

An RCN Toolkit for School Nurses

Supporting your practice to deliver services for
children and young people in educational settings

CLINICAL PROFESSIONAL RESOURCE



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Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This RCN toolkit provides school nurses with information, examples of good practice, templates and useful websites to support and develop professional practice.

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1: School nursing in the UK

Introduction

Government health policy across all four countries of the UK is focused on wellbeing and prevention of illness, empowerment of people, professionals and communities and the creation of new models of care to meet population health needs. Child health policy in the UK is underpinned by the United Nations Convention on the Rights of the Child (UN, 1989). National policies identify health promotion and prevention of ill health as important to the future health of children, with a need to improve public health provision and a focus on preventive health care and partnership working (Scottish Government, 2012; Welsh Government, 2013; Department of Health, 2013a; 2015; DHSSPS, 2014; NHS England, 2014a). Despite this commitment, there are significant inequalities in the provision of, and access to, child health care in the UK.

There is widespread recognition that poor health contributes to underachievement in education and reduction in career prospects, but the number of children who are overweight or who have low self-esteem and mental health problems is increasing. The NSPCC reported a 14% increase in the number of children hospitalised for self harm in the last three years (NSPCC, 2016). Access to diagnostic and treatment services, with appropriately trained and skilled professionals is variable (BMA, 2013). The school nurse provides a key role in the reduction of child health inequalities through the provision of health education and information, targeted interventions and signposting to other services for school-aged children (RCN, 2016a).

This RCN toolkit provides school nurses with information, examples of good practice, templates and useful websites to support and develop professional practice. It considers the varying policy and practice which apply in the four countries of the UK and the range of educational settings in which school nurses work. The guidance does not separate information for independent schools, academies and faith schools, as the role of the school nurse is based on a needs assessment for specific children within a school/group of schools, rather than the type of school or educational setting.

The background of school nursing

Whilst public health interventions (such as vaccination) had been introduced in 1853 and school meals in 1906, the role of the school nurse was not widely introduced until around 1907, with the introduction of an Act of Parliament to allow the medical inspection of children in school. This aimed to treat disease and provide preventive care (Kelsey, 2002). School nurses were employed to work alongside the medical officers of health, providing health care in schools and reducing the need to send children to the local hospital or GP. This initiative focused on, 'physical improvement, and the mental and moral improvement' of the health of future generations (Kelsey, 2002, p9). Initially, a range of organisations employed school nurses, but employment gradually moved into local authorities, where they became involved in a wide range of public health activity, including enforcement such as exclusions during outbreaks of infectious disease. It was not until 1974 that school nurses were employed within NHS community services. The early school nursing role was focused on both physical and psychological health, but the role has developed significantly to a more autonomous role, leading public health initiatives for school-age children and working in schools and the community with a variety of professionals.

Early school nurses did not have any formally recognised education (Kelsey, 2002). Preparation of nurses to work within schools has evolved with the role, with early certification and later, the introduction of the specialist recordable qualification. However, in 2004, the Nursing and Midwifery Council (NMC) approved standards for registration in specialist community public health nursing (SCPHNs), applicable across the UK (NMC, 2004).

www.nmc.org.uk/standards/additional-standards/standards-of-proficiency-for-specialist-community-public-health-nurses

The number of SCPHNs registered as school nurses on the NMC register in 2012 was 3,033 (RCN, 2013a). The number of school nurses has fallen by 15% in England since 2010 and was cited at RCN Congress in 2016 as 1,208 school nurses across the UK, supporting approximately

nine and a half million children and young people, with an average of 12 minutes' school nurse time per year per child (RCN, 2016a). This is an average figure, with some schools having well-resourced school nursing teams and others having a limited service, depending on the service commissioned. The *RCN School Nurse Survey 2016* (RCN, 2016b) showed that a wide range of staff are employed in school nursing teams in addition to registered nurses. These staff include: nursery nurses, health care support workers and first aiders who often have no specialist training in the health and wellbeing of children and young people. The RCN has raised concerns regarding the inequalities across the UK in accessing school nursing services, many with limited capacity to promote resilience and wellbeing of children and young people (RCN, 2016c).

The variable resources in health boards in Scotland and Wales, and the move to local authority provision in England is leading to fragmentation of school nursing services. Currently, anecdotal evidence indicates that there is an increasing use of health care support workers rather than registered nurses with a short-term focus on specific aspects of health. The number of education places commissioned for school nursing has fallen (HEE, 2016) at a time when problems with mental health and self harm are increasing, and children's wards across the UK are dealing with high numbers of children and young people needing emotional and psychological support (Fisher, 2016). An increased political and policy focus on health promotion, with a life course approach from birth to adulthood, could improve health and reduce health inequalities for children and young people (Marmot, 2010; BMA, 2013; RCN, 2016c).

The principles of school nursing

School nurses or specialist community public health nurses (SCPHNs) are qualified nurses or midwives with specialist graduate-level education in community health and the health needs of school-aged children and young people. The role has distinct characteristics which include the responsibility to work with both individuals and a population, which may mean providing services on behalf of a community or population without having direct contact with every individual in

that community. The SCPHN qualification is registerable with the NMC. Information on this can be found at:

www.nmc.org.uk/registration/staying-on-the-register/scphn-registration

School nurses are responsible for co-ordinating a team to deliver public health services for school-aged children throughout the year. The team may be made up of different grades of staff and professionals, with varied skills and knowledge. It is important that the skill mix is appropriate to meet the needs of the local school age population and that team members have clearly defined roles and responsibilities, with robust job descriptions to support these roles.

In the independent sector, the work of the school nurse can vary greatly depending on the directive from the governing body and the resources available. Independent school nurses need to ensure they use evidence-based guidance from government health policy and professional organisations to promote the health and emotional wellbeing of the children in their care. Further information regarding school nursing as a career can be found at:

www.healthcareers.nhs.uk/explore-roles/public-health/school-nurse

UK policies

The four nations of the UK have different policies relating to school health provision, but the school nurse delivers the Healthy Child Programme (HCP): 5–19 years old in England and the equivalents in Scotland, Northern Ireland and Wales:

www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old

www.gov.uk/government/publications/healthy-child-programme-rapid-review-to-update-evidence

gov.wales/topics/health/publications/health/reports/healthy-child

www.isdscotland.org/Health-Topics/Child-health

www.health-ni.gov.uk/publications/healthy-child-healthy-future

Core principles

To deliver the public health programme effectively, there are some core principles that school nursing work incorporates.

- Work with education colleagues and the wider multi-agency team across health and social care to influence service planners and commissioners and the public health agenda for 5–19 year olds.
- Identify the health needs of individuals and communities, use appropriate assessment tools, and develop programmes to address these needs in collaboration with other agencies.
- Undertake service design and workforce planning which is underpinned by assessed need.
- Promote the health, wellbeing and protection of all children and young people of school age (up to 19 years old) in any setting, including independent schools, academies and colleges.
- Plan work based on local need, current guidance and national health priorities.
- Work with partners to influence public health policy at a strategic and local level.
- Use effective communication methods to facilitate information sharing and to provide targeted interventions.
- Ensure safe and effective practice within the school health team, provide and seek clinical supervision, management, teaching and mentoring.
- Maintain and enhance personal professional development in accordance with guidance from regulatory and professional bodies.
- Use research and audit to deliver an evidence-based service with clear outcomes, with evaluation as an integral part of the process.

The RCN developed a UK wide position statement in *The RCN's UK Position on School Nursing* (RCN, 2012).

Perspectives across the UK

Government health policy across the UK expresses the commitment to improving the life chances of all children by supporting families to keep children safe and healthy. The policy underpinning this varies within each of the four countries, but is based on similar principles, promoting health and emotional wellbeing. The RCN survey (RCN, 2016b) reported the positive experiences of school nurses, especially from those who have seen significant service changes. These experiences included a greater focus on public health, better interdisciplinary working and greater investment. In England, where school nursing has moved into local authorities, there has been a more mixed response. Nurses are concerned about a focus on targets rather than the needs of local children, with little time available for addressing emotional health and wellbeing issues. In addition, some school nurses in England are providing services commissioned by the local authority, clinical commissioning groups (CCGs) and/or NHS England, which means that they can be reporting to more than one body.

England

In England, significant changes have been made to the commissioning of child health services following the introduction of the Health and Social Care Act 2012. The focus of government policy is on improving children's start in life and prevention of ill health (DH/PHE, 2014a), with the centralisation of public health functions within local government. The result is child health commissioning from a variety of bodies: NHS England, CCGs and local authorities. The move of health visiting and school nursing to local authorities took place between 2013 and 2015. This aligned children's public health alongside social care and education, with the intention of removing duplication of work and improving multi-agency working (PHE, 2016a) to deliver the Healthy Child Programme and identify services based on local need.

The government states the importance of the school nurse in leading public health initiatives for children and young people between 5 and 19 years of age (DH, 2012a), working closely

with health visitors to provide transition and a consistent pathway of care for children between 0 and 19 years (PHE, 2015), encouraging positive health and education outcomes. The model for school nursing services includes provision at four levels of working (4–5–6 model) (see Figure 1 on page 10), reflecting the role of the nurse and the needs of the children with safeguarding considerations at all four levels.

- **Community:** reflects the wider role of the school nurse in leading public health within schools and contributing in the wider assessment to identify relevant health needs, ensure services are provided in places accessible to children throughout the year and undertake wider health promotion and protection activities through engagement and collaboration. This requires leadership skills and knowledge of the broader national policy relating to children, which underpins education and social care.
- **Universal services:** the school nurse will lead, co-ordinate and provide services to deliver the Healthy Child Programme in an area in conjunction with other professionals in schools and health. This may involve drop-in clinics or signposting to other services with the aim of preventing serious health problems.
- **Universal plus:** school nurses are the key to provision of early help for those children who require additional services for additional health needs, emotional and mental health problems and sexual health.
- **Universal partnership plus:** the school nurse will be involved in the provision of additional services to vulnerable children and families with specific problems requiring co-ordinated input from a range of professionals, including children with complex health needs and disabilities, and those involved in risk-taking behaviours and with mental health problems.

An overview of the six early years and school aged years high impact areas is available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/565213/High_impact_areas_overview.pdf

Commissioning guidance published by Public Health England provides information for commissioners across the lifespan, between 0–19 years. This focuses on high impact areas, providing guidance relating to the outcome measures and associated literature for each of these particular areas: www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

Northern Ireland

In Northern Ireland's integrated health and social care system, services for children and young people are currently commissioned by the Health and Social Care Board and the Public Health Agency, and delivered by five health and social care trusts. The Northern Ireland Executive's ten-year strategy and action plan for children and young people (2006–2016) set out a few high-level outcomes, the first of these is that all children and young people are healthy. Despite some progress in recent years, challenges remain and it is estimated that 22% of children in Northern Ireland still live in poverty.

In *Healthy Futures 2010–2015: The Contribution of Health Visitors and School Nurses in Northern Ireland* (DHSSPS, 2010a), the focus was on promoting physical, social and emotional wellbeing for children and young people to create healthy adults. Continuity of service provision across the age range of 0–19 year olds was emphasised through team leadership and working within a multi-agency team covering health and social care. Targeted interventions aimed at safeguarding, universal services to address issues such as immunisation and substance misuse, and emotional wellbeing and mental health providing Tier 1 and Tier 2 services. Prevention, early intervention and mental health promotion was a core theme of this guidance. Guidance around commissioning included the requirement for clarity of service specification and outcome measures.

In the Northern Ireland Executive's *Programme for Government for 2016–2021* (Northern Ireland Executive, 2016), the Government aims to give children and young people in Northern

Ireland the best start in life, by improving the quality of early childhood development services through increased capacity in the workforce. The RCN is lobbying for an increase in school nurses (and health visitors) as a key part of this workforce.

Scotland

Priorities for health and wellbeing for children and young people in Scotland are based on *Getting it Right for Every Child* (GIRFEC) (NHS Scotland, 2010), which has been updated following the publication of the Children and Young People (Scotland) Act 2014. This has introduced the need to review the role of the school nurse to focus on identified priority areas and vulnerable children, avoiding duplication of work with other professionals and to support the implementation of the Chief Executive Letter 13 (2013).

To this end the Chief Nursing Officer for Scotland commissioned a review of school nursing which began in 2015 and is ongoing, but which has involved revising the current framework for school nursing (NHS Scotland, 2003) to provide a focus on nine pathways relating to health needs of children and young people. In addition to the health needs of children, the review includes the educational needs of school nurses and teams to enable them to provide care, taking a pathway, targeted approach.

