%
Severe Learning Difficulties	23	57.5%
Moderate learning Difficulties	9	22.5%
Social, Behavioural and Emotional Wellbeing	3	7.5%
Hearing and Visual Impairment	1	2.5%
Speech and Language	1	2.5%
Totals	40	100.0%

Table 3. Number of Special Schools across the region by SEN categorisation and percentage split Source: Education Authority

As seen in table 3 most Special Schools are categorised as SLD (57.5%) with MLD representing 22.5%. The remaining 20% of Special Schools fall within the 5 other SEN categories.

While children within Special Schools have a range of special educational needs, this report focuses on those who require specific health care interventions, due to their complex medical presentations, during their attendance at school, to manage their needs and enable them to avail of their statutory education provision. As per the SEN definitions in the document Recording SEN and Medical Categories Guidance for Schools[15] children that are within the SLD and PMLD categories are those most likely to require these additional caring interventions. Table 4 below shows the number of Special Schools in the region that fall within the SLD and PMLD categories and the HSCT area they are in.

HSCT area	Number of Special Schools in HSCT Area	Number of PMLD/SLD schools in each HSCT area	Regional percentage of PMLD/SLD schools per HSCT area
BHSCT	13	5	12.5%
NHSCT	9	6	15.0%
WHSCT	5	5	12.5%
SHSCT	5	5	12.5%
SEHSCT	8	3	7.5%

Table 4. Number of Special Schools in HSCT area categorised as Profound and Multiple Learning Difficulty (PMLD) or Severe Learning Difficulty (SLD) and regional percentage by HSCT area Source: Education Authority

Table 4 shows there is a relatively even split across the region of schools categorised as PMLD or SLD. Indicating the more medically complex children may be enrolled in those schools. Northern Health and Social Care trust (NHSCT) has the highest percentage of schools in these categories at 15% and South Eastern Health and Social Care Trust (SEHSCT) has the lowest at 7.5%. To note this is the number of schools and not the number of children, some Special Schools may have a higher number of PMLD/SLD that is not indicated by Table 4.

Education Authority Classroom Assistant Data

The following tables are taken from the data received from the EA captured from their SIMS system on 31st October 2024.

Classroom Assistants are employed by the EA to support children in Special Schools to access their school provision (job description available in Appendix 4). As noted above, the DoE holds a yearly budget to employ Classroom Assistants for this role. Table 5 below shows the number of Classroom Assistants employed across the region and within each HSCT area to support the children with those caring requirements.

Number of Classroom Assistants JE3 (wte) employed in Special Schools	HSCT Area	Number of Children enrolled in Special School in HSCT area	Number of Classroom Assistants JE3 (wte)	Mean number Classroom Assistants JE3 per child
2323	BHSCT	2392	705.18	0.29
	NHSCT	1811	572.07	0.32
	WHSCT	1209	385.55	0.32
	SHSCT	846	294.67	0.35
	SEHSCT	1230	365.92	0.30

Table 5. Number of Classroom Assistants (whole time equivalent) employed in Special Schools, mean number per child split across HSCT area Source: Education Authority

Table 5 shows there is a difference in number of wte Classroom Assistants employed across the areas ranging from 705.18 in BHSCT to 294.67 in SHSCT but, as indicated before, there is a variation in number of children within the HSCT areas and the mean number of Classroom Assistants per child is relatively similar ranging from 0.29 in BHSCT to 0.35 in SHSCT. To note this calculation does not consider the different duties Classroom Assistants take on or the complexity of those tasks, which can range from support with communication, reading and writing to tracheostomy care.

Some Special Schools have had a legacy agreement in place that has based members of the CCN team within the school setting. Table 6 below shows the number of Schools within each HSCT area that has CCN staff on site and the percentage of Special Schools in the region with CCN staff on site.

HSCT Area	Number of Special Schools in HSCT area	Number of Special Schools with CCN staff on site	Percentage of Special Schools with CCN on site	Percentage of Special Schools regionally with CCN on site
BHSCT	13	5	38.5%	12.5%
NHSCT	9	0	0.0%	0.0%
WHSCT	5	0	0.0%	0.0%
SHSCT	5	0	0.0%	0.0%
SEHSCT	8	2	25.0%	5.0%

Table 6. Number of Special Schools, number with CCN staff on site and percentage of Special Schools regionally with CCN staff on site in HSCT area Source: HSCTs

Table 6 shows there are CCN staff in two of the five HSCT areas. The split is heavily weighted towards BHSCT with 38.5% of their Special Schools having CCN staff on site and 25% of SEHSCT Special Schools. There are only 17.5% of Special Schools within the region that have CCN staff on site, 12.5% are in BHSCT and 5.0% are in SEHSCT.

Health and Social Care Trust CCN Data

The following data was collected from the five HSCTs through the CCN teams.

Table 7 below shows the number of children on the CCN caseload regionally and split by HSCT area who are enrolled in Special Schools.

Total Number of Children on CCN Caseload enrolled in Special School	HSCT Area	Number of Children on CCN caseload per HSCT area
341	BHSCT	64
	NHSCT	106
	WHSCT	52
	SHSCT	44
	SEHSCT	75

Table 7. Number of children on the CCN caseload enrolled in Special School regionally and split by HSCT area. Source: HSCTs

Table 7 shows the number of children enrolled in Special Schools on the CCN caseload, this includes any children who are currently not attending school but who are still cared for by the CCN team in the community and have a place at a Special School. It indicates that only 341 children attending Special Schools are known to the CCN teams and require additional medical support to attend school. There are differences in spread across the region with the highest number in NHSCT with 106 at just over 2.5 times the number in SHSCT with 44. To note this does not reflect the differing complexities of the children or the intensity of intervention required.

As noted not all children attending Special School are on the CCN caseload. Table 8 below better highlights the percentage of children in that complex medical group known to the CCN team and the spread across the HSCT areas.

Total Number of Children on CCN Caseload enrolled in Special School	Total Number of Children attending Special School	Percentage of Children enrolled in Special Schools on CCN Caseload	HSCT Area	Percentage of Children enrolled in Special Schools on CCN Caseload per HSCT area
341	7488	4.55%	BHSCT	0.9%
			NHSCT	1.4%
			WHSCT	0.7%
			SHSCT	0.7%
			SEHSCT	1.0%

Table 8. Percentage of Children on the CCN Caseload enrolled in Special Schools and percentage across HSCT areas. Source: HSCTs

As shown in table 8 the children with complex medical presentations know to the CCN team only make up 4.55% of the Special School population. The remaining 95% still

have a SEN statement and require additional support that is not deemed appropriate to be provided in the mainstream school setting.

To give a better understanding of the spread across the region table 9 below shows the number of Special Schools within each HSCT area that has children on the CCN caseload, it also shows the percentage of Special Schools in each HSCT area that have children on the CCN caseloads, this gives an idea of the area CCN teams cover.

Total Number of Children on CCN Caseload enrolled in Special School	HSCT Area	Number of Special Schools with Children on CCN Caseload	Percentage of Special Schools in area with Children on CCN Caseload
341	BHSCT	5	38.5%
	NHSCT	7	77.8%
	WHSCT	5	100.0%
	SHSCT	4	80.0%
	SEHSCT	3	37.5%

Table 9. Number of Special Schools with children on the CCN caseload split by HSCT area and percentage of Special Schools within HSCT area with children on CCN caseload. Source: HSCTs

As table 9 shows there are 24 out of the 40 Special Schools across the region that have children enrolled who are on the CCN caseload. All Special Schools in the WHSCT have children on the CCN caseload, with SHSCT and NHSCT having a high percentage. BHSCT and SEHSCT have the lowest.

As noted in table 5 above there are 2323 JE3 Classroom Assistants employed in Special Schools across the region. The tables below are looking in more detail at the Classroom Assistants that have been trained who are working directly with the children on the CCN caseload.

