



St Hugh's School

Feeding Policy

Feeding Policy: Eating and Drinking

Paediatric Dysphagia

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Introduction

Meeting nutritional needs is essential for life and is a core part of our daily routine and our social culture. As such a child's nutrition needs to be met in all environments and settings that they access throughout the day. Adults working with the child need to liaise with the child's parents/carers to ensure that information regarding feeding skills, preferences and any associated medical issues are shared.

Within a special school setting a significant number of students may have difficulties with eating and drinking. These difficulties will be across a range of levels of severity and relate to differing aspects of eating and drinking. These may include:

- Developmental aspects of weaning/feeding
- Individual components required for feeding; suck, bite, chew, swallow
- Positioning
- Possible reflux and aspiration
- Utensils
- Associated reflexes
- Self/independent feeding
- Communication
- Social behaviours

The origins and causes of feeding difficulties may include:

- Developmental delays
- Neurological aspects
- Physical difficulties
- Aspects of behaviour
- Fears, phobias and anxieties
- Specific diagnoses and syndromes

Whatever the nature or origin of the student's feeding difficulties they will require, or will have previously had an assessment that may need to encompass a range of environments. For students transferring to St Hugh's from within authority previous assessments and plans should be included in the transition information. For students who transfer in from out of authority, assessments will be completed according to need, and the information received. For identified students, i.e. those with feeding programmes, the lead SaLT will undertake a home visit prior to placement at St Hugh's to ensure there are updated objectives and recommendations in place at school. Following assessment each student will need an individual plan which is delivered and supported by staff with an understanding and appreciation of their specific difficulties.

Although direct work with students that show feeding difficulties may be restricted to a small number of school staff it is important that St Hugh's have a detailed policy to support this work. This policy needs to be maintained as a working document that is updated and amended to reflect changes and developments in practice.

Speech and Language Therapy staff may be involved with all students who are identified as having feeding difficulties unless they are not orally fed, although advice and activities may continue to be offered regarding maintaining and/or developing oral skills.

This policy has been developed by St Hugh's in unison with the Speech and Language Therapy Service

1. The purpose of the policy

The purpose of the policy is to outline roles and responsibilities of professionals and staff working within St Hugh's regarding feeding difficulties. The policy needs to outline not only the day to day practice and clinical responsibilities of staff but needs to detail a hierarchy of responsibility regarding decision making and authority. The policy will also include the rationale for interventions and practice and detail aims and methods used within school to support this area of work. These will include:

- Dysphagia/feeding caseload
- Referrals and medical oversight
- Assessment
- Care planning
- Target/objective setting and supporting documentation
- Parental/carer involvement
- Involvement of other agencies and settings
- Training requirements and responsibilities

The policy relates primarily to those students who are described as being 'orally fed', although students who receive their nutrition via alternative methods e.g. PEG or JEJ will access aspects of the policy as appropriate although their overall care and management will be delivered according to their feeding regime and medical health care plan.

2. Aims

Through joint working Speech and Language Therapy staff and school staff will endeavour to work towards the following aims:

- To provide assessment, intervention and support to meet the individual needs of students identified with feeding difficulties
- To liaise with and support parents/carers regarding the students individual difficulties
- To provide information and support to other agencies that may be involved with the students within the home or school environment
- To ensure that staff working directly to support feeding difficulties have an appropriate level of knowledge and understanding, whilst ensuring that all school staff have some knowledge and experience at an awareness level

It is important to remember throughout all work related to feeding that practice reflects the schools ethos and mission statement and is based upon evidenced based models and information.

All staff need to understand that feeding and the decisions and judgements made related to feeding should be to ensure the students safety, whilst being impacted by a social and moral appreciation of the situation. Any errors within practice may cause the student significant distress and harm. As such clinical decisions must be made by trained practitioners and be supported by a medical oversight. All targets and decisions should be made in agreement with all involved parties, including parents/carers.

