School Nursing: Creating a healthy world in which children can thrive.

A Service Fit for the Future

SAPHNA
SCHOOL AND PUBLIC HEALTH NURSES ASSOCIATION

> ***"Very informative, makes you re-think everything but doesn't make you think you are a bad parent."***
>
> Parent feedback from School Nurse led Parenting Group

> ***"Very good, enjoyed talking about feelings and emotions and being able to share experiences with other parents."***
>
> Parent feedback from School Nurse led 'Understanding your child's emotions' workshop

> ***"The School Nursing service knows which children and young people are Home Educated. They ensure that they can opt into the available support, should they require it. The service makes available additional support for those children with an identified and/or safeguarding need."***
>
> Ofsted Safeguarding Inspection feedback, 2019

> ***"Thank you for letting me discuss the problems that I had in Year 7 and how I can change my behaviour."***
>
> Feedback from a young person, who attended a health assessment

> ***"A really good nurse who explained everything and was really good with our son."***
>
> Feedback from a parent who attended a health assessment

> ***"Thank you so much for teaching us and helping us in the FRIENDS group... I really enjoyed the books and games... it's been such fun."***
>
> Feedback from a young person, School Nurse led Resilience Group

> ***"You encouraged me to drink more and go to the toilet, you made me feel better and happier."***
>
> Feedback from a child, attending a bedwetting assessment

> ***"I am writing to express my enormous thanks for your support today in delivering a workshop to our students. Thank you for engaging with them and making the session productive and entertaining. The students all found it extremely helpful."***
>
> Teacher feedback following health education session in school

> ***"It really helped me to think of ways to support pupils and I look forward to sharing the resources with staff and using them with our children."***
>
> Teacher feedback from Mental Health Training

> ***"It really helped me understand a lot about my stuff and then consider what is best for me."***
>
> Feedback from a young person, who attended a health assessment

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Foreword

As we emerge from and through the global pandemic of COVID, this, our Vision for School Nursing clearly articulates how School Nursing services should be designed, delivered and constantly evolve, set against a plethora of rich and emerging evidence, to enable us to deliver on our preventative public health nursing role thus improving the health and wellbeing of children and young people.

In developing this Vision and our recommendations, we have taken into consideration the views of our partners including the refresh of the healthy child programme, therefore, we are confident that the SAPHNA vision is ambitious and current.

School Nursing is a workforce that is skilled, knowledgeable, experienced and, vitally, trusted by our families and stakeholders, who, with the required investment, can significantly contribute to a number of cross-Governmental priorities.

To name but a few, these include an upstream approach to addressing the alarming and escalating state of our children's mental health, gang violence and knife-crime, the increasing childhood obesity crisis, the fall in the uptake of immunisations and re-emergence of childhood diseases such as measles, School nurses have a key role in supporting education in their mandatory functions including pupil's with increasing medical needs in schools and statutory provision of relationship and sexual health education and much more.

In the rapid service redesign of School Nursing services during COVID19, it became clear that as a workforce, School nursing was no stranger to the use of technology having, over the last decade, in many cases, led the way in using this to digitally engage and work with children, young people, families and stakeholders to good effect. They have successfully optimized this, further enhancing their offer for many. A wide and varied example of School Nursing practice, including their digital offer, is evident in the appendix case studies.

The need and value placed on School nursing during COVID 19 has become increasingly evident, gaining extensive support, resulting in calls from the Local Government Association ,the National Association of Head Teachers, the Association of School and College Leaders and, our now Secretary of State for Health and Social Care, Sajid Javid[24].

We call on the Office for Health Improvement and Disparities to conduct rigorous financial and workforce modelling that can be utilised by Government to inform their commitment to support full, quality, and safe universal service delivery. The impact of this will, of course, directly benefit our children and families, however, also across the wider health, education, and social care system; the cost savings in terms of both mortality and morbidity could be enormous! Reduction in attendance at A&E, in safeguarding of children, of being taken into care, entering the youth justice system, improved attendance, attainment, and less exclusions from school… the improved lives of children and young people; priceless!

Sharon White OBE.
Chief Executive Officer,
School and Public Health Nurses Association (SAPHNA)

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FOREWORD

We are pleased to introduce SAPHNA's vision for School Nursing in England, providing evidence of the ways in which a properly funded and consistent School Nursing service based on the principles of proportionate universalism within an integrated and collaborative system, can make a significant positive difference to children, young people and families.

This document celebrates and demonstrates the skills and talents of School Nursing across the country shaping services around the real needs of children young people and families and provides recommendations for ways in which this vision can be realised.

This report has been developed by Elaine Davies and Sallyann Sutton, SAPHNA committee members, in collaboration with expert School Nurses, Association of Directors of Public Health, the Local Government Association and Education colleagues amongst others.

Huge thanks to you all for your time, effort and commitment to improving outcomes for our children, young people and their families. Together we WILL make a real difference.

Maggie Clarke.
Executive Lead Officer.
School and Public Health Nursing Association, (SAPHNA)

" School nurses have long played an invaluable role, helping children with both their physical and mental health in a safe and supportive environment.

" From early intervention services to dealing with serious youth violence, school nurses have a significant, positive effect on young people's lives which benefit them both within and beyond the school gates.

" Their pastoral, supportive role is needed now more than ever as our young people recover from the impact of the pandemic and our schools try to build safe environments for pupils to thrive in going forward.

" The Local Government Association welcomes the vision set out in this paper. Councils are committed to tackling health inequalities and ensuring children and young people find the help they need as soon as possible. School nurses are on the frontline of spotting problems such as abuse and mental health support needs in vulnerable young people, as well championing healthy eating and providing immunisation and health protection services. The need for a comprehensive wellbeing support for pupils has never been greater and school nurses are an essential part of this.

"Without more training opportunities to boost an already depleted workforce and the funds to recruit them, schools and councils risk being unable to provide this essential support service to children in their care, negatively impacting upon them and their families' wellbeing and increasing the risks of crisis later on in life."

Councillor David Fothergill, Chairman of the Local Government Association's Community Wellbeing Board.

With thanks to Dr Katherine Brown PhD C. Psychol FHEA Professor of Behaviour Change in Health Department of Psychology and Sports Science University of Hertfordshire. For her academic review and support for this document.

" I believe one of the crowning achievements of our society is when Children become healthy, well-adjusted, well-developed, loving adults committed to the common good. If you agree, then I would hope you also agree there remains much work to be done in the UK. The health of our children should be a barometer of both our values and all we hold precious about human life.

" That's why this framework produced by SAPHNA becomes so vital. We know more and more from the social and human sciences what it takes to ensure a child is healthy – physically, mentally, socially and spiritually – all through childhood into adulthood. And it is time every part of civil society settled on achieving this.

" We have much to do. First, despite our claims to invest in prevention, the UK has emphasised clinical treatment and clinical services for illness at the expense of prevention for decades, and we have reaped the cost in the rise of preventable ill-health in our children and preventable disease in adults which creates a burden of ill-health much more costly in human, economic and public service terms than if we had invested in Prevention. Wanless got that right. We haven't listened.

" Second, this was true even before the Covid Pandemic, which arrived to find inequalities which predisposed our most vulnerable to worse outcomes than our least vulnerable. We have not a pandemic but, as Singer famously said (2009) a Syndemic of multiple impacts which act synergistically on the health and outcomes of our population: the virus, access to services, mental health, educational disruption and more. We have to remedy this complex system of unequal outcomes.

" Third, we need more investment in public health services, and more investment specifically in child public health services. History will show, and increasingly economic analyses are showing that the cuts to public health have been a costly mistake for our society and we need to learn what Good Looks Like for healthy children. While we have rightly emphasised the importance of the first five years of life, public policy and professional practice has risked giving the impression of neglecting policy what were once called the 'middle years' of Childhood, which are – evidentially – every bit as important as the Early Years. This framework goes some way to helping us consider and address that.

" There is no building back better without building back fairer. There is no building back fairer with preventive and public health services – we cannot treat our way out of our population health challenges; and there is no building back fairer without building Child Public Health.

" But we live in a world where the funding has been limited, and so this framework is realistic. It sets out what has been achieved despite austerity, what can be achieved, and what could be achieved with the right investment. The fact that achievements have been made does not mean more austerity can be sustained. We need, nationally, a proper settlement for child health and wellbeing that starts with the 99% of their lives children live outside NHS services. A perennial mistake of British health policy is to assume Health is about what the NHS does, when health should be what we all to do make our precious NHS the very best it can be by enabling all of our services to be the best they can be. That needs a policy re-think, and a funding shift.

" Directors of Public Health, Child Health Services and Government formed a 'team of teams' during the Pandemic where we worked together. If we continue that beyond the pandemic, and if we can invest nationally, we could genuinely achieve prevention of health challenges which otherwise hamper the flourishing of our children across the rest of their lives.

" Who could not want that as part of building back from the Pandemic?"

Jim McManus,
Interim President,
Association of Directors of Public Health.

The School & Public Health Nurses Association (SAPHNA) calls for an investment in children's and young people's health, reversing the damaging cuts to Public Health budgets and subsequent depletion of the School Nursing workforce. SAPHNA's ambition is for our children and young people to be the healthiest in the world, building a healthy and prosperous future population. This paper sets out the (SAPHNA) vision for the School Nursing service in England, the rationale behind why such a vision is required and recommendations for how this can be achieved. This report sets out some of the evidence for School Nursing, demonstrates impact of and potential of School Nursing in the case studies presented and, finally makes recommendations for the future of School Nursing.

School Nurses are crucial to child health and wellbeing, and ensuring young people reach adulthood ready and resilient both physically and psychologically. The Healthy Child Programme 5-19 provides a strong evidence base for the delivery of School Nursing services. Whilst a small workforce in England, School Nursing services have shown themselves capable of service redesign, skill mix, innovation and developing models for integrating services around children, families and schools. School Nurses have delivered on the national priorities outlined in The Healthy Child Programme 5-19.

Moving forward, Government, national and local commissioners and professional bodies need to work with and invest in School Nursing to help achieve crucial outcomes for young people and families.

Introduction

This paper sets out the School & Public Health Nurses Association (SAPHNA) vision for the School Nursing service, the rationale behind why such a vision is required and recommendations for how this can be achieved.

What is School Nursing?

School Nurses are qualified registered nurses with additional graduate and post graduate qualifications in Public Health Nursing. They lead the delivery of the Healthy Child Programme, a framework for universal and targeted approaches to address children and young people's health and wellbeing. The programme, whilst led by School Nurses, supports collaborative work and integrated delivery, supported by skilled mixed teams of health workers and alongside other members of the wider Children's workforce[1].

School Nursing has a long-seated history as a public health service with a focus on tackling the wider determinants of health and putting children and young people's health and wellbeing central to delivery of services[1]. School Nursing services brings clinical expertise and knowledge to a wider system which seeks to improve population health and reduce health inequalities working collaboratively with our partners in children's services, schools, third sector[2]. Distinct characteristics of the role 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[3].

Our Vision for the Future

Our Vision is for School Nursing to be a vital partner within an integrated system; to maximise the potential of every child and young person and to reduce the health consequences of poverty and inequalities that arise in childhood and that can continue through adolescence and into adulthood[4]. To work in partnership with children and young people to co-produce and deliver first class services that are responsive to their needs. To focus on the prevention of ill health, protection against risk and disease and promotion of healthy behaviours so our children and young people can be the healthiest in the world and we build a healthy and prosperous future population[5].

Principles

- Provide a visible, evidenced based service to children and young people based on proportionate universalism; services to everyone but with a scale and intensity that is proportionate to the level of need
- To co-produce services with children and young people who use them based on the best evidence of what works[2]
- Focus on priorities at both an individual and community level to make the biggest difference to improve health and reduce health inequalities[6]
- Strengthen the School Nursing workforce and professional autonomy[1]
- To continually drive quality improvement by ensuring robust School Nursing leadership is rooted in research, experience, outcomes, collaboration and evaluation within a whole systems approach[7]
- To meet the standards for professional practice laid down by the NMC[8].

Our Model

- Identifies opportunities for minimising risk factors and enhancing protective factors through evidence-based interventions at important stages of childhood and adolescence
- Promotes health and wellbeing for all children and young people which is key to closing the achievement gap and reducing health inequalities[9,10]
- Addresses the challenge of breaking the intergenerational cycle of disadvantage that drives health inequalities by expanding beyond parent/Child/family health, to include a proactive focus on improving the health, wellbeing and opportunities for our children and young people to have a successful and productive adulthood[7,9 & 11].

Section 1: Setting out the case: children and young people's health and the challenges ahead

The current context of poverty and inequality

There were 3.7 million children reported to be living in poverty in the UK during 2013-14. The levels are rising. The Social Metrics Commission Report 2020 details that in 2017-18 this figure now stands at 4.6 million. The impact of the COVID has further impacted negatively on children in poverty. In a report by Buttle UK (2020)[12] frontline worker reported that vulnerable families have been disproportionately impacted experiencing high levels of job loss, furlough, ill equipped to access education and more likely to access foodbanks than those in higher income brackets.