HSCT Area	Number of Children on CCN caseload per HSCT area	Number of Classroom Assistants JE3 trained to provide care to Children on CCN Caseload	Total Number of Classroom Assistants JE3 trained to provide care to Children on CCN Caseload	Mean number of Classroom Assistants trained per Child on CCN Caseload	Regional mean number of Classroom Assistants trained per Child on CCN Caseload
BHSCT	64	180	884	2.81	2.6
NHSCT	106	260		2.45	
WHSCT	52	193		3.7	
SHSCT	44	118		2.68	
SEHSCT	75	133		1.77	

Table 10. Number of Classroom Assistants JE3 trained to provide care to children on CCN caseload per HSCT area and average number of Classroom Assistants JE3 per child on caseload. Source: HSCTs

Table 10 shows there is a total of 884 Classroom Assistants JE3 across the five HSCT areas who have been trained to provide caring tasks to the children on the CCN caseload. This equates to approximately 2.6 Classroom Assistants per child across the region. There are some variations across areas with the highest number in NHSCT but the highest ratio in WHSCT.

As noted in table 8 there are 4.55% of children enrolled in Special Schools who are on the CCN caseload. Table 11 below highlights the percentage of Classroom Assistants trained to provide care to those children. This gives an idea of how this affects the workforce.

HSCT Area	Number of Classroom Assistants JE3 trained to provide care to Children on CCN Caseload	Total Number of Classroom Assistants JE3 trained to provide care to Children on CCN Caseload	Percentage of Classroom Assistants providing care to Children on CCN Caseload	Regional percentage of Classroom Assistants providing care to Children on CCN Caseload
BHSCT	180	884	7.7%	38.0%
NHSCT	260		11.2%	
WHSCT	193		8.3%	
SHSCT	118		5.0%	
SEHSCT	133		5.7%	

Table 11. Percentage of Classroom Assistants JE3 employed in Special Schools trained to provide care to Children on CCN caseload split by HSCT area. Source HSCTs

Table 11 shows that 38% of Classroom Assistants JE3 across the region are trained to provide caring tasks to the 4.55% of children enrolled in Special School who are on the CCN caseload.

The tables below give an overview of the CCN staffing. Table 12 shows the number of CCN whole time equivalent (wte) staff employed in each area. To note these are

funded positions so there may be some vacancies. It also shows the number of children on the CCN caseload and those that are enrolled in Special Schools, also the percentage of children enrolled in Special Schools on the CCN caseload. Giving an indication of the wider workload the CCN cover.

HSCT Area	Number of whole time equivalent (wte) CCN nurses employed in each HSCT	Total number of Children on CCN Caseload in HSCT	Number of Children on CCN Caseload enrolled in Special School by HSCT area	Percentage of Children on CCN Caseload enrolled in Special School by HSCT area
BHSCT	11.45	276	64	23.2%
NHSCT	23.59	394	106	26.9%
WHSCT	12.2	189	52	27.5%
SHSCT	16.91	220	44	20.0%
SEHSCT	14.4	419	75	17.9%

Table 12. Number of wte CCNs employed per HSCT, caseload each CCN team covers and number of Children enrolled in Special School on caseload including percentage per HSCT area. Source HSCTs

As indicated by table 12 the CCN team have a caseload that is much larger than just the children enrolled in Special School. The percentage of children enrolled in Special Schools on the CCN caseload is between 17.9% and 27.5%, this is 23% across the region.

To further explore the workload expectations of the CCN team table 13 below shows the number of wte CCNs that have children on their caseload enrolled in Special School, the percentage of CCNs involved in children enrolled in Special Schools and the number of JE3 Classroom Assistants trained in each area. It also highlights the mean number of JE3 Classroom Assistants trained per CCN.

HSCT Area	Number of whole time equivalent CCN nurses employed in each HSCT with Children enrolled in Special Schools on Caseload	Percentage of whole time equivalent CCN nurses employed in each HSCT with Children enrolled in Special Schools on Caseload	Number of Classroom Assistants JE3 trained to provide care to Children on CCN Caseload	Mean number of Classroom Assistants trained per CCN nurse with children enrolled in Special School on their Caseload
BHSCT	5.37	46.9%	180	34
NHSCT	23.59	100.0%	260	11
WHSCT	12.2	100.0%	193	16
SHSCT	14.26	84.3%	118	8
SEHSCT	14.4	100.0%	133	9

Table 13. Number and percentage of wte CCNs with Children on their caseload and number of JE3 Classroom Assistants trained within each area and mean number trained per CCN. Source HSCTs

Table 13 indicates there is a range of CCNs working with children enrolled in Special Schools this goes from 100% of the workforce in 3 HSCTs to 46.9% of the BHSCT workforce. It also shows the impact of the training with the number of Classroom Assistants trained per CCN ranging from 34 to 8 across the region. To note this is the number of Classroom Assistants not the number of delegated tasks undertaken, each of which require separate process to sign off delegation.

For the purpose of providing insight into healthcare needs these have been categorised as per Table 14 below.

	CATEGORIES of need and care provision during the school day	**Includes**
1	**Enteral Feeding**	Enteral feed administration Blended feed via gastrostomy Accidental removal of Gastrostomy button Flushing of feeding tube Venting via gastrostomy (relieves gas and manages fullness and bloating)
2	**Complex Respiratory**	Ventilation, suction, oxygen administration Nebuliser administration/therapy Blood oxygen saturation monitoring BiPAP Tracheostomy care Ongoing respiratory assessment
3	**Epilepsy**	Rescue medications Emergency epilepsy management Vagus Nerve Stimulation Epilepsy management plan
4	**Blood Glucose**	Hypoglycaemia plan Ketone and blood sugar monitoring Diabetes management Hypoglycaemic management plan
5	**Tissue Viability**	Skin monitoring
6	**Continence**	Catherization and catherization care Administration of suppository Intermittent catheterisation Catheterisation via vesicostomy Stoma Care Management of vesicostomy including bladder washouts Bowel movement monitoring

7	**Pain management**	Face, Legs, Activity, Cry, Consolability (FLACC) pain assessment and recording
8	**Complex neurological**	Dystonia management Monitoring for signs of blocked VP shunt
9	**Oral hygiene**	
10	**Basic Life support**	
11	**Medication provision**	Oral medication administration Enteral medication administration

Table 14. Categories of need and care provision during the school day. Source: Public Health Agency/HSCTs

While it is common for pupil's health care plans to include multiple care needs the most prevalent needs regionally include enteral feeding (and associated tasks), epilepsy care, complex respiratory care, medical provision and tissue viability.

Despite some care needs being found to be more common than others in pupils health care plans, consideration should be given also to the complexity of the care tasks.

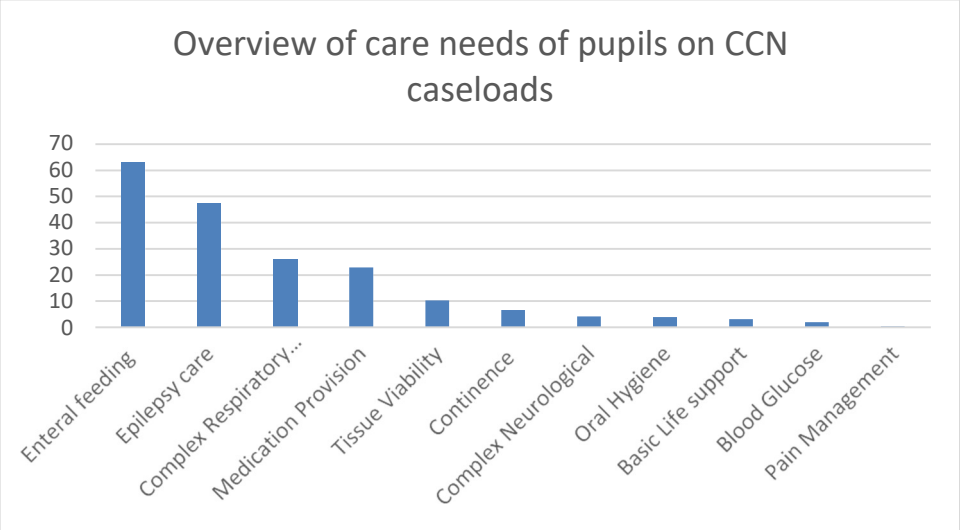

Figure 2. Overview of care needs of children on CCN caseload attending Special School Source: Public Health Agency/HSCTs

The majority of care is provided in Special Schools by education sector staff, mainly Classroom Assistants employed to carry out those tasks. In some cases, Teachers also carry out those tasks. In a very limited number of cases CCN's provide the care to the children within the school setting if the task cannot be delegated.

