

**REPORT OF THE CROSS SECTORAL TEAM WORKING GROUP
ON NURSING SUPPORTS**

April 2018

Contents	Page
1. Introduction	2
2. Glossary of terms	
3. Membership of Working Group	4
4. Terms of Reference	5
5. Themes	5
6. Consultation	6
7. Current Nursing Provision in Special Schools	8
8. The Role of Nurses in Schools	11
9. The Funding and Governance Model	13
10. Complex Medical Needs	14
11. Training and Qualifications	16
12. Governance, including Clinical Governance	19
13. Legal Considerations	21

1. Introduction

In May 2017, the National Council for Special Education (NCSE) submitted a report to the Department of Education and Skills on the progress it was making on its Comprehensive Review of the SNA Scheme.

The Progress Report included a number of conclusions and recommendations for consideration. In their report the NCSE observed that *‘many students with very complex medical conditions now attend schools. SNAs, who are not required to have any clinical training or qualifications, may nevertheless be expected to support students who require complex medical procedures’*. The NCSE also observed that *‘in the past, these children either did not attend school or were in special centres or special schools managed by voluntary bodies where nurses and care assistants were on-site as part of the overall staffing complement. Children with this level of need now attend special schools but the issue may now be wider than special schools because we know for example, that a small number of children with tracheostomies attend mainstream schools’*.

The NCSE recommended that, as a matter of urgency, the Department would arrange for the immediate preparation and publication of guidance for schools on the management of intimate care; administration of medication; carrying out of complex medical interventions; and restrictive practices¹.

In correspondence between the DES and the HSE, the DES was advised that the HSE is providing funding for some nursing services but is not funded for nursing supports in schools².

On the 24th May 2017, the matter was discussed at a meeting of the Cross Sectoral Team (CST) which is a high level discussion forum at which matters of common interest are discussed. The Team includes representation from the Department of Health (DOH); Children and Youth Affairs (DCYA); Education and Skills; the NCSE and the HSE³

The Cross Sectoral Team were already apprised of concerns around existing arrangements for the provision of Nursing supports for children with complex medical needs. In 2016 the Ombudsman for Children’s Office had requested the development of a common policy around nursing supports. They followed this request with a further

¹ This report does not address the issue of restrictive practices. That issue is the subject of a separate review being undertaken by Special Education Section of the Department of Education and Skills.

² Email from Disability Social Care, 10 May 2017.

³ Membership of the CST has since been extended to include representatives of the Department of Social Protection

letter in 2017. During the course of preparing this report the Chairman of the Working Group provided an update on progress to the Office of the Ombudsman for Children.

The CST agreed that a subgroup would be established under the chair of Jim Mulkerrins, DES to develop a proposal on the need for nursing support in schools; to consider children's needs and how these might be addressed and by whom; to consider the appropriate level of qualifications to be held by staff and the appropriate level of oversight.

It was also agreed that draft Terms of Reference (TOR) would be developed and that nominations to the subgroup would be sought. It was further agreed that expert clinician input would be required.

The Working Group was established and held its first meeting on 6th July 2017. As Chairman of the Working Group I would like to thank each of the Working Group Members who have given substantial time and energy to the development of the report's findings and recommendations.

As part of its work, the Working Group sought submissions from relevant stakeholders including those in the Education and Health areas. The Working Group also conducted a consultation event on 23rd November 2017 in meeting rooms in Croke Park. All those who made submissions were invited to attend.

The Working Group recognises that there exists a lacuna in planning and policy development in certain areas which fall between the responsibilities of the DES and DOH.

Examples of this arise because schools are generally provided for by the DES while health services are provided for by the DOH. There is no clear responsibility for the delivery of health services in educational establishments or for the delivery of educational services in health establishments.

The deficit is very clearly demonstrated in the Special School area. At present there are some 125 Special Schools. The majority of these schools were established by Voluntary Bodies who remain as Patrons of these schools. The schools were established in recognition of the fact that these Voluntary Bodies were already providing health related supports to the children who would go on to be enrolled in the schools and there were obvious advantages in having educational provision located on the same site as the health services.

These arrangements, while not without some difficulties, have over the years ensured that children with Special Educational Needs or complex medical needs in Special Schools could access health and educational supports relatively seamlessly.

In recent years however, these arrangements have been somewhat challenged and there are increasing concerns that many of the Voluntary Bodies no longer see themselves as

having a future role in education and are shifting their focus more towards the provision of health services.

The Departments will continue to monitor the impact of the PDS programme on schools and will address any challenges which emerge.

There has been a history of good collaboration between the Departments and their agencies. Over the years, the HSE has made substantial provision for nurses across a range of Special Schools to meet identified needs. At the same time, the Department of Education and Skills has established educational provision in a range of hospitals and Child and Adolescent Mental Health services. (CAMHs) as well as exceptional individual provision for a number of children identified by the HSE as requiring a tailored individualised programme

In addition, work is ongoing in the development of in-school Speech and Language Therapy Services as provided for by the Programme for Partnership Government. This work is being driven by a Cross Departmental and Agency Group tasked with developing a Pilot or Demonstration Model. It is expected that the successful implementation of this Pilot will drive a National roll out of an in-school service which will be developed in tandem with a redevelopment of the HSE's services to ensure that there is a comprehensive collaborative model of support in place to support children, whether in school or in their communities in future.