In addition, the public health strategy for child health recognises the importance of the social and environmental influences on health (Scottish Government, 2011) and underpins the pathways identified as priorities for school nurses.

In December 2016, the approach to school nursing was being tested in two early adopter board sites in Scotland. School nurse education will be tailored to the nine priority areas and the new refreshed role which will have a greater focus on working with families and undertaking home visits. This planned education preparation of nurses will be at postgraduate/Master's level and three higher education institutions have been identified to provide the programme as well as looking at flexible CPD modules once an agreement is reached on the next steps.

Wales

In 2009, the Welsh Assembly Government published its *Framework for a School Nursing Service in Wales*, and, since this, the number of full time equivalent school nurses employed in Wales has risen from 41 in 2009, to 70 in 2015. One of the aims of the framework was to overcome any inequality of access to school nursing services for children and young people in Wales and to ensure provision of a school nurse for every secondary school.

This aim was achieved by May 2011, with each of the 223 secondary schools in Wales having an appointed school nurse who is usually based outside of school premises and can be contacted for advice and support. It is intended that the school nurse supports children and young people in school through the promotion of positive health education and the provision of information, as well as targeted involvement as necessary.

In 2016, the Welsh Government and NHS Wales published the health visiting and school health nursing component of the Healthy Child Wales Programme (HCWP) for children of 0–7 years (Welsh Government, 2016b). This provides an all-Wales universal schedule of health visiting and school nursing contacts for every child, with enhanced and intensive interventions delivered to those families and children with increased levels of need.

The Chief Nursing Officer commissioned RCN Wales to run a three-day political leadership course for school nurses. The overall aim of this course was to develop the ability of school nurses to influence health policy in Wales. Participants gained an understanding of the political system in Wales and its impact on health policy, as well as an understanding of the opportunities available to shape health care policy in Wales, both individually and as a collective group.

Information about public health priorities across the UK can be found at the following websites and in Table 1 on page 11.

** Gillick v West Norfolk and Wisbech AHA [1986] AC 112

England

[www.gov.uk/government/organisations/
department-of-health](http://www.gov.uk/government/organisations/department-of-health)

[www.youngpeopleshealth.org.uk/key-data-
on-adolescence](http://www.youngpeopleshealth.org.uk/key-data-on-adolescence)

Scotland

www.healthscotland.scot

Wales

www.wales.nhs.uk/sitesplus/888/home

Northern Ireland

www.publichealth.hscni.net

2: The role of the school nurse

The fundamental role of the school nurse is to 'co-ordinate and deliver public health interventions' to improve children and young people's health and wellbeing (DH, 2012b; DH and PHE, 2014a p6). School nurses provide an interface between children, young people and their families, communities and schools. They have the skills to support holistic assessment of health and wellbeing through health promotion, ill health prevention and early intervention strategies to support individual and population health needs. They often work alone or are responsible for the work of a team, undertaking similar roles to clinical nurse specialists in acute settings. Many nurses do not have the specialist

community public health nursing qualification, but will be registered children's or adult nurses and/or midwives, with additional modules relating to the role. This section explores the scope of the school nursing role and looks at how it is changing to reflect local needs.

School nursing service models across the UK may differ in structure, but the focus is very similar, specifying levels of service provision, screening or health reviews and areas of practice or 'high impact areas'. Public Health England has developed the 4–5–6 model for school nursing (PHE, 2016b), based on four levels of service, five health reviews for school-aged children and six high impact areas (Figure 1).

Figure 1: 4–5–6 Model for school nursing in England (adapted from PHE, 2016b)

4 Level of the school nursing service	5 Health reviews	6 High impact areas
<ul style="list-style-type: none"> • Community • Universal • Universal plus • Universal partnership plus 	<ul style="list-style-type: none"> • 4-5 year health needs assessment • 10-11 year health needs assessment • 12-13 year health needs assessment • School leavers-post 16 • Transition to adult services 	<ul style="list-style-type: none"> • Building resilience and supporting emotional wellbeing • Keeping safe, managing risk and reducing harm • Improving lifestyles • Maximising learning and achievement • Supporting additional health and wellbeing needs • Seamless transition and preparing for adulthood

The model in Northern Ireland is also based on four levels of service, with reviews and screening at specific points during school life (DHSSPS, 2010b). Scotland is working towards nine key pathways and the Welsh framework identifies five key areas of delivery, with a focus on local needs provided through team nursing. These local or population needs fall into six broad areas, outlined above, requiring clinical skills, multi-agency working and leadership. This entails school nurses undertaking a range of skilled activities and communication at individual, group and community level, including: health promotion, advice, signposting to other services, active treatment/procedures, education, support, protection, safeguarding and service co-ordination.

School nurses lead on the delivery of the Healthy Child Programme (DH, 2009; DHSSPS, 2010a; Welsh Government, 2016b) or equivalent, working in partnership with other agencies and as part of a wider multidisciplinary team to support the health and wellbeing of school-aged children. School nursing is a service that understands the dynamic process of interaction between the child, the family, the child in school (including alternative education providers) and the child in the community. The composition of the school nursing team will be dependent on key health priorities within the local area and the skill mix required to deliver these (NHS Scotland, 2003).

Delivering on public health priorities

Whilst there are differences in public health policy between the four countries of the UK, the focus of the school nurse role is similar and is illustrated in Table 1.

Table 1: National priorities for children and young people's health

England (0-19)	Northern Ireland (0-19)	Scotland (5-18)	Wales
Emotional health and wellbeing	Health and wellbeing (including physical, emotional and developmental issues)	Emotional health and wellbeing	Emotional health and wellbeing
Alcohol and drugs	Drugs and alcohol	Substance misuse	Parental substance misuse
Safeguarding and promoting children and young people's welfare including child sexual exploitation	Safeguarding	Safeguarding/child protection	Safeguarding
		Domestic abuse	
Looked after children		Looked after children	
		Homelessness	
Youth justice and mental health	Mental health, including parental mental health	Youth justice	Mental health
Supporting young carers		Young carers	
Readiness/transitions		Transitions	Transition to school and adult life
Immunisation	Immunisation	Immunisation	Immunisation
Accidents	Health and safety, accident prevention		Accident prevention
Smoking cessation	Smoking cessation		Smoking, substance misuse and alcohol abuse
Obesity, nutrition and physical activity (National Child Measurement Programme)	Weight, healthy eating and increased exercise		Healthy weight (Child Measurement Programme Lifestyle, nutrition and exercise)
Sexual health and teenage pregnancy	Sexual health and relationships		Sexual health and teenage pregnancy
	Oral health		Dental caries, age 5
	Long-term and complex health needs		Children with additional needs, including complex needs

These priorities form a major part of a school nurse's role. The priorities will vary from area to area and be dependent on local, inter-agency and community profiling, of which the school health profile is an integral part. Further information on this can be found at:

www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

www.health-ni.gov.uk/publications/healthy-child-healthy-future

www.gov.scot/Publications/2005/04/15161325/13288

gov.wales/topics/health/publications/health/reports/healthy-child

National public health guidance relating to children can be found at:

www.nice.org.uk/search?q=child+public+health

www.sign.ac.uk/our-guidelines.html

School health profiles

Production of a whole school health profile is part of a school nurse's role. School nurses provide a profile of the local area and community, identifying any local health risks and environmental factors such as areas of poor housing or high unemployment, which may affect the health and wellbeing of young people. School nurses identify the health needs of the children and young people within their school caseload to enable provision of an holistic service to whole communities, families and individuals. An action plan is developed and monitored to ensure the service provided meets the assessed needs or is modified to meet identified needs.

The resulting school health profile should include information regarding the current and future health and social care needs of the local under 19-year-old population and provide a comprehensive overview of services provided locally for children and young people. It must be used to contribute to the wider assessment of the needs of children and young people in a specific community. School nurses can use it to influence the Joint Strategic Needs Assessment (JSNA)¹ (DH, 2013b) or children and young people's plan for an area.

An example of a school health profile and action plan template can be found in Appendix 1. This is an example only and can be adapted for use, depending on the needs of the local school and community.

Developing a school health needs assessment

An assessment of the health and wellbeing needs of children and young people is an important starting point for a school nurse or nursing team to plan services to improve health, wellbeing and performance in school. The school nursing team will need to develop or identify a data collection tool to collate the information. The example in Appendix 1 can be used to develop this tool and could include the following information.

- A description of the school's local area.
- Local deprivation indices and numbers of free school meals.
- The ethnic profile of the school population.
- Does the school meet healthy food standards? If not, why not? See: www.gov.uk/school-meals-healthy-eating-standards
- What types of food and drink are provided/on sale at the school?
- What are the current health needs of pupils (for example, are there children with diabetes or asthma)?
- Do the teachers or school support staff need any health training?
- Does the school provide before or after-school activities (for example, breakfast club, cookery class, dance)? Could the school nurse get involved in these?
- Are there accident black spots near the school?
- Do playground facilities provide for a range of needs (for example, shade, quiet areas, seats, zoned areas for different activities)?
- Does the school have policies covering delivery of PHSE education and promoting health and wellbeing (for example, on medicines, drugs, smoking, food and bullying)?

¹ JSNAs are assessments of current and future health and social care needs of the local community which are met by the local authority, CCGs, or the NHS Commissioning Board. They are produced by health and wellbeing boards (HWBs) and are unique to each local area. HWBs consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. There is no set template or format and no mandatory data set to be included (DH, 2013a).

- What do children and young people say about their own and school health?
- Are schools collecting data used to inform health needs (for example absences, attainment data, special and complex health needs, safeguarding, children in the care of the local authority)?
- Are there other agencies providing public health services for children, either in school or in the community? Is there any other data available to inform what the health needs are (for example, sexually transmitted infection rates, teenage pregnancy rates, immunisation uptake rates)?
- National Assembly for Wales (2001) *Healthy Schools Assessment Tools: practical ideas for use with pupils*
- Public Health England (2016c) *Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges*
- Lancaster K (2007) Health needs assessment: an holistic approach, *British Journal of School Nursing* 2(1), 6–9.

These resources provide access to additional sources of information relating to the health of children and young people. The resulting school health profile should include information about the future health and social care needs of the local under 19-year-old population and provide a comprehensive overview of services provided locally for children and young people.

Information regarding demographic data and health outcomes in a specific geographical area can be found on the following websites:

fingertips.phe.org.uk/profile/health-profiles

www.chimat.org.uk/profiles

www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool

www.isdscotland.org/Health-Topics/Child-Health/Publications/data-tables.asp?id=1566#1566

www.wales.nhs.uk/sitesplus/922/home

www.wales.nhs.uk/sitesplus/888/home

www.publichealth.hscni.net/news/statistical-profile-childrens-health-northern-ireland-2014-15

A range of information can be used to assist with the development of a school health needs assessment, including online tools and national toolkits:

- Public Health England (2014) *Preparing a needs assessment: Guidance for school nursing students*
- www.healthyschools.london.gov.uk/about/how-healthy-my-school
- www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education

Using school health profiles to ensure effective use of resources and monitor service delivery

Where the school nursing team covers a group of schools or liaises with other nurses in schools within a health board or local government area, use of the same tool will allow benchmarking and comparison between schools. Combining resources to provide services could enable services to be targeted in areas of highest need and ensure improved use of resources (Box 1: Case study 1 on page 14). The assessment can be used to influence service planning and commissioning, and the wider needs assessment (such as the local children and young people's plan or the joint strategic needs assessment or equivalent).

Box 1: Case study one

The deputy head of health visiting and school nursing, Southern Health and Social Care Trust in NI won a service transformational leadership award for refocusing the school nursing service within the trust. She reviewed the service, recognising that specialist community public health school nurses were not able to use their specialist skills due to small numbers of staff being over-committed and providing a limited service, focused on immunisation and level one core work. She consulted service managers and school nurses regarding service improvements, achieved by establishing a school immunisation team and reconfiguring the remaining service to allow school nurses to focus on the full public health and safeguarding remit of their role. Clear lines of reporting, communication and evaluation were established. School nurses now provide targeted support to school-aged children, particularly those on the child protection register and looked after children.