3. Progression and continuity

All students with plans, targets and programmes related to feeding should have their needs met within all activities and aspects related to feeding throughout the school day. Their progress may follow a continuum of work from structured practice/teaching activities through to the inclusion and generalisation of skills as appropriate. At any points of transition, for either the student or staff, information regarding feeding needs to be transferred. It is essential that information is understood and that the management of the student's skill level is maintained and developed where appropriate.

Schedules have been developed for use within school to record and show a progression of skills. For some students intervention regarding feeding will not focus upon achieving progress but upon maintaining the student's current skills and safety during eating and drinking.

4. Access and entitlement

Students will be specifically identified as having feeding difficulties. For many students this will be part of the ongoing health and educational package of care and intervention. Students transferring into the school who have not previously been identified with feeding difficulties, or any students for whom difficulties arise following a change in their condition/skill, will need to be identified and brought to the attention of appropriate staff. Prior to assessment and intervention and advice from Speech and Language Therapy service the therapist will ensure that dysphagia/feeding difficulties are specifically identified within either a medical referral or detailed within a recent medical report. Across the school population an overview of the students feeding, including skills related to the process of feeding, independence, and diet should form part of the information collected on or prior to admission. School may request

intervention from Speech and Language Therapy service through referral although the therapist will ensure medical overview prior to a feeding assessment. Parental consent and information will be sought and form an important part of the assessment completed.

Once the clinical needs of the student have been assessed the speech and language therapist is responsible for working alongside school and parents/carers to meet their needs. As part of the ongoing intervention for the student, the therapist is responsible for the following as appropriate:

- Establishing plans, strategies, targets and objectives regarding feeding
- Monitoring skills, with continued assessment and updating of plans
- Providing guidance for food consistencies for parents, the school cook and team staff
- Sharing information and liaising with parents/carers and other professionals and services
- Inclusion of information regarding feeding in the annual review report
- Liaising and sharing information with consultants as appropriate

These will all be planned alongside school as appropriate. The day to day implementation of plans and objectives will be the responsibility of school staff, with the person responsible for complex needs overseeing this.

If feeding difficulties resolve or the student's skill achieve a functional level the student may be discharged from the speech and language therapy service if felt to be appropriate.

All decisions made by the speech and language therapist regarding intervention and advice will be based upon specialist dysphagia training and qualification alongside evidence and research support. All decisions will be made in consultation and agreement with school staff and parents/carers.

Speech and language therapists will only assess and deliver intervention for feeding difficulties under the guidance and oversight of an appropriate medical consultant. As such the role of the therapist is to deliver clinical intervention with overall responsibility resting with the medical consultant. On the rare occasion that there may be a lack of agreement between the therapist and the parents/carers or other involved services, the therapist will liaise with the medical consultant who will be responsible for the ultimate decision. Dependent upon this decision the therapist may withdraw intervention if appropriate. School will follow the advice of the medical consultant/therapist and will work actively with parents to reach a safe but realistic compromise.

5. Communication

Careful consideration should be given to levels of students and parents/carers communication ability. Many students within school are able to make their own choices. Other students will need strategies putting in place to enable them to make choices. At St Hugh's all students views are recognised and their opinions are valued. Students who use Alternative and Augmentative forms of Communication (AAC) should be taught the skills to help them to make choices in their class time and in the dining hall.

6. Resources and finance

Speech and Language Therapy is delivered as part of the local health provision from both Northern Lincolnshire & Goole NHS Foundation Trust. Resources from within school are allocated to support students feeding and drinking throughout the school day.

Staffing:

- Within speech and language therapy, dysphagia is a specialist postgraduate skill and will be detailed within the individual's job description. The responsibility for dysphagia within school will only fall to those therapists with appropriate qualifications.
- Within school the teacher with responsibility for complex needs has responsibility for feeding.

Resources:

Any resource requirements will primarily be related to equipment. Most equipment needs will be utensils e.g. plates, cups, spoons. Any equipment needs will be discussed between school, speech and language therapy and parents/carers so that the most appropriate means of funding can be agreed through liaison with occupational therapists.

