

<https://saphna.co/?s=case+studies>

Winning of national awards:

<https://www.boltonft.nhs.uk/2020/10/school-nurse-is-top-student-too/>

<https://saphna.co/news/award-winning-public-health-nursing-service-digital-offer-covid-19/>

And the huge rise in media interest and published articles, which we have been delighted to contribute to and facilitate:

<https://www.rcpch.ac.uk/news-events/news/what-does-school-nurse-do>

<https://www.walsallhealthcare.nhs.uk/news/2020/09/06/invaluable-support-for-walsall-families-and-schools/>

<https://www.oxfordhealth.nhs.uk/news/school-nurses-are-there-for-oxfordshires-young-people/>

<https://www.nursinginpractice.com/views/school-nurses-sometimes-feel-like-they-are-wading-through-treacle/>

<https://rcni.com/nursing-children-and-young-people/newsroom/analysis/back-to-school-how-school-nurses-have-coped-new-term-challenges-168146>

As part of a focus on Public Health, the Local Government Association also agreed to video's showcasing the very best of Health Visiting and School Nursing practice. These will be launched in November. Having seen the drafts, we are very excited to share soon too!

Alongside SAPHNA's tireless efforts and on the back of this raised profile, we've also had another significant win insofar as the two largest School unions have given their written and active support to SAPHNA's ask of the Governments Comprehensive Spending Review, for a minimum of 3,000 additional school nurses. We are meeting with them soon including our partners, the Local Government Association and the Association of Directors of Public Health, to decide on next steps in our joint lobbying for **urgent** investment!

<https://saphna.co/news/saphna-welcome-the-support-for-their-submission-to-the-comprehensive-spending-review-from-teachers-unions/>

The anticipated tsunami of mental health issues, safeguarding, child protection and much more, has, as predicted, come to fruition with children and young people having suffered some significant trauma and harm during the lockdown and the ongoing impact of COVID 19. Our resources don't allow us to give the service needed however, there are heartening stories of service redesign, strengthened partnership working, pausing of KPI's in negotiation with Commissioners and additional monies/commissions being given to services. Critically, we have the support from CNO Ruth May and Viv Bennett, PHE that no Health Visitor nor School Nurse should be redeployed as we move into the second phase of COVID19; we are essential to working on 'the other front line'. <https://saphna.co/news/phe-letter-r-e-hvs-and-sns/>

In recognising the need to capture the best of our service models and advance research, we have recently appointed two academic advisors, and welcome Heidi Fewings and Paul Watson to our board. Keep an eye on our website to play your part! <https://saphna.co/?s=research>

And, to bring all of this and more, we have now decided to hold our annual conference across two half days: January 12th and 13th. We will post the exciting programme on our website in the very near future. Meantime, if you are not a member yet, do take a look at our benefits section and join as an individual or, as many more are now doing, join as a Corporate member <https://saphna.co/get-involved/join-saphna/>

SAPHNA are also delighted to stand side by side with our nursing colleagues Professional Organisations joint letter to our Government to fund free school meals during school holidays. We will, as ever, continue to lobby against all poverty including holiday hunger <https://www.qni.org.uk/news-and-events/news/nursing-organisations-join-calls-to-extend-free-school-meals/>

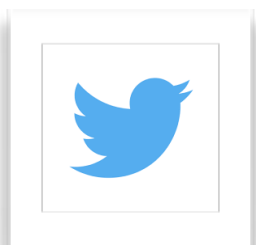
Finally, and most importantly, the feedback from our partners, parents, children and young people has been so very positive and encouraging. As we know, it's so very hard to evaluate much of our work in a short period, however, please take comfort in knowing that you **are** making a difference, however small, at each and every contact you have.

In the 200th anniversary since her birth, according to Florence Nightingale, 'many of the problems faced by the patients are not directly related to their ailment but the environment in which they're living'

As School Nurses we have so much to give to this agenda!

Do take care of you whilst caring for others and stay safe! <https://www.england.nhs.uk/ournhspeople/online-version/lfaop/support-during-covid/>

By Sharon White OBE



Tweet us...

@SAPHNAteam

@SAPHNASHARONOBE

ICON: Babies cry, you can cope is a programme that is spreading throughout England designed to support parents and carers cope with a crying baby.

This is as part of an approach to prevent Abusive Head Trauma (AHT) in babies who we know are sometimes shaken as people caring for them are unable to cope with the sound of a baby crying. The incidence of AHT is not falling and we know that helping parents cope with crying will be a preventative measure. There is a need to ensure men get the ICON message as we also know that most babies who are shaken, are shaken by men.