The Working Group is therefore cognisant that its work is an important piece of the framework for better collaboration between the Departments and their agencies.

The conclusions and recommendations of the following report are informed largely by inputs of the Working Group Members, invited contributors and the submissions and contributions of stakeholders in the Education and Health sectors and by Parent Representatives. I would like to thank those who gave their time and expertise to assisting this process and I welcome the very valuable inputs they have provided.

While the thrust of the recommendations will, if accepted, impact mostly on provision for children with complex medical needs who attend special schools, the proposals are intended to ensure that, where a child with complex medical needs attends any school, their needs should be met by the right person at the right time. This report should be read in tandem with the NCSE's Report of the Comprehensive review of the SNA scheme.

2. Membership of the working Group

Body	Member
DES	Jim Mulkerrins (Chair)
HSE	Marion Meany

D/Health	Jenny Andersson
DCYA	Anne-Marie Brooks
DCYA	Martina Morey
NCSE	Mary Byrne
Expert Clinician	Gráinne Bauer
DES	Ciara McClearn (Secretary)
DES	Helen Flanagan Forbes (Secretary)

3. Terms of Reference

The Working Group was appointed by the Cross Sectoral Team to carry out a review of Nursing Provision for children with complex medical conditions, including those children attending Special Schools.

The review is aimed at ensuring the Government's investment is delivering the right supports for students.

The Working Group is requested, in conjunction with an NCSE Working Group, which is tasked with developing proposals for a new model for the SNA scheme, to:

- consider existing arrangements in Special Schools and other settings for the provision of Nursing Supports to support children with complex medical needs;
- consider the role of Nurses and other medical or non-medical personnel in supporting children with complex medical needs in Special Schools and other settings;
- Identify and develop a proposal for consideration for a model of support to enable equality of access to, participation in and benefit from education for students in Special Schools who have complex medical needs.

4. Themes

In addition to the Terms of Reference, the Working Group agreed that it would assist its meetings and the Working Group's Report if meetings focussed on agreed themes. In the course of the first two meetings the following themes were identified and agreed.

- **Current Nursing provision** or arrangements for children with medical needs in the home; in school; in hospital; other settings.
- **Consultation** with relevant stakeholders including representatives of the Special School sector; Voluntary Bodies; Parents; clinical providers; Nursing bodies; Special Needs Assistants (SNA) representatives; National Disability Authority (NDA) etc.
- **Medical conditions** which, based on evidence and/or expert advice, require nursing intervention.
- **Care needs**, including intimate care needs of children with complex medical needs in schools which can reasonably be met by SNAs, or other non-nursing personnel (subject to appropriate training if necessary).
- The **current funding model** for Nursing profession and governance.
- **Legal considerations.**
- **Risks** with the existing model and proposals for how these risks might be addressed.
- **Training and Qualifications** for persons working with children with significant medical conditions.
- **Proposals** for improvements in the current model or an alternative model, including the manner in which the model should be funded and governed.
- **Draft report** – agreement on recommendations and conclusions and next steps.

The Report has been drafted to reflect the Working Group's consideration of the themes and also to take account of views and opinions submitted through comprehensive consultation on the issues raised in the themes.

5. Consultation

On 18th August the Working Group issued a call for submissions to identified relevant stakeholders. The Working Group thanks the HSE for identifying the list of Health Sector stakeholders and for its assistance in the issue of the request for submissions.

The deadline set for the return of submissions was 1 September. In the following weeks the Working Group received a number of requests to extend the deadline for receipt of submissions. The deadline was informally extended to allow for late submissions.

In total, 37 responses were received. 19 of these were submitted by stakeholders in the Education Sector including Special Schools, while a further 17 were received from the wider Health Sector, including Section 38 and 39 Bodies⁴ and representatives and interested parties. Better Start, the National Early Years Quality Development Service also made a submission.

⁴ The HSE funds a range of service providers under either section 38 or **section 39** of the **Health. Act** 2004 to deliver services on its behalf

While the submissions contained a wide range of views and opinions, a number of common themes emerged. Significant numbers of stakeholders raised concerns on the following issues:

- The need to formalise arrangements to provide a scheme for Nursing provision to support children with complex medical needs in schools
- The need for appropriate Governance arrangements for existing and future Nurses employed in Special Schools including both Management and Clinical Governance.
- The need for more training and continuous professional development; appropriate qualifications of nurses, SNAs and Healthcare Assistants (HCA) and others.
- The need to define ‘complex medical needs’ and to clarify care needs requiring nursing or other supports.
- The need for greater clarity on the respective roles of Nurses, SNAs, HCAs and Teachers in supporting children with complex medical needs.
- The need for clarity on existing funding arrangements and to ensure that there is an adequacy of funding for all existing and future provision.

There was a wide variation in views on who should employ or be responsible for school based nurses. A number of correspondents indicated a preference that the HSE would retain the funding and governance role in any future provision.

The majority of contributors also pointed to an urgent need for a structured approach to clinical governance and support for nurses which is currently absent in some areas under the existing informal arrangements.