Developing an action plan

Once completed, the school health profile can be used to agree an action plan for the nursing team and the wider team involved in school health. This action plan should include measurable outcomes. The wider team will be made up of a head teacher and other staff employed to provide services, such as counsellors, community teams and visiting doctors in independent and special needs schools. It is important to ensure that the action plan can be resourced from the existing school nursing team and other commissioned services. Where this is not possible, the team manager and service planners or commissioners must be informed. All action plans should be reviewed at locally agreed intervals to monitor outcomes and make modifications where required (also see Service planning and commissioning, Section 4 on page 27).

Working with other agencies

School nurses work with professionals in a variety of settings both within and outside the school. These professionals will come from a range of other services including youth, community, primary care and mental health services. Where joint working occurs, it is important that individual roles are clear to avoid duplication of services and miscommunication with children, young people and families. Effective working may require roles to change based on the individual needs of children and young people to ensure the most appropriate person provides the service required.

Joint working arrangements can have benefits for school nurses and other providers through shared knowledge and skills, which gives opportunities to develop knowledge and skills in practice. Benefits for school nurses and wider services include:

- working in environments outside school with young people who may not seek out the school nurse in school
- developing skills in communicating with young people about sensitive issues such as self harm, crime, gang culture, relationships and substance misuse
- working alongside youth services develops outreach and community working skills, while increasing access to young people and opportunities to provide health promotion activities
- improving referral pathways with greater collaboration between services, and the provision of health services, such as sexual health advice and contraception, in settings where this is not normally found

More effective use of resources, understanding of individual roles and improved access for young people with clear pathways for referral is likely to improve children and young people's access to health services and provision of early intervention strategies.

3: Key public health domains for specialist community public health and school nurses

Changes in education for school nurses with the introduction of the specialist community public health nurse role (NMC, 2004) has influenced the direction and focus of school nursing. Coupled with the move of public health services to local authorities in England and a greater commitment to improving public health across the UK, there has been greater clarity regarding the focus of school nursing with the aim of improving child health outcomes (PHE and DH, 2015). Table 1 on page 11 illustrates that school nursing priorities are similar across the UK. National policies focusing on child health from birth, through the pre-school years and into school, provide a continuum of provision by health visitors and school nurses (DHSSPSNI, 2010a; Scottish Government, 2011; PHE, 2015; Welsh Government, 2016b). For school nurses, priorities fall largely into six broad domains or areas, although these overlap (see Section 2) and will be determined by the needs assessed in individual school profiles. These domains are used to structure the sections below, reviewing the role of the school nurse in relation to specific health and wellbeing needs.

Referrals and assessment of individual needs

There is one area of practice common to all six domains, and included in all health reviews: assessment of the individual child is key to decision making in terms of assisting the child, either through direct support or referral to another service or professional. While school nurses may identify children in need of services, or students raise issues during a drop-in session, referrals can be received from teachers, parents, students and other professionals. A single point of referral can ensure that referrals are managed effectively and children are followed up appropriately (see Box 2).

Box 2: Case study two

Evelina E-SNAP (Electronic School Nurse Access Point) is an electronic single point of entry referral system, set up by the school nursing team at Evelina London. A duty system has been implemented with two nurses on duty at a locality base within the borough, Monday to Friday 9am to 5pm. Referrals are sent to a centralised email account which is triaged daily by a duty nurse. The team can also be accessed via a centralised telephone number. Accident and emergency reports are all received and triaged via the single point of entry. The text messaging service, 'CHAThealth' is also managed by the triage nurses. The nurses from the five locality teams rotate with each nurse averaging one duty/month. All urgent referrals are followed up on the day of receipt by the triage nurses. Support staff assist the nurses three times a week, uploading all routine referrals to the electronic records system for follow up by the relevant locality team.

The single point of entry has improved the accessibility to the school nursing service at Evelina, raising the profile of the service among schools and service users. The process of managing referrals is now quick and efficient, increasing patient facing time. Accurate recording of referrals has increased and the system has resulted in a clear audit trail.

Referrals may arrive with some information relating to the individual's problem, but a full assessment should be undertaken to determine whether there are additional issues impacting on the individual's problems, which also need to be addressed to improve health. The school nurse must be skilled at communicating with children and young people to undertake effective assessment (RCN, 2003; Children's Workforce Development Council, 2010). Initial assessments should be undertaken by a school nurse, who may then delegate ongoing support or interventions to

another member of the team or make a referral to another service or professional. Examples of assessment and referral forms can be found in appendices 2 to 5, pages 43-49, with guidance on setting up a drop-in service in Appendix 6 on page 50.

Further guidance on communicating with young people can be found at:

www.gmc-uk.org/guidance/ethical_guidance/children_guidance_14_21_communication.asp

www.minded.org.uk

www.disabilitymatters.org.uk

Delegating to team members

Where support or interventions are delegated, it is important that the member of the team concerned has the required knowledge and skills to work independently where required (RCN, 2013a; NMC, 2015). Where staff need to develop knowledge and skills in working with children, organisations such as MindEd and Young Minds can be used to support learning as they have a range of resources and learning modules for professionals working with children and young people (see Section 4, Education and training needs on page 28). Additional resources can be found at:

www.e-lfh.org.uk/programmes

www.e-lfh.org.uk/programmes/healthy-child-programme

These can be used to supplement locally provided education and training sessions.

Advertising school health services

It is important for school nurses to provide information about access to services for children and families as they start each school, as well as to professionals who may need to refer children to them. The Department of Health provides resources for school nurses to use to help inform students about their role and services:

www.gov.uk/government/publications/students-starting-secondary-school-urged-to-get-to-know-their-school-nurse

It is important to use a range of communication methods when advertising services and communicating with students, including the use of digital communication. For example, information about access to drop-in sessions (covering issues such as: emotional wellbeing and mental health, substance misuse, contraception, weight management and exercise) can be provided on the front page of student portals and as posters or flyers in school entry packs. Students can also be signposted to useful websites such as:

www.healthforteens.co.uk

www.nhs.uk/LiveWell/TeenBoys/Pages/Teenboyshome.aspx

www.nhs.uk/LiveWell/TeenGirls/Pages/teengirlshome.aspx

Engaging with children, young people and their families

It is important for school nurses to be able to engage with children and young people of all ages, to enable them to meet the demands of school, help develop independence and assist transition to adult life. This involves supporting children and young people from a variety of backgrounds, cultures and religions. Where there are children whose first language is not English, the school nurse may have to help a child and family to access health services, including registering with a GP. Refugee children may not have a family member to support them, requiring school nurses to work with social care, education and other health professionals to help them integrate into school life. Peer mentors and health champions can also provide support with integration and with a range of health problems.

Engaging with parents and carers is important, especially for children with long-term health problems, young people caring for an adult, those with mental health problems, and children who are home schooled. The school nurse can provide information about access to services for the child and for the family where additional support is required. Where children and young people are unable to take responsibility for their own health, it will be important to engage with the parents to encourage positive health behaviour and maximise school attendance and achievement.

The following websites provide information and guidance on additional support:

www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/NHSGPs.aspx

www.mandbf.org/wp-content/uploads/2011/02/Peer_Mentoring_in_Schools.pdf

www.gov.uk/government/news/first-ever-mental-health-champion-for-schools-unveiled

www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services

www.nhs.uk/Livewell/Yourchildatschool/Pages/Yourchildatschoolhome.aspx

Domain 1: Resilience and emotional wellbeing

The National Children's Bureau (NCB) suggests that a focus on wellbeing can improve engagement, reduce school exclusions and improve attainment in schools, especially where there are good relationships between staff and pupils (NCB, 2016a; 2016b). The Children's Society (2016) emphasises the importance of listening to children's views on wellbeing to understand issues impacting on their lives (subjective wellbeing). School nurses are ideally placed to listen to, and support, children and young people to improve their wellbeing by building resilience through the development of positive coping mechanisms and supportive relationships. They have knowledge of local health inequalities and can identify those young people requiring additional support to improve achievement (PHE, 2016d).

There is a range of toolkits available to help schools and colleges understand wellbeing and how to promote it (RCN, 2014a; NCB, 2016a; PHE, 2016c). The toolkit published by Public Health England and the Anna Freud Centre (PHE, 2016c) was developed with young people to enable them to explore and discuss a range of issues and also provides examples of how it can be best used. Using these sort of toolkits can help identify issues impacting young people's lives locally.

Mental health

There are high levels of mental health problems in children and young people, with increasing levels of attention deficit hyperactivity disorders (ADHD) and autistic spectrum disorders (ASD), as well as self harm, anxiety and depression (BMA, 2013; DH and NHSE, 2015). Adult mental health problems often start in childhood, with a quarter of all diagnosable mental health disorders being established by 14 years of age and one in 10 children under 16 years of age having a diagnosable mental health problem (PHE, 2016c and d). Early intervention in emotional and psychological problems may reduce the severity of illness and reduce the requirement for psychiatric intervention. This requires all staff working with children to understand the issues facing young children and how these issues impact on emotional and mental health. School nurses should work closely with the special educational needs co-ordinators (SENCO) to ensure partnership working in service provision.

School nurses have the skills required to provide Tier 1 (Welsh Government, 2016a) and Tier 2 interventions (DH and PHE, 2014a). Understanding the risk factors associated with the development of mental health problems can help early identification of children at risk of developing problems. Provision of information, and support for children and parents about emotional wellbeing and positive relationships within families and friendship groups, is important. Identification of risk factors such as poor parental mental health and poor family relationships, bullying and peer pressure, can help promote positive behaviours through work with individual families and student groups (RCN, 2014a).

School nurses will refer young people for additional support within specialist services, such as the local counselling or CAMHS service, where specialist skills are required. To signpost children and families to the appropriate local service, the school nurse must be familiar with local provision, including this in school health profiles. Specialist counselling services may be provided or commissioned, such as local child bereavement services or young carers groups, and knowledge of local referral pathways is essential. The Department of Health/Public Health England pathway for promoting emotional wellbeing and positive mental health

provides examples of intervention at the four levels of school nursing service (community, universal, universal plus and universal partnership plus) (DH and PHE, 2014b). It includes case studies and emphasises the need for local solutions based on the principles found in the Department of Health's publication *Compassion in Practice* (2012b). This provides evidence of the complexity of the role of the school nurse in relation to promoting positive mental health.

Further information about promoting emotional wellbeing and mental health can be found at:

www.rcn.org.uk/professional-development/publications/pub-003311

www.minded.org.uk

www.youngminds.org.uk/training_services

www.ncb.org.uk/resources-publications

www.inourhands.com/contact

www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf

www.sign.ac.uk/our-guidelines.html

Further information regarding emotional wellbeing and mental health policy across the UK can be found at:

www.gov.uk/government/publications/improving-mental-health-services-for-young-people

www.nice.org.uk

www.england.nhs.uk/mentalhealth/cyp

www.niccy.org

www.gov.wales/topics/health/nhswales/mental-health-services/policy/child-mental

www.gov.scot/Topics/Health/Services/Mental-Health/Strategy/Child-Adolescent-Services

www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing

Domain 2: Keeping safe, managing risk and reducing harm

Safeguarding in schools

School nurses, along with anyone who works with children and young people, are responsible for safeguarding children and should report concerns using local guidance (RCN, 2014b; HM Government, 2015). A significant proportion of school nursing workload relates to safeguarding, including report writing and attendance at child protection meetings, requiring school nurses to have good working knowledge of local guidance (Children's Commissioner, 2016a). In England, every local authority area has its own local safeguarding children's board (LSCB) with policies and procedures guiding safeguarding practice across all professions and organisations. The NSPCC provides information relating to safeguarding policy across the UK. Safeguarding training is mandatory, with professional and local guidance on frequency and level of training and supervision required by staff and professional groups (RCPCH, 2014). Nurses working in schools will have links into the LSCB or equivalent across the UK and should have contact details for the local named nurse for safeguarding children, but may also report to the designated lead for safeguarding within the school (DfE, 2016). It is important that reporting and escalation mechanisms are clear and that school staff understand the professional requirements of nurses, especially where health services do not employ them. This will include provision of access to safeguarding supervision. Further country specific and national guidance on child protection and safeguarding can be found at:

www.nspcc.org.uk/preventing-abuse/child-protection-system

www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf

www.rcn.org.uk/professional-development/publications/pub-004542

www.safeguardingni.org

www.gov.scot/Publications/2014/05/3052

www.gov.wales/topics/health/socialcare/safeguarding

Factors influencing risk-taking behaviours

School nurses have the knowledge and skills to recognise the signs of risk-taking behaviour and vulnerable children who might be at risk of abuse by others. It is normal for young people to experiment and try new activities. External influences such as family, peers and the media will determine their perceptions of risky behaviours and influence whether they become involved in activities which will adversely affect their health and wellbeing (PH, 2016e). Vulnerable children may not have positive role models with whom they can discuss the challenges of growing up. These children include those looked after by the local authority, those living in poverty or in families experiencing conflict or domestic abuse, and unaccompanied minors or refugees; these may all experience isolation and low self esteem, making them more likely to be drawn in to risk-taking activities. In addition, young people with learning difficulties may be vulnerable to persuasion by others, which may also lead to risk-taking behaviour.