The ICON message is simple and is a mnemonic that stands for:

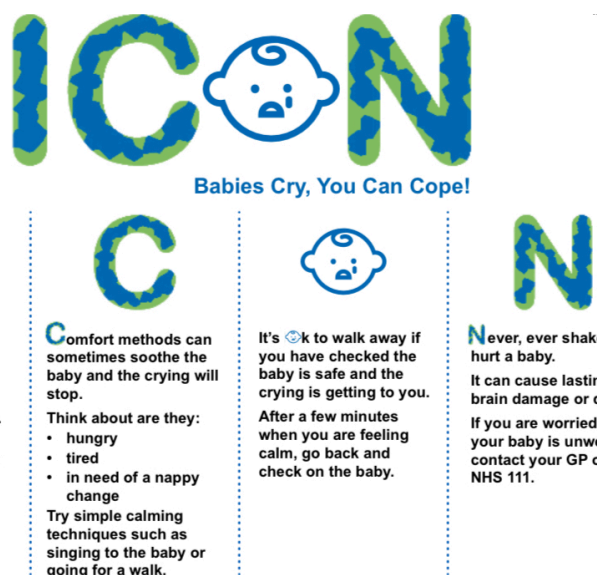
Infant crying is normal and will stop
Comfort methods will sometimes help and the crying will stop
 Its **OK** to walk away for a few minutes when the baby is safe and the crying is getting to you

Never ever shake or hurt a baby (see image below)

The first phase of the ICON programme includes primary preventative touchpoints within the first six to eight weeks of a baby's life when all babies start to cry more. Now that this phase of the programme is becoming more embedded within the country, we are now keen to push forward with the next phase of the programme which includes reaching out to young people in high school to ensure they get the message so they too can cope with a baby's crying when they are caring for siblings, babysitting or looking after their own children. This has always been a recommendation for the programme development and now is the time for us to start exploring it at pace.

Coping with a crying baby is harder at times of stress and hardship. Coronavirus has certainly introduced that to many parents and carers which makes the sharing of the ICON message at this time even more important.

ICON includes an active social media campaign on FaceBook, Twitter and LinkedIn. SAPHNA members will start to see more of these posts appear with a SAPHNA tag.



The ICON National Steering Group is looking forward to working in collaboration with SAPHNA in driving forward this important work to support parents and protect babies.

Could newly-qualified Nursing Associates play a key role in the future of School Nursing?

By Heidi Fewings Lecturer in Nursing, University of Hull

The developing role of the Nursing Associate continues to provide an abundance of added value across the Healthcare workforce.

They receive high-quality training, across all fields of nursing, which allows them to learn the highest professional standards and values needed to forge a successful career.

Having been exposed to nursing children, adults, people with learning disabilities and mental health issues (to name just a few), it's safe to say that Nursing Associates have a broad spectrum of knowledge.

Not only do they study up to Level 5, they also have the option to progress further by completing an extra year to achieve Registered Nurse status, if required.

With such a varied skill mix on their CV, there's no doubt they have the experience to complement the existing workforces in School Nursing teams.

School nursing is crying out for team members who can demonstrate that they have the ability to support children and their families.

Nursing Associates are used to working in complex situations and boast experience of supporting both adults and children who may have mental health issues or learning disabilities.

Having successfully completed their Foundation Degree studies, Nursing Associates are usually encouraged to apply for a suitable Band 4 role.

Some of the fortunate applicants will manage to achieve this. Hopefully, in a position which is a great first step in a long and fruitful nursing career.

However, those who do not secure a suitable Band 4 role often end up being employed as a Band 2. In most cases, this role does not need a skillset as high as those displayed by a newly-qualified Nursing Associate.

Having already undergone a great deal of diverse training, and soaked up a breadth of on-the-job work experience, this is probably not the best use of their skills or qualifications.

Throughout their studies, they've been employed as a Health Care worker (Band 2) in a hospital setting. As a result, they know the protocols and systems in place – and can competently work in roles to promote health and prevent ill health. This built-up knowledge means they have the skills and ability to confidently put their hand to any situation. More importantly they are registered and accountable to the NMC.

Working under the direction and supervision of a Specialist Public Health Nurse, they could easily develop from a Nursing Associate to become a registered School Nurse.

With two years of Nurse training already completed, they would only need to commit to a two-year top up to become a fully-qualified School Nurse.