The negative effects of poverty start before birth and accumulate across the lifespan and onto the next generation. Children living in poverty are likely to develop ill health or/and have accidents as well as face a wide range of poorer outcomes in adulthood. The most common causes of death for all young people 10-24 are those described as external (including accidents, self-harm and assault) and cancer. As young people get older, the number of deaths from external causes increases. Altogether, 56% of the deaths to 10-24-year old's in 2017 were due to external causes, a significant proportion of which could be considered preventable through good quality health care and wider public health interventions[10]. Poverty and inequalities result in poorer physical and mental health, academic achievement and employment prospects at every stage of life as well as having financial consequences for our society4. Increased investment is needed to address existing gaps in provision and address priorities including:

- Falling UK immunisation rates with the loss of measle free status[13]
- Increasing child and adolescent mental health problems[14]
- An increase in child sexual exploitation including online CSE with a 700% increase in child abuse images being referred to the National Crime Agency in the last five years[15]
- An increase in vulnerable children and adolescents including these exposed to sexual exploitation, neglect, looked after children and young carers[12]
- Poor oral health – PHE 2019 national epidemiology survey of 5-year-old children showed in England 23.4% had experienced tooth decay. Most of the tooth decay was untreated[16]
- An increase in obesity across the school aged years. The latest health survey for England shows that a quarter of 11-15-year-olds in England are obese (23% male, 24% female). Sadly, we are now witnessing a significant rise in childhood obesity as a result of the COVID 19 pandemic[17].

Further data on the trends in children and young people's health is available at: fingertips.phe.org.uk

Figure 1: Infographic displaying key findings from research on the wellbeing of children and adolescents in the UK by Haggell and Shah (2019)

Investing in the future of children and young people

The evidence is clear that every child should be supported to achieve the best start in life which sets the foundations for good health throughout the life course[4]. Following transition discussions and any necessary actions, the School Nursing service takes on responsibility from Health Visitors, as children start in full time education, leading on the delivery of the Healthy Child Programme 5-19, which brings together the evidence on delivering good health, wellbeing and resilience for every child.

Children spend at least 11 years at school. They are, of course, formative years, laying the foundation for health and wellbeing in adult life. So, we should see them as an incredible opportunity for public health.

LGA, 2017

Evidence demonstrates the importance of a *'Think family'* approach, recognising that child and parent/carer health is interrelated. Alongside this, the wider environment in which children live needs to promote good health. The focus of contextual intervention needs to embed positive health behaviours at an early age[4]. In addition, schools should be seen as a key partner for Public Health services, working together to create the right environments and opportunities that can help instil healthy behaviours. Evidence suggests that influencing children in the right way can change the whole family's approach to health[11].

Reasons to invest in the health of primary school aged children[18]

- By the start of primary school, one in five children are obese or overweight; by the end that has risen to one in three
- Mental health problems are also prevalent with one in ten school children of all ages having a diagnosable disorder. It means half of all life-time cases of psychiatric disorders start before the age of 14
- Just 58% of children visit a dentist. Tooth extractions are the most common hospital procedure for children aged five to nine

LGA, 2017

- **Obesity crisis**: Treatment for Type 2 diabetes in children up by nearly 60 per cent in five years.

Reasons to invest in the health of 10-24-year-old's[19]

Good health for young people is central to their wellbeing, and forms the bedrock for good health in later life. There are several critical reasons for investing in young people's health including:

- The first signs of many serious long-term conditions emerge at this age, including three quarters of lifetime mental health disorders
- Adolescence is a time when risk taking behaviours begin and life-long health behaviours are set in place
- Young people's health is not improving enough compared to other age groups
- Evidence suggests that some **children and young people's mental health** and wellbeing has been substantially impacted due to and during the pandemic.

- Young people are not getting the health services or information they require, and their accounts are often less positive than those of other age groups
- Health inequalities are widespread by the time of transition to adulthood, and some are widening
- Positive trends in young people's health behaviour, such as falls in teenage pregnancy, must be supported in order to continue
- Ignoring chronic adolescent disease costs money, and investing in adolescent wellbeing has benefits beyond just health outcomes
- Effects of poor healthcare in adolescence can last a lifetime
- Investment in adolescence maintains and reinforces successful health interventions delivered in early childhood.

Funding for the School Nursing service is the responsibility of the Department of Health and Social Care although the benefits of an effective School Nursing service profits numerous Government departments with shared priorities for children. Since 2013, local authorities were expected to secure continuous improvement in the School Nursing service. At the heart of the plan was improved access, experience and outcomes for all children and young people with a level of flexibility to ensure that services were responsive to local needs[5]. Yet, year on year reductions to the public health grant have resulted in cuts to the service and considerable variation in the quality of support that children and young people receive dependent on where they live, rather than their level of need[20,21]. Unfortunately, the current national system-levers and quality assurance mechanisms have not adequately addressed or mitigated these unwarranted local variations. There have been strong views expressed that reductions in school nursing services is damaging to schools, their pupils, and families (figure 2 and 3). There is a need to reverse these cuts and reinvest in School Nursing to ensure that children and young people are healthy.

*'RSPH has grave concerns about new analysis by **The King's Fund**, showing that central Government cuts are forcing councils around the country to drastically reduce spending on critical public health services.'*

Royal Society for Public Health deeply concerned by brutal cuts to public health budgets 12 July 2017

Reduction in School Nursing numbers

There have been significant and continued reductions in the number of School Nurses employed full-time in many parts of England. Between 2010-2018, the RCN reported 30% fewer School Nurse. The numbers of School Nurses stood at around 2,600 in 2020[21] whilst the school aged population has increased over the same period of time and continues to do so[22]. School Nursing services have experienced considerable cuts in services with the RCN's regional offices reporting numerous examples where local authorities, as part of managing pressures on their budgets, have sought reductions in the cost of contracts to deliver these services, which has resulted in fewer School Nurses being employed[21].These devastating cuts result in a decline in the available support for our children and young people's health and wellbeing in many parts of England. In 2020, the findings of a Joint Targeted Area Inspection identified a deficit in school nursing contributes to a lack of recognition of children at risk of sexual abuse in the family environment[23].

The now Secretary of State for Health and Social Care since Sajid Javid, urged the Government to reverse the decline in the number of school nurses amid growing concerns over children's safety and child abuse. The Centre of Social Justice (CSJ) think tank, warned of an 'epidemic' of child sexual assault worsened by Covid-19 lockdowns[24].

He calls for school nursing staff levels to be restored to pre-2010 numbers – which is around a third higher than the latest figures show – and all school staff to be trained to spot signs of abuse.

Figure 2: Letter from Headteacher

To whom it may concern School Nursing Service:

Whilst the health issues that we are dealing with on a daily basis are increasing, the support that we receive is reducing to the extent that we are now struggling to cope. The one light on the horizon is the School Nursing service, who are the only people who now point us in the right direction for appropriate support, offer support directly to parents and attend meetings to help with individual cases. The thought that this service may be reduced fills me with despair.

I have lost count of the number of times over the past year that we have approached the School Nursing service and this is without the routine heights, weights etc. that they carry out. They have been involved in cases of Autism, ADHD, mental health, diet and weight control, child protection, bed wetting, poor sleep, fussy eating, puberty and countless others. We also heavily rely on our school nurse to back us up with parents when they have completely unrealistic expectations of what support is available for their child. Where are we going to find that support if the School Nursing service is reduced in any way? An effective school nurse is essential for a school and I just don't know how we would manage without it.

Our current nurse is outstanding. She is extremely proactive and has brokered us essential support; in addition to supporting us with child protection and early help cases.

I feel that any reduction in the current service would be damaging to schools, their pupils and families. Without being melodramatic, it would put children at risk because they respond quickly to avert potential problems.

I would request that the School Nursing service is given priority in any restructuring and is fully protected.

NAHT has always valued the activity of school nurses and believes the erosion over time is a sad loss to children and education 'COVID19 is bringing huge pressures to bear on teachers/school staff and families alike. The impact of this trauma cannot and must not be minimised if our children are to thrive, achieve and learn'. School nursing is perfectly placed to facilitate much needed repair and restoration.

Figure 3: Letter from The National Association of Head teachers (NAHT) (and the Association of College Leaders ASCL).

Because young people often feel safer discussing sensitive issues with healthcare professionals, the Government should consider reversing the significant decline in school nurses.

Reduction in Student School Nursing training places

Health Education England fund training places for School Nurses specialist practice courses. Their funding has been impacted on by a fall in investment in continuing professional development. Central investment in ongoing training and development for existing staff is now a third of its 2014/15 value. The RCN reported concerns about the fall in the number of nurses accessing Specialist and Community Public Health Nursing education programmes which in turn threatens the supply of qualified School Nurses[21].

Disparity in local delivery

Whilst Public Health England publish models to guide service provision, the variation in models across the country remains disparate leading to variability with respect to what nurses do to promote the health and wellbeing of pupils, the ways in which School Nursing services are commissioned and managed, skill mix and also the resources School Nurses could access[21]. There are several challenges faced by the service which arguably contribute to the disparity, these include the absence of any mandated aspects of the Healthy Child Programme 5-19, variation in funding of services across the country and disinvestment in services in some areas.

Section 2: A new model for School Nursing

We propose a service delivery model across three levels of provision; universal reach, personalised response and specialist support with safeguarding children and young people as a key component running throughout the model. The model is built on the principles of proportionate universalism, providing a service that is universally accessible to all, however, offers additional help for those who need it most[2]. The model represents a continuum of need for most children and young people.

Much of the time, the provision of a universal service will contribute to them growing up healthy, happy and safe. Some children and young people, at some stage might require additional support or early help for a period and others may require more specialist support to meet more significant or complex needs[1,4&5]. Children and young people may move up and down the continuum over the duration of their childhood and transition to adulthood.

Figure 4: A new model for School Nursing in England

Delivering a service that meets national and local needs

Key to delivery, is providing services which meet the needs of children and young people, whilst considering national and local priorities. This requires robust processes in place to understand what those needs are. Joint Strategic Needs Assessment (JSNA) which draws on robustly and regularly collected national and local data should inform delivery[25]. School Nurse services can obtain enriched data about their school aged population through Digital Health Needs Assessment (HNA) tools and services; in some parts of England these have been developed and implemented. However, a national tool is not available resulting in many areas being unable to effectively implement the current Health visiting and school nursing service delivery model, which recommends 7 universal school aged health reviews. Case study 1 (appendix) is an example of one area where a digital online HNA has been developed and successfully implemented. The SAPHNA model recommends four touchpoints

for completion of an electronic HNA as part of the *'universal reach'*. The evidence from HNA can usefully shape School Nursing services around the real needs of families in a collaborative approach with children, young people, schools and other partners. The data collected can be used widely in planning and influencing Local Authorities (LA) services and can be included in the LA Joint Strategic Needs Assessment (JSNA) and health and wellbeing strategies.

Delivering a service that is accessible in today's world – The Virtual and Digital World

If the Coronavirus pandemic has an unintended positive outcome, then it was pushing forward technology in healthcare[26,27]. There were already excellent examples of how School Nurses have embraced technology with many services using text services, social media and websites. ChatHealth and HealthforKids and HealthforTeens websites developed by Leicestershire NHS Partnership Trust and commissioned by many School Nurse services in England are award winning examples of this[28]. These developments recognise and respond to how children and young people want to access our services. School Nurses who are ever flexible and responsive responded rapidly to the need to change their service delivery model at the onset of COVID19 and moved delivery to virtual consultations, working in partnership with other professionals and parents/carers to be part of virtual child protection conferences and core groups and delivery of interventions through virtual platforms. Professional bodies published guidance[27] to ensure that contact via virtual means was appropriate and able to deliver high quality safe care to children and young people.

However, there is opportunity to go further still.

People's lives are becoming increasingly busier, more parents and carers work and are unable to access services during traditional 9-5 hours. Capacity in School Nurses is a barrier to operating services over extended hours and so an alternative mode of delivery needs to be explored. Some areas have pre-recorded health education programmes of care, so that these can then be available to parents/carers out of hours. This provides opportunity for those who may normally need to take time off from work or prefer not to access face to face services, to have access to advice and support from a School Nurse from the comfort of their own home and at a time that is convenient to them.

Whilst there are opportunities and benefits of virtual delivery, we must not allow these to replace face to face contact with School Nurses but rather use these methods of delivery to be part of wider blended offer.

The pandemic forced rapid change for services for children and young people to be offered virtually or digitally. Whilst text services such as Chathealth have been well evaluated other provision has not. The Early Intervention Foundation (2020)[26] explored the evidence, challenges and risks relating to virtual and digital delivery and offered recommendations to improve effectiveness of future services.

ChatHealth During COVID19

During COVID-19 there was a 50% increase in young people seeking mental health support via ChatHealth. Further information and case studies are available here:

https://chathealth.nhs.uk/wp-content/uploads/2020/06/School-Nursing_Parents_ChatHealth-Case-Studies_During-Coronavirus.pdf

Health Literacy

The World Health Organisation (WHO)39 defines health literacy as: 'the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health'.

In 2015 Public Health England and the Institute of Health Equity published a report entitled "Improving health literacy to reduce health inequalities". This showed that a large number of the population find it difficult to understand health and wellbeing information. A Health Literacy 'how to guide' based on national collaborative work by Health Education England, NHS England and Public Health England provides evidence based resources.

School Nurse teams have the expertise to support health literacy approaches across the whole school and wider community settings. They can support children and young people to develop their health literacy skills as they learn and grow, manage their health and promote healthy lifestyle choices in childhood, adolescence onto adult hood.

The School Nurse Health Literacy Toolkit supports School Nurses to improve young people's health literacy. The tools include simple and cost-effective methods . It also offers in-depth approaches to enable the school nursing team to influence commissioning priorities of both local authorities and schools and to support improved health literacy for young people across the wider community. New and innovative approaches to delivering health literacy are emerging; particularly during COVID19. Digital and online School Nurse help and support can ensure universal health literacy support is available to young people in and out of school, as well as providing targeted support.