Risky behaviours in young people can lead to:

- early sexual activity, sexually transmitted infections, and teenage pregnancy
- becoming known to/involved in crime and violence
- substance misuse and smoking
- school avoidance and falling attainment levels
- self harm
- attempted suicide
- unintended injury, for example, a road traffic accident.

Behaviours such as: staying out late; appearing secretive; low mood; disinterest in activities previously enjoyed, could indicate that the child or young person is being exploited or abused by an adult(s) or peer(s) in the following ways:

- grooming and sexual exploitation
- radicalisation
- female genital mutilation

- domestic violence
- bullying or cyberbullying.

The pressures experienced by young people cause high levels of anxiety and emotional distress which can lead to risk-taking behaviour. Pressures include the expectation to conform to peer behaviour, parental expectation, and pressure of exams or concern relating to transition from school to work or higher education/university. Combined with high levels of screen time, insufficient activity levels and sleep disturbance, young people can find themselves involved in negative behaviours. Difficulties with growing up and taking on adult responsibilities can be reduced with access to information and support, particularly an individual that they can trust to maintain confidentiality. Through drop-in sessions, PSHE lessons or one-to-one appointments, school nurses can support young people to develop the knowledge and confidence to seek help with their concerns. Signposting to specialist services such as substance misuse, contraception and sexual health services, will help young people to access specialist help.

Promoting sexual health

Concern exists about the sexual health of young people, particularly as a result of social media and the easy access to sexually explicit material and highly sexualised images of young people so easily available. The use of social media apps has led to an increase in young people sending sexually explicit pictures of themselves, which can then be passed on via social media to become widely available. The Children's Commissioner (2017) provides insights into how easily children can access pornographic images and be exposed to sexual requests from strangers.

Under 18 conception rates are falling across the UK, with rates in England and Wales being the lowest since 1969 (www.ons.gov.uk). Despite this, teenage pregnancy rates remain high in areas of high deprivation (www.isdscotland.org) and, in some areas this is coupled with high rates of sexually transmitted infection (DH, 2014b). In addition, increasing evidence of sexual exploitation (PHE, 2016c), make it essential for children and young people to receive appropriate sex and relationship education. Evidence suggests that having at least one supportive adult

available leads to young people delaying sexual activity and/or avoiding unprotected sex. School nurses play an important role in age-appropriate sex education in both primary and secondary schools (PHE and DH, 2015; PHE, 2016e). Provision of sexual health advice during after school drop-in sessions, can enable school nurses to access young people who might not seek advice during school hours. Combined sessions with youth workers who work in varied settings with vulnerable or marginalised groups (lesbian, gay, bi-sexual and transsexual (LGBT) and young people involved with youth justice services), could provide access to sexual health services for some of the most vulnerable young people who may not regularly attend school.

The UK government provides access, via its website, to a range of guidance for school nurses in relation to identifying and protecting children from abuse. This includes information on sexual exploitation and female genital mutilation. In addition, useful information and training resources are available from other organisations involved in the health and wellbeing of children:

www.gov.uk/government/publications

www.nspcc.org.uk

www.chimat.org.uk/schoolhealth/safeguarding

www.rcn.org.uk/publications

www.youngminds.org.uk

www.childrenscommissioner.gov.uk

www.niccy.org

www.cypcs.org.uk

www.childcomwales.org.uk

www.ayph.org.uk

www.seenandheard.org.uk

Domain 3: Improving lifestyles

School nurses play a lead role in the delivery of health education and monitoring of child health and wellbeing. The Healthy Child Programme (DH, 2009) and the National Child Measurement Programme (PHE, 2016f), or national equivalents, provide school nurses with the opportunity to promote improvements in young people's lifestyle to reduce the risk of developing long-term health problems such as diabetes and heart disease. The need to 'make every contact count' (Graham, 2014) suggests that nurses should use every contact with children to provide positive health messages. Combined with school nurse involvement in the personal, social, health and economic (PSHE) education, children and young people can be supported to change their lifestyle to improve health, school attendance and performance. National screening frameworks and local commissioning agreements will determine the frequency of surveillance and screening undertaken.

Further information to support making every contact count can be found at:

www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources

Health screening

Screening sessions, such as the National Child Measurement Programme (PHE, 2016f) or national equivalents (DHSSPS, 2010b; Scottish Executive, 2005; Welsh Government, 2016b), provide school nursing teams an opportunity to deliver health and lifestyle information and to identify children requiring targeted intervention due to:

- obesity
- low levels of physical activity
- unhealthy diet
- poor oral health
- smoking cessation
- alcohol and substance misuse.

Supporting healthy diet and exercise

Where more targeted work is required, the school nursing team will work with other professionals to support children and families to make healthy choices in life. This may involve supporting parents to attend a local parenting course, to learn to cook simple, healthy food, or signposting families to the Change4Life website, where they can access information about healthy eating choices and sugar reduction. Following discussion about the government's physical activity guidelines (DH, 2011a) and which sports a child might like to try, a school nurse might refer a child or young person to a lunchtime/after-school sport scheme. School nurses may also set up after-school sports activities (see Box 3) and advise the school about healthy eating standards (Department for Education, 2013) to improve access to healthy choices for the wider school community.

Information relating to strategies for reducing obesity and encouraging healthy eating can be found at:

www.gov.uk/government/policies/obesity-and-healthy-eating

www.gov.uk/government/collections/childhood-obesity-plan-case-studies

www.publichealth.hscni.net/directorate-public-health/health-and-social-wellbeing-improvement/tackling-childhood-obesity

www.isdscotland.org/Health-Topics/Child-Health/Child-Weight-and-Growth

Box 3: Case study three

Tring Park is a performing arts school where pupils get plenty of opportunity to exercise through the curriculum (for example, through dance). Although exercise is a regular part of the timetable, the school nursing team thought the children would benefit from an alternative form of exercise outside of the classroom. They introduced netball on a Friday evening for the junior pupils. This provided a different type of exercise and was found to have a positive social and interactive impact on the pupils, encouraging team work and promoting positive mental health.

Promoting oral health

Tooth decay is the commonest cause of admission to hospital in 5–9 year olds (PHE, 2016g). This impacts negatively on school attendance and on mental health and wellbeing. The education of children and families about good oral health can be done via the sugar smart App which is available through the NHS Change4Life website at: www.nhs.uk/change4life. The benefits of good oral health can be promoted during health screening sessions. In addition, education in primary schools about visiting the dentist, dental hygiene and reducing sugary drinks, can significantly reduce the number of children requiring dental extractions. Follow-up education and information at secondary school, at a time when young people are independent with oral hygiene, can support good dental hygiene into adulthood.

Smoking and substance misuse

School nurses provide information and support for young people who smoke, vape, drink alcohol or misuse drugs, including legal highs. Provision of information and opportunities to discuss these issues may be provided through PSHE sessions and during drop-ins. Children and young people may be referred on to specialist services when support is required for the misuse of alcohol and drugs and to stop smoking. These services have staff with specialist knowledge and skills, who can support young people to change their behaviour by educating them about the dangers

and providing treatment, including substitutes where appropriate.

Further information on substance misuse can be found at:

www.nice.org.uk/guidance/ph4

www.gov.scot/Topics/Education/Schools/HLivi/DAE

gov.wales/topics/people-and-communities/communities/safety/substancemisuse/policy/treatmentframework

www.gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications

www.gov.uk/government/publications/specialist-substance-misuse-services-for-young-people

www.nta.nhs.uk/young-people.aspx

Information about lifestyle issues can be made available in the school health facility and during drop-in sessions, with opportunities for children and young people to discuss these issues.

Further information and guidance relating to national priorities can be found at:

www.nice.org.uk/search?q=child+public+health

www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health

fingertips.phe.org.uk/profile/national-child-measurement-programme

www.wales.nhs.uk/sitesplus/888/page/67763

www.gov.uk/school-meals-healthy-eating-standards

www.food.gov.uk/northern-ireland/nutritionni/niyoungpeople

www.gov.scot/Topics/Education/Schools/HLivi/foodnutrition

www.gov.wales/topics/health/improvement/schools

Domain 4: Maximising learning and achievement

Early education

School nurses assess a child's readiness for school during their initial health assessment on entry between the age of four and five, or children may be referred by teachers or health visitors (PHE, 2016h). A lack of readiness may be due to several issues, including:

- social problems such as: poverty, domestic abuse, young carers or parental substance misuse
- poor social skills or emotionally unready for separation from a parent or unable to engage with other children
- complex or long-term health needs, including disability, requiring additional support to access all aspects of the curriculum and areas of the school
- lack of bowel or bladder function due to lack of toilet training or bladder/bowel control.

The provision of support early in a child's education can help build resilience through strategies for coping with new situations. Where children use these strategies to build positive relationships with peers and education staff, they can improve engagement with education and increase achievement. In addition, these strategies can help to ease later transition to junior and secondary school, and prepare children for life outside school. Additional interventions may be required with children who regularly miss school, as social and emotional problems can be exacerbated in children who do not develop friendship and support networks among their peers. Failure to attend school can also result in lower attainment and needs to be addressed early. For children where problems are persistent, referral to other services, such as psychology or CAMHS, may be required to address underlying problems.

Youth justice

Where children and young people are involved with the youth justice service, regular support from youth offending services is required to encourage engagement with education and a

change of behaviour in the future. Collaboration between school nurses, the youth justice team and other services is essential to ensure that the individual child's health needs are met (PHE/ Youth Justice Board, 2015). This may involve referral to a third party such as a GP, substance misuse team or specialist counselling service.

Further information is available at:

www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales

www.gov.scot/Topics/Justice/policies/young-offending

Family health

School nurses can support children and young people and their families to take responsibility for their own health using a variety of strategies.

- Provide information about keeping safe, through accident prevention and offer access to information and support to stay safe online.
- Educate children to understand the role of services such as pharmacies, 111 and the NHS information service, NHS Choices for minor illnesses.
- Provide information about the benefits of vaccination and immunisation (RCN, 2014c).
- Educate children and their families about long-term conditions and how to stay healthy, with appropriate use of regular medication where prescribed.
- Provide access to confidential, informal support through drop-ins or booked appointments.
- Signpost and refer to specialist services.
- Support children at home where illness prevents regular attendance at school.

Young carers

Young carers are a group of children who might regularly miss school due to caring commitments. These might involve looking after a family member who is sick, disabled, has mental health problems, or is misusing drugs or alcohol. Their responsibilities often include:

cooking, cleaning, shopping, providing nursing and personal care, and giving emotional support. School attendance and normal childhood activities are often not possible, leaving children isolated, without friends or regular access to education (Children's Society, 2013). This impacts on opportunities to access higher education or gain employment, making this group more likely not to be in education, employment or training between 16 and 19 years of age. Young carers are often not known to social or education welfare services, although they often suffer poor physical and mental health, or have special educational needs.

There are increasing numbers of young carers, with some as young as five years of age (Children's Society, 2013). The Children's Commissioner (2016a) reported over 166,300 young carers between 5 and 17 years of age in England in 2011, of whom only 20% received support. This figure was an underestimate as only 86% of local authorities responded to the survey and not all had mechanisms for identifying these children. Young carers have a right to a needs assessment and the school nurse can ensure that those in contact with schools are referred for assessment and have access to school nursing services as required. The school nurse can work with education, the local authority and young carers' services to ensure that health services are provided to meet the needs of the young carer and their family (DH, 2014c). This will provide young carers with the support to access schooling and to have time to do activities with friends.