The submissions suggested a strong demand for a clear strategy and identified ring-fenced provision for nurses in certain schools.

Strong support for enhanced training for nursing and other support staff including Teacher/Principal; SNA; HCAs was evident throughout the submissions. There was also support for the proposition that training should be funded centrally and not by Boards of Management who are not funded separately for this.

Submissions pointed to the gap in skills and qualifications between Nurses and SNAs and suggested that there was a need to establish a specific qualification, in Health Care. It was also strongly acknowledged that Nurses and Parents have training roles.

Following consideration of the submissions, the Working Group agreed to host a consultation event. This event was arranged and took place in the Croke Park Conference Centre on 23 November. All (with one exception) of the submission contributors were represented at this event.

At the outset of the event it was agreed that it was neither necessary nor useful to attempt to bridge the different views on issues of detail including complex medical needs

definition; what precise tasks should fall to Nurses only; the precise role of SNAs or HCAs; what precise clinical governance arrangements should be in place to support Nurses in Special Schools and other such matters.

Instead, it was agreed that there were areas where there was agreement or consensus and that these should be identified to support the recommendations of this Report.

Areas of consensus

During the afternoon of the consultation, strong agreement emerged on seven major points of principle. The Group agreed that these points of principle should be incorporated in the Report of the Working Group in support of proposals for the development of a new scheme for the provision of nursing supports in Special Schools.

The following seven principles were unanimously approved.

1. There is a role for Nurses in schools.
2. Nursing support should be provided ‘Where a number of children present with complex medical needs in one location’.
3. There are high level needs which can only be met by a Nurse.
4. Existing provision should be restructured and gaps filled.
5. Ring-fenced funding should be provided to the HSE.
6. Clinical Governance arrangements should be in place.
7. Training and Qualification opportunities for persons working with children with significant medical conditions should be developed and funded.

The Working Group, in considering the outcomes of the consultation, are of the view that the seven principles, agreed at the Consultation, constitute a good basis for recommendations which should be included in the Working Group’s Report.

In particular, the Working Group accepts that there is universal agreement that nursing supports are essential for some children attending schools and where such children attend schools in numbers, there is a real need to provide nursing supports in those schools.

The Consultation process has shone a light on the challenges currently faced by schools in supporting children with complex medical needs. There is strong evidence that there is an immediate need to put in place a scheme to provide for nursing supports in certain Special Schools and to incorporate existing ad-hoc provision into the newly developed scheme.

While there are a range of issues of detail on which agreement would be difficult to achieve, the Working Group acknowledged that both the HSE and the Voluntary Bodies

have long-term experience of managing the Nursing profession across a wide range of service providers including Hospitals, CAMHs Facilities; Nursing Homes; Primary Care Centres; GP Facilities and other such providers.

It is considered reasonable therefore that in developing this proposed scheme, the HSE will be well positioned to set out reasonable criteria to guide decisions on the allocation of nursing supports to schools and to provide guidance on the nature and scope of functions which should ordinarily be undertaken by such nurses and or HCAs under the supervision of a Nurse.

6. Current Nursing Provision in Special Schools

For many years nursing provision has existed in a significant number of Special Schools, and in particular, those Special Schools catering for children with severe and profound disabilities including complex medical needs.

Where it exists, the provision is funded directly by the HSE or indirectly through block grant funding provided by the HSE to Voluntary Bodies. This funding is provided in recognition of the real need for nursing services to support children whose participation in their school would be impossible without such support.

Notwithstanding this provision, there is no scheme or policy for the provision of such support in these schools. Accordingly, it is being funded from monies which in some cases may not have been provided specifically for such support.

In 2017, two separate surveys examining nursing provision in Special Schools were undertaken and completed. The surveys were conducted by the HSE and by the National Association of Boards of Management of Special Education (NABMSE). The purpose of the surveys was to examine the extent of nursing provision in Special Schools.

The HSE Survey Report, entitled ‘ *Nursing Supports for Special Needs Schools Report for Cross Sectoral Meeting February 2017*’ outlines information received from the HSE Community Healthcare Organisations (CHOs) on the current provision of nursing supports for children with disabilities in education settings within their respective areas.

The HSE’s Report found that there is no dedicated funding available to provide nursing supports in schools. All nine CHOs either directly or through voluntary organisations or through grants to School Boards of Management are currently providing some supports across the country where possible.

In total, the HSE identified approximately 44.5 Whole Time Equivalent posts currently employed in schools along with an unspecified number of nurse educators and grant aid to fund additional nursing hours.

In its report, the HSE found that there is no standardised process across the Country and that where a grant is paid to a school there is no clinical governance over the service provided, raising the question of ‘who is accountable when errors or misjudgements are made’?

The HSE noted that additional requests for nursing support are being received and in most cases being refused. It was also reported that the HSE does not have sufficient nursing personnel to meet all nursing requirements.

In identifying potential solutions, the HSE suggested that ring-fenced funding should be made available if the service is required. It also recommended that clinical governance should be provided through the HSE or the Voluntary Organisations providing the support. The HSE also suggested that in some cases schools could be clustered and the nursing support could be provided to a geographic area rather than a single school.