Stakeholder Engagement

Interviews and focus groups were carried out with key stakeholders to help explore the health care provided to children in special schools, any perceived issues and possible suggestions for future consideration. The following section provides an overview of the main themes that emerged from the qualitative interviews and focus groups with CCN nursing staff (CCN Leads and CCN nurses), parents and education staff (principals, teachers and classroom assistants).

Education Stakeholder Engagement

Time constraints meant not all staff in all Special Schools could be included in the stakeholder engagement so in order to gather a proportional representation across the region the following configuration was requested:

- BHSCT – 4 schools (50% CCN cover, 50% PMLD/SLD)
- NHSCT – 3 schools (0% CCN cover, 100% PMLD/SLD)
- WHSCT – 2 schools (0% CCN cover, 100% PMLD/SLD)
- SHSCT – 2 schools (0% CCN cover, 100% PMLD/SLD)
- SEHSCT – 3 schools (50% CCN cover, 25% PMLD/SLD)

Table 15 below gives a breakdown of the interviews completed with education staff across each HSCT areas

	Health & Social Care Trust					
Job Role	**BHSCT**	**NHSCT**	**SEHSCT**	**SHSCT**	**WHSCT**	**Total Participants**
Classroom Assistants	4	4	2	1	2	13
Teachers	5	3	2	1	3	14
Principals	5	3	3	2	2	15

Table 15. Number of interviews completed by each education staff group across HSCT areas. Source: Public Health Agency

Healthcare Stakeholder Engagement

In order to get a proportional representation of CCN staff across the region the five CCN Leads were asked to attend the focus group and members of the CCN nursing

team from across the five HSCTs, all five HSCTs were represented in the focus groups.

Table 16 below give a breakdown of HSCT staff attending the focus groups across the region

	Health & Social Care Trust					
Job Role	**BHSCT**	**NHSCT**	**SEHSCT**	**SHSCT**	**WHSCT**	**Total Participants**
CCN Lead	1	1	1	1	1	5
CCN Team Representative	4	3	4	3	3	17

Table 16. Number of HSCT staff attending focus groups across the HSCTs. Source: Public Health Agency

Service User Engagement

There was a low response rate with only seven families coming forward for interview. One family was not included in the review as they responded after the analysis of parental interviews was completed. They were advised that should further engagement with families be progressed they would be contacted and offered the opportunity to engage.

Table 17 shows the breakdown of parent interviews across the HSCT areas

	Health & Social Care Trust					
	BHSCT	**NHSCT**	**SEHSCT**	**SHSCT**	**WHSCT**	**Total Participants**
Parents	4	0	o	2	0	6

Table 17. Number of interviews completed by Parents across HSCT areas. Source: Public Health Agency

As table 14 above notes there were only families from two of the HSCT areas, the majority (67%) from BHSCT. Unfortunately, this did not give a proportionate representational view of families from across the region or from Special Schools with differing nursing support. However, all service user stakeholder engagement is extremely valuable as every service user voice is important.

Summary of Key Themes from Stakeholder Engagement

Overall, parents, CCN nursing staff and education staff all emphasised the valuable role that access to school and education play in the lives of children who attend special schools and their parents or carers. Nursing and education staff described how they prioritise the provision of cover for the delivery of health care to avoid, where possible, absences linked to lack of cover for health care needs.

The safe provision of health care to children in special schools was described as a key priority for all. Parents highlighted the importance of feeling assured of responsive, reactive and skilled oversight of their children's health care needs at school. All of the parents interviewed indicated that they were very satisfied with the health care that their children currently receive in schools. Nursing staff and educators also indicated that child centred health care was being provided to children in special schools. The importance of safeguarding nursing staff and education staff in the safe provision of this care was emphasised.

Although all stakeholders described that the health care needs of children in special schools are currently being provided, a number of concerns relating to the organisation and provision of this care were identified for consideration.

Some common issues were identified that impact on both education and nursing. Education staff described how the prioritisation of providing for children's health needs was reducing their capacity to carry out their education role. Nursing staff also described how the prioritisation of providing cover and training for children's health care needs at special schools was reducing their capacity to carry out their community nursing role due to it absorbing their caseload capacity.

Education and nursing staff both identified competing issues with training. Nursing staff indicated that all of the required training for classroom assistants allocated to children was currently being met by their service. However, requests to provide additional and ad hoc training over and above their planned training schedule, due to new staff being allocated to children and to staffing cover issues, was placing a substantial pressure on their resources and capacity. They indicated a requirement to streamline requests for additional training. Education staff, on the other hand, specified a desire for additional training to help staff to feel safe to provide more complex health care, to help ensure that staffing ratios can be met and to help create a contingency of cover. However, nursing staff indicated that ongoing use and maintenance of skills following training was essential to maintain the currency of the training for the skills and that provision of additional training to provide contingency needs to be considered alongside the ongoing and current use of the skills trained for.

Nursing staff, education staff and parents all indicated a need for greater oversight and supervision for the ongoing provision of health care competencies being provided to children in special schools.

Education staff and nursing staff both indicated a need for greater clarity, consistency and agreement in the policies and procedures used to guide practice.

Regional variation and school-based variation in the acceptance and provision of delegated health care was described. Nurses and education staff indicated that there needs to be greater role clarity in what can be safely expected in their provision of health care to children in special schools. Nurses identified that further work is required to define, clarify and agree with schools the care that they can safely provide within schools. Education staff also identified that further work is required to define, clarify and agree the care that they can safely provide to children in their care. Nursing and education staff both referred to a need to review protocols and job descriptions in this regard.

Regional variation in the type of nursing care in place to support the provision of care was also described with some schools having access to onsite nurses and some schools having access to In Reach nursing services. Parents and education staff described a number of perceived advantages nursing support for health care tasks including early identification and response to health needs. Nurses were viewed as providing a valuable role in coordinating with other services to ensure that children's care needs are met. Parents and education staff also valued the nursing training and health expertise that nurses provide in relation to reassurance that safe responses to medical emergencies will be provided should they arise at school. Some parents of children in schools with onsite nursing cover expressed concern that their current nursing model would be changed and replaced with In Reach nursing.

Education and nursing staff both indicated that there has been an increase in the number of children with health needs at schools and in the complexity of those needs. This change was described as increasing the demands for health care provision in schools and it was indicated that there did not seem to be an associated increase in resourcing to strengthen capacity to meet these needs.

Nursing and education staff both identified issues with staffing recruitment, retention and cover, particularly for Band 3, 4 and 5 posts, which are impacting on service capacity and on staffing cover for health care provision in schools.

Nursing and education staff indicated a need for greater joint working between education and health to review the current service delivery model.

In addition to this, all stakeholders indicated that there is a need to identify additional methods to improve timely information sharing between parents, health staff and education staff.

Structures/processes

As part of the data collection and stakeholder engagement, information was gathered surrounding the structures and processes between health and education and how these affect the decisions made across both sectors regarding the children. This area will need further review and consideration to fully understand the processes across both sectors but this will give a very brief overview of some of those processes.

CCN's use the Northern Ireland Paediatric Nursing Assessment Tool to gather comprehensive information about a child's physical, psychological, emotional, and social well-being to identify the level of complexity, risk, frequency and severity of the child's health needs within their caseloads. This process normally commences when a child is in hospital. It includes input from the child's family or caregivers when appropriate. This ensures that care plans are tailored to the unique needs of each child, promoting personalised and effective nursing interventions to support safe, consistent, and high-quality care. These care plans are used within the community, mainly in the home and as an extension of that in the school setting. Although education staff are responsible for the child's plans these should be created in partnership with health.