School Nurses use the You're Welcome Quality Standards to extend the quality and reach of school and community-based services. You're Welcome offers a way to review and develop health services to ensure they are youth friendly. Young people's voices need to be at the heart of this process to ensure any barriers to engagement are overcome through engaging young people in their innovative ideas and perspectives.

Andrea Harrington. Operational Manager for School Nursing Hertfordshire Community NHS Trust

"To identify signs of early concerns, the School Nursing Service in Hertfordshire have in place an online health needs assessment questionnaire for completion by parents of reception children, and pupils in Year 6 and 9. Concerns identified through these assessments are followed up by a member of the team, with packages of care offered where required. We are able to collect a wealth of public health data both at school, community and county level. A School Nurse meets with every school to provide them with a copy of their school level data, discussing any areas of concern identified and supporting the school to address these. Wider community and county level data is shared with our local authority commissioners, partners and other relevant partner organisations to facilitate planning of public health programmes."

Feedback from Kate Sahota Lead Commissioner (Family Wellbeing) Strategy & Commissioning Warwickshire County Council

"The data collected by the School Health & Wellbeing Service is used as part of our programme of Joint Strategic Needs Assessments. Our 2017 'Oral Health Promotion Needs in the Early Years in Warwickshire' used the data collected from the parents of reception children about access to dentists, along with other local and national data, to inform the strategic decision making and actions required to improve the oral health of children in Warwickshire."

Engagement and co-production with children and young people

Alongside the evidence from HNA, active engagement of children, young people and their parents and care givers, is critical to shaping service delivery supporting the principle of *'working with'* as opposed to *'doing to'* [29,30]. The British Youth Council (BYC) undertook a piece of work to gain the views of children, young people and their parents about what they wanted from a School Nursing service. Children and young people wanted a service which is accessible, visible and confidential, offers advice on a range of health issues and can build trusting relationships. The findings and recommendations of this are current today and inform School Nurse practice *(Figure 5)*.

Figure 5. Attributes of a good School Nursing service

- approachable
- non-judgmental
- trustworthy, clear about confidentiality
- caring
- understanding
- honest
- open minded
- sympathetic
- willing to listen

Figure 6. SAPHNA's Recommended Four High Impact Areas

1. Promoting healthy lifestyles

- Maintaining a healthy weight including physical activity and healthy eating
- Tobacco, alcohol and substance misuse
- Promoting good oral health
- Screening and support to provide and increase immunisation uptake
- Relationships, sexual health and contraception

2. Supporting children and young people who have additional needs

- Long term health conditions
- Disability and complex health needs
- Continence

3. Keeping children and young people safe and well

- Knife, gun and gang crime
- Promoting good mental health to enhance resilience (including bullying, including physical/on-line, peer pressure)
- Promoting safety and reducing accidental injuries
- Safeguarding vulnerable children and young people
- Looked after Children

4. Helping children and young people make transitions

- Starting School
- Moving to secondary school
- Preparation of adulthood
- Changes and life events

School Nurses have a reputation for being creative and innovative in their approach to supporting children and young people, keeping them at the heart of their work to improve and develop their services. Many areas built on the work of the BYC and developed children and young people as School Nurse or Young Health champions. These champions volunteer to consult their peers and collate and present their findings to offer advice to School Nursing Service to help improve the services in their area. In Walsall, all School Nurses are trained to deliver the BYC champion model[29,30] and have adapted it to use with children in primary school. The model forms part of the core offer of the service and enables the School Nurses to respond to needs at the level of individual schools. The approach is also being used to consult with young carers and the findings will inform the refresh of the local partnership Young Carers Strategy. Case study 2 provides further details about this work *(appendix)*.

Focusing our resources to maximise impact

High Impact Areas The model supports School Nurses to use their clinical knowledge and skills in areas where they can have the greatest impact. We propose that the School Nursing provision is aligned to High Impact Areas (HIA) which have been reviewed and extended to include evidence driven recommendations in 'Health for all Children' and which contributes to key national priorities for improving the health and wellbeing of children and young people[31]. *See figure 6 opposite*.

School Nurses will continue to have a key role in supporting and contributing to the public health agenda for school aged children and young people. This will be achieved by:

- Strategically working with a range of public services including local public health teams, private sector, voluntary and community organisations. Contributing to Children and Young People's Plans and Health, Social Care and Well-being Strategies to address the wider social determinants of health[2]
- Operationally, School Nursing teams will work in collaboration with other partners such as education, children's mental health services, school counsellors, family support teams, and children's social services.

Safeguarding children and young people

Safeguarding children and young people is inherent and runs throughout the three levels of the model's provision, universal reach, personalised response and specialised support and throughout the high impact areas. The provision ranges from prevention, identification of risk and need and education, to early help and targeted work, through to safeguarding and child protection. To effectively safeguard children and young people, a partnership approach is essential.

Working in partnership

The vision is to support families in getting the basics right for all children and young people, so that they enjoy good physical health and mental well-being and lives that are free from poverty. School Nursing teams are part of the wider multi-disciplinary and multi-agency approach to promoting and protecting the health and well-being and preventing ill health of children and young people.

In order to provide an effective service to children our model keeps our core purpose of delivering public health service at its centre and is based on the principles of public health practice *(figure 7)*

Figure 7: Core Principles of School Nursing within a Public Health Programme

- 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 (25 years old for young people with Special Educational Needs and Disabilities)
- Identify the health needs of individuals and communities, use evidence-based assessment tools, and develop programmes to address these needs in collaboration with other agencies
- Undertake service co-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 in any setting, including secure, independent schools, academies and colleges
- Plan work based on local need, current guidance and national health priorities in line with NHS and Public Health England
- 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 teams, provide and seek clinical and safeguarding 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.

RCN Toolkit, 2021

Continuum of Need model

Our model represents that for most of the time, most children and young people will have their needs met through accessing universal level services however for some, additional more personalised or specialist support will be required. It is recognised that children and young people's needs change and they might move along the continuum, in either direction during their childhood and transition to adulthood.

Universal Reach is the core minimum intervention offered to all school aged children. A qualified School Nurse supported by a skill mixed team, should be available to all school aged children, young people and their families. The service should be available within the school they attend, with provision being made for electively home educated pupils, absent pupils and those in alternative education settings. Although schools might be the primary location of delivery it is essential that School Nurses are accessible in other locations where children, young people and their families are present e.g. home visiting, youth centres, community venues and Early Help hubs. Service delivery needs to be based on the premise of early identification and assessment of need to ensure the right support is given at the right time and in the right place. The service needs to continue to provide open access, Making Every Contact Count[32], enabling children, young people and their parents/carers to seamlessly contact a School Nurse and gain advice and support.

Universal Reach includes four Health Needs Assessment touch points

1. School entry review identifying additional targeted/specialist support and referral; screening and the National Child Measurement Programme (NCMP). This should include a Health Visitor/School Nurse continuity of care discussion
2. HNA age 10-11years identifying additional targeted/specialist support and referral and the NCMP. Opportunistic health promotion and health literacy support
3. HNA age 12-13 identifying additional targeted/specialist support and referral. Health needs led drop in sessions for young people. Opportunistic health promotion and health literacy support developing healthy choices for adulthood and a healthy lifestyle.
4. HNA age 14-15 identifying additional targeted/specialist support and referral. Health needs led drop in sessions for young people. Opportunistic health promotion and health literacy support developing healthy choices for adulthood and a healthy lifestyle.

Personalised Response Personalised Response provides interventions based on the ongoing assessment, analysis of resilience and identification of need. Children and young people who have experienced adverse childhood experiences (ACE's) will be assessed to see if they need further support to optimise protective factors and/or signposting to targeted or specialist services in a venue which is acceptable to the child/family or young person. ACE's are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse, to parental divorce or the incarceration of a parent or guardian[33]. When specific local public health needs at school population level are identified through evidence such as whole school population health needs assessment (HNA), the School Nurse will lead multi agency partnerships to address the needs to promote the health of children and young people.

Personalised Response provides:

1. Targeted assessment and interventions
2. Targeted health promotion, promoting resilience, healthy lifestyles and addressing risky behaviours
3. Support and advice for C&YP with additional health needs and Education Health Care Plans
4. Support and advice for safeguarding concerns

Specialist Support. There will be children who present with additional and complex needs for example those with special education needs, long term conditions and or disability, looked after children or those in need of protection. The School Nurse, drawing on their unique specialist clinical skills and knowledge, will work in partnership with families and other agencies and contribute appropriately to deliver agreed plans and to comply with statutory requirements.

Specialist Support Provides

1. Identification of specialist health or social care needs
2. Management of long-term conditions such as asthma, epilepsy, diabetes, anaphylaxis
3. Support for C&YP with disability
4. Specialist/targeted support to C&YP who have witnessed parental conflict, domestic violence, alcohol and substance misuse
5. Specialist advice and referral for concerns related to female genital mutilation
6. Specialist support for C&YP on child protection plans

A key principle of the model is to bring a level of consistency to the delivery of School Nursing services across England, which supports all children and young people to receive a minimum service offer. To achieve this, it is proposed that a core level of service will be provided at universal reach to all children and young people regardless of need.

a) Core Services: School aged population

Whilst school is a key place to deliver services it needs to be recognised that School Nursing services are for the school aged population and therefore need to extend beyond the school to provide support in the communities that they live and beyond the school day.

- Adopt the Health Education England *'Making Every Contact Count'* (MECC) approach to encourage healthy behaviour changes[32]
- Children and young people who are not in school will have access to a named School Nurse alongside processes in place to invite these children and young people to health reviews and for screening and immunisation
- Provide health needs assessment at four key transition points
- Provide access to a range of health and health related information through a variety of media e.g. apps, websites, posters. This should include contact details for the service and information/ advice on a variety of health and wellbeing topics
- A single point of access for the service which supports easy access for children, young people, parents/carers and professionals. This should include a variety of methods of access e.g. text, telephone, email and face to face
- A referral system which allows equity of access and triage of need. This system should be open referral which represents the principles of a universal service. Self-referral by children, young people and parents should be easy and offered via a variety of means, e.g. telephone, text, email digital. Referral by professionals should ensure that all appropriate information is provided, in written format and consent gained from the child, young person and/ or parent/carer. Referral from other professionals should draw on information gained from the Early Help assessment process. A system should be in place which supports feedback about the outcome of the referral and appropriate information sharing
- Be visible in a range of community venues e.g. Early Help hubs to support access to advice, support and sign posting. This includes being available to children and young people outside of school hours and term time via locally agreed provisions
- Provide support and advice to children and young people outside of mainstream school settings e.g. absent, NEET, home schooled, pupil referral units, alternative education and independent schools
- Deliver the national recommended screening and surveillance programmes. School Nursing expertise of public health should be utilised to support and increase the uptake of the immunisation programmes in school, communities and home settings
- Work with parents/carers and other partners to ensure that children and young people are supported at times of transition.

b) Core Services: Primary Schools

School Nursing services for pre-school and primary school aged children to ensure school readiness and the best start in life. This will be achieved by

- Every school has a *'named School Nurse'* who will lead on the coordination of services for that school population supported by members of the wider School Nursing team

- Work with Health Visitors to ensure continuity of care discussions take place and a smooth transition to provide a continuous service and support for school readiness is optimised
- Provide schools regularly with information to cascade to children and parents which gives up to date information on the School Nursing service and how to access the service, enabling children, parents and carers to get advice and be signposted to support when health issues arise
- Attendance at parents/carers events e.g. parents' evenings to raise the profile of their role, deliver public health messages and offer information and advice
- Invite all reception parents and year 6 children to complete an holistic health needs assessment, to include measurements for the NCMP, identify any outstanding concerns e.g. outstanding immunisations and any developmental needs
- Actively engage with education colleagues to address locally identified population level health needs and to support local public health team and Public Health England's initiatives e.g. *change4life*
- Ensure that the pupil's voice is heard particularly in relation to health initiatives and encourage co-production of services using approaches such as engagement with school councils and the School Nurse Champions programme
- Support schools to implement national health guidance e.g. *PHE Guidance Child Oral Health: applying All Our Health*[34] and work in collaboration with the Community Dental services to deliver the national *smile* campaign to primary school aged children
- Work in partnership with the school to provide support to children and young people at any transition point e.g. to secondary school, moving school, moving foster placement etc
- Support schools to implement and delivery high quality health education and relationships education in line with national statutory requirements[35].

c) Core Service: Secondary Schools

School Nursing services within secondary school to ensure a smooth transition and preparation for adulthood. This will be achieved by:

- Provide schools regularly with information to cascade to children, parents and staff which gives up to date information on the School Nursing service and how to access, enabling children, parents and carers to get advice and be signposted to support when health issues arise
- Invite all 12/13 and 14/15 year olds to complete a holistic health needs assessment, to include identifying any outstanding concerns, e.g. outstanding immunisations and any developmental needs
- Attendance at parents/carers events e.g. parents' evenings to raise the profile of their role, deliver public health messages and offer information and advice
- Actively engage with education colleagues to address locally identified population level health needs and to support local public health team and Public Health England initiatives
- Support schools to implement national health guidance e.g. *PHE Guidance Child Oral Health: applying All Our Health*[34]

- Ensure that the pupil's voice is heard particularly in relation to health initiatives and encourage co-production of services using approaches such as engagement with e.g. school councils, School Nurse Champions programme
- Be available at the school and at community settings to provide regular opportunities for pupils and staff to access them for advice/support
- Liaise with school-based service colleagues such as counselling, mental health workers to provide appropriate provision
- Support schools to implement and deliver high quality education on health, relationships and sex in line with national statutory requirements[35].