The NABMSE report was finalised in September 2017. In preparation for the report, NABMSE surveyed 120 special schools. The report indicated that 79 fulltime and nine part time nurses were employed in 40 schools.

The report found that of these, some 33 fulltime and six part-time nurses worked in schools for pupils with moderate/severe/profound intellectual disabilities, while 20 fulltime nurses worked in schools for pupils with physical/multiple disabilities and a further 18 fulltime and one part-time nurse worked in schools for pupils with severe/profound disabilities.

The NABMSE report also identified that where nurses were employed they were employed by Patron Bodies with Section 39 funding or by Boards of Management through HSE grant funding or they were employed directly by the HSE.

Various supervising arrangements were in place for these nurses including that they were supervised by the School Patron/School Trustee; the HSE or the S39/38 Agency.

Some clinical supervision occurred in house by the ‘most senior nurse’ while in other cases the clinical supervision was provided by the Patron Body. In cases where nurses were employed by Boards of Management, there tended to be little or no clinical supervision.

The NABMSE report recommended that a full audit of health care support currently in the educational system is required to identify gaps in current provision. It also recommended that an agreed structure, including a funding stream, should be developed by the DES on the introduction of a uniform system of recruiting nursing and other health care staff in the school.

The report also recommended that structures for establishing the need for nursing provision within schools should be closely linked with the statutory Assessment Of

Need process and that schools should be adequately resourced to reduce health and safety risks of all students.

NABMSE also found that the lack of appropriate nursing support within schools might be a barrier to a child attending and recommended that structures should include an application process for nursing support where a school cannot accommodate a child within its current provision.

The Working Group notes that, for many years, the need for the provision of nursing supports in Special Schools has been recognised and, in many cases, met by the HSE.

In considering the evidence set out in the NABMSE and HSE reports of current provision, it is evident that there is some disparity between the reported levels of existing provision across the Special School Sector.

The Working Group considers that further more detailed analysis is required to identify all existing provisions for nursing support for children with complex medical needs in schools. However, while this analysis is awaited, proposals for the development and delivery of a new scheme to manage the delivery of nursing supports in Special Schools should proceed.

Recommendation 1

The Working Group recommends that the HSE should undertake further, more detailed analysis to identify all existing provisions for nursing support for children with complex medical needs in schools. This analysis should include provision directly funded by the HSE and provision indirectly funded by the HSE through funding arrangements for Voluntary Bodies.

Provision funded by schools' boards of management should also be included in this analysis. Information on such provision should be collected by DES

While this analysis is awaited, proposals for the development and delivery of a new scheme to manage the delivery of nursing supports for children with complex needs should proceed.

7. Role of Nurses in Schools

At present there are no guidelines providing for the Role of Nurses in Schools. Where nurses are currently employed in Special Schools there is little guidance available to support the nurses in their day to day work.

In the course of the consultation process many stakeholders observed that current arrangements were ad-hoc and reactive and without structure. Nursing practice varied from school to school.

In some cases, certain medical care support interventions, such as the administration or observation of medication or procedures such as catheterisation, tracheostomy, epilepsy/seizure management, are the exclusive role of the Nurse. In other schools, some of these roles are undertaken by other adult care support workers such as SNAs acting under the supervision of the Nurse.

The Working Group considered the complexity and variety of interventions which might arise in schools and also acknowledged that the individual circumstances of each child needs to be considered when deciding how and by whom an intervention should be undertaken.

The Working Group is of the view that it is not necessary to codify complex medical needs or to prescribe the role of the Nurse or other care personnel in schools in order to progress the recommendations in this report. Evidence provided to the Working Group demonstrates that the HSE has undertaken substantial work in recent years in reviewing the governance and quality of Paediatric Home Care Packages (PHCP). This included clarifying the role of Nurses and Health Care Assistants in the provision of PHCP. The work currently being undertaken by the HSE identified the requirement for Case Managers in identifying and managing the PHCP.

The assistance and support of the HSE is gratefully acknowledged.

The Working Group has been advised that in 2014, the HSE carried out a review of current policy and practice in the provision of Paediatric Home Care Packages for children with complex medical needs. The Working Group is of the view that the conclusions and findings of this work provide useful guidance on how the complex medical needs of children are met in the home through the provision of the PHCP.

The review, carried out by the Primary Care Division, recommended the development and implementation of National Policy and standard service development and service delivery frameworks for this client group and the provision of clarification regarding general and clinical governance in respect of the responsibilities and accountabilities of all service providers to this client group

The report also made recommendations on the approach to a national discharge planning protocol, an agreed assessment tool, standard operational procedures, the

development of the individualised care plans; and the provision of training and continuous professional development of staff.

The report also made recommendations on the need for risk assessment; engagement with children and family/carer; clinical and general governance provision.

In considering the evidence presented, the Working Group is of the view that ongoing work in the HSE in developing model of service for PHCP which includes the role of Nurses and HCAs should inform the duties of Nurses employed in Special Schools to support the complex medical needs of pupils. It is important that standards are maintained and that best practice is shared across the nursing profession where possible.

Recommendation 2

The Working Group recommends that provision for Nurses to support children with complex medical needs in certain schools should be formally included in a new strategy or scheme to be implemented by the HSE.