Creating this pathway is not just good for the people who've worked hard to kick-start their Nursing careers, it's also positive for the School Nurse profession, which would benefit from a continual stream of highly-qualified team members.

URApp- Introducing a new smartphone app to aid adherence to bladder training in young people with urinary incontinence and urgency

By Dr Carol Joinson, University of Bristol

A research team at the University of Bristol, led by Dr Carol Joinson, has developed a smartphone app (URApp) to aid adherence to bladder training in young people (aged 10-19 years) with urinary incontinence (UI) and urgency. They co-designed URApp with extensive input from young people and clinicians, health psychologists, health technology design experts, and app developers.

There is evidence that bladder training can be effective, but success strongly depends on adherence, self-motivation and clinician support. URApp is designed to support young people to adhere to bladder training by allowing users to set goals for their daily drinking and by providing discreet reminders to help them establish a regular schedule of drinking and toilet visits.

URApp also provides a diary function to record daily drinking and toilet visits, and personalised feedback to enable users to

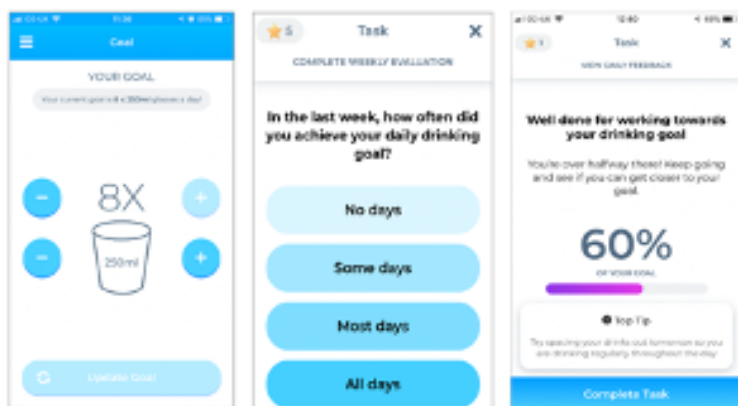
track progress towards their drinking goals. URApp gives 'rewards' (stars and trophies) to motivate young people to keep using the app and to achieve their drinking goals.

Please visit <http://urapp.org.uk> to:

- Download the URApp for free (available for iOS and Android)
- View the URApp user guide
- Access information about how **URApp** was developed
- Find resources to support young people with daytime wetting

The research team hope that School Nursing Services will use and promote URApp widely with young people who are experiencing UI and/or urgency, and share URApp with key stakeholders including continence nurses and GPs. Young people who have tried URApp found that it helped them to manage their daytime wetting.

"It got a lot better. During the day I stopped having accidents. My symptoms were getting better each week"



The team is currently planning to evaluate URApp in paediatric continence clinics to test its effectiveness in improving adherence to bladder training.

Please email any feedback about URApp to Dr Carol Joinson at the URApp Mailbox: uob-urapp@bristol.ac.uk

ChatHealth's Response to COVID...

Impact Report 2019/2020: An Integrated Digital Offer for Families, Children and Young People



HEALTH FOR TEENS

Health
FOR KIDS!

Health for
Under 5s

[Read our Impact Report](#)

We're delighted to share the latest [ChatHealth Digital Offer Impact Report](#), looking back at its impact in 2019/2020 and the recent response to the COVID-19 pandemic.

The report includes a '[Spotlight on School Nursing](#)' report about the amazing work being undertaken by School Nursing teams at some of the 50 NHS Trusts using these integrated digital innovations to improve service access for children and young people - which have provided a real lifeline during the pandemic.

As the NHS looks to provide more digital support for service users, there is significant interest and uptake from healthcare teams in our secure text messaging platform, ChatHealth (www.chathealth.nhs.uk).

Healthcare teams are also getting involved in running local pages on the public health websites Health for Teens (www.healthforteens.co.uk) and Health for Kids (www.healthforkids.co.uk). We're excited for Health for Under 5s (www.healthforunder5s.co.uk) to complete the family of websites to support 0-19 services.

You can [read the full Impact Report here](#)

Please get in touch with me if you would like more information about setting up ChatHealth or local pages on the 'Health for' websites.



ChatHealth Integrated Digital Offer webinar: Spotlight on School Nursing

In this webinar, the ChatHealth digital development team at Leicestershire Partnership NHS Trust will talk you through their latest [impact report](#), demonstrating its need, demand, uptake and positive impact on our children, young people and families' health and wellbeing.