Further information relating to services for young carers can be found at:

www.makewav.es/ycif

www.youngminds.org.uk

www.childrenssociety.org.uk

Domain 5: Supporting additional and complex health and wellbeing needs

Children and young people's health needs can include a whole range of conditions that affect children's access to education, with one in seven children having a long-term health need or disability (PHE, 2016i). Many children with additional health needs have a mild, long-term problem such as seasonal asthma or a food allergy, or a more complex long-term problem such as diabetes or epilepsy. These children can attend a mainstream school or a school for children with special needs where there are a range of health professionals able to meet their needs on site. Guidance is available for schools on supporting children and young people with medical needs in school, and provide care plan and medication record templates. Disease-specific organisations can provide additional information for children, families and education staff, supporting information provided by the school nursing team and other health professionals. Information on help with staff training is available at:

www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

www.asthma.org.uk

www.diabetes.org.uk/Guide-to-diabetes/Your-child-and-diabetes

learn.epilepsy.org.uk/training-for-schools

www.anaphylaxis.org.uk

Provision for children with special needs should be set out in the 'local offer' for children with special educational needs or a disability (DfE and DH, 2015). This allows services to be discussed with families and are provided based on need and local availability. Children may have an education, health and care plan (EHCP or equivalent – previously statement of special educational need) if their needs cannot be met by mainstream services. The Scottish Government has recently published draft guidance for supporting children's and young people's health needs in school, which outlines

the responsibilities of a range of professionals, including the school health team. The Welsh Government has published a transformation plan to introduce legislation and statutory guidance for improving services for children and young people with additional learning needs, which includes children with educational and physical needs. In Northern Ireland, the SEND Act (2016) is underpinned by a framework for supporting children with a range of problems from disability to chronic problems requiring medication in school.

For further information on country-specific guidance on supporting children with complex health and wellbeing needs is available at:

www.gov.scot/Publications/2017/01/8545/3

gov.wales/topics/educationandskills/schoolshome/additional-learning-special-educational-needs/transformation-programme/

www.education-ni.gov.uk/articles/review-special-educational-needs-and-inclusion

In all parts of the UK, the school nurse supports equitable access to education for all these children and young people, influencing local access policy and advocating for a child's rights to opportunities provided to other children to be upheld (UN, 1989). They will be involved in establishing an individual child's plan (EHCP or equivalent) and will be asked to contribute to annual continuing health care assessments for children with complex needs, where required (DH, 2016). The school nurse monitors children with long-term conditions, special learning needs or a physical disability, provides direct care and treatment, promotes self-care, supports the referral of parents and carers to other specialists, and co-ordinates a range of services.

Training staff to care for children with complex and long-term health needs

Children with disabilities, complex and long-term health needs are likely to require regular contact and intervention from the school nurse, who will also ensure that staff involved in the education of these children are trained to meet their individual health needs, including training staff to administer medication when required. The school nurse should keep a record of all training

undertaken to ensure that all relevant staff can meet the needs of the child and are aware of local policies for managing medicines and health in schools. Where a child has very complex needs, this is likely to involve training a small team of people who will provide one-to-one support for the child.

Further information on support with training can be found at:

www.healthy london.org/children-and-young-people/london-asthma-toolkit

www.nice.org.uk/guidance/QS125/documents/draft-quality-standard

www.nice.org.uk/guidance/ng18

www.chimat.org.uk/istoolkits/longterm

www.nhs.uk/Livewell/Yourchildatschool/Pages/Longtermconditions.aspx

Children with complex needs

Children with complex health needs will often require support and intervention from a wide range of professionals, including community paediatricians and community children's nurses, therapists and educational psychologists. The school nurse will work collaboratively to agree outcomes and targets and to ensure that the child has access to health care at home and in school. The nurse will ensure that appropriate safeguards are in place to ensure that the young person is heard and is involved in decisions about care delivery. An individual health care plan, and agreed policies and procedures, will be written and used to guide care. The school nurse may be involved in the delivery of care, such as the administration of medicines and tracheostomy care – ensuring that this is provided safely – and also in signposting to other services, such as voluntary organisations that provide after school and weekend activities.

Further information and guidance on supporting children with complex health needs is available at:

www.gov.uk/children-with-special-educational-needs/extra-SEN-help

www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework

Domain 6: Seamless transition and preparation for adulthood

In England, the health review in the final school year aims to address readiness for transition to higher education/university or work. This provides an opportunity to identify young people who might struggle with the transition, or require additional strategies to build resilience and coping mechanisms to deal with the challenges ahead (PHE, 2016j). It is important to remember that young people can appear confident but may be covering significant anxiety. The ability to ask questions to elicit information about concerns and worries is important and requires an individual to be skilled in dealing with young people. The final review supporting transition to adult service provides the school nurse with opportunities to:

- ensure vaccinations and immunisations are up to date
- provide health information on the importance of supporting healthy lifestyles, maintaining physical and sexual health, accessing health screening services and understanding the risks associated with drug and alcohol abuse, including the impact that substance misuse can have on adult life
- inform young people about the variety of health services available and when to use each
- signpost those who are vulnerable and at risk of developing emotional and mental health problems, such as young carers, young people who are LGBT or who have gender identity issues and unemployed or disengaged young people (PHE, 2016j).

Support for transition

Preparation for college, university and work can be daunting for young people who have been used to the familiar routine of school. School nurses have an important role in the provision of information and supporting young people to positively address concerns about leaving school and perhaps home. Early intervention and the planning of transition to adulthood can build confidence, protecting and promoting health (McAvoy et al., 2013). Health and wellbeing

education will focus on health literacy and accessing appropriate health services and screening programmes in adulthood (AYPH, 2016; PHE, 2016j). To ensure effective transition and good continuity of care partnership, working across professional groups is required, as is involving the young person in decision making.

Transition to adult health services

Where young people have additional health needs, the school nurse will support transition to adult services. It is important that young people are actively involved in managing their health needs with involvement in decision making, especially in relation to the timing of transmission. To ensure accurate information is shared, a record of information provided at transition should be made and given to the adult service (Scottish Executive, 2005).

Further information to support transition is available at:

www.nice.org.uk/guidance/qs140/resources/transition-from-childrens-to-adults-services-75545472790213

www.nice.org.uk/guidance/indevelopment/gid-scwave0714

www.uhs.nhs.uk/OurServices/Childhealth/TransitiontoadultcareReadySteadyGo/Transitiontoadultcare.aspx

www.rcn.org.uk/publications?keyword=transition&span=5&publication=Keyword&scope=Local&relevance=False

Extended support for young people with complex needs

Where young people have complex needs, they can stay in supported education until they are 25 years of age, if they have an EHCP in place and the local authority continues to support this (DfE and DH, 2015). School nurses will need to advocate for young people who are not able to make decisions for themselves. Transition should be considered during reviews from Year 9 to plan for transition to adult services. The culture and approach to adult services can be very different to children's services and young people may find this difficult (RCN, 2013a). There must also be an assessment made of carers and their needs

to determine whether other agencies, such as housing and adult social care, need to be involved early to plan for alternative accommodation (DfE and DH, 2015). The specialist school nurse is ideally placed to coordinate multidisciplinary meetings and reviews to ensure that health needs are met once the young person leaves education. Consideration should be given to the young person's wishes, where they can express these. If they do not have capacity, arrangements should be made to ensure that decisions are taken in the best interests of the individual (DfE and DH, 2015).

Further information on extended support for young people with complex needs is available at:

www.youngminds.org.uk

www.childrenscommissioner.gov.uk

www.ayph.org.uk

www.cqc.org.uk/content/teenagers-disabilities-and-long-term-health-needs-lack-appropriate-support-they-approach

4: Leadership and management

Service planning and commissioning

Whilst services are commissioned and provided from different sources in the UK, it is important for school nurses to understand how local services are planned and commissioned (Thurtle and MacKenzie, 2015). In Northern Ireland, integrated health and social care boards commission school nursing, while in Scotland and Wales NHS boards commission this role. In England, local authorities have statutory responsibility for child health and wellbeing, alongside their duty to provide education and protect children. They lead commissioning of the Healthy Child Programme, including the National Child Measurement Programme from school nursing, although they may not commission all services provided by an individual school nursing team (PHE, 2016b). NHS England area teams commission immunisations and vaccinations and CCGs commission services in special needs schools to ensure that an appropriate range of professionals are available to meet the needs of children with complex problems (DH and PHE, 2014a).

The local school nursing team can be employed to provide immunisation and vaccination sessions within schools and specialist nursing interventions within special schools. In addition, schools may commission additional services above the core offer from the local authority and independent schools often directly employ school nurses. Close working between all service planning and commissioning bodies is required to prevent duplication and ensure sufficient resources to undertake all planned public health services for school-aged children.

School nurses who work with a range of other health services, can use their school health profiles and local knowledge to influence commissioners and service planners to focus on the needs of the local communities and school-aged population (RCN, 2014d). In addition, the provision of activity and outcome data linked to the contract can help commissioners and service planners understand the impact school nurses are having on the health of children aged 5–19 (Cornick, 2016). Therefore, it is important for school nurse team leaders to develop working relationships with local public health commissioners, regardless of the organisation they sit in.

Further information on public health commissioning can be found at:

www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

www.health-ni.gov.uk

www.gov.scot

www.gov.wales

Service management

School nurses who lead teams and co-ordinate delivery of the Healthy Child Programme and health services in schools, need good leadership and management skills. It is important to use these skills to influence policy development and public health provision for school-aged children with both commissioners, service planners and other providers. The English and Scottish public health policy makers are focusing on a pathways approach to the provision of public health services for children. These pathways require adapting to the local area to determine which professionals will provide specific elements of each pathway, based on local commissioned services. School nurses will lead and co-ordinate the public health pathways, requiring effective communication and inter-agency working across a range of organisations.

Leadership

The importance of leadership development has been well recognised in relation to school nursing. It is important that nurses influence the health agenda for children and young people. The pressure to deliver the National Child Measurement Programme/Healthy Child Programme, and the safeguarding and administrative workload (RCN, 2016b; Children's Commissioner, 2016b), all reduce the time available to address other health issues. These include the increasing problems with mental health and obesity, the number of children with long-term health conditions in school, and the need to educate young people in staying safe and healthy. Leaders need to be creative to influence service planners and commissioners, and to ensure teams can deliver the whole public health agenda.

Box 4: Examples of leadership development

Public Health England commissioned leadership training from the School and Public Health Nursing Association (SAPHNA), who established a two-day certificated leadership programme. The programme is based on national leadership priorities, enabling participants to build on previous leadership skills to apply this directly to the priorities for school nursing. Early evaluation of the programme has been positive, with further assessment of impact to follow and future inclusion of other specialist public health nurses (SAPHNA, 2016). In Wales, leadership development aims to enhance the nursing contribution to policy development and the importance of succession planning to ensure the development of future school nursing leaders.

Workforce planning and recruitment

Workforce planning for school nursing teams is important. In some areas of the UK, such as Northern Ireland, an ageing school nursing workforce and the small numbers of staff in post, risks impacting negatively on the capacity of school nursing services (RCN, 2016b). Robust recruitment and education plans are required to provide an assurance of sufficient capacity to meet the needs of school-aged children across the UK. Investment in recruitment has positive benefits, for example, in Wales in 2011 there was a reduction in teenage pregnancies following a successful recruitment campaign (RCN, 2016b).

Safeguarding practice

School nurses have a responsibility to protect children and the staff they work with. Safeguarding children forms a high percentage of the work that they are involved in (Children's Commissioner, 2016b), requiring team leaders to have clear systems for monitoring caseloads and supporting staff with issues such as escalation and child protection planning (see Section 3). Staff should be clear about local and professional guidance regarding safeguarding

and maintenance of safety at work, including lone working (RCN, 2016d and e) and communicating with young people using mobile phones and social media (RCN, 2014e). It is important to maintain boundaries to reduce the risk of allegations of inappropriate behaviour or abuse. Ensuring systems for training, clinical and safeguarding supervision are in place will guarantee that staff have opportunities to discuss these issues with their manager and colleagues. It is important that there is clarity for staff between management supervision relating to performance, and clinical or safeguarding supervision which encourage a less managerial and more reflective approach to reviewing personal professional practice or specific cases.

Education and training needs

Since the introduction of the Specialist Community Public Health Nursing (SCPHN) qualification, universities around the country have developed degree courses based on the NMC guidance for public health registration (NMC, 2004). The RCN Survey (2016b) indicated that 42% of nurses working in schools had the SCPHN qualification, with just under 35% of these nurses having a qualification in children's nursing. It is important that education and development is in place to ensure that nurses have the knowledge and skills required to deliver public health care to children in school. An annual review of the team's training needs will enable leaders to identify what training is required in addition to that required on a statutory or mandatory basis. This review should underpin a programme of training for the year, with guidance for staff and records kept of training provided (Appendix 7 on page 53).