Recommendation 2.1

The Working Group recommends that where provision for Nursing support already exists it should be brought within the proposed new scheme and retained on the introduction of the scheme.

Recommendation 2.2

The Working Group recommends that, subject to the availability of resources, additional provision for Nurses to support children with complex medical needs would be made to schools where such provision is required but is not currently available.

8. Funding and Governance Model

In its report on *Nursing Supports for Special Needs Schools*, the HSE noted that there is no dedicated funding available to provide nursing supports to schools.

Notwithstanding this, evidence from the surveys conducted in 2017 indicate that HSE funding is currently provided either directly or indirectly to support the recruitment of nurses in Special Schools. The HSE also funds grant arrangements for the purchase of nursing services in a number of schools.

The Working Group considers this position to be unsustainable. In the absence of a dedicated funding stream, funding arrangements are ad-hoc and entirely dependent on whether there are additional available funds within HSE regions or within the budgets of Voluntary Bodies. This results in subjective and unbalanced decisions on whether Nursing Supports will be provided and funded.

Through the consultation process, stakeholders universally considered that current funding, where it exists, is inadequate. Schools complained that there was no clear path for applications for nursing support to be made. Schools also complained that there was no clarity around entitlement or eligibility.

Stakeholders identified a need for a funding stream which is ring-fenced. It was also suggested that consideration should be given to sharing some nursing provision between a number of schools where appropriate as this might assist in managing costs and clinical governance. Finally, it was suggested that some provision could be delivered through an enhanced community nurse provision.

The Working Group is of the view that the issue of direct and ring-fenced funding needs to be addressed as a matter of urgency. On establishing the recommended scheme, the HSE should identify all funded nursing supports which are currently in place and should also identify the funding which is currently used to fund this support.

The existing funding should be ring-fenced and identified within the individual budgets of the Voluntary Bodies and the HSE. Existing nursing supports which are in place should remain in place. It is of vital importance that, on the introduction of the recommended scheme, no existing supports would be removed as a consequence of the schemes introduction.

The HSE should also reassess all existing and recent applications for nursing supports and should estimate the cost of providing such supports, drawing upon both the existing provision and the information provided in each application to support decisions on the need to make such an allocation.

Recommendation 3

The Working Group recommends that any funding provided to the HSE for the development and operation of a scheme for the provision of nursing supports to schools should be ring-fenced.

9. Complex Medical Needs

The Working Group acknowledges that there is no universally accepted definition of 'Complex Medical Needs'. Equally there is no accepted guidance to support decisions as to which professional (Nurse/SNA/HCA/Teacher) is the appropriate school based support for such children.

It is generally accepted however that all children are different in how their needs manifest and in how they respond to support and this is an important factor in how their individual needs should be met and by whom.

The Working Group examined a number of different definitions and acknowledge a commonly accepted definition used in research, both in Ireland and the EU to define complex needs as follows: *“Children with complex medical needs are defined as those with substantial care needs resulting from one or more congenital, acquired or chronic conditions, which require access to multiple health and social support services. These children may have functional limitations that may require tailored technological assistance.”* (Cohen et al. 2011, Elias and Murphy 2012).

The Working Group considered a range of medical conditions which arise in schools including the administration or observation of medication through catheterisation, tracheostomy, epilepsy/seizure management, naso gastric/peg feeding etc.

The written submissions to the Working Group included a range of views on how the needs of children with complex medical needs should be met in schools. There was however no general agreement on these issues and no general agreement on the respective roles of school personnel including SNAs; Teachers; Nurses in supporting these needs.

The consultation process did identify some agreement that some/many care needs can be met by SNA, HCA or Teacher - with training from a Nurse (or other professional).

There was also some agreement that children with complex medical needs should have care plans identifying what is needed and by whom it should be delivered.

There were differing views on the teacher’s role with a general acknowledgement that teachers or other personnel in schools undertake ‘first-aid’ roles and assist children taking medicines or self-injecting and other care roles and there was a general acceptance that this should not be eroded.

The Working Group again considers that it is not necessary that this report should examine in detail the specific complex medical needs of children which require the exclusive support of a professional Nurse. Nor is it considered necessary to list the varying degrees of needs which might require the support of other personnel including SNAs and HCAs.

The work of the HSE on the Role of Nurses and meeting the needs of Children with Complex Needs in the home and any future work which may be undertaken by the HSE in this area should adequately guide decisions on the need for nursing provision in Special Schools and on how children with complex needs should in future have these needs supported in their schools.

Recommendation 4

The Working Group recommends that there are high level needs which ought only to be met by a Nurse.

Recommendation 5

The Working Group recommends that nursing support should be provided where a number of children present with complex medical needs in one location

Recommendation 5.1

The Working Group recommends that consideration is given to additional funding being made available to the HSE to enable the provision of some nursing support, including the possible extension of a home care package where one is in place, in cases where a child with complex medical needs is attending a mainstream or other school which is not ordinarily funded for nursing support.

Additionally, where exceptional circumstances are present which may exclude a child from attending a special school where nursing provision exists, provision of nursing support should be made available to support the child in their current setting.

Such provision should only be considered on an exceptional basis.