Section 3: School Nursing within an integrated, collaborative system

School Nurses work across many partnerships, collaborating with other professionals to improve the health and wellbeing of children and young people. It is important to adopt a model that allows School Nurses to maintain their professional identity whilst working collaboratively with others.

A *'hub and spoke'* model of delivery allows School Nurses and their teams to sit within a central hub whilst providing outreach to other services/teams in which the clinical knowledge and skills might be beneficial *(Figure 8)*.

The Hub allows School Nurses to maintain their professional identity whilst working collaboratively with others. Using this model School Nurses can access peer support and shared learning to enable the delivery of high quality, safe, person centred and cost-effective care.

Spokes allow allocation of time to other services/ teams; in a formalised manner this allows the School Nurse to be part of the 'spoke' team, building relationships and trust with other professionals.

There are examples in practice which illustrate the 'hub and spoke' model in action. For example, in Walsall, School Nurses and Nursery Nurses spend part of their week in Early Help hubs working alongside Early Help workers and Social Workers *(Case study 3 appendix)*.

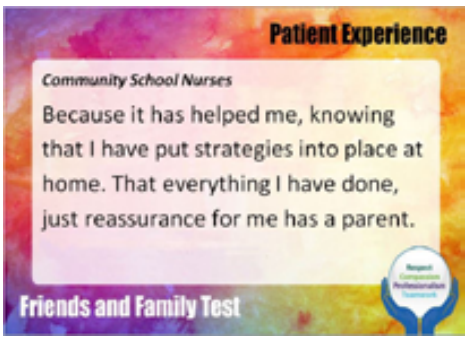
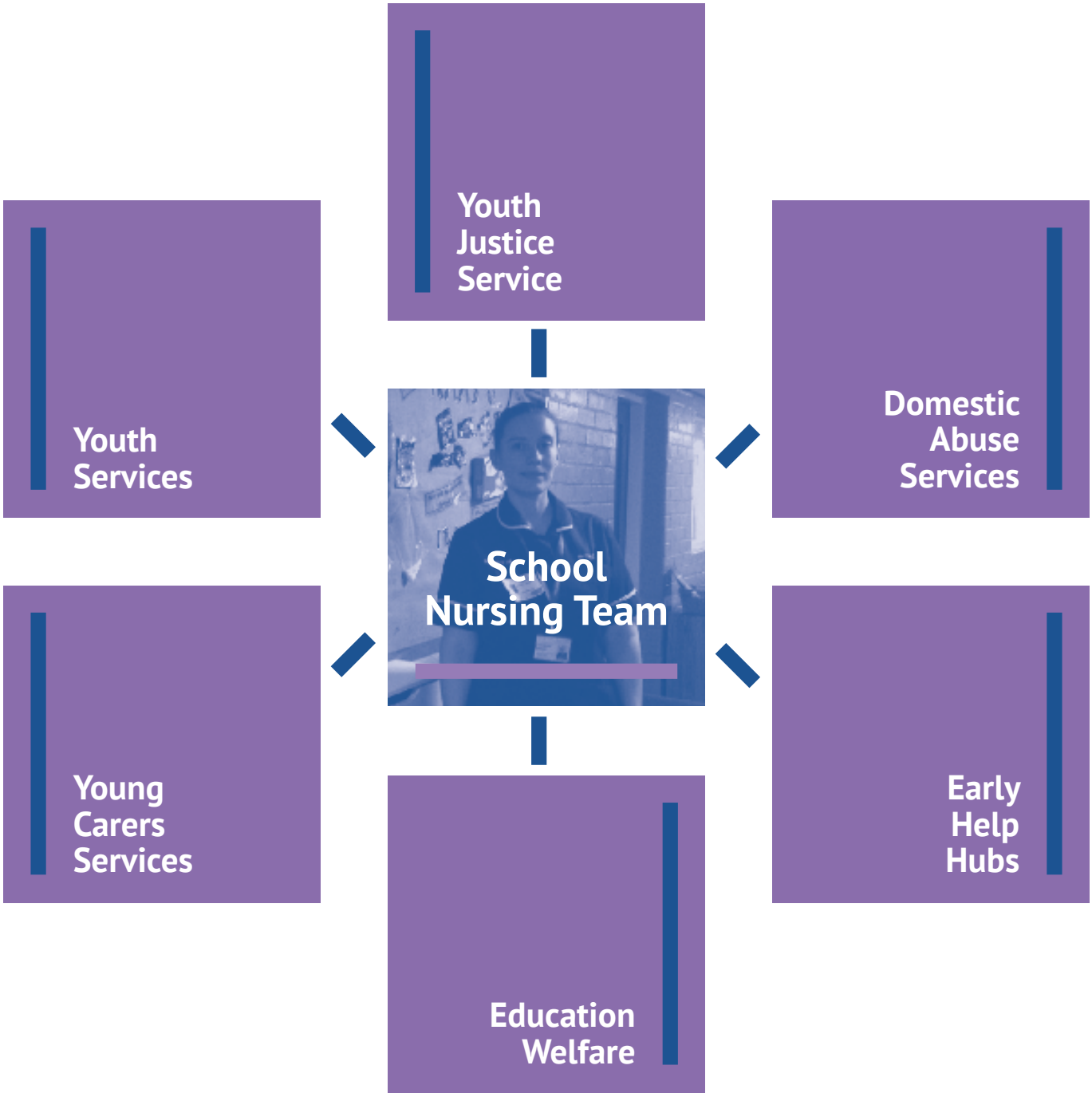


Figure 8 - Hub and Spoke Model of Service delivery



Section 4: The model in practice

Universal Reach is provided to all school aged children and young people and ensures that School Nurses are accessible and visible for all to use.

Case study 4 *(appendix)* demonstrates how School Nurses can improve the uptake of the school immunisation.

Case Study 5 *(appendix)* details how School Nurses can use the National Child Measurement Programme to provide bespoke specialist support to families with overweight children.

Case study 6 *(appendix)* gives an example of how School Nurses support children's medical needs in school by providing training on anaphylaxis to education staff.

Case study 7 *(appendix)* shows how School Nurses are using *You're Welcome* quality criteria to develop young people universal friendly health services.

Case Study 8 *(appendix)* details a School Nurse health and wellbeing plus clinic available for high schools to reduce teenage pregnancies and STI's. The service offers sexual health advice, distribution of condoms, STI screening, administration of emergency contraception, pregnancy testing. Information and advice are available on many important issues such as understanding consent, recognising a safe/unsafe relationship and spotting the signs of grooming.

Personalised Response offers support for children and young people with additional needs and/or require early help. This may involve School Nurses working with other professionals to support a child with additional needs or with specific vulnerabilities.

Case study 9 and case study 10 *(appendix)* show how School Nurses can develop high quality services for all children who have continence issues.

Case Study 11 *(appendix)* provides an example of how School Nurses can provide a rapid response to ensure vulnerable young people access specialist services.

Specialist Support School Nurses have vital skills, clinical knowledge and expertise. They are pivotal in their links between schools, homes and health services and therefore make a significant contribution to multi-disciplinary teams.

Case study 12 *(appendix)* details a School Nursing project to reduce poor outcomes for vulnerable and high-risk young people. The project aims are to improve young people's resilience and life chances including wellbeing and employability.

Case study 13-17 *(appendix)* show how a series of wellbeing workshops, emotional and mental health wellbeing packages of care and digital tools such as E clinics, electronic referrals and electronic health needs assessments can help reduce referrals to CAMHS.

Case study 18 *(appendix)* demonstrates how a School Nurse can make a difference in outcomes for Looked After Children.

Case study 19 *(appendix)* details how virtual collaboration with Social Care supported vulnerable children and young people during the covid-19 pandemic. For more examples of case studies of School Nurses developing new ways of supporting families during a pandemic see. *https://www.local.gov.uk/healthy-child-programme-during-covid-19*

https://saphna.co/news/covid-19-a-selection-of-case-studies-to-demonstrate-how-school-nurses-are-optimising-the-use-of-technology-with-some-of-our-most-vulnerable-children-young-people-and-families/

Section 5: Demonstrating Impact

Effective commissioning of services

Local Authority commissioners have a responsibility to *"optimise outcomes, improve health and wellbeing and reduce inequalities in local populations"* and to demonstrate the effectiveness, outcomes and impact of the services which they commission. National policy sets out the measurement of outcomes against key indicators in the NHS Outcome Framework and the Public Health Outcomes Framework[29,36]. However, it is important for commissioners to stay focused on the needs of children and young people in the local area, identifying a clear set of outcomes for services which are relevant to the Local Authority's vision. Equally important is the clarity of the commissioning intentions; the features of the service that commissioner wishes to develop[37]. In addition, it is important that School Nursing is not seen in isolation and there is a need to work collaboratively and in partnership with other services to achieve positive outcomes for children and young people[2].

Demonstrating Returns on Investment

Moving towards measuring meaningful outcomes in complex, integrated systems

> *"Work with partners and other stakeholders to build a shared view of what 'good' looks like, how to achieve this, how it should be measured and how learning should be used"*
>
> *Integration and Better Care Fund, 2019*[37]

Currently, service specification largely focuses on process measures, capturing outputs such as the number of PSHE sessions delivered in school, the number of children attending a group, the number of referrals received into a service. Whilst demonstrating compliance in contract monitoring, they only measure a very small proportion of the scope of the School Nurses role. However, a challenge for School Nursing is developing their approach to evaluating and evidencing impact and outcomes. In response to the criticism of the small and relatively weak evidence base of School Nursing, recommendations have been made to support them to develop their skills in evaluation, ensuring that it is an integral part of their work, using both quantitative and qualitative data, evaluating process and outcomes of interventions to demonstrate impact, evidencing return on investment and disseminating good practice[25,38]. To do this School Nurses need to consider how they demonstrate their contribution to locally articulated goals alongside those in national frameworks.

There are tools that can support School Nurses to measure impact of interventions such as *Public Health Impact* pathways.

Seeking children, and young people's and parent/carers wellbeing and experience are a significant contribution to the cycle of service development[1, 2,29]. The Integration and Better Care Fund, 2019 recognises the importance of measuring patient experience, not only to guide service improvement, but also because people's experiences of care may be linked to clinical outcomes and costs[37].

Recommendations

It is necessary in concluding this paper, to make a number of recommendations which will support realisation of the vision and ambitions set by SAPHNA.

National Priorities and Governance

1. Notwithstanding the pressures and changes imposed by the pandemic, the recently refreshed Healthy Child Programme, alongside this, our Vision, must be given consideration and realistically implemented to ensure contemporaneous research and evidenced based practice.

2. The funding and necessary systems to support implementation of the programme and model should be clearly scoped and made available.

3. There should be a shift towards meaningful data collection and measures which demonstrate outcomes for children and young people and progress towards tackling key Public Health priorities.

4. The specialist community public health nursing (SCPHNs) for School Nursing must continue to be the recognised qualification for a School Nurse and this remains a registerable qualification with the Nursing and Midwifery Council (NMC).

Leadership and Workforce

5. Each School Nursing service should be led by a Specialist Community Public Health Qualified School Nurse (SCPHN) with additional leadership and development qualifications. This enables services to be led strategically with greater collaboration across large and complex programmes, services and systems of care.

6. Every mainstream secondary school and its cluster of partner primary schools will have a full time named School Nurse. This nurse will be a Specialist Community Public Health Qualified School Nurse (SCPHN) who will be responsible for coordinating the delivery of services in those schools and the local community serving those schools.

7. Named School Nurses will work in teams supported by a skilled mixed workforce that includes staff nurses, nursery nurses and health care support workers who will work in and alongside multi-agency teams and models of working.

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School Nursing At It's Best

Appendix School Nursing Case Studies

SAPHNA
SCHOOL AND PUBLIC HEALTH NURSES ASSOCIATION

Appendix: School Nursing Case Studies

Case Study 1

COMMISSIONING INTENTION:
ONLINE HEALTH NEEDS ASSESSMENT

Assess the needs of individuals and populations. Target resources to identified need

School Nurse Case Study Example:

Health Needs Assessments (HNA) Warwickshire School Health & Wellbeing Service

Warwickshire deliver universal key staged contacts using an online questionnaire portal. They ask parents/carers to complete HNAs at school entry on behalf of the child and for year 6 and year 9 these are completed by children and young people themselves. They are currently piloting HNA for children with Special Education Needs and Disability (SEND) and for pre-school children to ensure readiness for school. A HNA invitation is also provided via Warwickshire Vulnerable Groups team to ensure the service is promoted to parents/carers and home-schooled children and young people.

The data gathered through the HNA enables commissioners to use this in Joint Strategic Needs Assessment to ensure resources are aligned to the schools where there is the greatest need. The School Nurses use the data to target individual and population interventions where there is real need.