When a child attends Special School, they are referred into the statutory assessment process. The SARS Officers manage this process by coordinating information from a variety of sources to ensure there is specialised health and education input to support their decision making. The SARS team liaise with SEN Co-Ordinators (employed by the HSCTs) to gather health specific information. This information comes from the multidisciplinary team that includes Allied Health Professionals such as Speech and Language Therapists, Occupational Therapists and Physiotherapists who assess specific developmental or physical needs, Social Workers if there is safeguarding input and, where appropriate, a Community Paediatric Consultant to complete the medical assessment. Educational Psychologists conduct assessments and provide expert advice on the needs of the child and appropriate support.

Following the coordination of the information, if appropriate, the child has a Special Educational Needs Statement that indicates the additional support that child requires

to access school and the curriculum. The EA then use this statement to help make decisions on staff required within the Special School. The EA and Special School Principals meet to negotiate what staffing may be required and how that is managed within the school setting and this is agreed throughout the year, to note the Principals do not hold the budget for this, it is held by the EA. If there are changes within the year the Principal will approach the SARS team to negotiate any additional staffing they may require. To note, this process is currently focussed on the Principals making and being held responsible for these decisions that are possibly related to the health care needs of the children. There is no system or process in place to support Principals with that decision making from a health point of view.

Following this any staff that are employed to provide caring responsibilities for the children will require training by the CCN team as part of the delegation process. The CCN nurses will arrange this training directly with the Special Schools. A record of training completed by the Classroom Assistant is retained by the CCN. When a child's medical needs change the CCN will offer retraining to non-registrants caring for them or if the Classroom Assistant changes the Special School will request training for the new staff member.

In the Special Schools where a CCN is based, the delegation of tasks in the pupil's health care plan (as recommended by the CCN), may or may not be fully accepted by the School Principal/ Board of Governors. This places pressure on the CCN to complete a higher number of caring tasks which would normally be delegated to non-registrants in other Special Schools and HSCTs. This not only impacts the provision of care for the pupil and whether or not they are able to attend school, but also places additional pressures on the CCN team who remain accountable for care under Nursing and Midwifery Code and the NIPEC delegation framework. Inconsistency with provision of care also has significant impact on the parents of affected pupils. For example, parents may be required to attend school to provide care tasks or on occasion the child may be required to remain at home, which negatively impacts their education.

Once a child has a SEN Statement in place, it will be subject to an Annual Review to ensure the child's needs are being met and to consider if the identified need, the

provision and placement are still appropriate which may result in an amendment to the statement as noted in the SEN Code of Practice (The Code).[8]

Again, it is the responsibility of the Principal to ensure every child has their Annual Review. Currently health representatives are not automatically invited to this Annual Review and there may be decisions the Principal is expected to make relating to coordination of staffing that provide that care. This can place significant burden on Principals as educational leaders as they are unlikely to have the clinical knowledge to assess which staff are best placed to care for the child and often their decisions are made based on who is available.

Discussion

As the data above shows there are 7488 pupils registered at Special Schools in Northern Ireland. Of that population the needs are varied in both requirement and complexity. Of those 7488 there are 341 on the CCN caseload, these are the children that are more likely to have complex medical needs requiring additional health tasks to help them access school. This is only 4.55% of the Special School population (which is about 0.49% of children requiring SEN input across the region or 0.1% of the whole school population).

However, these are children that require significant additional support in both health care tasks and educational needs to access the curriculum as is their right. There are 11 categories of health care provision the children may require, each category having multiple possible tasks with a full range of skills required, depending on what care provision is needed. Despite this, the health care focused tasks are not more than would ordinarily be required in the home setting delivered by family or Health Care Assistants, using the delegation framework. Although to note, this group of children also have an additional educational requirement that might include tasks such as support with sitting in class, interacting with other pupils, communication and accessing materials that they may not need in the home setting.

The review has also highlighted the variety of care models across the region with 17.5% of Special Schools having a CCN nurse placed on-site despite this service not being commissioned and there being no regionally agreed policy or governance structure to support the child centred approach to this role. Some stakeholder feedback supported the presence of an on-site nurse whilst other feedback did not. But, the inconsistency in approach seems to have added to the misunderstanding from all parties; families, health and education of roles, in particular the role of the CCN within the education setting. Further supporting the requirement for a regionally agreed child centred policy, governance structures to support staff and a commissioned service model.

The legislation focusses on education's responsibility within this arena with support from the health sector. The terminology does leave this open to interpretation and the current lack of regionally agreed cross-sector policies or governance structures means there is not a solution to this interpretation. The fact the DoE have a £77.5 million budget to employ Classroom Assistants in Special Schools but DoH do not have a specific commissioned service to support this, and there is no regionally agreed policy or governance structure it means the provision of a child centred cross-sector service is currently unavailable. Highlighting the requirement for health and education departments to work collaboratively whilst appreciating the respective areas of accountability.

Although the Classroom Assistant job description specifically highlights the requirement to undertake more comprehensive or invasive medical/health care procedures it was noted in the stakeholder engagement that the increased complexity of the tasks and providing both health care and educational support was causing increased pressure to education staff. As seen in the data above, there is a small proportion of the children enrolled in Special Schools requiring the more complex healthcare tasks (4.55%) but there are still 7147 children that also need additional educational or less invasive health care support and so this could be adding to the feeling of pressure to provide requirements to all the children. To add to this the children within the PMLD and SLD groups are not in one area, rather they are spread across the region and attend a variety of Special Schools. Again, the variety of needs within each Special School could be adding to education staff finding this an increased area of pressure.

As seen in the stakeholder engagement this increased pressure for education staff means there is more call for support from the CCN teams. The CCN teams are employed by HSCTs to provide care in the home and the community, including end of life care. They have a wide and varied role that expands well beyond the children attending Special Schools. As the data shows only 23% (less than a quarter) of their caseload covers the children attending Special School. Therefore, the increased request for support greatly impacts their ability to deliver the CCN role.

There are 2323 Classroom Assistants employed within Special Schools to support children to access the curriculum, of those 884 are trained to undertake delegated health care tasks to the children on the CCN caseload. This is 38% of Classroom Assistants providing care to 4.55% of the children. Again, these children do require the most intensive health care support but not necessarily the most intensive educational support, this could be adding pressure to education workforce causing additional requests to the CCN team It should also be noted, these are delegated tasks meaning the CCNs are required to assess the task and the staff member they are delegating to, as well as train and have continued follow up with them whilst ultimately being held responsible for the provision of that task. This is 884 people with multiple delegated tasks per person being delivered by just 69 CCNs across the region as only a small part of their CCN role. But, a regionally agreed and appropriately commissioned training programme from both health and education would help support staff in both sectors to confidently delegate and confidently undertake the tasks.

Furthermore, parents in the stakeholder engagement highlighted they were happy with the care provided to their child within the Special School setting but their focus was to have reassurance that a responsive, reactive and skilled workforce were providing that care. A regionally agreed and commissioned training programme that could be easily communicated with families could contribute to that reassurance. Also, the exploration into a health care oversight service supporting Classroom Assistants and CCNs to provide quality child centred care within the school setting could further support the requirements of families and staff.

As noted above, Principals are responsible for assessing staffing numbers needed to undertake delegated health care tasks. The CCN team work closely with the schools once the staff have been allocated but there is no support for the Principals during the decision-making process, further supporting the exploration of a healthcare oversight service.

Throughout the review process data was collected from a variety of sources in a variety of formats. This process highlighted the requirement for a central data source to support the future requirements of this population. In particular in the healthcare

sector. Education gather data for the education census as well as the SARS team to help inform decisions related to staffing and services but health does not have a central database this information is collected. It is appreciated this is not a simple data set, for example an asthma diagnosis, but rather a full range of educational and medical needs with varying degrees of severity making it difficult to identify the specific needs of the population from one data source but this is an area that should be explored for future service provision.

Recommendations

It is essential that there is equitable access to healthcare to ensure the best outcomes for all children with SEN, to enable them to access the curriculum in a school setting. This means that these children will receive the right care at the right time by the right person and in the right place.