10. Training and Qualifications

The Working Group has considered the question of training and qualifications for persons working with children with significant medical conditions. Under current arrangements, continuous professional development provision for teachers of children with Special Educational Needs is made by the Special Education Support Service which is now a part of the NCSE's Regional Support Service.

In general, this training is focussed on teaching and learning and provides the teachers with a better understanding of the learning needs of children with Special Educational Needs and also provides the teachers with certain teaching tools to assist them in teaching these children.

Under the current model of care support in schools, pupils with Special Educational Needs with associated care needs receive access to supports provided by Special Needs Assistants under the Department of Education and Skills Special Needs Assistance scheme.

There are currently some 13,990 Special Needs Assistants employed in schools providing support for more than 36,000 children with additional care needs. Minimum qualifications for SNA include either a FETAC level 3 major qualification on the National Framework of Qualifications, or a minimum of three grade D's in the Junior Certificate, or the equivalent.

Because the range of care duties which are undertaken by the SNA is extensive it is not practicable to provide general training which will ensure that all SNAs are properly equipped to support all care needs. For this reason, Boards of Management of

schools are required to identify and provide for the training needs of SNAs employed in their schools.

In considering the role of the SNA in supporting children with medical needs, the Working Group was also aware of the duties of Health Care Assistants who are employed in the Health Services. The Working Group acknowledges the assistance of the HSE who provided comprehensive and valuable information on the role of the Health Care Assistant in supporting children with complex medical needs as part of their Homecare Package.

The Working Group acknowledges the role of the Health Care Assistant in supporting children with complex medical needs and the specific set of skills and competencies which Health Care Assistants require in the course of their employment with Healthcare providers.

In the course of the consultation process, it was clear that there exists a gap or shortfall in current service provision for children with complex medical needs in schools whose needs fall between those which require the direct care of a nurse and those whose needs can reasonably be met by an SNA with limited training.

The Working Group therefore recommends that there should be available a body of people who can provide care support under the supervision of a Nurse for children with certain complex medical needs. These people should have completed suitable training and an appropriate qualification level which is beyond that currently expected of an SNA,

To support this recommendation, the Working Group further recommends that a Specific Healthcare qualification should be developed and made available to those being employed to support the care needs of children with complex medical needs in schools.

The Working Group also acknowledges that there is a clear need for additional focussed training for all school personnel whose role is to provide for the support of children with additional care needs and in particular for children with complex medical needs.

It is also of note that in 2016, the Joint Oireachtas Committee on Education and Social Protection published a report of its review of the Special Needs Assistant Scheme. In their report, the Committee recommended that mandatory standardised training needs to be developed and implemented and that a Continuous Professional Development programme needs to be introduced for SNAs as soon as practicable.

The Committee also recommended that appropriate training needs to be provided through CPD, initial training courses or by medical health professionals regarding the administration of medications and specifically for catheterization.

The NCSE are currently finalising a review of the Special Needs Assistant Scheme and it is understood that the issue of training of SNAs, including the recommendations of the Joint Committee Report, will be fully considered in the context of that review.

Nonetheless, the Working Group considers it appropriate to recommend that training and qualification opportunities for persons working with children with complex medical conditions should be developed and funded.

Recommendation 6

The Working Group recommends that a Specific Healthcare qualification at level 5 within the National Framework of Qualifications, should be developed and made available to those being employed in schools and other settings to support children with complex medical needs

Recommendation 6.1

The Working Group recommends that training and qualification opportunities for persons working with children with complex medical needs should be developed and funded to the extent that resources permit.

Recommendation 6.2

The Working Group recommends that schools and other settings catering for children with complex medical needs should have available to them the option to employ persons who have obtained a Specific Healthcare qualification.

11. Governance including Clinical Governance

For many years nursing provision for Special Schools has been funded either by the HSE directly or by the Voluntary Body Patrons of Special Schools using HSE grant funding. The absence of a scheme underpinning this provision has given rise to services which, in some schools, are not clinically supervised at all, while in other schools there is some local supervision.

This situation is unsafe and unsatisfactory. There are risks for children in receipt of supports and risks for nurses and the School Management Bodies and Patrons.

The Working Group is of the view that the introduction of a scheme underpinning existing and future provision will facilitate the development of clinical supervision arrangements and recommends that such arrangements should be prioritised.

In the context of the consultation, the need for appropriate Governance arrangements for existing and future nurses employed in Special Schools was highlighted. In the HSE's

own report of its survey of existing provision, the HSE highlighted the absence of clinical governance arrangements as a risk.

In its report, the HSE found that there is no standardised process across the Country and that, where a grant is paid to a school, there is no clinical governance over the service provided, raising the question of ‘who is accountable when errors or misjudgements are made’?

In identifying potential solutions, the HSE suggested clinical governance should be provided through the HSE or the Voluntary Organisations providing the support.

The NABMSE report found that in some cases, some clinical supervision occurred in house by the ‘most senior nurse’ while in other cases the clinical supervision was provided by the Patron Body. In cases where nurses were employed by Boards of Management, there tended to be little or no clinical supervision.