For further information see *https://www.warwickshire.gov.uk/schoolhealthandwellbeing*

The top

3

priorities for schools this year were identified as:

PRIMARY

- Healthy eating
- Bullying
- Transition

SECONDARY

- Emotional health
- Weight management
- Sexual health

We delivered

61

health promotion sessions in individual schools covering 127 topics

Case Study 2

COMMISSIONING INTENTION:
YOUNG CARERS

Improve services and available support for vulnerable young people

School Nurse Case Study Example:

School Nursing Service Walsall Healthcare NHS Trust
Support for Young Carers

Walsall has a SCPHN who is trained as a School Nurse Champion. Training was delivered by Young Carers via the Public Health England programme. Supported by a Staff nurse and Nursery Nurse, young carers have access to the School Nursing Service at the Borough's youth club. A recent focus of the work has been the delivery of the School Nurse Champion programme. This is being used as a vehicle to listen to the voices of children and young people about how they would like to be supported and what support they would like. It is crossing the boundaries of health, to include their views on education and social care. The work to capture their voices is part of an engagement process which will inform the development of the Borough's Young Carers strategy. Below are examples of the what children and young people have told us that they want services to deliver and how they want the services delivered to them.

The work with young carers has been really positive in improving the children, young peoples and parents/carers understanding and confidence in School Nursing services. There are many examples of how the team have been able to work with these children and young people; holistically reviewing their health needs, offering interventions and/or sign posting or referring them to other services with the aim of improving their health and wellbeing. In the autumn term eight children and young people have been seen for health assessments which have led to referrals to MASH, SALT, paediatrician, audiology, Teen FRIENDS, Asthma nurse specialist and CAMHS. In addition, both parents and young carers have accessed the School Nurse drop-in session for advice and support on a range of health issues.

Case Study 3

COMMISSIONING INTENTION:
INTEGRATED WORKING

Capitalise on all available resource.

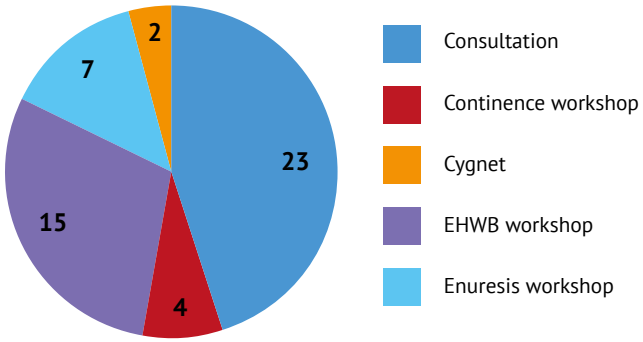
School Nurse Case Study Example:

School Nursing Service Walsall Healthcare NHS Trust
School Nursing hub and spoke model

Walsall School Nursing Service is adopting a *'hub and spoke'* approach to support working with partner agencies. The service has one central base which is used by all team members which also supports the hub for their single point of access. In order to fully support the Children's Service Early Help Model SCPHNs are in teams of 3-4 supported by staff nurses and nursery nurses who spend part of their week in Early Help locality teams working alongside Early Help and family support workers, and social workers will soon join the team. This model has been developing over the past 12 months. All elements of the services core offer including parent groups, children's groups, workshops and health assessment clinics are now delivered in each hub. In addition, SCPHN staff are available to offer consultation to Early Help workers and support the Early Help lead professional role if appropriate. The benefits of this way of working include care being bought closer to home for children, young people and their parents/carers, communication barriers between professionals are being removed which has led to a better understanding of each other's roles. All of which supports Walsall's strategic goal of delivering the *'Right help, Right Time'.*

Developing new ways bring new challenges, building relationships which build trust and develop good communication. Over the 12 months the utilisation of the SCPHN in localities has increased. The chart below shows the uptake of sessions across the core offer autumn term 2019. The uptake of sessions has improved and in particular Early Help staff are now making good use of the opportunity to consult with SCPHN's who can offer advice and guidance about the management of health and wellbeing needs of children and young people who are accessing Early Help.

Uptake of the core offer Autumn term 2019.



Feedback from an Early Help worker about a consultation:

"Hi Sallyann
I thought you would be pleased to know I met with the School Nurse yesterday for a consultation regarding a young person on our waiting list which lead to a referral to School Nursing for a health assessment. This was a really positive way forward. Thanks"

More recently, an innovative new team have come together comprising of Early Help workers, School Nurses, Speech and Language Therapist and Educational Psychology with the aim of reducing school exclusion and promoting inclusion. The same principle of a *'hub and spoke'* model has been used which has enabled School Nurses to contribute more effectively and efficiently in the multi-agency and disciplinary teams.

Case Study 4

COMMISSIONING INTENTION: **IMMUNISATIONS**

Improve the uptake of school aged immunisations.

School Nurse Case Study Example:

School-aged immunisation service, Southern Health NHS Foundation Trust (SHFT)

The school-aged immunisation (SAI) service is commissioned by NHS England who monitor service performance through quarterly contract meetings.

SHFT have recently moved from an integrated public health School Nursing (SN) and immunisation service to having a separate school-aged immunisation (SAI) service. The SAI teams work alongside the public health SN teams to promote the immunisation programme within all schools. Both services also promote ChatHealth, the instant messaging service for young people and the teams work in partnership to obtain feedback from pupils, parents and schools.

The SAI workforce model is based on cohort size, number of schools, the vaccine schedule and a time and motion study to determine the time required per child. The model includes one clinical team lead to manage the four SAI teams across Hampshire, each having an immunisation team lead, immunising nurses and administrative support. The service delivers the SAI programme to all schools, including special schools, private schools, specialist units such as inpatient CAMHS units and the elective home educated community.

Currently we are achieving:

- 75% uptake for the nasal flu vaccine
- 90% uptake for Meningitis ACWY.

The SAI teams provide a personalised service, they are adaptable in their approach and understand their local communities which enables a focus on the hard to reach groups. They run catch up clinics in the community and will see pupils at home if this approach is assessed as being required.

Examples of recently received feedback:

"A big thank you also to the Nurse who put my daughter at ease through the whole process, and the other nurse who assisted her when my daughter became unwell. I would be proud to recommend anyone to your service and wouldn't hesitate to contact the team with any concerns I might have. Just so you know my daughter is feeling well today despite a slight sore arm! Thank you".

"E was fantastic! I cannot commend her highly enough! My daughter has SEND and for years she has refused any injections. E persevered with her and finally my daughter allowed the team to vaccinate her".

Case Study 5

COMMISSIONING INTENTION:
CHILDHOOD OBESITY

To commission new services for children and young people around the prevention, identification and treatment of obesity.

School Nurse Case Study Example:

National Child Measurement Programme School Nurse Led Proactive Follow Up.
North Tyneside Local Authority 0-19 Children's Public Health Service

The 5-19 service consists of a skill mixed team of qualified School Nurses, staff nurses, nursery nurses and public health assistants. The team receives annual training from an in-house School and Public Health Nurses Association trained qualified school nurse in children's healthy weight and proactive follow up. This SN coordinates the implementation of the programme. The measurements of reception and year 6 children are undertaken by the public health assistants. All parents receive a feedback letter with information and signposting. The data is collated and reported on by the Local Authority. The School Nurses and staff nurses in partnership with the local weight management service contact by telephone all the parents of the children who are very overweight (above the 98th BMI centile). Families are offered a direct referral to the local weight management service *healthy4Life* or a bespoke intervention by the SN team. The SN Team Lead and Locality Nurse Manager drives the performance of the team and provides oversight and specialist support for conversations with parents. The bespoke SN intervention draws on a toolkit of PHE and SAPHNA developed resources with interactive activities that can be delivered in the family's home or at a community setting. The initial assessment is completed by a trained and qualified SN; the follow up sessions are delivered by the staff nurses and nursery nurses under the supervision of the qualified SN. The final assessment and signposting to universal services is completed by the qualified SN. Reporting of the annual programme to the Director of Public Health is the responsibility of the 5-19 Locality Nurse Manager.

Case Study 6

COMMISSIONING INTENTION:
MEDICAL CONDITIONS IN SCHOOLS

Pupils at school are supported with their medical conditions *'Supporting Pupils at School with Medical Conditions'* (Department of Education, 2015).

School Nurse Case Study Example:

Anaphylaxis training. Northumberland 0-19 Service, Northumbria Healthcare NHS Trust

Incidents of Anaphylaxis in the UK are on the increase with an estimated 20 deaths reported each year (NICE, 2016). It is estimated that in the UK 5-8% of children have a proven food allergy (Food Standards Agency, 2016). The treatment for a severe allergic reaction/anaphylaxis is an injection of adrenaline which is delivered in pre-loaded injections designed for self-administration or by suitably trained individuals.

At the beginning of each academic year all schools in Northumberland are invited to participate in training by the School Health team in managing anaphylaxis. Schools are informed that this is an annual update to ensure proficiency. The training delivers the following information:

- Overview of anaphylaxis
- Signs and symptoms
- Common causes
- Risk management and avoidance
- Treatment and managing anaphylaxis in an emergency/crisis management
- Legal responsibilities of school and parents/carers.

All School Nurses in Northumberland update their knowledge of Anaphylaxis through their annual Statutory and Mandatory training and attending locally provided specialist allergy training. This ensures they are knowledgeable and able to be the link between specialist secondary health services and schools and families in the community.

Case Study 7

COMMISSIONING INTENTION:
'YOU'RE WELCOME' QUALITY STANDARD

A systematic framework is in place to help commissioners and service providers to improve the suitability, accessibility, quality and safety of health services for young people. *You're Welcome* is a set of quality criteria for young people friendly health services.

School Nurse Case Study Example:

You're Welcome Accredited School Nursing 'Drop In' Services. Northumbria Healthcare NHS Foundation Trust: Northumberland 0-19 Service

The School Nursing Service worked closely with the school student leadership team to obtain feedback from students about how the 'drop-in' service could be developed. The student leadership team organised assemblies for the School Nurses to speak directly to the young people. They also disseminated tasks to the young people in the school to observe and give feedback directly on *You're Welcome* and the School Nursing service. The leadership team then collated the information and presented results of what the young people wanted their drop in to be. The School Nurses feel that working on the *You're Welcome* quality criteria strengthens relationships with young people and educational staff which in turn results in increased access and suitability of the service for the young people. The quality of the health information is targeted to their expressed needs. The School Nurses feel that *You're Welcome* has raised the profile of the service and that the school and young people really value the service provided. The number of young people accessing the service has increased.

Many of the young people have provided feedback that they *"enjoyed coming to see the School Nurses as they really help me"*.

Case Study 8

COMMISSIONING INTENTION:
REDUCING TEENAGE PREGNANCY

Services are accessible for young people to obtain sexual health advice and contraception.

School Nurse Case Study Example:

School Nurse Case Study Example Health and Wellbeing Plus Clinics.
RDASH Doncaster School Nursing Team

This service involves the School Nursing team attending schools fortnightly to offer sexual health advice, distribute condoms, STI screening, administration of emergency contraception, pregnancy testing. Discussions are made around understanding consent, recognising a safe/unsafe relationship, and spotting the signs of grooming.

Anecdotal evidence suggests that Young people want to see School Nurses in school regularly without having the cost of using public transport to access services; Or the impact of telling parents/carers that they are accessing sexual health services as an example.

BACKGROUND

The reasons to commence the work stemmed from local and national figures showing an increase in teenage pregnancy and sexually transmitted infections in Doncaster. Prior to these clinics being offered in school, young people were expected to attend their GP surgery or CASH services within the town centre. The Borough of Doncaster covers a large geographical area, where a bus journey can take over an hour from outlying areas to the centre, and even with a bus pass the travel costs are high. Other services have previously offered sexual health support in school. However, these were not consistent or sustained.

PLANNING

Presentations of the service were offered to every school, inclusive of the board of governors and parent groups to inform and reassure around the content and the nature of the clinics. Uptake was slow initially as schools were resistant to acknowledging the level of need within school. This was particularly problematic within faith schools due to religious beliefs and ethos held by the school, which was governed by hierarchical religious structures and management. In these situations, the service offered alternative provision by delivering the clinic on a health bus.

IMPLEMENTATION

Challenges:

- Support from schools around understanding and valuing the work that was being implemented without feeling that this was placing a negative picture around sexual activity of students within the school
- Schools reported concerns around being labelled by the community as a school that condoned sexual relationships at what could be seen as an early age
- Identifying a mutually suitable time to deliver the clinic, being mindful of students needing to get their lunch, whilst also ensuring that the service was also able to be delivered to a good standard

- Identifying an appropriate room with correct facilities so that confidentiality was maintained and clinical procedures could be carried out
- Raising the profile of the clinic within school with the young people took time for them to feel comfortable and confident to attend the clinic, and initially this was reliant on word of mouth between each other to enable the therapeutic relationship to develop between nurse and student
- Schools struggled to feel comfortable in both recognising the need of the student and wanting to meet that need, but were also mindful of any possible parental backlash.

Enablers:

- Schools have worked closely with the team to better understand the service delivery and the evidence base around the need to implement these clinics within schools
- Schools have actively encouraged the team to attend parents and governors' meetings, Senior Leadership Team meetings, assemblies and networking forums to promote a better understanding of the delivery of clinics
- Negotiation between schools and the service has led to clear identification of times, days and dedicated rooms to facilitate clinics
- Students have embraced being able to access the service within the school day and have shared this with their peers leading to a bigger uptake of attendance
- Parental understanding and acceptance of the clinics has increased following the consistent information sharing.