The recommended national curriculum for 0–19 health visiting and school nursing services is currently under review by the Institute of Health Visiting, the Royal College of Nursing, SAPHNA, Community Practitioners and the Health Visitors Association (CPHVA/Unite), the National Forum for School Health Educators (NFSHE) and the UK Standing Conference on Health Visitor Education (UKSC). In some areas of the UK, school nurse leaders and managers have worked with local universities to review the curriculum, as many school nurses do not need prescribing

skills. This element of the education programme has been removed in some areas of the UK, such as South Wales, to provide a greater focus on wellbeing and mental health education.

Further information on education and training needs is available at:

www.rcn.org.uk

www.saphna.co/index.html

www.qni.org.uk/school_nurse_learning_resources

www.ihv.org.uk

www.e-lfh.org.uk/programmes/healthy-child-programme

www.unitetheunion.org/how-we-help/list-of-sectors/healthsector/healthsectoryourprofession/cphva/schoolnurses

Research and audit

At a time when public funds available to local authorities are decreasing, with pupil numbers increasing, school nursing is under threat (Day, 2016). The school nursing role is broad, with poor understanding of the benefits of the role among service planners and commissioners, and even in some schools. This makes it important for nurses to be able to articulate the benefits of their practice and interventions, based on evidence of outcomes. Involvement in research and audit is an important mechanism for demonstrating the outcomes from health promotion and early intervention. Pressure on working hours make it difficult, but collaborative research across several organisations can spread the workload and provide access to a larger sample. Published research covers a wide range of topics, from young people's experiences of sexting (Wilkinson et al, 2016), food knowledge required by school leavers (Parish et al, 2016) and the impact of SCPHN training on the role (Jenkins, 2016).

Another mechanism for the development of evidence-based practice is the use of benchmarking using a formal group in a geographical area. Littler and colleagues (2016) outlined a benchmarking process, which enabled them to look at a wide range of activities, including school health entry assessment,

transition to reception class, drop-ins and clinical supervision. Benchmarking can be useful when data is not collected or required by service planners or commissioners to support some elements of practice (such as conversations with young people at drop-in sessions) which do not result in a measurable outcome.

Governance

Communication

The Children's Commissioner (2016a) found that only 41% of nurses who responded to their survey thought that children were aware of their services. Advertising the services available is important to inform children, young people and families about the services provided and how they can improve health. School nurses must work with colleagues in school and other health services to ensure that children are aware of, and have access to, school health services.

When communicating with children and young people, it is important to ensure that the methods used are appropriate to the age, development needs and accepted ways of communicating for the specific age group. This is likely to involve use of texts, social media (such as Facebook) and school intranet sites. Policies and procedures relating to these communication methods are required to protect both staff and students (RCN, 2014e). Initiatives such as ChatHealth and Health for Kids developed in Leicester, provide effective solutions to reaching a wide audience (Children's Commissioner, 2016a). ChatHealth has been rolled out across England and is now widely used by health services in England.

Where children have special needs, they may need to communicate using British Sign Language, Makaton, symbols or using electronic methods. It is important that schools have local policies for managing these needs. The school nurse may be involved in writing these policies.

Further information on communication initiatives can be found at:

www.leicestershirehealthyschools.org.uk

www.healthforkids.co.uk

Monitoring and reporting

The Children's Commissioner (2016a) identified that school nurses spend around two thirds of their time doing paperwork, much of which is related to safeguarding. The RCN survey (RCN, 2016b) supports this finding with school nurses reporting that administration, case conferences and safeguarding meetings taking up much of the role. The need to collect data in relation to contact and outcomes, and report this to service planners and commissioners, is included in administration. Reporting against the Public Health Outcomes Framework enables benchmarking with other services, but causes significant problems when nurses do not have access to digital systems for reporting, or when systems are not linked, requiring multiple reporting. School nurse leaders need to establish

systems that reduce administrative time, but ensure appropriate reporting of activity, this is likely to require collaboration with both health and education providers to ensure effective electronic access.

Use of the *You're Welcome* standards (DH, 2011a) can help school nurses to evaluate how young people see the service, and how it can be modified to improve access and meet the needs of children and young people. Involving young people in the design of services will help to ensure accessibility and appropriateness of services provided. In addition, use of the Friends and Family Test (NHS England, 2014b) will enable regular monitoring of the service. See Table 2 for how the collation of data can help improve services.

Table 2: Children and young people's outcomes (PHE, 2014)

- Reduce the number of children in poverty.
- Improve school readiness.
- Reduce pupil absence.
- Reduce first time entrants to the criminal justice system.
- Reduce the number of 16 to 18 year olds not in education, employment or training.
- Reduce under 18 year olds conceptions.
- Reduce excess weight in 4 to 5 and 10 to 11 year olds.
- Reduce hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0 to 14 and 15 to 24 years.
- Improve emotional wellbeing in looked after children.
- Reduce smoking prevalence in 15 year olds.
- Reduce self harm.
- Chlamydia diagnoses (15 to 24 year olds).
- Improve population vaccination coverage.
- Reduce tooth decay in five year olds.

Similar outcome data is collected across the UK, with further information found at:

www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=134&themeName=Health%20and%20Social%20Care

www.publichealthwalesobservatory.wales.nhs.uk/home

www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool

digital.nhs.uk/home

Policies and procedures

Policies, procedures and guidelines are required for staff in relation to all areas of practice within the service (RCN, 2014f). When working in schools it is essential to agree which school policies the school nursing team must work to, and which policies will be specific to the school nurse team or will involve other agencies.

Guidance involving other agencies may relate to:

- information sharing policy and data protection
- use of IT systems to enable sharing of information
- record keeping and storage of records – there needs to be clarity regarding confidentiality of health records in relation to education staff
- confidentiality
- safeguarding and child protection
- risk management
- digital communication.

For health records, including principles of record keeping, electronic record keeping, retention and destruction of records, see:

www.rcn.org.uk

www.ico.org.uk/for-organisations

www.gov.uk/government/publications/the-information-governance-review

www.gov.uk/government/organisations/health-and-social-care-information-centre

Local guidance specifically relating to the school nursing team is likely to include information on:

- accountability
- lone working
- medicines management, including immunisations and emergency contraception where relevant
- drop-in sessions
- sexual health services

- referral criteria for individual services, such as substance misuse and mental health teams
- screening, including for substance misuse.

Further information is available at:

www.gov.uk

www.rcn.org.uk

www.nmc.org.uk

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Welsh Government (2016b) *An overview of the Healthy Child Wales Programme*. Cardiff: Welsh Government

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Useful websites

General links

Department of Health guidance on improving mental health services for young people
www.gov.uk/government/publications/improving-mental-health-services-for-young-people

Statutory guidance for schools
www.gov.uk/government/collections/statutory-guidance-schools#safeguarding-children-and-young-people

Health Education England
www.hee.nhs.uk

Nursing and Midwifery Council
www.nmc.org.uk

MindEd
www.minded.org.uk

Young Minds
www.youngminds.org.uk/training_services

National Children's Bureau – resources and publications
www.nbc.org.uk/resources-publications

British Journal of School Nursing
www.magonlinelibrary.com/toc/bjsn/current

England

Public Health England – *Overview of the six early years and school aged years high impact areas*
www.gov.uk/government/uploads/system/uploads/attachment_data/file/565213/High_impact_areas_overview.pdf

Department of Health guidance – *Getting it right for children, young people and families*
www.gov.uk/government/publications/getting-it-right-for-children-young-people-and-families

Public Health England – *Healthy Child Programme 0 to 19: health visitor and school nurses commissioning*
www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

Public Health England guidance – *Supporting public health: children, young people and families*
www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

NHS England – Mental health/children and young people
www.england.nhs.uk/mental-health/cyp

Northern Ireland

Northern Ireland Executive – Draft programme for government framework 2016–21 and questionnaire
www.northernireland.gov.uk/consultations/draft-programme-government-framework-2016-21-and-questionnaire

Northern Ireland Commissioner for Children and Young People
www.niccy.org

Northern Ireland Neighbourhood Information Service and Northern Ireland Statistics and Research Agency
www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=134&themeName=Health%20and%20Social%20Care

Scotland

Scottish Government – information guides and leaflets; statutory guidance; legislation and consultations
www.gov.scot/Topics/People/Young-People/gettingitright/publications

Scottish Government – *Good Places Better Health for Scotland's Children*
www.gov.scot/resource/0039/00398236.pdf

Scottish Government – Child and Adolescent Mental Health Services
www.gov.scot/Topics/Health/Services/Mental-Health/Strategy/Child-Adolescent-Services

Scottish Government – Children and Young People's Health Support Group
www.cyphsg.scot.nhs.uk

NHS Health Scotland
www.healthscotland.scot/population-groups

ISD Scotland
www.isdscotland.org/Health-Topics/Child-Health

The Scottish Public Health Observatory
www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool

Wales

Welsh Government – child and adolescent mental health policy and guidance
www.gov.wales/topics/health/nhswales/mental-health-services/policy/child-mental

Public Health Wales Observatory
www.publichealthwalesobservatory.wales.nhs.uk/home

Professional

Nursing & Midwifery Council – Standards of proficiency for specialist community public health nurses
www.nmc.org.uk/standards/additional-standards/standards-of-proficiency-for-specialist-community-public-health-nurses

Public Health and Department of Health – Health Visiting and School Nursing Products
www.ihv.org.uk/wp-content/uploads/2016/07/PHE_Table_of_published_products_v0.1.pdf

The Queen's Nursing Institute – School Nurses Supporting Young Carers Learning Resource
www.qni.org.uk/school_nurse_learning_resources/index.html

Appendices

Appendix 1 – School health profile

This appendix is an example only and should be adapted to meet the needs of the specific service and any relevant local guidance (if you use sections from the example, please reference the source in your template).

The school nurse will profile each school within her caseload and discuss the profile with the head teacher and relevant members of the school team. This discussion provides an opportunity to complete information relating to the health and social needs of an individual school population to target school nursing services to the areas needed.

Assessing the health needs of the school-aged population means using health information and consulting with children, young people and others who work in the school and the wider community.

The school health profile enables professionals to:

- gather evidence regarding the resources, need and priorities of the school-aged population
- identify inequalities in health which will impact on educational achievement
- prioritise groups of children in greatest need, and plan and deliver the most effective care through the nursing team and other agencies
- support children and young people and promote good health
- explore all services available through the school, health providers, social care and the third sector, to make best use of local resources
- work collaboratively with the school and other professionals to provide services accessible to the school-aged population
- measure impact on children and young people's health and educational outcomes
- influence local policy and priorities
- develop local partnerships.

Sample school health profile

This tool has been compiled from information provided in Section 2. It is an example only and should be adapted as appropriate, with the following credit: Based on the sample school health profile in the *RCN Toolkit for School Nurses (2017)*.

School (name):	
Address:	
Date:	
Updated:	
Type of school (tick all that apply)	Primary: <input type="checkbox"/> Infant <input type="checkbox"/> Junior
	<input type="checkbox"/> Secondary
	<input type="checkbox"/> Sixth form
	<input type="checkbox"/> Private <input type="checkbox"/> Academy <input type="checkbox"/> Local authority <input type="checkbox"/> Free <input type="checkbox"/> Other
	<input type="checkbox"/> Independent faith school
	<input type="checkbox"/> Special needs school
	<input type="checkbox"/> Behavioural support
	Other (please specify):
Summary of local health needs (Information can be accessed from ChiMat or the national public health observatory)	Consider:
	Health inequalities and levels of deprivation
	Number of children receiving free school meals (above Year 2)
	Family factors, such as unemployment levels, levels of smoking, parental mental health, domestic violence, parent in prison and single parent families

Summary of health and social care needs in school	Number of children with chronic health needs such as diabetes, epilepsy and asthma	
	Number of children with special educational needs	
	Obesity levels	
	Emotional and mental health needs	
	Behavioural problems in school (consider bullying, attendance, substance misuse, young offenders)	
	Number of looked after children and young people	
	Number of children with statement or EHCP	
	Number of young carers	
	Number of children with physical or sensory disability need	
	Range of physical and sensory needs identified (list):	
	Number of children whose first language is not English	
	Number of children from BME groups	
	Number of refugees/asylum seeking children	
	Number of children from travelling families	
Facilities available in school	This list provides examples of issues to consider, but the school may provide additional facilities. Assess the following in relation to health needs:	
	First aid/rest room	
	Drinking water/fountains throughout the school, accessible always	
	Healthy snacks and meals/vending machines with healthy snacks and drinks	
	Health and wellbeing information area	
	Sufficient toilets and handwashing facilities	
	Sanitary products for girls	
	After school activities	
	Playground facilities	
PSHE for all pupils		

School staff training	Are relevant school staff trained in:		
	First aid		
	Management of epilepsy		
	Severe allergy		
	Asthma		
	Supporting children with diabetes		
	Other (specify): (Please provide names and dates of training)		
Other agencies providing health and social care services in school	Agency/name of professional	Service provided	Contact details
Student feedback	What do the children/young people say about their school in relation to their health needs? Are there services they would like to see not currently provided?		
Additional information	This would include any information relevant to health needs. You may wish to consider whether relevant health data is collected here.		
Signatures and agreement to sharing school health information with other health agencies	School nurse		
	Name:		
	Signature:		
	Head teacher		
	Name:		
Signature:			

School health action plan

Activity/action	Lead professional	Comments/progress	Due date

We have agreed the above actions to be carried out by members of the school nursing team.