Taking account of the conclusions of these reports and of the submissions made to the consultation process, the Working Group is strongly of the view that the absence of appropriate clinical governance arrangements constitutes a level of risk to children and schools which must, as a matter of urgency, be rectified.

Accordingly, the Working Group recommends that appropriate arrangements should be developed and implemented to support the clinical governance of nurses employed in schools catering for children with complex medical needs. Evidence indicates that, in general, the HSE has put in place satisfactory arrangements for the clinical governance of nurses in hospitals and other medical settings. Where nurses are employed by Voluntary bodies, generally there are satisfactory arrangements in place to ensure their work is clinically supervised. The Working Group therefore considers it appropriate that the HSE and Voluntary Bodies would extend these arrangements, where appropriate and necessary, to nurses working in Special Schools.

The Working Group acknowledges that the day to day administrative governance of nurses would be undertaken by the Management of the School and guided by appropriate performance management guidelines applying to the profession.

Recommendation 7

The Working Group recommends that appropriate arrangements will be developed and put in place to support the clinical governance of nurses employed in schools catering for children with Complex Medical Needs.

12. The Special Needs Assistant Scheme

At present there are some 13,990 SNAs working in Mainstream and Special Schools and supporting the additional care needs of children with Special Educational Needs. In recent years, the numbers of SNAs have grown substantially and the annual cost of the Scheme amounts to some €464m.

DES Circular 0030/2014, which sets out the role and functions of SNAs, provides examples of the primary care functions of SNAs. These include, but are not limited to, assistance with feeding; assistance with the administration of medicine; assistance with toileting and general hygiene (including catheterisation where appropriate); assistance with mobility and orientation and assistance with supervision.

In addition to these functions, the circular sets out a range of secondary functions which SNAs can also support.

In recent years, the Scheme has been reviewed a number of times. It is generally accepted that the Scheme fulfils a vital function and ensures that children with Special Educational Needs with additional care needs can access and participate in their education. However, the reviews have also indicated that the purpose of the Scheme is not always well understood by schools or parents.

In September 2016 the Minister for Education and Skills requested the NCSE to review the Special Needs Assistant Scheme. This review is now being finalised and a report of the review will be submitted by the NCSE before the end of March 2018. Under the terms of reference of the review, the NCSE will:

1. Identify and recommend how, in the future, the additional care needs of students, over and above those needs that could be reasonably expected to be managed by teaching staff, should be met and
2. Identify and recommend the most appropriate form of support options to provide better outcomes for students with Special Educational Needs who have additional care needs, having regard to the significant amount of State investment in this area.

In a report of progress, which was submitted to the Minister in May 2017, the NCSE observed that many students with very complex medical needs now attend schools. SNAs, who are not required to have any clinical training or qualifications, may nevertheless be expected to support students who require complex medical procedures.

The NCSE also observed that ‘in the past, these children either did not attend school or were in special centres or special schools managed by voluntary bodies where, nurses and care assistants were on-site as part of the overall staffing complement.’ Children with this level of need now attend special schools but the issue may now be wider than Special Schools because a small number of children with tracheostomies now attend Mainstream Schools.

The introduction of a Scheme under which nurses or nursing supports will be allocated to schools to support the complex medical care needs of children should ensure that, in future, SNAs will not be required to undertake such work for which they are not qualified. It should also ensure that SNAs will receive necessary training and supervision where they are working with children with complex medical needs.

In addition, the Working Group recommends that where the provision of nursing or other relevant healthcare supports have been made under this Scheme, the NCSE would take full account of such provision in making its annual allocation of Special Needs Assistant support to those schools.

In this context the working group acknowledges the need, in implementing such a recommendation, to make appropriate provision for data sharing between the HSE and NCSE, having regard to the requirements of existing and future data protection requirements including the General Data Protection Regulations coming into force in 2018.

Recommendation 8

The Working Group recommends that where the provision of nursing or other relevant healthcare supports have been made under this scheme, the NCSE would take full account of such provision in making its annual allocation of Special Needs Assistant support to those schools.

13. Legal Considerations

The Working Group is conscious that the concerns raised by the NCSE in its progress report of its comprehensive assessment of the SNA Scheme need to be fully considered and appropriately addressed.

In their Progress Report the NCSE observed that ‘*many students with very complex medical conditions now attend schools. SNAs, who are not required to have any clinical training or qualifications, may nevertheless be expected to support students who require complex medical procedures*’. The NCSE also observed that ‘*in the past, these children either did not attend school or were in special centres or special schools managed by voluntary bodies where nurses and care assistants were on-site as part of the overall staffing complement. Children with this level of need now attend special schools but the issue may now be wider than special schools because we know for example, that a small number of children with tracheostomies attend mainstream schools*’.

In tandem with the consideration of the Working Group members and with the stakeholder consultation, additional legal opinion was sought.

In considering the nature of the duties placed upon the State to provide for education and related matters, the Working Group is reminded of the provisions of Article 42.4 of the Constitution which states that *‘The State shall provide for free primary education and shall endeavour to supplement and give reasonable aid to private and corporate educational initiative, and, when the public good requires it, provide other educational facilities or institutions with due regard, however, for the rights of parents, especially in the matter of religious and moral formation.*

In addition the Working Group is cognisant of the requirements of Article 42.3.2 which states that *‘The State shall, however, as guardian of the common good, require in view of actual conditions that the children receive a certain minimum education, moral, intellectual and social.’*

The Working Group concludes that while the State must provide for enough places for children to be educated, there is no constitutional requirement that all children would be educated in a school. The Constitution specifically contemplates that the State might provide other educational facilities or institutions, “where the public good requires it” (Article 42.4).