This review has illustrated the growing complexities in this area. It is recognised that ongoing policy, operational and budgetary challenges exist across the wider Health and Education landscapes. However, this review has shown up significant regional variations in how care is provided to this cohort of children, and we have identified a number of areas and actions which can be taken forward and others which merit further consideration to enhance the regional approach to child specific timely care.

These are summarised as follows:

1) **Voice of Children and Young People:** It is essential that mechanisms and approaches to include children's lived experience and perspectives are developed to ensure the voice of children and young people is captured and to allow professionals to understand their unique experiences, preferences and challenges leading to more effective and personalised intervention.
2) **Workforce Development:** Clarity around roles and responsibilities for all staff is essential across Education and Health. The CCN workforce should be reviewed in line with increasing demand. For SEN this needs to include the CCN and Classroom Assistant workforces and so should be undertaken in collaboration with Education.
3) **Education and Training:** There is a need to develop a regionally agreed and appropriately commissioned training programme to train education staff to better understand and manage complex common health needs and confidently undertake delegated tasks. There should be consideration given to whether HSC Clinical Education Centre (CEC) would be best placed to deliver this training.
4) **Collaborative Approaches:** In the current system, Education is responsible

for the placement and education of children in SEN schools, as well as the employment of sufficient classroom assistants to deliver the necessary healthcare interventions (under delegation rules). Health is responsible for the delegation of those healthcare interventions to the classroom assistants, including training and supervision. There is a need to strengthen the partnership models between Health and Education across the SEN pathway to ensure all children receive comprehensive multi-disciplinary support tailored to their assessed individual needs as part of the statement process and annual review.

5) **Models of Care:** The review identified variations in the model of healthcare provision in SEN settings. There is a need to develop a more multi-disciplinary model to meet both the health and therapeutic needs of children with SEN.
6) **Statementing Process:** Health and Social Care Professionals, including nurses, should be included in the statutory assessment process to inform the statement of special educational needs and ongoing review.
7) **Data Collection & Research:** More detailed data collection and longitudinal studies should be undertaken to better understand the full scope of health-related issues affecting children in both special and mainstream schools. A standardised approach to data collection and use is required to identify and monitor the health needs of children and enable an evidence-based service design and resource allocation. It is recommended that a minimum data set be developed and agreed across both health and education sectors. For Health this needs to reflect the requirements set out in Healthy Child Healthy Future, and the transfer of the current child health record to encompass. Clear protocols for data sharing to enable more coordinated and informed decision-making between Health and Education are required.
8) **Multi-agency Delegation Framework:** the multiagency framework currently being developed by NIPEC should consider delegation of healthcare interventions within SEN.
9) **Policy and Funding:** Establishing cross departmental policies for service delivery, governance and evaluation will ensure standardisation and consistency of health care support for this population. To include clear commissioning agreements and funding streams between the Department's Strategic Planning and Performance Group and the Education Authority to

promote collaboration and align dedicated funding for resources to support children with complex medical needs in schools.

Conclusion

While this review provides an initial assessment of the nursing and health care needs of children with complex medical presentations attending special schools across Northern Ireland, it is recognised that a more comprehensive, multi-agency study will be necessary to fully explore the complexities and broader implications of this subject area.

Children with complex medical presentations attending special schools in Northern Ireland are some of the most vulnerable in society. They should have access to targeted health care provision based on individual need to enable access to school. A multiagency approach to all aspects of the service provision from commissioning to governance arrangements and evaluation of current services provided is required to ensure individual complex medical presentations are met. This review highlights the urgent need for a more coordinated multiagency approach for health care provision within special educational schools addressing current gaps through investment, policy reform and cross departmental collaboration to ensure these children and their families receive safe, timely and child centred equitable care.

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Appendices

Appendix 1

Review of Population Health Needs of Children with complex medical needs attending Special Schools in Northern Ireland

Terms of Reference

Title

Review of Population Health Needs of Children with complex medical needs attending Special Schools in Northern Ireland

Background

Across Northern Ireland there are a number of children with complex medical needs that attend Special Schools who are recognised as requiring additional individual child focussed support to enable them to access school and the curriculum. This support may be required for multiple reasons that could include learning difficulties affecting the way they learn and interact in a learning environment, complex medical presentations requiring additional care or communication barriers affecting how they interact with school staff and other pupils.

There is currently no regionally focussed joint health and education assessment of needs for these children to understand the necessary provision of nursing within Special Schools to support the education staff to deliver child specific, timely care enabling access to school and the curriculum.

The Minister of Health and Minister of Education support this review in order to gain a better understanding of the current circumstances within Special Schools and to understand how care is currently delivered; how this may be different across the region and to understand what changes are required to ensure an efficient regional approach to child specific timely care supporting the children to access school and the curriculum.

The Chief Nursing Officer (Department of Health) has briefed the Public Health Agency to lead on this Review in partnership with Department of Education and Education Authority.

Brief

The Chief Nursing Officer wrote to the PHA in November to request they undertake a review to identify the population health needs of children that attend Special Education schools in Northern Ireland and understand the complexity.

Aims/Objectives:

1. To identify the number of children with complex medical needs who attend special schools and who are on the CCN caseload
2. To scope who currently provides the health care support i.e. Children's Community Nurses (CCN) or Health Care Assistants (HCA)/Classroom Assistants (CA) through the delegation framework
3. To identify the number of children with complex medical needs within special schools who receive care directly from a CCN, where it is not considered safe to delegate the task
4. To engage with stakeholders across the health and education sectors, to understand their roles in the delivery of child centred care
5. To describe existing processes and governance structures across organisations that enable staff to make decisions about the health care needs of the children
6. To review access to data to support decision making
7. To identify any gaps or challenges which may have an adverse impact on assessing the needs of this population or the delivery of service provision to this population and explore methods to address these
8. To ensure the child's needs and rights are at the centre of the work at all times
9. To outline the funding arrangements provided by Department of Education to support the care of these children within special schools

Stakeholders

- Families
- Department of Health
    - Minister of Health
    - Chief Nursing Officer and Chief Nursing Office
    - Children's and Learning Disabilities Policy Teams
- Department of Education
    - Minister of Education
    - Special Education and Inclusion Policy Team
- Public Health Agency
    - Children's and Young Peoples Team, NMAHP (Nursing, Midwifery and AHP) Directorate Team
- Education Authority
    - Special Schools and Specialist Provision Team
    - Statutory Assessment and Review Service
- Special School Staff
    - Principals, Teachers and Classroom Assistants
- Trust Staff
    - Children's Community Nursing Teams, SEN Coordinator Team's

Membership of Working Group

Working Group led by PHA Children's and Young Peoples Team, working closely with EA Special Schools and Specialist Provision Team

Timeframe

The review is a partnership between health and education lead by the PHA. Work is progressing and a final report will be delivered by May 2025. This date is reliant on all information being received in a timely manner from stakeholders.

Appendix 2

Maria McIlgorm ***Chief***
Nursing Officer for Northern Ireland

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Aidan Dawson, Chief Executive, PHA
Heather Reid, Director of Nursing, PHA

[redacted]

[redacted]

C5.14
Castle Buildings
Stormont Estate
BELFAST
BT4 3SJ

Tel: 028 9052 2151
Email: [redacted]

Date: 1 November 2024

Dear Aidan & Heather,

As you may be aware, the issue of nursing support and duties in SEN schools is currently attracting significant attention. To allow the Department to work with relevant other organisations to identify best practice solutions, it is important that we have reliable information on needs upon which to build our response.

To take this work forward, I would request that the PHA identify the population health needs of this group of children and undertake a review of the health needs facing children in SEN Schools.