OUTCOMES

Service Users

- School Attendance has been more consistent and sustained as young people have been able to access services within school time
- Young people have developed therapeutic relationships with School Nurses, and now know their school nurse and come to him/her as a service of choice
- There is an increase in students attending clinics regularly as they now feel empowered to manage and meet their own health needs independently
- Students tell us that any worries they had around possible unwanted pregnancies, STI's or relationship anxieties have helped them to better manage their emotional health
- By attending regularly, students tell us they feel safe and comfortable, likening us to a *'second home'* which has resulted in disclosures of a significant nature which otherwise may not have been shared in a timely manner by the young person
- Within the health consultation the young people have been able to discuss other aspects of their health which has resulted in them either being seen again by the team, or being signposted to other services
- Students are now able to see the team before reaching crisis point as they now see us as a responsive service of choice
- Students tell us that they feel no label or stigma when they come to see us as the clinics are now part of a natural school day

- Parents report at parent's evenings and anecdotally through school staff and their children, that they too now value the service and recognise that this is a need in today's society
- Anecdotally professionals, students and parents tell us that they feel *'safe'* knowing that this service is delivered by qualified nurses who are accountable and regulated to deliver this service
- Health peers routinely signpost young people to access this service that is delivered in school as an area of relevant and good practice to meet the diverse health needs of a sexually or inquisitive young person
- LGBTQ young people tell us that they feel inclusive, valued and recognised when accessing clinic
- The skill of the SCPHN and other qualified nurses in assessing the health needs of young people, by recognising educational development and understanding, ensures that young people with SEND have their individual needs met. This assures safe and appropriate understanding of their sexual health needs and wider understanding of relationships to keep them safe
- Information sharing with school of emerging health needs is timely, where appropriate
- Young women have been administered Emergency Contraception outside of clinic times at the point of need following self- referral via text or E clinic. They report they would not have received it otherwise

Staff

- The team have been able to plan a full academic year of dates and times and to commissioning services and contract teams within the organisation to evidence the commitment to delivering clinics
- The team has been able to allocate staff and identify areas where staff cover is needed for example sickness and annual leave
- Staff have been able to develop positive working relationships in schools that were previously difficult to engage and sustain good working relationships with other schools
- Staff have been able to clearly identify the health needs of their schools using public health data and anecdotal evidence from the schools
- Staff have felt a sense of ownership and pride by being able to plan, deliver and evaluate their work
- Information sharing has been more timely and concise
- The development of the therapeutic relationship between Nurse and young person has enabled the team to identify early indicators of grooming and safeguarding, resulting in more timely and accurate referrals to social care
- Schools have acknowledged and recognised the role of the team, creating a sense of trust in our service. This has resulted in schools taking a *'step back'* in relation to *'needing to know everything'* about a child's health. This in turn has released educational time for teaching staff to make best use of their own time

- Staff report that the delivery of these clinics has helped to define their roles
- *The delivery of these clinics has led to a reduction in referrals to CAMHS and other acute services, with young people citing that "they find the school nurse easy to talk to".*

FOLLOW UP CONCLUSIONS AND NEXT STEPS

The long-term plan is for these clinics to continue.

Consideration is being given to offering them weekly, or to look at being in schools for a full day.

Case Study 9

COMMISSIONING INTENTION: **CONTINENCE**

To provide a high-quality service for all children who have continence issues, including assessment, individually tailored treatment, management, follow up support and advice for children, families, schools, healthcare and medical professionals.

School Nurse Case Study Example:

Inspector Ted Loves a Dry Bed.
Surrey School Nursing Service

The Surrey School Nursing team run Enuresis Clinics as part of their service offer. In line with research it was felt that a more child focused approach needed to be used.

An enuresis booklet was designed to ensure clinic appointments were far more child focused. We included enuresis contracts within the booklet so, all involved understood their commitment to the process. *Inspector Ted* was used as a visual aid to help explain in a fun way the main reasons that children wet the bed and he was also able to demonstrate the correct use of the enuresis alarm. Both qualitative and quantitative data was collected over a six-month period via an anonymous questionnaire. A clinic audit was also completed.

The results showed a drop in DNA rates as well as a decrease in unresolved discharges. The approach had a positive effect on patient outcome and clinictime, creating an improvement for both patients and the service

Feedback from parents;

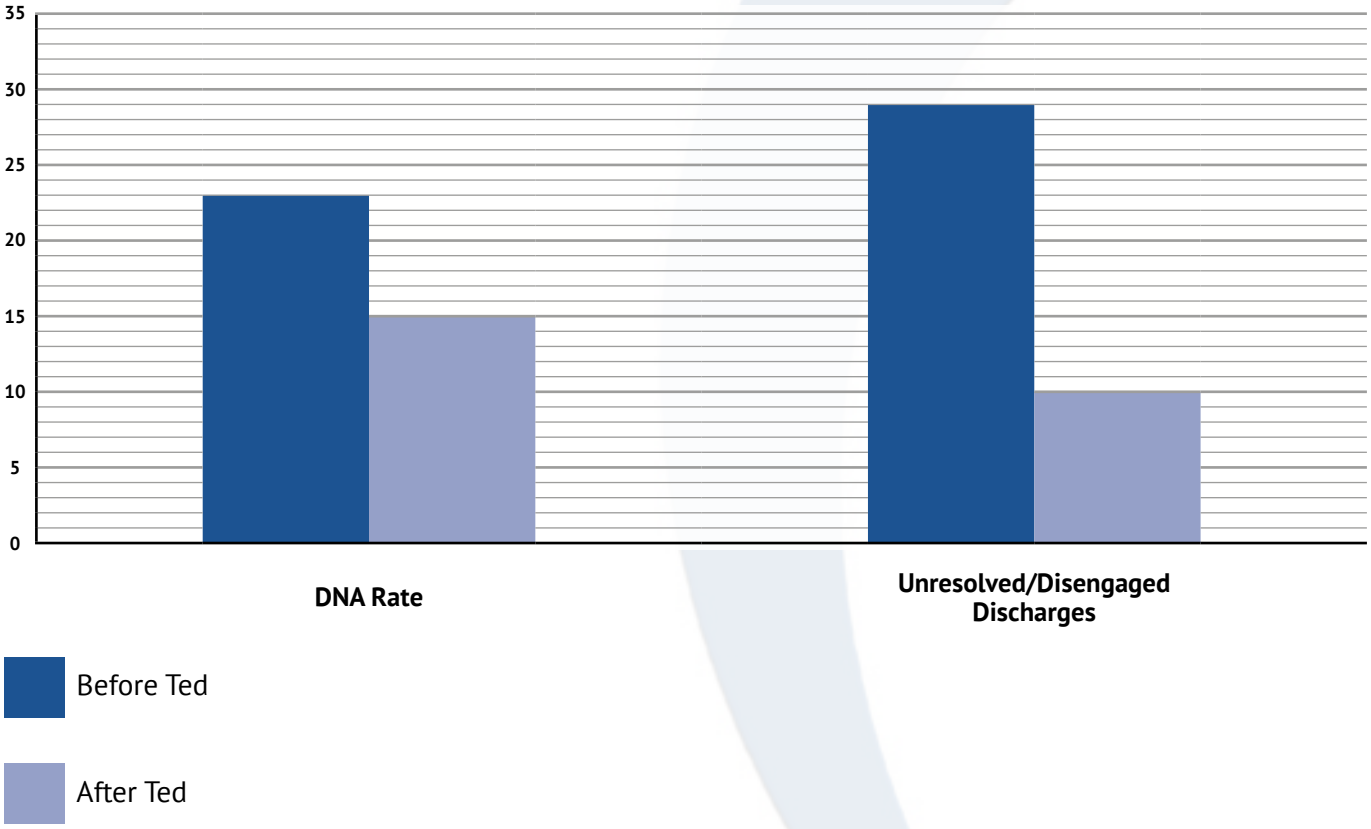
"I wished we had come to you sooner"

"It was explained in a way that (child's name) could understand"

"We were all talking about Ted when we got home"

Using *Inspector Ted* has shown that adopting a child focused approach can increase number of patients discharged dry, achieving an 18% improvement rate, as well as reducing wasted clinic time. Inspector Ted has now been rolled out across all bases across Surrey and is continuing to increase success rates.

Quantitative service data before and after introduction of Inspector Ted



Case Study 10

COMMISSIONING INTENTION: **CONTINENCE**

School Nurse Case Study Example:

Integrated continence pathway. 0-19 Service and Children's Continence Service. Northamptonshire Healthcare NHS Foundation Trust

Background:

The integrated continence pathway was developed to manage a number of difficulties. The 0-19 service and children's continence service were commissioned by different organisations to deliver different elements of the continence service to the child population in Northamptonshire.. The segmented approach to commissioning parts of the pathway had led to delivery in silos and there were both gaps and overlaps in service delivery. Both the children's continence service and the 0-19 service were under significant pressure in relation to capacity and both were working outside of their specialism. The purpose of developing an integrated continence pathway was to ensure that the system was functioning as one unit and enabling early and low level intervention to be provided to families in order to improve outcomes for families, clarify the issues which require specialist intervention and enable quicker access to specialist support for those who require it.

Practice Development:

The integrated pathway was developed by a group of frontline clinicians and the clinical system technicians and administration team, facilitated by the clinical leads for Children's Universal and Children's Specialist Services within Northamptonshire Healthcare NHS Foundation Trust.

The steps involved:

- Reviewing current practice;
- Identifying skills and knowledge gaps in order to develop a training programme;
- Reviewing the NICE guidance and guidance from ERIC and Bladder and Bowel UK;
- Understanding the roles and responsibilities of public health nursing teams (prevention, health promotion, early identification and early intervention) and children's continence nursing teams (specialist intervention);
- Developing a robust core assessment tool;
- Developing the clinical guidelines and pathways to identify step up and discharge points;
- Recognising the responsibility of clinicians to review safeguarding factors when children are not brought to appointments or do not respond to clinical offer letters;
- Consulting the two wider services with draft versions of pathways, assessment documents and resources;
- Re-developing *systmOne* templates to reflect new integrated service and to ensure that information is available on both units;

- Providing a joint training event to 0-19, special School Nursing and children's continence team;
- Launching the new pathways;
- On-going evaluation between the two services.

Impact:

For children and families, the services provide very clear and consistent messages, some families are able to manage their child's continence needs without further intervention after accessing and following the short videos and guidance available via their welcome letters. Children who require intervention receive a robust assessment which includes both the three systems questions and more specialist information which means that children are to be put more quickly on the correct pathway. Children who have a specialist need, such as faecal impaction are able to access the children's continence HOT clinic which is a rapid access clinic through which they can be reviewed and receive appropriate medical intervention. The children's continence team provide a consultation line which enables ongoing education of and support to the 0-19 workforce supporting children with continence issues.

Clarity between the two services about which elements of the pathway require which skill set has led to better relationships and understanding between the services, improving communication, cooperation and partnership.

NHFT has a strong emphasis on service user feedback and all service users are invited to provide feedback after contact with the services via *I Want Great Care*. The team who were involved in developing the pathways meet on a quarterly basis to bring together feedback from service users and frontline teams to reflect on together and responsively tweak the pathways. This approach enables continual evaluation and development of the pathway.

Learning:

This pathway was developed by the frontline clinicians in both teams working together. There was time taken to understand the specific roles and responsibilities of the services, current practice and knowledge. Space was given to develop relationships, trust and respect for one another within the team. Time was given to listen to one another and understand historical practice, new guidelines and reflect on barriers which may create difficulties. The pathways could have been developed very quickly by the clinical teams, however without this time given to build relationships and understanding there would not have been a successful adoption of the pathway by both teams and the change would not have been successful. This was the second attempt to develop an integrated clinical pathway; the previous attempt which did not involve the frontline teams from across the county was not successful.

Clinical Pathways for Reference:

See Clinical Pathways on following pages.

0-19 Constipation Pathway

When the intervention is complete adjust the level of care and place back on the universal caseload.

What are the red and amber flags for constipation in a child?

Red flags suggest a serious underlying cause or condition. If any of the following are detected, refer the child urgently to an appropriate specialist (the urgency depending on clinical judgement), and do not initiate treatment for constipation in primary care.

