

Case Studies Re Resolving Care Issues with Parents/Carers

Care issues are very personal to pupils and their families. There can therefore from time to time be conflicts about the approach to be taken in moving forward if the school disagrees for professional reasons with the approach expected by parents/carers.

Exemplar O

Issue – School staff feel that a 9 year old boy is ready to be toilet trained but parent is not willing to accept this.

Parent presented as very anxious about the idea of her son coming out of nappies. In discussion it became apparent that the parent was not sure how she would manage this when out of the home or if he had “accidents”. School staff were able to reach agreement that they tried using the toilet initially as part of school routine. This was recorded on chart and progress reported to mother in series of regular meetings. The opportunity arose to include the child in a residential trip. It was agreed with mother that they would try not to use daytime nappies during the trip. This was successful and on return the parent agreed to use “pull-ups” with the child during the day as an interim step. The school nurse also arranged for discussion with the Continence Nurse who was able to discuss approaches with mother and to supply appropriate “pull-ups” as well as night nappies. Pupil is now usually continent during the day and the Community Learning Disabilities Nurse has arranged to support mother in approaches at home through a series of visits. It is hoped that this will increase her confidence at home and enable the child to develop full independence over time in this area of his development.

Exemplar B

Issue – Pupil, aged 7, is losing weight and appears to be aspirating when being fed at school.

Staff were concerned that the pupil was aspirating while being fed pureed food. School Nurse monitored her weight regularly and found that she was losing weight. Staff also asked the speech and language therapist to observe and advise on feeding approaches. The department manager and class teacher arranged to meet with the child’s parents, together with an interpreter as mother has very limited English. Mother offered to come into school and demonstrate how the child was fed at home. After this visit staff were even more concerned about the danger of aspiration during feeding. An appointment was made with the paediatrician with a view to a videofluoroscopy test so that the possibility of the child needing a “gastric button” could be discussed. The parents did not keep this appointment and were adamant that they continue to feed the child normally. Because of continued weight loss the school felt that they had no option but to refer the needs of this very vulnerable child to the Social Care team. This was explained to parents but they became very unhappy with the school. Social care staff visited and concluded that the child was much loved by the family but they did persuade them to meet with the Paediatrician and allow the videofluoroscopy. This concluded that there were dangers of aspiration but these were not extreme. Following the test the speech and language therapist was able to instigate a feeding regime including appropriate positioning and texture of food which allowed school staff to continue to feed the

child at lunch time. Two staff were trained by the therapist and a written procedure put in place. The child's weight has stabilised but there remain long term concerns. The school continues to work with health and social care staff in order to support the situation. They are also encouraging the parent to attend the parent group in school so that they are able to encounter other parents whose children are tube fed.

Exemplar C

Issue – On starting in specialist nursery provision parent is shocked at the school proposing to use a hoist with their 2 ½ year old daughter instead of lifting them.

Parent invited to attend with child initially so that she could undertake the physical management herself. The teacher explained why hoists were used in school and the school's Moving and Handling Policy was discussed between the parent and the headteacher. The parent was reassured that her child would have specially prescribed individual equipment at school. There was also no pressure placed on the family to use hoists or other moving and handling equipment at home. The Occupational Therapist met with the parent and explained the issues involved in lifting the child and the advantages to them and all adults involved. The parent also had the opportunity to attend a group for parents of nursery-aged pupils and to hear very positive comments from them about the use of hoists. She very quickly agreed to equipment being ordered for her child and shortly afterwards asked for the Occupational Therapist to visit and review possible equipment needs at home which would make life easier for the child and the family.