In the absence of an express constitutional or statutory requirement for the Minister for Education and Skills to provide nursing care in schools, the Minister has a function to provide a level and quality of education appropriate to meet the needs and abilities of each person resident in the State, including a person with a disability or who has other Special Educational Needs (Section 7(1)(a) of the Education Act, 1998).

The Working Group is of the view that where the support of a Nurse is required for a child during school hours and if such support cannot reasonably be provided in school, support services and a level and quality of education must be provided to meet the needs and abilities of that child. However, where reasonable and proportionate, such support can be provided in another context, for example in hospital or by way of home tuition where home based medical care may be available.

On the basis of advices received, the Working Group is of the view that where, objectively, a child’s medical needs are such that he or she should be cared for by a nurse during school hours, the child’s care needs should not be assigned to a member of staff such as a SNA who is not medically trained.

The Working Group is further of the view that in the case of SNAs, they should not be asked to do work for which they are not adequately trained or supervised, which may potentially result in damage or injury to a child. The question of training for SNAs and other school personnel will be addressed elsewhere in this report.

Appendix 1: Terms of Reference for the Cross Sectoral Working Group on Nursing Supports

The Working Group has been appointed by the Cross Sectoral Team to carry out a review of Nursing Provision for children with complex medical conditions, including those children attending Special Schools.

The review is aimed at ensuring the Government's investment is delivering the right supports for students.

In conjunction with the appointed NCSE Working Group which is tasked with developing proposals for a new model for the SNA scheme, to:

- consider existing arrangements in Special Schools and other settings for the provision of nursing supports to support children with complex medical needs;
- consider the role of Nurses and other medical or non-medical personnel in supporting children with complex medical needs in Special Schools and other settings;
- identify and develop a proposal for consideration for a model of support to enable equality of access to, participation in and benefit from education for students in Special Schools who have complex medical needs;

Appendix 2: Submissions received

Number	Education	Name	Contact	Title
1	Education	Saplings Special School, Carlow	Kerrie Wickham	Principal
2	Education	St Pauls Special School	Angela Leonard	Principal
3	Education	Childvision	Brian Allen	Chief Executive
4	Education	NABMSE	Breda Corr	General Secretary
5	Education	Educate Together	Deirdre O'Donoghue	School Support
6	Education	CPMSA	Noreen Lawlor	
7	Education	JMB	Bernadette Kinsella	Assistant General Secretary
8	Education	Cope Foundation	Bernadette O'Sullivan	Director of Nursing
9	Education	INTO	Shiela Nunan	General Secretary
10	Education	IATSE	Muriel Weekes	President
11	Education	ILSA	Noel Fox	
12	Education	TUI	David Duffy	Education and Research Officer
13	Education	St Cecilia's School	Éilís Dillon	Principal
14	Education	St Anne's Special School	James McMahon	Principal
15	Education	Nano Nagle School	Gabrielle Browne	Secretary BOM
16	Education	Cheeverstown	Aine Enright	Clinical Nurse Manager
17	Education	St Nicholas School	Clare Vesey Brennan	Principal
18	Education	National Federation of Voluntary Bodies	Brian O'Donnell	Chief Executive
19	Education	St Michaels House	Michelle Dicker	
Number	DCYA	Name	Contact	Title
20	DCYA	National Early Years Quality Development	Dr Margaret Rogers	National Manger
Number	Health	Name	Contact	Title
21	Health	Communicare	Bereneice O'Rourke	CEO
22	Health	HSE	Liam Callaghan	Louth Early Intervention Team Coordinator
23	Health	HSE	Ann Butterly & others	Senior Staff Nurse
24	Health	St John of God Services	Teresa Mallon	Director of Programme Quality and Safety
25	Health	National Disability Authority	Dr Aideen Hartney	Head of Policy and Research
26	Health	Bluebird Care	Brian MacGoey	Managing Director
27	Health	The Anne Sullivan Centre for Deafblind	Catherine McDonald	Policy & Advocacy Lead
28	Health	National Rehabilitation Hospital	Ghyslaine Brophy	Paeds Programme Manager
29	Health	Enable Ireland	Mary Balance	Childrens Service Manager
30	Health	HSE	Tina Breslin	Staff Nurse / Pre School Facilitator
31	Health	HSE South	Carol Moore	Disability Manager
32	Health	Ability West	Breda Crehan-Roche	Chief Executive
33	Health	CRC	Stephanie Manahan	CEO
34	Health	HSE	Amanda Doyle	Service Manager CCHN
35	Health	HSE	Dermot Monaghan	Head of Service, Primary Care (Cavan, Monaghan, Sligo, Leitrim & Donegal)
36	Health	Western Care Association	Bernard O'Regan	Executive Director
37	Health	Daughters of Charity Disability Support Service	Sr Marian Harte	Director of Nursing