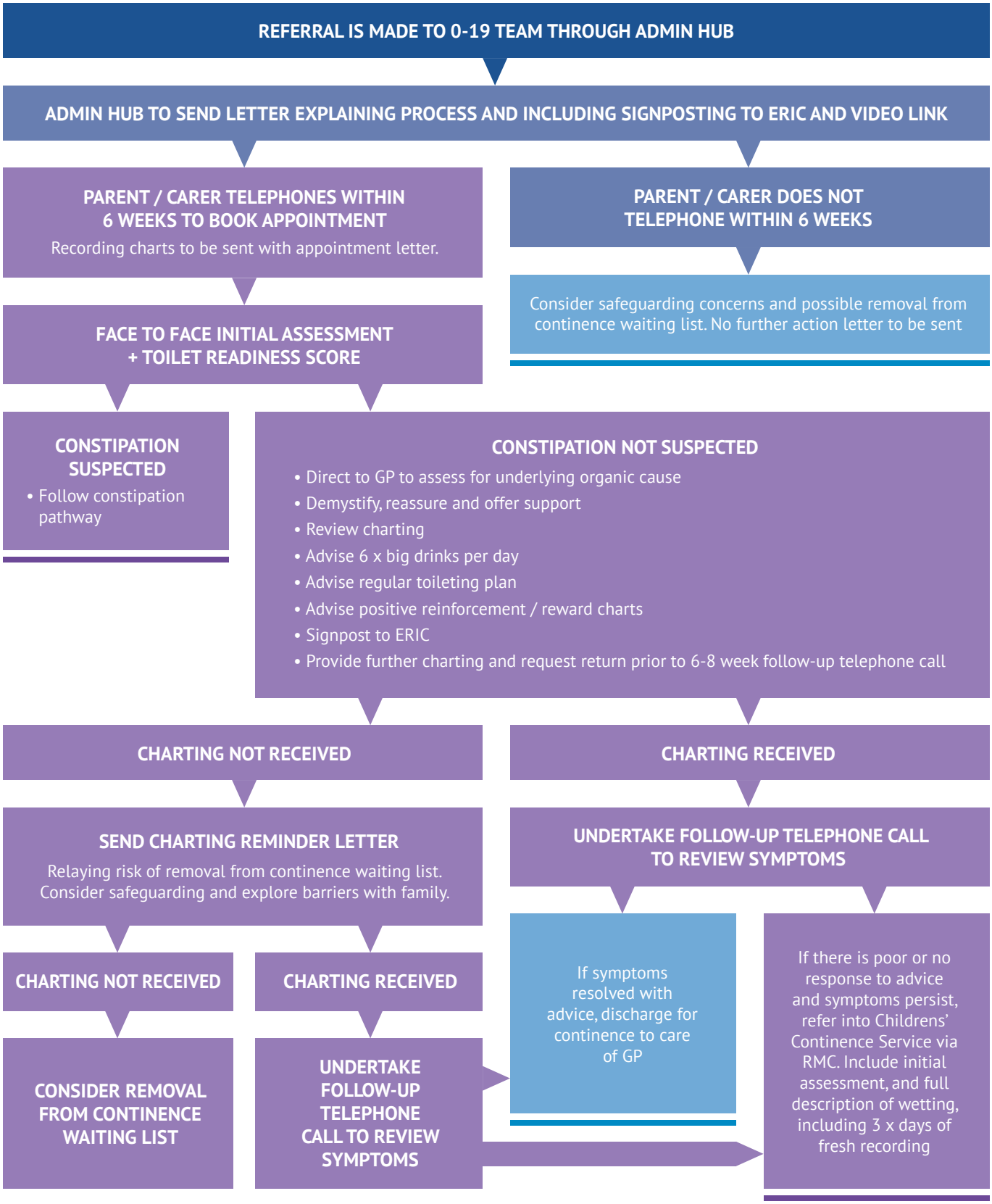
They include:

- Symptoms of constipation appearing from birth or during the first few weeks of life — This could indicate Hirschsprung disease (congenital aganglionic megacolon)
- Delay in passing meconium for more than 48 hours after birth, in a full-term baby — may indicate Hirschsprung's disease or cystic fibrosis
- Abdominal distension with vomiting — may indicate Hirschsprung's disease or intestinal obstruction
- Family history of Hirschsprung's disease
- Ribbon stool pattern — may indicate anal stenosis (more likely to present in a child younger than one year of age)
- Leg weakness or motor delay — may indicate a neurological or spinal cord abnormality – further examination may reveal unexplained lower limb deformity or abnormal neuromuscular signs, including abnormal reflexes
- Abnormal appearance of the anus (including fistulae; bruising; fissures; tight or patulous [widely patent] anus; anteriorly placed anus; or an absent anal wink [a reflex contraction of the external anal sphincter when the skin around the anus is stroked, may indicate spinal or neurological pathology])
- Abnormalities in the lumbosacral and gluteal regions (such as asymmetry of the gluteal muscles, evidence of sacral agenesis, scoliosis, discoloured skin, naevi, hairy patch, sinus or central pit).

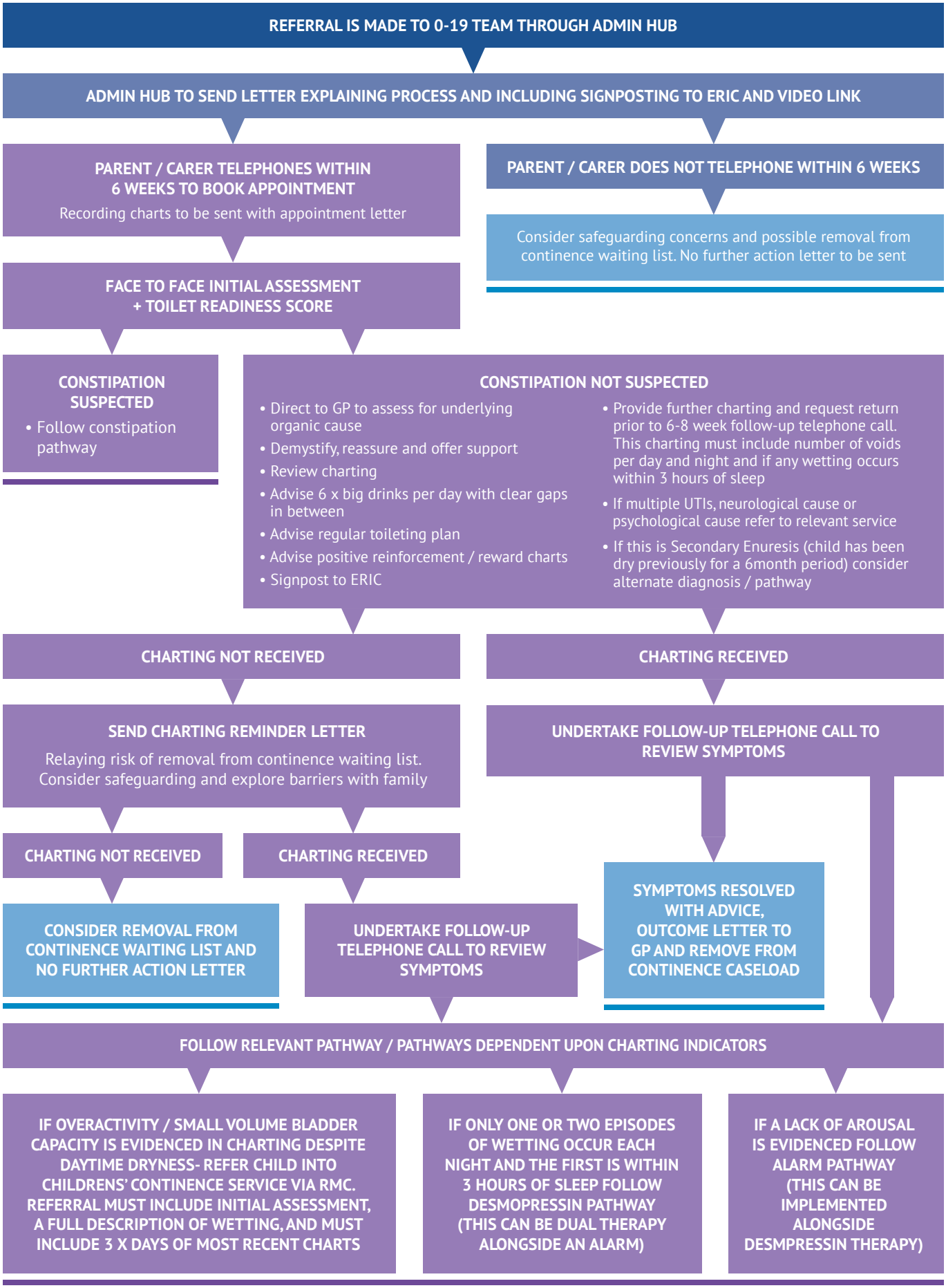
Amber flags also require specialist referral for assessment, but children with these signs may be treated for constipation in primary care whilst awaiting specialist assessment. They include:

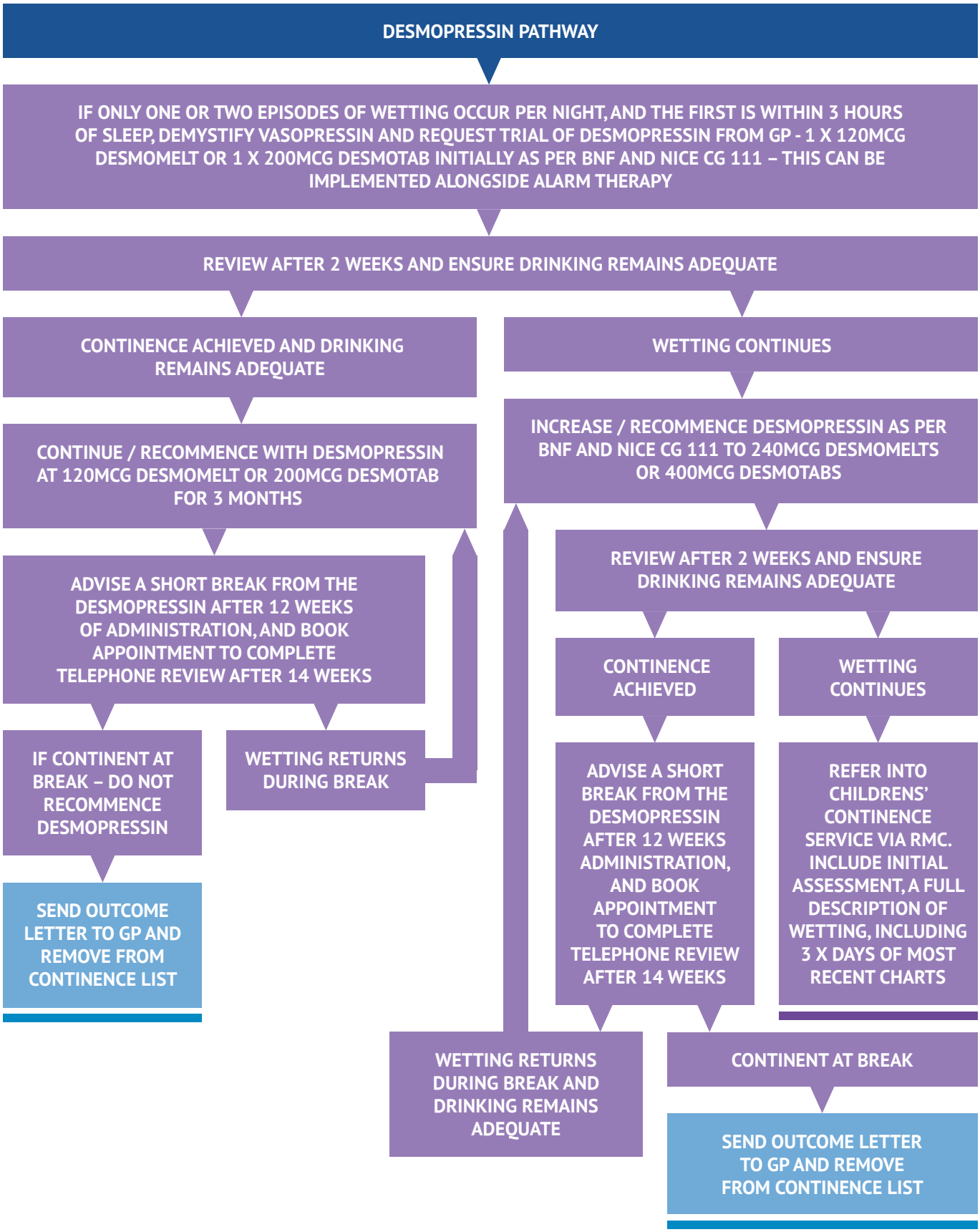
- Evidence of faltering growth, developmental delay, or concerns about wellbeing, which may indicate a systemic condition — liaise with a specialist to arrange testing for possible coeliac disease, hypothyroidism, cystic fibrosis, and electrolyte disturbance, if appropriate. See the CKS topics on Coeliac disease and Hypothyroidism for more information
- Constipation triggered by the introduction of cows' milk — see the CKS topic on Cows' milk protein allergy in children for more information
- Concern of possible child maltreatment — follow local child safeguarding procedures. See the CKS topic on Child maltreatment – recognition and management for more information.

0-9 Daytime Wetting Pathway



0-19 Primary and Secondary Nocturnal Enuresis Pathway




DESMOPRESSIN PATHWAY
IF ONLY ONE OR TWO EPISODES OF WETTING OCCUR PER NIGHT, AND THE FIRST IS WITHIN 3 HOURS OF SLEEP, DEMYSTIFY VASOPRESSIN AND REQUEST TRIAL OF DESMOPRESSIN FROM GP - 1 X 120MCG DESMOMELT OR 1 X 200MCG DESMOTAB INITIALLY AS PER BNF AND NICE CG 111 – THIS CAN BE IMPLEMENTED ALONGSIDE ALARM THERAPY
REVIEW AFTER 2 WEEKS AND ENSURE DRINKING REMAINS ADEQUATE
CONTINENCE ACHIEVED AND DRINKING REMAINS ADEQUATE
CONTINUE / RECOMMENCE WITH DESMOPRESSIN AT 120MCG DESMOMELT OR 200MCG DESMOTAB FOR 3 MONTHS
ADVISE A SHORT BREAK FROM THE DESMOPRESSIN AFTER 12 WEEKS OF ADMINISTRATION, AND BOOK APPOINTMENT TO COMPLETE TELEPHONE REVIEW AFTER 14 WEEKS
IF CONTINENT AT BREAK – DO NOT RECOMMENCE DESMOPRESSIN
SEND OUTCOME LETTER TO GP AND REMOVE FROM CONTINENCE LIST
WETTING RETURNS DURING BREAK
WETTING CONTINUES
INCREASE / RECOMMENCE DESMOPRESSIN AS PER BNF AND NICE CG 111 TO 240MCG DESMOMELTS OR 400MCG DESMOTABS
REVIEW AFTER 2 WEEKS AND ENSURE DRINKING REMAINS ADEQUATE
CONTINENCE ACHIEVED
ADVISE A SHORT BREAK FROM THE DESMOPRESSIN AFTER 12 WEEKS ADMINISTRATION, AND BOOK APPOINTMENT TO COMPLETE TELEPHONE REVIEW AFTER 14 WEEKS
WETTING CONTINUES
REFER INTO CHILDRENS' CONTINENCE SERVICE VIA RMC. INCLUDE INITIAL ASSESSMENT, A FULL DESCRIPTION OF WETTING, INCLUDING 3 X DAYS OF MOST RECENT CHARTS
WETTING RETURNS DURING BREAK AND DRINKING REMAINS ADEQUATE
CONTINENT AT BREAK
SEND OUTCOME LETTER TO GP AND REMOVE FROM CONTINENCE LIST