The review should focus on the following parameters:

- *To identify the population health needs of children within special education schools and understand the level of complexity*
- *To identify support that is required to enable these children to receive child specific timely care within the school environment*
- *To scope who currently provides this support i.e. CCN or HCA/CA through the delegation framework*

- *To identify the number of complex children within special schools who receive care directly from a CCN, where it is not considered safe to delegate the task*
- *To identify any gaps in service provision and what needs to be addressed*

It would also be useful to include in the scope:

- The number of children in special needs schools open to CCN caseloads
- The level of funding received by DE to support the care of these children

Minister Nesbitt has been in receipt of a significant amount of correspondence and requests for meetings around this issue, and in order for us to be able to appropriately brief him, it would be helpful if this review could be prioritised with a report submitted to the Department by 13 December 2024.

Thank you giving this request consideration, and I look forward to hearing from you in due course.

Yours sincerely

Maria McIlgorm
Chief Nursing Officer

Appendix 3

The Key Steps of the Special Educational Needs process.

1. **Initial Concerns and School-Based Support**

Concerns about a child's learning or development are usually first identified by parents or school staff. The school provides support through Stages 1–3 of the SEN Code of Practice, including tailored teaching strategies and possibly external support services.

2. **Request for Statutory Assessment**

If the child's needs cannot be met through regular school-based support, a request for statutory assessment is made—by the school, parents, or another professional. The EA decides whether to carry out the assessment within six weeks.

3. **Statutory Assessment**

If approved, the EA gathers detailed information from: Parents, school staff, educational psychologists and Health and Social Care professionals. This process takes up to six weeks.

4. **Decision on Whether to Issue a Statement**

Based on the assessment, the EA decides whether a Statement of SEN is necessary. If they proceed, a draft statement is issued within 12 weeks of starting the assessment.

5. **Draft Statement and Parental Input**

Parents receive the draft statement (with Part 4—school placement—left blank). They have 15 days to: Comment on the draft, request a meeting, and suggest a preferred school. An additional 15 days is allowed after a meeting for further comments.

6. **Final Statement**

The EA issues the final statement within 8 weeks of the draft. It includes: The child's needs, the support required, the named school and any non-educational needs and how they will be met.

7. Annual Review

The statement is reviewed annually to ensure it remains appropriate. Adjustments can be made based on the child's progress or changing needs.

8. Appeals and Dispute Resolution

If parents disagree with the EA's decisions, they can: Contact the Dispute Avoidance and Resolution Service (DARS), Appeal to the Special Educational Needs and Disability Tribunal (SENDIST)

Appendix 4

EDUCATION AUTHORITY

GENERIC JOB DESCRIPTION

POST TITLE:	Classroom Assistant – Additional Special Needs
GRADE:	NJC Scale Points 17 – 20 for ASEN J3 (w.e.f. 1 April 2019)
LOCATION:	An Education Authority School/Location
RESPONSIBLE TO:	The Principal through the class teacher

JOB PURPOSE:

Under the direction of the class teacher/outreach teacher/education authority officer, assist withthe educational support and the care of the pupil(s) with special educational needs who is/are in the teacher's care in or outside the classroom.

MAIN DUTIES AND RESPONSIBILITIES:

The precise duties of the post will be determined by the principal/outreach teacher/Education Authority officer.

1. ADDITIONAL SPECIAL CLASSROOM SUPPORT

(at least one of the three duties below should be carried out as a requirement of the post)

1.1 Undertake more comprehensive or invasive medical/clinical procedures.
1.2 Help pupils with specialist communication skills and/or sensory difficulties access the curriculum.
1.3 Deal with pupils with very challenging behaviour as identified by the Educational Psychology Service as requiring additional provision.

2. SPECIAL CLASSROOM SUPPORT

2.1 Assist the teacher with the support and care of pupil(s) with special educational needs e.g. enable access to the curriculum, attend to personal needs including dietary, feeding, toileting etc.
2.2 Develop an understanding of the specific needs of the pupil(s) to besupported.
2.3 Assist with authorised programmes (e.g. Education Plan, Care Plan), participate in the evaluation of the support and encourage pupil(s) participation in such programmes.
2.4 Contribute to the inclusion of the pupil in mainstream classroom under the direction of

the class teacher.

2.5 Assist with operational difficulties and medical difficulties pertaining to pupil(s) disabilities.

2.6 Support in implementing behavioural management programmes as directed.

2.7 Assist pupil(s) in moving around school and on and off transport.

3. GENERAL CLASSROOM SUPPORT

3.1 Assist pupil(s) learn as effectively as possible both in group situations and on their own by assisting with the management of the learning environment through:

- clarifying and explaining instruction;
- ensuring the pupils are able to use equipment and materials provided;
- assisting in motivating and encouraging the pupil(s) as required;
- assisting in areas requiring reinforcement or development;
- promoting the independence of pupils to enhance learning;
- helping pupil(s) stay on work set;
- meeting physical/medical needs as required whilst encouraging independence;

3.2 Be aware of school policies, procedures and of confidential issues linked to home/pupil/teacher/school work and to keep confidences appropriately.

3.3 Establish a supportive relationship with the pupils concerned.

3.4 Prepare and produce appropriate resources to support pupil(s) and take care of material for play sessions.

3.5 Supervise groups of pupils, or individual pupils on specified activities including talking and listening, using ICT, extra curricular activities, and other duties as directed by the class teacher/officer.

3.6 Under the direction of the teacher, and following an appropriate risk assessment, assist with off- site activities.

3.7 Provide continuity of adult care of e.g. supervising play and cloakrooms including hand washing, toileting etc.

3.8 Provide supervision/support including the administration of prescribed medicines and drugs for children who are ill and deal with minor cuts and grazes.

3.9 Ensure as far as possible a safe environment for pupils.

3.10 Report to the class teacher any signs or symptoms displayed which may suggest that a pupil requires expert or immediate attention.

4. ADMINISTRATION

4.1 Assist with classroom administration.

4.2 Assist the class teacher and/or other professionals with the implementation of the system for recording the pupil(s) progress.

4.3 Contribute to the maintenance of pupil(s) progress records.

4.4 Provide regular feedback about the pupil(s) to the teacher.

4.5 Duplicate written materials, assist with production of charts and displays, record radio and television programmes, catalogue and process books and resources.

5. OTHER DUTIES

5.1 Attend relevant in-service training.

5.2 Assist work placement students with practical tasks.

5.3 Such other duties as may be assigned by the Principal within the level of the post.

It is acknowledged that the contents of this generic job description are not subject to appeal.

Evaluated: November 2006

Signatures

Postholder	Date
Designated Line Manager	Date
Principal	Date

Appendix 5

JOB DESCRIPTION

JOB TITLE:	School Health and Learning Assistant
BAND:	4
DIRECTORATE/DIVISION:	Paediatrics, Women's Service and Corporate Support
INITIAL LOCATION:	To be confirmed
REPORTS TO:	Operational Manager, Community Children's Nursing Service and School Principal
ACCOUNTABLE TO:	Head of Service, Paediatrics
FLEXIBLE WORKING PROVISIONS AVAILABLE:	Fulltime/part time hours/week (Term time)

JOB SUMMARY:

The School Health and Learning Assistant supports both the health and learning needs of children and young people with complex physical healthcare needs and associated learning difficulties primarily in the classroom setting. This may include accompanying the child/young person on transport as required.
The post holder may be required to support the child/ young person through school transitions working in more than one school within the locality and in some instances offer support in the home environment.
The dual function of the post will ensure that the health, education and social needs of the child/young person can be met through an efficient and child focused interagency approach supported by Education Authority staff and the Community Children's Nursing service.

KEY RESULT AREAS / MAIN RESPONSIBILITIES

Provision of Care

The post holder will:

- Assist in the provision of safe, effective child and family centred, compassionate care.
- Maintain the confidentiality of all information, regarding child/young person at all times.
- Respect the dignity, wishes and beliefs of child/young person

- Obtain consent from child/young person for all care and treatment provision.
- Assist child/young person with fundamental nursing care in all aspects of the activities of daily living, as delegated by registered nursing staff, for example, washing, toileting, eating and drinking.
- Undertake clinical duties as required in the education setting/community, which have been delegated by registered nursing staff.
- Report and accurately record all activities undertaken.
- Encourage child/young person to actively participate in their own care when this is appropriate.
- Identify if child/young person are at risk and inform the registered nurse and make a written record.
- Work in partnership with the family, principal and teachers to ensure that the respective roles and responsibilities are identified and understood to ensure deliver of safe and effective care to children with complex medical needs within school.
- The post holder will adhere to the Standards for Nursing Assistants[1] (DoH 2018).