You will learn how the award-winning ChatHealth Integrated Digital Offer has provided a real lifeline for vulnerable service users during the COVID-19 pandemic, whether they have sent a message to ChatHealth for confidential advice from a public health nurse or sourced age-appropriate and trusted content across the national and local pages on the Health for Teens, Health for Kids and Health for Under 5s websites.

[Email ChatHealth to book your place](#)

**SAPHNA are, once again, delighted to co-host this webinar with
ChatHealth 17th November 13:00**

The Lancaster Model ® is now live!



The Lancaster Model



The Lancaster Model- September 2020 – V2 launched

We are delighted to share the news that V2 of The Lancaster Model ® is now live!

The Lancaster Model®

Initially created in 2008, The Lancaster Model's proactive approach is designed to ensure that children, Young people and their families have their needs assessed at key stages and to support the SPHC community in delivering the Healthy Child Programme using an research and evidence based methodology.

2012 brought the launch of the Dept of Health's "[Getting it right](#)" with The Lancaster model shown as an example of "What does good look like: Using and Evidence base"

In 2014 the TLM went digital enabling online delivery of the model's sustainable health needs assessment element. It ensures that all children, young people and their families receive a health and development review at set life stages, without having to have a face to face meeting with a professional.

As part of the Lancaster Model's approach , regular reviews allow for feedback and improvements and as part of this ongoing commitment to innovation and high quality. To deliver on these, 2020 brought a new Information Technology Partner, Aire Logic Ltd who are committed to improving the relationship between technology and clinical practice. [Forms4Health](#) is a great example of the innovative products they have created and this is now a major part of the new TLM!



The new system, with a second upgrade to follow in 2021, will continue to allow School Nurses to promote and protect the health of children in the developing years. With its new child friendly format and images, and its focus on improving outcomes, we believe it's a service that is in synch with the way children young people and families live their lives.

For more information visit thelancastermodel.co.uk



Let Technology Take You to New Ways of Working

School Nursing teams across the country are realising that they need to embrace new ways of working to safely support their children. There's more work to be done across all schools and in all areas. It seems a daunting task.



More, More, More ...

Yes, it's looking like more of everything come the Autumn, except budget, of course. More vaccinations as the flu campaign reaches more children. And we expect uptake to improve across all campaigns as health is now a higher priority for all.

Other than [immunisations](#), we also expect a greater demand for [health needs assessments](#) as well as, according to local priorities, managing the [NCMP](#), [vision screening](#) and [hearing screening](#) for reception children.

Unless we're careful, this'll lead to more pressure being put upon the 0-19 teams. Technology can help you ease the burden of this workload.



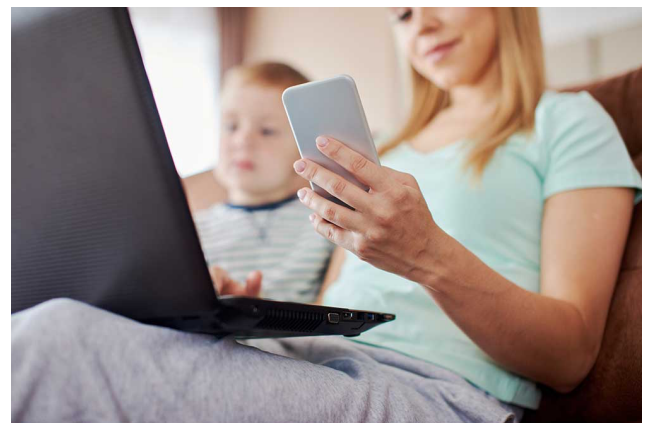
Let Apps take the Strain

Technology's here to help. You really can deliver more service without more funding or staff. The SchoolScreener suite of products all dramatically reduce the time effort and money involved in delivering child health campaigns. You can:

1. Automate Administration

Release more time to care by automating all that admin. Reports to management. Reports to commissioners. Governance. Consent. Parent communications. All can be automated quickly, easily and inexpensively.

[Learn more.](#)



1. Work Safely

Minimise the time needed in schools and the office to support remote working. Reporting from SchoolScreener products automatically identifies workload progression and it's easy to switch tasks between teams and team

members according to resources, priorities and staff availability.

[Learn more.](#)

1. Cut the Cost of Parent Communications

Printing and delivering letters to parents is time-consuming and expensive, we all know that. Save on paper, print and distribution costs by moving parent comms online, via the SchoolScreener Parent Portal. Letters, consent, health information leaflets all distributed to the right place, instantly, with no need for paper. Now available with all our products.