School nurse: _____ Signature: _____

Date: _____

Head teacher: _____ Signature: _____

Date: _____

Review date: _____

Plan completed successfully?

School nurse: _____ Signature: _____

Head teacher: _____ Signature: _____

Date: _____

Appendix 2 – Example of a school nursing assessment outline and assessment sheet

This appendix is an example only and should be adapted to meet the needs of the specific service and any relevant local guidance.

School nursing assessments: outline

When an appointment is planned, always have the child's community health records to hand to document and assess any relevant history.

- 1) Allow enough time for the assessment, up to an hour may be needed.
- 2) Take a thorough history. Following a pre-set list of questions may not help build a rapport with the child or their family, or find out what is really going on. The questions on the assessment sheet provide a guide to information gathering, which requires sufficient time for the parents and/or child to speak freely to develop a picture of what is happening in the family. In complex cases, it may be helpful to end the appointment once the history has been taken to assimilate information and formulate a proposed plan of care. The family or young person could be given a diary sheet to complete before the next meeting. Some children, parents and professionals have found it helpful to complete the assessment sheet together, or sometimes the sheet can be left with the child or parents.
- 3) As the appointment progresses, or in a second appointment, take time to discuss everyone's thoughts as this may inform suggestions and the child or parents may propose changes or have developed confidence to try new things. The aim is to formulate a plan through negotiation with the child and parents, which is realistic and achievable for the family. Consideration should be given regarding the appropriateness of the school nursing team providing interventions or whether referral to another service is required.
- 4) Ask parents and children to keep a diary between appointments as it is a useful way of assessing progress and identifying changes made or interventions used.
- 5) Arrange a follow-up appointment, where required.

School nursing individual health needs assessment

Name of school nurse:			
Date referral made:			
Who requested contact with the school nurse?			
<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Date and venue of assessment:			
Name:			DOB:
Address:			
Mobile no:		Tel no:	
Postcode:			
School:		Class/teacher:	
Parent/carer name:		Relationship:	
Family structure/significant others:			
GP:			
Address:			
Current diet - any specific needs or concerns:			
Emotional and mental health needs:			
Is the young person involved in risk-taking behaviour?			
Are there concerns about safety?			
People present at assessment:			
Who lives at home?			

Presenting concern/problem:			
How long has this been a problem and why seek help now?			
What have you tried already and what was the outcome?			
Brief medical history/current health needs/medication/other professionals involved with child and in what capacity?			
Recent life changes/significant events:			
Friendships/relationships at school/home:			
If you had three wishes about your current situation, what would they be?			
Child/young person:			
Parent:			
Other information (for example, other agencies involved, parental circumstances, special needs, language, disabilities):			
Action plan and person responsible for each point:			
Referrals:			
Consent for referral:			
Follow-up:			
Consent to share this information with:	<input type="checkbox"/> GP	<input type="checkbox"/> Child's school	<input type="checkbox"/> Other, specify
Name of nurse:		Signature:	
Date:		Contact number:	

Appendix 3 – Example referral to another service

This appendix is an example only and should be adapted to meet the needs of the specific service and any relevant local guidance from health, social care or education relating to referral, which may include use of online or standardised forms.

Referral to Child Adolescent Mental Health Services (CAMHS)

Consent for referral to CAMHS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Consent for CAMHS to inform school nurse of outcome: <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent's/carer's signature:
Parents aware of referral to CAMHS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for referral:
What are the specific difficulties that CAMHS may be able to address?
Any previous involvement with CAMHS?
Any previous involvement with social services?
If the problem presents itself at school, what has been the school's involvement and what action has been taken?

Appendix 4 – Example referral to school nursing service

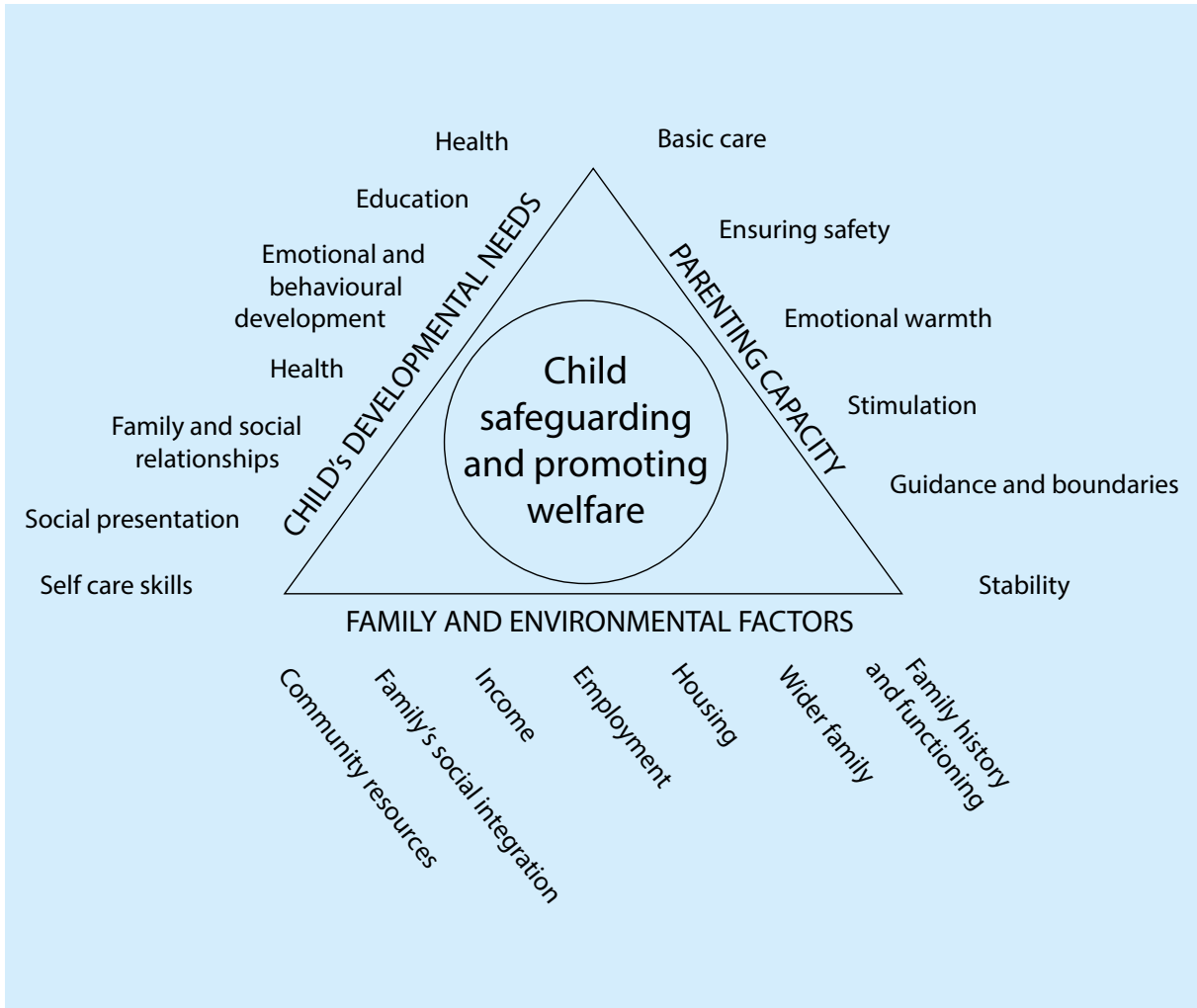
This appendix is an example only and should be adapted to meet the needs of the specific service and any relevant local guidance. Where local guidance lacks clarity, this example could be used to strengthen local guidance.

Community school nursing service referral form

Child's name: (please print)	School:
DOB:	Class/tutor group:
Address:	GP:
Parental/guardian consent given by: (name)	
Contact tel no:	
Reason for referral (please provide ALL relevant information. Continue on a separate sheet if necessary):	
Referred by:	Signature of referrer:
Teacher/SENCO/EWO/parent/pupil/other (please state):	Date of referral:
	Referrer's contact tel no:
Additional information:	
Does the pupil have a statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for statement:	
Does the pupil have additional education or health needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Behaviour at school:	
Behaviour at home:	
Attendance at school:	
Academic progress:	
Other agencies involved (please list):	

For school nursing service use only:	
Date referral received:	Allocated to:
Priority for assessment (please circle, add target date):	High Medium Low
Action taken: Telephone advice/appointment/home visit/staff training session/group session/other (please state):	
Acknowledgement letter sent to referrer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	
Acknowledgement letter sent to parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	
Date commenced:	Date completed:
Work ongoing: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Appendix 5 - Assessment



framework

Source: HM Government (2015) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*, page 22. London: Department for Education

Appendix 6 – Setting up a drop-in service

Before establishing a drop-in service, research local needs and whether there is a nearby drop-in service to which you could link. This information should be included in the school health profile, based on an assessment of local needs. It is important to involve young people in the development of the service, through consultation about services that they would like to see, and in participation with the setting up and evaluation of services.

Points to consider in advance

- Why set up a drop-in?
- Who are you targeting?
- What will it provide?
- When will it be provided?
- Where will the service be held?
- Who will staff the clinic? Are other agencies involved and are additional staff required?
- Who will train staff and manage the service?
- Is the environment suitable, accessible and welcoming?
- Is there sufficient private space to ensure confidentiality?
- How will the service be evaluated and outcomes reported?

The service should be confidential and easily accessible, providing advice and support for a wide range of health needs. There should be access to digital and written information in a variety of formats to support verbal information provided. Services provided should include health promotion to support young people to make decisions and take responsibility for their own health. Staff involved should have experience in working with children and young people, and the knowledge and skills required to provide health advice and support. Other agencies who might be involved include: youth services, drug and alcohol, counselling, careers, sexual health, police and justice and young carers services.

Aim of a drop-in service

A free, confidential, non-judgemental, open access service for young people, parents and carers, which provides help, support, guidance and advice on a wide range of health issues.

Objectives

- Improve young people's access to health services, information, advice and support.
- Provide a confidential service for young people.
- Provide a non-judgemental environment in which a young person can feel safe.
- Allow the young person to discuss worries, concerns or problems however small.
- Improve young people's sexual health and help them make informed choices.
- Give young people an opportunity to take responsibility for their own behaviour, health care and lifestyle.
- Improve general health and wellbeing of young people through behavioural change.
- Listen to, act upon and promote the views of young people.
- Improve, develop and promote the services provided, with signposting and referral to other services as necessary.

Core protocols and guidance

When establishing a drop-in service, it is important to have policies, protocols and guidance available from the outset, with staff trained in key areas of practice, such as safeguarding and confidentiality. If the service is held in school, it is likely that staff will be bound by school guidance, but special consideration should be given to confidentiality relating to health records and how information can be shared. If the service is shared with other agencies, it is important to agree guidance before the service commences. A partnership agreement should be established outlining all aspects of the service (outlined above), funding arrangements

and methods for monitoring and reporting outcomes from the drop-in.

Confidentiality

Confidentiality is an important factor in building trust between professionals and young people. Systems for recording and documenting consultations must reflect professional and legal guidance governing information sharing (NMC, 2015). This guidance must be reflected in practices relating to data collection and sharing for monitoring and evaluation of the service. Additional information can be found at:

www.nmc.org.uk

www.rcn.org.uk

www.ico.org.uk

Additional issues for consideration

Young people should be involved in the design and evaluation of the service. Methods for achieving this must be clear and realistic to ensure involvement.