Communication

The post holder will:

- Deal courteously with child/young person with whom they come into contact in the course of their duties.
- Communicate effectively with child/young person and their families taking into account their mental and physical health and wellbeing.
- Report any changes in a child/young person's condition or behaviour to relevant registered nursing staff and teaching staff.
- Ensure that all information/messages are passed onto the relevant registered nurse or registered healthcare professional, in a timely manner and in line with UK GDPR.
- Document electronic and written records accurately and in a timely manner,
- Maintain the confidentiality of all information, regarding child/young person including staff, at all times.

Personal & People Development

The post holder will:

- Participate fully in the HSC Trust's Knowledge and Skills Framework (KSF)/Personal Contribution Framework (PCF)
- Attend Induction Programme and participate in education and other learning and development activities as required.

[1] Department of Health (2018) Standards *for Nursing Assistants employed by HSC Trusts in Northern Ireland*. Belfast: DoH.

- Keep up to date records of own development review process.
- Participate in the induction and development of others as required.

Health, Safety & Security

The post holder will:
- Undertake duties that are required to ensure adequate standards of environmental hygiene and to prevent cross infection.
- Report all accidents, incidents and near misses to relevant registered nursing staff, record in HSC Trust systems and assist in the investigation of same.
- Comply with health and safety policies and statutory regulations.
- Identify and report any health, safety and security issues to the appropriate person.
- Contribute to effective and economic use of resources and the maintenance of all equipment.
- Work within own role in emergencies and summon help.
- Comply with HSC Trust policies, procedures, guidelines and protocols.

Service Improvement

The post holder will:
- Fully participate in all work place audits
- Escalate all concerns and report compliments and complaints to appropriate registered nursing staff in a timely manner

Quality

The post holder will:
- Work within the limits of own competence and responsibility and refer issues beyond these limits to registered nursing staff.
- Act responsibility as a team member and seek help if necessary.
- Contribute to the delivery of respectful and professional care in order to provide a quality service.
- Contribute to effective team working in line with the HSC collective leadership model.

Equality & Diversity

The post holder will:
- Adhere to current legislation and HSC Trust policies on equality and diversity.
- Present a positive image of self and the organisation and treat others with dignity and respect.
- Recognise and report behaviour that undermines equality

Duties and Responsibilities to Support Learning

The precise duties of the post in supporting learning will be determined by the School Principal.

Special Classroom Support

Assist the teacher with the support, learning and care of pupil(s) with special educational needs e.g. enable access to the curriculum, attend to personal needs including dietary, feeding, toileting etc.

Develop an understanding of the specific needs of the pupil(s) to be supported.

Assist with authorised programmes (eg Education Plan, Care Plan), participate in the evaluation of the support and encourage pupil(s) participation in such programmes.

Maintain accurate records and contribute to education and care plans as required

To contribute to the inclusion of the pupil in mainstream schools under the directions of the class teacher.

Support in implementing behavioural management programmes as directed.

Assist pupil(s) in moving around school and on and off transport.

General Classroom Support

Assist pupil(s) learn as effectively as possible both in group situations and on their own by assisting with the management of the learning environment through:

1. clarifying and explaining instruction;
2. ensuring the pupils are able to use equipment and materials provided;
3. assisting in motivating and encouraging the pupil(s) as required;
4. assisting in areas requiring reinforcement or development;
5. promoting the independence of pupils to enhance learning;
6. helping pupil(s) to remain focused;
7. Meeting physical/medical needs as required whilst encouraging independence.

Adhere to school policies, procedures and maintain confidentiality.

Establish a supportive relationship with the pupils concerned.

Prepare and produce appropriate resources to support pupil(s) and take care of material for play sessions.

Supervise groups of pupils, or individual pupils on specified activities including talking

and listening, using ICT, extracurricular activities, off site activities and other duties as directed by the class teacher/officer.

Supervise play and provide support in cloakrooms including hand washing, toileting etc.

Ensure as far as possible as safe environment for pupils.

Report to the class teacher any signs or symptoms displayed which may suggest that a pupil requires expert or immediate attention.

Administration

Assist with classroom administration as directed by class teacher.

Assist the class teacher and/or other professionals with the implementation of the system for recording the pupils(s) progress.

Contribute to the maintenance of pupil(s) progress records

Provide regular feedback about the pupil(s) to the teacher/officer.

Duplicate written materials; assist with production of charts and displays, record radio and television programmes, catalogue and process books and resources as directed by class teacher.

Other Duties

Attend relevant in-service training.

Assist w o r k p l a c e m e n t pupils with practical tasks and assignments (where appropriate).

Such other duties as may be assigned by the principal.

GENERAL RESPONSIBILITIES

Employees of the Trust will be required to promote and support the mission and vision of the service for which they are responsible and: -

- At all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner
- At all times demonstrate practice the HSC values of Working Together, Excellence, Openness & Honesty and Compassion

- Carry out their duties and responsibilities in a manner which assures patient and client safety

- Comply with all instructions in regard to Infection Prevention and Control

- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them

- Comply with the Trust's Smoke Free Policy

- Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations

- Adhere to equal opportunities policy throughout the course of their employment

- Ensure the ongoing confidence of the public in service provision

- Adhere to the Code of Conduct for HSC Employees which aims to guide staff, managers and employers in the work that they do and the decisions and choices they have to make. Professional staff are expected to follow the code of conduct for their own professions as well as this code.

- The post holder will promote and support effective team working, fostering a culture of openness and transparency. The post holder will ensure that they take all concerns raised with them seriously and act in accordance with the NHSCT Raising Concerns Policy and their professional code of conduct, where applicable.

RECORDS MANAGEMENT

All employees of the Northern Health & Social Care Trust are legally responsible for all records held, created or used as part of their business within the Northern Health and Social Care Trust, including patient/client, corporate and administrative records whether paper based or electronic and also including e-mails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant and to comply with the Northern Health and Social Care Trust policies on Information Governance including (for example) the ICT Security Policy, Data Quality and Data Protection Policy and Records Management Policy and to seek advice if in doubt.

Environmental Cleaning Strategy

The HSC Trust's Environmental Cleaning Strategy recognises the key principle that "Cleanliness matters is everyone's responsibility, not just the cleaners" Whilst there are staff employed who are responsible for cleaning services, all HSC Trust staff have a responsibility to ensure a clean, comfortable, safe environment for patients, clients, residents, visitors, staff and members of the general public.

Infection Prevention and Control

The HSC Trust is committed to reducing healthcare associated infections (HCAIs) and all staff have a part to play in making this happen. Staff must comply with all policies in relation to Infection Prevention and Control and with on-going reduction strategies. Standard Infection Prevention and Control Precautions must be used at all times to ensure the safety of patients and staff. This includes: -

- Cleaning hands either with soap and water or a hand sanitiser at the appropriate times (WHO '5 moments');
- Using the correct '7 step' hand hygiene technique;
- Being 'bare below the elbows' when in a clinical environment;
- Following Trust policies and the Regional Infection Control Manual (found on intranet/Trust Hub);
- Donning, doffing the correct Personal Protective Equipment (PPE);
- Ensuring correct handling and disposal of waste (including sharps) and laundry;
- Ensuring all medical devices (equipment) are decontaminated appropriately i.e. cleaned, disinfected and/or sterilised;
- Ensuring compliance with High Impact Interventions.

The Patient Experience Standards[2]

Patients and service users have a right to experience respectful and professional care, in a considerate and supportive environment, where their privacy is protected and dignity maintained. This principle should be prompted and supported by all health and social care organisations and professional bodies, enabling staff to provide a quality service.