[Learn more.](#)

1. Identify Mental Health Issues

An unwanted but expected side-effect of the lockdown is a spike in child mental health

problems. Until now, it's been difficult to identify rapidly those in need of help. Check out [SchoolScreener Health Needs](#), our new, proven online health assessments for children of all ages. We can help you with adding in age-appropriate mental health questions to reveal those in most need of your attention. It'll help you identify issues, prioritise responses and release more time to care.

[Learn more.](#)

Remote working and a greater use of technology in the school nursing workplace are here to stay. Choose your tech wisely, to support as many of the functions you fulfil as you can. [Find out more](#), [start a discussion](#) or come along to one of our [free webinars](#).


eConsent Available

SchoolScreener® is university-developed software to manage child health data and screening, cost-effectively. It's been used with over a million children.

Developed in the UK, SchoolScreener® is designed for school nurses and Band 2/3/4s to use.

It's proven at scale, it's low cost and it's quick. Implementation and support are tailored to your locality needs.

From eConsent to all Administration, SchoolScreener® Delivers



Military Families and the role of the SCPHN

By Paul Watson, Lecturer in Mental Health Nursing and SCPHN, Northumbria University

Military families are exactly the same as their civilian buddies but are very different. The UK has 170,000 children and young people from military families. Several authors explain this population of children and young people are often portrayed as a stereotyped group, rather than a multi-layered complex and heterogeneous population. Children of a serving military person have been associated as having a unique subculture and cultural identity. The strict, organisational discipline may not seem appealing to the civilian population but, to military children young people and their families this is sometimes all they know. Whilst this may sound negative, the foundation of these comments are that these are the foundation of a 'forever' community.

Military families have been described as a community who are "culturally rooted in a society that values individuality, family, community and nationality" which could be a reason as to why it is sometimes hard for 'outsider' to engage with the military family.

As stated by Williams and Mariglia (2002, p. 69) military families are a "highly structured society which requires that all members of the military family be accountable for their actions.....and the military community requires soldiers and their families to follow certain patterns of conduct". By following a pattern of conduct it presents as an unwritten law on how to act within the military community, allowing a sense of "we know what is expected of us, so lets get on with it!" it provides a commonality amongst strangers.

Military children and young people tend to bond quickly due to their shared experiences, the difficulties they collectively face and loyalty to the service family. The military community could say that it is not defined by geographical location, but that of a shared set of morals and values, based strongly on pride – it is belonging.

<https://www.youtube.com/watch?v=EDTGIKG59mE>

There are however a number of issues which military families face compared to their civilian counterparts. Moving or 'being posted' from one location to another present a real time difficulty when it comes to meeting their education, connection with family and friends and their health needs; not forgoing the rate of transition in and out of community health centres and the paperwork this will create – worth noting – when a whole regiment move there could be 100+ children and young people moving out and three weeks later 100+ more moving in, oh the paperwork!

Moreover, an important note; due to clinical commissioning being localised, service provisions may be different in different areas; whilst the Armed Forces Covenant supports the moral obligation to not disadvantage those who serve along with their families, many children and young people with health needs don't always get the service they require, which unintentionally puts them at a disadvantage. Therefore, as SCPHN School Nurses we must be mindful of specific needs and family aspirations when supporting this unique population.

Whilst this is a brief overview of military families please do follow the links provided For more information or for additional support and advice please contact the below links.

[For more information on Military families please see the contacts and links below...](#)

Paul Watson – Paul5.watson@northumbria.ac.uk

Kerry Riley – Kerry.riley@botlonft.nhs.uk

Hiedi Fewings - H.Fewings@hull.ac.uk

Craig Johnson <mailto:EPAS.NurseAdvisor@modschools.org>

<https://www.armedforcescovenant.gov.uk/>

<https://www.england.nhs.uk/commissioning/armed-forces/>

<https://www.nhs.uk/using-the-nhs/military-healthcare/welfare-and-support-for-families-of-serving-personnel/>

<https://www.e-lfh.org.uk/programmes/nhs-healthcare-for-the-armed-forces/>

<https://www.midlandsandlancashirecsu.nhs.uk/wp-content/uploads/2019/04/VETERANS-GUIDANCE-2019.pdf>

<https://www.forces.net/military-life/families/kids-who-care-young-carers-military-community>

<https://www.childrenssociety.org.uk/sites/default/files/2020-10/young-carers-armed-forces-families.pdf>

https://researchportal.northumbria.ac.uk/files/30370471/SSOP_Annual_Camp_Narrative_Evaluation_2019_FINAL_edit_26.06.2020.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/479525/2903829_PHE_Military_Families_Accessible_v0.2.pdf

A look at what it means to be a young carer in the Armed Forces community

A 12-year-old girl has told of her role as a young carer for her autistic brother - as a children's charity promotes a resources toolkit for Armed Forces' families.