Appropriate and adequate advertising and promotion of the drop-in service is important in the initial stages of setting it up. Getting young people involved in designing and producing posters and leaflets gives a sense of ownership. For a drop-in clinic to be successful, the service must be well publicised at regular intervals.

Information about access to the clinic should be widely available, with information provided in varied formats to capture all children and young people, including those with special needs.

Physical access to the clinic should ensure that the service is open to all children and young people in the area.

Appendix 7 – Example of a training tool

This appendix is an example only and should be adapted to meet the needs of the specific service and any relevant local guidance

Tool for training carers in clinical tasks

This training is undertaken voluntarily. There is no time limit on the training. School staff (teachers or teaching assistants) will not be expected to undertake the procedure unsupervised, until both the carer and trainer are confident in the procedure.

Method

- Verbal explanation of procedure.
- Observe the procedure until confident to move on.
- Supervised practice of procedure.
- Competent for unsupervised practice of procedure.

After training

- The teacher's or teaching assistant's name to be added to school database of staff trained.
- Support from nursing staff accessed as necessary.
- Updates on individual pupil's needs discussed and written in the care plan as necessary.
- Review of competence date set with carer.
- Annual general update for all staff (could be part of an inset day, if applicable).

Individual training record for (insert name of procedure here)

	Yes or No	Parent/carer signature	Nurse signature	Date
1. Have you been given a copy of the written procedure?				
2. Has the procedure been fully explained to you?				
3. Have the potential problems/difficulties been explained?				
4. Has the procedure been demonstrated to you (if so, how many times)?				
5. Have you undertaken the procedure with supervision?				
6. Do you have access to the pupil's care plan containing contact numbers for help/support?				
7. Would you know what to do if you came across a problem?				
8. Are you happy to undertake the procedure unsupervised?				
9. Review date set (one year maximum from signing)				
Review date:				
10. Do you have any further comments?				

Appendix 8 – Specimen contract

This appendix is an example only and should be adapted to meet the needs of the specific service and any relevant local guidance or contract requirements

Outlines details of the terms and conditions of employment as an independent school nurse.

This is a statement (which satisfies the requirements of the Employment Rights Act 1996) to set out the terms and conditions of employment agreed between:

1.1
of

and you, Mr/Mrs/Miss/Ms

of

1.2 Your job title is
(the duties of this job are set out in the job description attached to this statement)
Work address

1.3 Your employment starts on
Any previous periods of employment are not deemed to be continuous with this post.

1.4 Your salary is £
payable in arrears of (one week/month) on the date/day each month/week
The hourly rate is £
(in accordance with those recommended for nursing staff employed on national conditions of service in the NHS).
Information on both Clinical Grading and Agenda for Change pay bands is available at www.rcn.org.uk

Your salary band is £
to £
and is based on the NHS pay band
for
Your salary will be reviewed annually and adjusted in line with changes in the pay scales of NHS nursing staff.

1.5 The incremental date for your salary is
with your first incremental date on

1.6 Your basic hours of work are
per week, and your normal hours of attendance are

[Account needs to be taken here of rotas to cover hours required]
[Account needs to be taken here of pro rata employment ie the number of weeks per year that the nurse will be paid – term times only or term time + three weeks.]

1.6.1 The hourly rate for weekends/on call/sleep-in is
£
per hour/night

1.6.2 From time to time, nursing staff may be required to work overtime to cover for colleagues who are, for example, ill or absent. This will be remunerated at the normal overtime rate calculated as the normal hourly rate plus a half/two thirds/one of normal rate.

1.7 Paid annual leave entitlement is

weeks per year.

1.8 Statutory sick pay (SSP) will be paid by the employer to all employees who meet the eligibility criteria for SSP.

1.8.1 You will be paid your normal basic remuneration (less the amount of any statutory sick pay or social security sickness benefit to which you may be entitled) for

working days in total in any one sick pay year.

This runs from

to

Entitlement to payment is subject to notification of absence and production of medical certificates as required below.

1.8.2 Notification of absence due to sickness must be made as soon as possible on the first day of absence, with medical certification submitted if it continues beyond seven working days. The usual procedures for self-certified leave apply for sick leave under seven days.

1.8.3 Any accident or injury to a pupil, member of staff or public must be reported and entered in the accident book by the appropriate person.

1.9 In the event of a dependant falling ill, giving birth or being injured (as defined in Section 57A Employment Rights Act 1996, as amended by the Employment Relations Act 1999), compassionate paid leave may be granted. Paid leave should not generally exceed three days, but may be extended in cases of exceptional hardship by up to a further three days. This right is independent of your statutory entitlement to unpaid time-off for domestic emergencies provided in Section 57A Employment Rights Act 1996.

1.10 You will be entitled to parental and maternity leave in accordance with the relevant statutory provisions.

1.11 [If there is one] You are eligible to join the schools non teaching staff pension scheme. Ask your employer for details.

1.12 The length of notice that you are obliged to give to terminate your employment is

The length of notice that you are entitled to receive:

from

to

terminate your employment is

until you have been continuously employed for

and thereafter notice entitlement increases by

1.13 It is the school's policy to provide a safe and healthy workplace, and to enlist the support of

all employees towards achieving this end. It is recognised that overall responsibility for health and safety rests with the employer. However, employees should be fully aware of the potential health and safety hazards in the practice environment.

1.14 If you have a grievance regarding your employment you should refer to the grievance procedure where the disciplinary rules and disciplinary procedure are set out.

Please acknowledge receipt of this statement by completing the tear-off slip below and returning it to:

I acknowledge that I have received a statement of the details of my employment as required by the Employment Rights Act 1996 Section 1. I confirm my agreement that these constitute my contract of employment with

Signed

Dated

Appendix 9 – Specimen job description

The following job description will require adapting to the specific school and post involved. The suggested posts are of a school nurse working on their own, a school nurse in a team and a school nurse in charge of a team. An account also needs to be taken of the type of school (as suggested below).

Job title: School nurse/school nurse in charge

Responsible to: Head teacher/deputy head teacher/head of pastoral care

Accountable to: Head teacher and school governors

Professionally accountable to: Designated senior nurse

Professionally relates to: The School Medical Officer (MO), practice partners of MO, practice nurses of MO (or if no MO, a designated senior nurse)

Organisationally relates to: Head teacher, deputy head teacher, bursar, head of pastoral care, head of boarding, house matrons, sports coaches

Purpose: To provide a clinically effective, high-quality service of nursing care to pupils and first aid care to all members of the school community

Senior nurse

The post holder will use research-based practice to plan, deliver and evaluate school nursing interventions throughout the school. The post holder will also be responsible for the strategic development of the health centre in line with recommended best practice guidelines from the RCN, Boarding Schools' Association (BSA) and Commission for Social Care Inspection (CSCI).

Description of the school: (as appropriate)

Personal qualifications

- **Knowledge/qualifications:** professional nursing qualification – a registered children's nurse with relevant post registration experience or a registered adult nurse, registered mental health nurse or registered

learning disability nurse on part 1 of the NMC register who has completed a specialist practitioner school nurse qualification. Knowledge and experience of providing first aid and the care of children with chronic illnesses.

- **Management:** experience and skills (for senior school nurse posts where leading a team).
- **Communication:** clear, concise, timely and appropriate oral and written communication.
- **Sensitivity:** listens well and understands others' needs and perspectives.
- **Self motivation:** meets objectives on own initiative, committed to continuous self-development, willingness to attend appropriate ongoing training/updating.
- **Teamwork:** flexible, co-operative, helpful, self-aware, collaborates well, ability to work alone and as part of a team.
- **Organisation:** systematic, efficient, meets agreed priorities.
- **Response to change:** investigative, adaptable, prepared.
- **Technical skill:** good basic keyboard skills.
- **Physical:** able to undertake all the physical requirements of the post and use equipment, according to health and safety guidelines.

Key responsibilities:

1. Management/professional (most of this section would be applicable to a nurse working on their own or a senior nurse).

This will include to:

- adhere to the NMC The Code: Standards of conduct, performance and ethics for nurses and midwives and be conversant with the Scope of professional practice and other NMC advisory papers
- use evidence-based practice to develop and maintain a high quality of nursing care to the pupils

- ensure that a code of confidentiality is developed and adhered to.

Senior nurse responsibilities

- Be responsible for appropriate development of protocols and patient group directions.
- Act as a role model and motivator for other members of the team.
- Be responsible for the smooth and efficient running of the health centre, ensuring efficient systems and processes are in place.
- Be responsible for the recruitment and development of nursing staff.
- Ensure that all nursing staff have personal development and appraisal plans.

2. Nursing

To provide a high standard of service within NMC guidelines to pupils, members of staff and any visitors while on site. This will include to:

- organise and run nurse drop-in clinics during span of duty (within agreed level of competence)
- ensure care plans are developed and written for pupils requiring them, in liaison with pupils, parents, and (boarding house staff)
- provide first aid and emergency care and treatment as necessary – this includes maintaining stock of all school first aid kits
- provide a confidential counselling and health advice service as appropriate
- carry out child and adolescent surveillance programmes in conjunction with the rest of the nursing and medical team
- follow good practice and specific directives on immunisation procedures relevant to the school population and individuals
- operate procedures for control of infectious diseases
- follow procedures for the safe disposal of clinical waste
- be aware of recommended safe storage, usage and disposal of medical supplies and drugs

- maintain treatment room stock, hygiene and tidiness.

Boarding school

- Organise doctors' surgeries, including advising pupils to attend and referring to MO as appropriate.
- Arrange for boarding children to attend any medical, dental or other health appointments as necessary.
- Assess, implement and evaluate in-patient care of pupils admitted to health centre (within agreed levels of competence).
- Maintain safe storage, usage and disposal of medical drugs and supplies.

3. Health education

This will include to:

- promote health education throughout the school population
- take part in the delivery of PSHE, to support teaching staff as appropriate
- ensure the provision of, and access to, a range of publicity materials on issues relating to student health
- keep up-to-date with current health promotion initiatives
- teach first aid and clinical skills to support workers, carers and school staff as required to meet the needs of the school population. Monitor staff competence with these skills.

4. Administrative

This will include to:

- maintain medical records accurately, confidentially and safely
- keep nursing records to a high standard ensuring the accurate and rapid retrieval of information
- record dispensing of drugs following drug protocols
- maintain general office procedures.

Senior nurse

- set up and organise school medical examinations and other surveillance audits.

5. Health and safety

This will include to:

- have an involvement and awareness of health and safety issues within the school affecting staff, children or the environment
- keep records of reported accidents.

6. Liaison*Internal*

This will include to:

- work closely with other members of the health centre team to ensure seamless and continuous care, and with parents, academic staff, and school office staff and all other departments as necessary.

Boarding school

- Boarding and day housemasters/mistresses, junior boarding staff.

External

- School health advisers and other members of the primary health care team.
- Social services where appropriate.
- Doctors, health centre staff and pharmacy (as appropriate).

Boarding school

- Appointments and admission staff for consultants, orthodontics, dentist and opticians.

Hours of work – for example, to include: This job is open to job share. This is a full-time position and the post holder is expected to manage their own time, working flexibly to meet the needs of the service. The hours involved are Holiday entitlement is It is expected that the post holder will work the week before term starts to ensure that the health centre is prepared for the necessary service provision during the term.

Appendix 10 – Specimen job advert

This appendix is an example only and should be adapted to meet the needs of the specific service and any relevant local guidance.

**School
logo**

Name of school/college is a [insert type of school/college] for pupils aged

School nurse **Full-time/part-time or hours of work** **Salary scale – pro rata**

The health centre provides a high standard of health care and welfare support for our pupils. We are seeking to recruit an enthusiastic registered nurse to join our team providing a holistic approach to the care of pupils, which includes health promotion, PHSE and minor injury assessment.

Suitable applicants will be registered nurses (RN Child) either on part 1 of the NMC register with relevant post-registration experience or on part 1 (RN Adult) and possess a specialist practitioner school nurse qualification. Knowledge and experience of providing first aid and the care of children with chronic illnesses will be advantageous.

Informal discussions about the opportunity are welcomed. Please telephone

Interviews will be held on

An application pack can be obtained by

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excellence in practice and shapes health policies

RCN Online
www.rcn.org.uk

RCN Direct
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