There are many complex factors relevant to the quality of patient and service user's experience. The following five areas have been identified as important towards ensuring a positive patient or client experience:

- ***Respect***
- ***Attitude***
- ***Behaviour***
- ***Communication***
- ***Privacy and Dignity***

[2] Department of Health Social Services and Public Safety (DHSSPS) (2009*) Improving the Patient and Client Experience. Belfast: DHSSPS.*

This is not an exhaustive list and there may be overlap between the areas, however, all five relate to aspects identified by patients and service users as important to their experience.

The post holder is appointed to the NHSCT and will be assigned to child specific education setting to meet the needs of the service as required.

This job description is not meant to be definitive and may be amended to meet the changing needs of the HSC Trust.

NOTE:
It is important to note that in the event of a reduction in care needs, the transition of the child or young person to adult services or the death of a child or young person, depending on service need the post holder may be allocated to another child or young person who may be in a different educational locality within the Trust.

Values

The Trust aims to recruit staff not only with the right skills but also with the right values to ensure the delivery of excellent patient care and experience. Staff will be expected to be committed to provide safe, effective, compassionate and person centred care by: -

- Treating Everyone with Dignity and Respect
- Displaying Openness and Trust
- Being Accountable
- Being Leading Edge
- Maximising Learning and Development

By embedding the above values we will make a significant contribution to the delivery of the Trust's Vision.

Personal Public Involvement

Staff members are expected to involve patients, clients, carers and the wider community were relevant, in developing, planning and delivering our services in a meaningful and effective way, as part of the Trust's on-going commitment to Personal Public Involvement (PPI).
Please use the link below to access the PPI standards leaflet for further information.
http://www.publichealth.hscni.net/sites/default/files/PPI_leaflet.pdf

Appendix 6

TRUST LOGO

Children's Community Nursing

Date

Dear Parent/Guardian

The Children's Community Nursing Service have been asked by Northern Ireland Public Health Agency (PHA) to identify the families of children on their caseload who meet the criteria to contribute to a Review of Nursing Provision within Special Educational Needs Schools.

Enclosed is a letter from the PHA explaining the Review and consent, if you wish to participate.

Yours faithfully

_____

Lead Nurse Community Children's Nursing

Appendix 7

Review of Population Health Needs of Children attending Special Educational Needs Schools in Northern Ireland

Family Experience Information and Consent

What is the project?

The Northern Ireland Public Health Agency (PHA) is currently putting together a review of the health needs of children that attend Special Educational Needs (SEN) Schools and how Community Children's Nursing (CCN) teams support schools to deliver child centred timely care.

The review is a document that puts together data received from schools and health Trusts to show the number of children that attend SEN Schools, what health related support they might need to help them access school and whether Community Children's Nursing staff or Education staff currently deliver that support. The data within the review is completely confidential so it will not be possible to identify any children, families or staff from the review.

The reason for the review is to assess whether there is a need to make changes now or in the future to improve delivery of services to children attending SEN Schools.

Why are we speaking to you?

You and your child/children are the main focus of the review. As a result, meaningful family involvement is very important to us, to ensure your views and opinions are captured and to keep it child focussed.

How we want to involve you.

Being able to speak to families is the most important thing. As well as a questionnaire which will allow us to gather information we would also like to have open and honest discussions about your experiences and opinions on the services provided and how these can be best improved. Your input is key to making sure services work for you.

Next Steps

If you are happy to participate in this review:

1. Let a member of the Children's Community Nursing Team know you are happy to join
2. Please fill out and sign the consent form at the bottom of this page (there is an explanation of what the consent is for and why it is required)
3. Please fill out your name telephone number and email address on the bottom of this page.
4. Your details will be passed to the Paediatric Nurse Consultant at the Public Health Agency who will call or email in the next couple of days to arrange a time to have a discussion. If there is a better day or time for you please add this to your details below.

What will the discussion look like?

We want to make sure this discussion is as easy for you as possible whilst still being able to gather all your valuable feedback.

Once we have agreed a date and time we will set up a virtual discussion through Zoom/MS Teams or another medium that works for you or a telephone conversation if that suits better.

These discussions are likely to take about 30 minutes, depending on how much information you wish to discuss/provide and we will aim to arrange them at a time that best suits you. We want to develop our service for you and your family so it is important we are able to gather your feedback.

What to expect?

This piece of work is looking specifically at child centred nursing support that enables your child to access school, so the discussion will be centred on this as well as your experience of services and feedback you would like to give.

There will not be a formal set of questions but the discussion will include some of the following areas:

- What level of healthcare support your child needs to access school
- Who delivers that healthcare support to your child for example Classroom Assistant or Children's Nurse
- What makes the support you receive specifically focused on your child's needs
- Any changes that you think would benefit your child.

What will happen to the information?

After the discussion your feedback, along with other family's participating, will be written up by the Paediatric Nurse Consultant into the review and will be included with recommendations for changes to the service. Once the final review is completed this will be presented to the Department of Health and the Department of Education to agree how best to move forward with the recommendations.

The information you give will be completely confidential all identifying information will be removed from the feedback to ensure no child or family can be identified.

Timing

We would like to complete all discussions with families by the **end of March 2025** to make sure we have enough time to capture all your valuable feedback in the best way possible.

Your Information

Name: Telephone Number:

Email address: First language:

Consent

I_____(insert name) give permission for the Public Health Agency to contact me on the above telephone number and/or email address to arrange and participate in a discussion with the Nursing Consultants about the healthcare support my child/children receives at school to help them attend SEN School. I confirm I have legal responsibility for my child/children and therefore am able to discuss their health care needs. I am happy for the information gathered in the discussion to be used in the Review of Population Health Needs of Children attending Special Educational Needs Schools in Northern Ireland

This consent covers only the above work; I do not give permission for myself or my child to be contacted in relation to any other project.

My personal information will only be held on this form and will only be used to arrange a discussion, not for any other purposes. The Northern Ireland Population Health

Review detailed above does not require identifiable information to be included in the piece of work and therefore all information gathered during the discussion/discussions will be made anonymous.

The Public Health Agency will only share personal identifiable information where there is a relevant lawful basis to do so. This will be in full compliance with all aspects of GDPR and the Data Protection Act 2018.

Appendix 8

SPECIAL EDUCATION: - Special schools	2017/18 Actual	2018/19 Actual	2019/20 Actual	2020/21 Actual	2021/22 Actual	2022/23 Projected	2023/24 Projected	2024/25 Projected	2025/26 Projected	2026/27 Projected	2027/28 Projected	2028/29 Projected	2029/30 Projected	2030/31 Projected	2031/32 Projected
SPECIAL SCHOOL PUPILS	5,735	5,959	6,174	6,403	6,653	7,165	7,425	7,657	7,863	8,037	8,196	8,353	8,512	8,673	8,840

Figure 2 DE Census data (actual and projections)

Table of Abbreviations

Abbreviation	Definition
ACES	Adverse Childhood Experiences
A&E	Accident and Emergency
ASD	Autism Spectrum Disorder
BHSCT	Belfast Health and Social Care Trust
CA	Classroom Assistant
CCN	Community Children Nurse
CYP	Children and Young People
DoE	Department of Education
DoH	Department of Health
EA	Education Authority
GP	General Practitioner
HCA	Health Care Assistant
HSCTs	Health and Social Care Trusts
LAC	Looked After Children
MBRRACE-UK	Mothers and Babies: Reducing Risk through Audits
MLD	Moderate Learning Difficulties
NHSCT	Northern Health and Social Care Trust
NIPEC	Northern Ireland Practice and Education Council
PHA	Public Health Agency
PMLD	Profound and Multiple Learning Difficulties
RCN	Royal College of Nursing
SARS	Statutory Assessment Review Service
SBEW	Social, Behavioural, emotional and well -being
SEHSCT	South Eastern Health and Social Care Trust
SEN	Special Education Needs
SHLA	School Learning Health Assistant
SHSCT	Southern Health and Social Care Trust
SIMS	School Information Management System
SLD	Severe Learning Difficulty
SPPG	Strategic Planning and Performance Group
TOR	Terms of Reference
WHSCT	Western Health and Social Care Trust
WTE	Whole Time Equivalent