Grace, aged 12, is one of the many young people from a military family who acts as a carer for a loved one in the family – and one of more than 800,000 children and young people across the UK, some as young as five, who are caring for family members with additional needs.

She not only cares for her autistic brother Adam but also looks after her other brother Jacob to support her parents when they have other errands or responsibilities to take care of.

However, Grace is not fond of the term 'carer' herself, saying:

"I find the term to be very formal, almost as if referring to someone who's in no way related to Adam."

Grace (12)

Grace also helps Adam with his homework, packed lunch and helps get him ready for school – but she does not think of herself as a carer, more just someone who loves her family and is willing to help out.

She is not yet a teenager but is already taking on responsibilities that would usually fall to an adult parent or guardian were it not for the demands of modern working family life, particularly in military families.

Grace spoke to [Army&You](#) magazine - the Army Families Federation's flagship publication - as it was revealed that data obtained in a study by The Children's Society on young carers in the Armed Forces indicated that there are at least 512 young carers in military families, although this figure is thought to be underestimated.

Anyone under 18 who regularly helps care for a family member with an illness, additional need or disability, is considered to be a young carer.

Care can include a range of activities that support someone such as cooking, cleaning and helping someone wash and dress.

Anyone aged 16-25 will be considered an adult young carer.

Research suggests many children and young people do not think of themselves young carers, despite caring for a family member.

Grace, speaking to Army&You, said: "I'm just a sister trying to help my younger brother. Sure, it isn't easy - and sometimes we fight like cat and dog - but it's also a joy as he is so clever, funny and super talented.

<https://www.forces.net/military-life/families/kids-who-care-young-carers-military-community>

News

A recent blog from Public Health England's Wendy Nicholson, helps guide us to the restoration of our services

<https://publichealthmatters.blog.gov.uk/2020/10/14/restarting-public-health-programmes-for-school-aged-children/>

The Nursing and Midwifery Council are reviewing the standards of proficiency and the associated programme standards we set for these roles. This is to ensure practitioners are equipped with the knowledge, skills and attributes they need to deliver high quality care now and in the future.

SAPHNA are an active part of this work and would encourage you all to have your say. Do get involved directly with the NMC <https://www.nmc.org.uk/education/programme-of-change-for-education/reviewing-our-post-registration-standards/get-involved/>

or send us your views via <https://saphna.co/get-involved/have-your-say/>



Evelina
London



Guy's and St Thomas'
NHS Foundation Trust

Chronic Health Needs Awareness

25 – 27 January 2021

The **Chronic Health Needs Awareness** seminar brings together experts from across Evelina to share the latest guidelines, evidence, good practice - and where relevant - the impact of Covid-19 on the management of chronic conditions in children and young people.

The seminar is ideal for practitioners working with children attending educational provision.

Allergy

Asthma

Constipation

Continence

Diabetes

Eczema

Epilepsy

Sickle Cell

Sleep

The World Health Organisation, with whom we have key and sustained links, are asking us to complete their survey:

The purpose of this survey is for the World Health Organization (WHO) to better understand the activities school health providers have been engaged in related to COVID-19, learn what school health providers think would be the best use of their time and capacity, and identify resources they need

<https://saphna.co/news/world-health-organisation-school-nursing-survey/>

RSHE implementation guidance 'Plan your Relationships, Sex and Health Education curriculum' and teacher training materials

Modules / landing page: <https://www.gov.uk/guidance/teaching-about-relationships-sex-and-health>

Implementation guidance 'Plan your Relationships, Sex and Health Education Curriculum': <https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum>

The future of public health: the National Institute for Health Protection and other public health functions

<https://saphna.co/news/the-future-of-public-health-the-national-institute-for-health-protection-and-other-public-health-functions-gov-uk/>

Childhood Flu Season resources and FREE training

<https://saphna.co/news/childhood-flu-season-resources-and-free-training/>

The Revised Childhood flu immunisation programme

<https://www.gov.uk/government/publications/vaccine-update-issue-313-september-2020/vaccine-update-issue-313-september-2020>

Remember the dates 12th and 13th January 2021 SAPHNA Annual conference online