7. Family Involvement

The role of the family related to feeding their child is crucial. An active and successful partnership needs to be worked towards and achieved wherever possible. This partnership needs to involve parents/carers, school and speech and language therapy. Other agencies and services will need to be included as appropriate. All members will be consulted regarding suggestions and decisions. All relevant documentation will be shared with parents/carers through school.

Training for families regarding feeding will be identified and addressed according to the needs of the student and the family as appropriate depending upon time and resources. When possible this will be through school based workshops, although many families will have received specific 'training' and information as part of the ongoing support and intervention they have received from speech and language therapy.

8. Working with other agencies

In many instances, difficulties relating to feeding will need to be met by a range of professional working collaboratively. The members of the multi-agency teams supporting the student's feeding difficulties may include:

- Parents/carers
- Dietetics
- Physiotherapy
- Occupational Therapy
- Medical consultants and practitioners
- School staff
- Community nursing staff

It is vital that information is shared, and intervention and practice is jointly agreed. Information should also be distributed to all other involved agencies, services and settings to ensure a consistency of delivery and management. These may be from children's services, health or independent/private providers.

9. Professional development

The knowledge and skills required by staff and practitioners involved in working with feeding difficulties need to be maintained and built upon. This knowledge and skill should range from awareness level through to more advanced knowledge and understanding.

- All staff should have regular training opportunities including a basic awareness and understanding of the development of feeding, and aspects of difficulties and associated risks.
- Staff directly involved in feeding students should have a more detailed understanding of the difficulties and risks related to the students they are working with. This should also include information related to the management and objectives of feeding for each student.
- The teacher with responsibility for feeding within school will develop skills and knowledge through joint assessment and planning with the speech and language therapist. The teacher will also take a role in supporting training for school staff.

10. Organisation and the role of the person with responsibility for complex needs

At a school level feeding will be overseen by the person with responsibility for complex needs. They will act as the main school link for all issues, queries and developments related to the feeding provision within school, and ensure that enough time is given to ensure feeding is carried out correctly. The person with responsibility to complex needs will monitor how feeding is carried out by TAs within the school. The person with responsibility for complex needs will also liaise with the Speech and Language Therapy service and other professionals and parents/carers regarding the implementation of feeding programmes.

The person with responsibility for complex needs will work collaboratively with the Speech and Language Therapy service and all documentation surrounding feeding issues will be passed from Speech and Language Therapy service to the person responsible. They will keep a copy of these feeding programmes and distribute a copy to appropriate staff to help implement them. The person with responsibility to complex needs will monitor and review placemats for students with feeding programmes as detailed in the appendices.

11. Monitoring and review

This policy is subject to ongoing review in consultation with staff, governors and speech and language therapy. All members of staff should retain a copy in their policy file or on the e-system.

Appendices:

Documentation and implementation

- 'Feeding and Drinking Consent' - completed and signed by parents/carers ensuring their understanding that these areas will be a focus of targets and programmes within school. Consent also supports liaison and information sharing with other professionals. To be completed by either school or S< and copied to both.

- 'Progression of Feeding Skills' - gives a description of the student's current skills, alongside completion of a checklist showing the progression of skills. The checklist is then used to inform agreed target/objective setting for the student. Copied to both school and S<. The Progression covers three areas that are subdivided;
 - Drinking
 - Utensils
 - Self Drinking
 - Meals
 - Self Feeding
 - Utensils
 - Meal Consistency
 - Snacks
 - Self Feeding
 - Snack Consistency

- 'Feeding Objective Sheet' - completed with the jointly agreed objectives for the student. Copied to school, parents/carers and S<

- Placemats - these should be completed for all identified students for both mealtimes and snacks. The presentation of the placemats should allow for ownership by the student. The information contained in the placemats should be represented in written, symbol and photograph form and should give details regarding the following;
 - food types and consistencies/textures
 - utensils
 - positioning
 - communication
 - other relevant information

The placemats should be copied and shared with other services and setting appropriate.