ALARM PATHWAY

A BED-WETTING ALARM CAN BE CONSIDERED AS THE FIRST-LINE TREATMENT TO CHILDREN AND YOUNG PEOPLE WHOSE BEDWETTING HAS NOT RESPONDED TO ADVICE ON FLUIDS, TOILETING OR AN APPROPRIATE REWARD SYSTEM

However it is important to note that an alarm may be considered inappropriate if:

- Bedwetting is very infrequent (that is, less than 1–2 wet beds per week)
- The parents or carers are having emotional difficulty coping with the burden of bedwetting
- The parents or carers are expressing anger, negativity or blame towards the child or young person
- Wetting is occurring multiple times per night

REFER TO NICE CG 111 FOR FULL GUIDANCE

IF ALARM THERAPY IS CONSIDERED TO BE APPROPRIATE. DISCUSS THE PROCESS WITH FAMILY, RELAY EXPECTATIONS FOR SYMPTOM RELIEF AND FOR RETURN OF ALARM AND COMPLETE RELEVANT CONTRACT FORM, THEN ADD PATIENT TO DATABASE FOR LOAN OF ENURESIS ALARM

FOLLOWING LOAN OF ALARM ARRANGE TELEPHONE CLINIC IN 4 WEEKS TO REVIEW DRINKING AND WETTING

CONTINENCE ACHIEVED FOR >2 WEEKS

ADVISE IMPORTANCE OF CONTINUING WITH ADEQUATE DRINKING AND TOILETING ROUTINES

REQUEST RETURN OF ALARM, SEND OUTCOME LETTER TO GP AND REMOVE FROM CONTINENCE LIST

CONTINENCE NOT ACHIEVED BUT SYMPTOMS IMPROVED

CONSIDER DUAL THERAPIES USING ALTERNATIVE RELEVANT CONTINENCE PATHWAYS. IF NONE APPROPRIATE REFER INTO CHILDRENS' CONTINENCE SERVICE VIA RMC. REFERRAL MUST INCLUDE INITIAL ASSESSMENT, A FULL DESCRIPTION OF WETTING, AND 3 DAYS OF MOST RECENT CHARTS

TELEPHONE CLINIC IN 4 WEEKS TO REVIEW DRINKING AND REVIEW NOCTURNAL ENURESIS

CONTINENCE ACHIEVED

REQUEST RETURN OF ALARM, SEND OUTCOME LETTER TO GP AND REMOVE FROM CONTINENCE LIST

CONTINENCE NOT ACHIEVED

REQUEST RETURN OF ALARM, AND REFER INTO CHILDRENS' CONTINENCE SERVICE VIA RMC. REFERRAL MUST INCLUDE INITIAL ASSESSMENT, A FULL DESCRIPTION OF WETTING, AND 3 DAYS OF MOST RECENT CHARTS

CONTINENCE NOT ACHIEVED AND NO REDUCTION IN SYMPTOMS

ADVISE TO CEASE USE OF ALARM AND REQUEST RETURN TO SERVICE

CONSIDER ALTERNATIVE PATHWAY OR IF NONE INDICATED REFER INTO CHILDRENS CONTINENCE SERVICE

Case Study 11

COMMISSIONING INTENTION: **SAFEGUARDING CHILD SEXUAL EXPLOITATION**

Safeguard and promote the welfare of children and young people, who maybe at risk from harm.

School Nurse Case Study Example:

School Nurse Drop In Case Study Northumberland 0-19 Service. Northumbria Healthcare NHS Foundation Trust

(names in this case study have been changed)

A young person attended a *You're Welcome* accredited drop in at a high school. Zara made the school nurse aware that she had nobody to talk to that she was low in mood and had been self-harming. She had suicidal ideation. Zara had recently been given drugs and alcohol, taken to an unfamiliar location by her boyfriend, with a group of men she did not know and alleged she had been raped. The school nurse provided compassionate care and steps to put in place an urgently required safety plan. This included obtaining agreement to speak to Zara's parents to enable urgent medical advice to be sought, referrals to children's services and the police. The school nurse continued to provide on-going specialist support and advice to Zara and the family whist urgent care and assessments took place.

This included education to Zara and the family on child sexual exploitation.

Case Study 12

COMMISSIONING INTENTION:
WELLBEING & EMPLOYABILITY VULNERABLE GIRLS

To reduce poor outcomes for vulnerable and young people at high risk. To improve young people's resilience and life chances including wellbeing and employability.

School Nurse Case Study Example:

'Girls 2 Women' a school nurse led programme for targeted young women.
Surrey School Nursing Service.
Children and Family Health Surrey

For some young women the transition from childhood to adulthood can be challenging. The influence of peer pressure, teenage social media and the absence of consistent positive female role models can exacerbate difficulties and contribute to poor health choices and health outcomes.

'Girls 2 Women' groups have demonstrated an overall improvement in healthy life style choices and improvement in young women's self-esteem over the duration of the course.

Participants have included Children who are Looked After, young women currently or previously involved with Children's Services, those with emotional wellbeing issues, low self-esteem or those who struggle with peer issues and boundaries.

This school nurse led project: to encourage healthy lifestyle choices and raise self-esteem is a programme of 5-8 weekly sessions, with a small group format for students in year 9. Sessions are designed to promote self-esteem, self-confidence and a positive body image. The format focuses on recognising and maintaining healthy relationships, and resisting peer pressure alongside more traditional topics such as contraception, risks of alcohol use and the importance of diet and exercise.

Previous group evaluations suggested that when discussing sensitive topics, small single sex group work was preferred to larger mixed sex PSHE classes. In particular the positive effect on student engagement with topics being discussed was noted.

Outcomes in terms of potential longitudinal behaviour change can be linked to local and national targets. Public health focus is a priority for School Nurses.

Feedback from students;

"Thank-you for helping me to get the help I needed."

"that some of my relationships have not been good, I won't make the same mistake again."

"This has made me think about who to trust."

"not to follow the everyone else but to be happy being me."

"that no one is really perfect."

Feedback from Head of School

"'Girls 2 Women' has been run at the school for a number of years now. In my experience the course gives young women the opportunity to discuss issues that really matter to them in a safe environment with an adult they respect and trust. I have seen first-hand the change in many of these young women in terms of increasing confidence, attendance to school and engagement in lessons."

Case Study 13

COMMISSIONING INTENTION:
REDUCING REFERRALS TO CAMHS

SN's working in partnership with education to build community capacity and resilience skills, therefore reducing referrals to specialist services – youth counselling and CAMHS.

School Nurse Case Study Example:

SN Wellbeing Workshops Northamptonshire Health Care NHS Foundation Trust

A series of five workshops using the *Five Ways to Wellbeing* at their centre:

Week 1 – Welcome to Wellbeing

Week 2 – Talking about Sleep

Week 3 – Think-Feel-Do Cycle

Week 4 – All about Emotions

Week 5 – Recap to Wellbeing

RESULTS: 81% of students who completed at least four of the workshops recorded an improvement in scores in at least two areas of the Short Warwick Edinburgh Mental Wellbeing Scale.

Feedback from the young people:

"It was fun and interesting. The sessions helped me understand more about sleep. I enjoyed the mindfulness, it really helped me."

Case Study 14

COMMISSIONING INTENTION:
REDUCE REFERRALS TO PRIMARY CARE AND CAMHS

School Nurse Case Study Example:

School Nurse E Clinic Doncaster School Nursing Team RDASH

The School Nursing team in Doncaster identified a need for electronic communication with secondary school pupils. The recurring theme of not being able to contact the school nurse outside school hours was highlighted as a problem by pupils themselves.

Therefore, School Nurses developed an App. The *E Clinic* system went live January 2016. It is free to download and offers pupils the opportunity to speak with their school nurse team via instant messaging.

Three evenings per week between 3.30pm-5pm there are four half hour appointment slots available for students to speak to us about any health issue that may be affecting them. The time was decided in consultation with young people in Doncaster schools.

To date there are: 423 users

Active Registered Users: 419

Total Appointments Booked: 474

Total Appointments Completed: 393

Average Installs per Month: 35-85

Average Appointments per User: 1-3

Average Messages per Appointment: 14

Max Messages for Appointment: 50

E Clinic is continuing to grow on a weekly basis and we have interest locally and nationally. It is the only service of its kind for young people in the country, putting Doncaster School Nursing Team at the forefront of the care of Young People, encompassing their views on what services they want and need.

E clinic has gained recognition, winning two prestigious awards for innovation in 2016.

Nationally, there is interest from other NHS trusts. This was evident when *E clinic* was presented at the CPHVA conference in 2017 and is evidenced in the feedback with data.

Feedback from young person.

"The School Nurses were very helpful, considerate and caring and understanding. They gave me their time and allowed me to confidently talk about my problems while offering support."

Case Study 15

COMMISSIONING INTENTION: **REDUCE REFERRALS TO PRIMARY CARE AND CAMHS**

School Nurse Case Study Example:

School Nursing Service, Hertfordshire Community NHS Trust (names in this case study have been changed).

A referral was received from the school via an electronic referral system. Ami was a female of 15 years of age; the referral reported that Ami was worried regarding future exams and an imminent school immunisation session. Ami had found that her anxiety was spiralling and she had begun to have panic attacks, meaning support was required to cope with anxiety. Early identification of mental health indicators can originate from schools, parents and GP's who can make electronic referrals to School Nursing, enabling partnership working to support children.

Ami lives with her mother, father and brother. A telephone call was made to mother to confirm consent for the school sessions and to gather background history. Mother reported that she recognised Ami's anxiety began from around two years ago when her brother was diagnosed with cancer.

The school nurse met with Ami on five occasions in one to one session's which were held in school. The Solihull Approach Resource Pack (2012) assessment form was used to encourage Ami to explain her anxieties and how they made her feel. Strategies which Ami could use to cope with her forthcoming exams and immunisations were discussed and implemented. An explanation regarding what causes worries and anxieties was held with Ami, which led her to a greater understanding of how her body works and why we have anxiety (Hertfordshire Health for Teens, 2018). Immunisations were explained to Ami, leading her to be able to make an informed decision regarding her immunisation (NHS, 2017). By using the strategies put in place Ami was able to gain control of her worries. Ami felt that understanding worries and why we have anxiety gave her greater control over her anxiety. Ami used the breathing strategies to complete both her vaccination and exams without panic attack taking place. Ami completed her exams and immunisation and moved forward in a confident direction.

Case Study 16

COMMISSIONING INTENTION:
REDUCE REFERRALS TO PRIMARY CARE AND CAMHS

School Nurse Case Study Example:

School Nursing Service Hertfordshire Community NHS Trust

Hertfordshire Community Trust (HCT) has adopted an electronic Health Needs Assessment tool to screen children at transition points to drive service improvement and transform practice. The electronic tool enables assessment of the needs of individuals and populations, identifying children and young people earlier who would most likely be *'under the radar'.*

During an assessment session in school with Year 6 children, my attention was drawn to Chloe, who seemed quiet and withdrawn. On completion of the questionnaire, I noted that Chloe's questionnaire had alerted for follow-up. Having checked her electronic health records, there was no clear indication to see the child but I decided to call her into a quiet room to talk about how she was feeling. This decision was based on observation and instinct rather than a specific clinical need.

Chloe was reserved and quiet. She appeared slightly dishevelled and had facial acne. Gradually, she opened up and became very tearful but was unable to explain why. I sought her permission to speak to the Head Teacher and her mother. The Head Teacher (also Designated Safeguarding Lead) explained that she was concerned that Chloe was withdrawn and had a scheduled meeting with Mum later that day. Mum agreed to speak to me at that meeting where she outlined her concerns about Chloe's mood. Mum agreed that I could see Chloe again in school.

At an assessment meeting with Chloe, she explained that her mood was low, she disliked her hair and skin, had low self-esteem and easily became upset when she thought about her Grandpa who had died recently. Chloe explained that she had not told anyone else about these feelings. She agreed to see the school nurse for up to six sessions for support.

What did I do?

During the subsequent sessions with Chloe, the school nurse followed the School Nursing Emotional Mental Health Wellbeing pathways for anxiety, self-esteem and bereavement. Chloe was told about *Brain box*, shown breathing, relaxation and visualisation exercises and practiced thought/ behaviour cycle exercises. She completed positive affirmation statements. She was encouraged to talk about positive memories of Grandpa and to compile a memory box. After each session, a telephone call was made to Mum to discuss ongoing support. The Solihull approach was used to engage with Mum who quickly came to accept that Chloe needed her practical and emotional support. Mum worked hard to give Chloe attention by partaking in physical activities, taking her to the hairdresser, having a facial and helping her to clean her skin. Mum was advised to take Chloe to the GP for acne advice. The Head Teacher focused on self-esteem by enrolling Chloe in a mentoring programme with Nursery children.

After six sessions of support, Chloe rated her mood from 3/10 to 10/10. She looked happier and her

appearance/skin had improved. Chloe reported that she felt able to talk to Mum about her worries and she had developed a better relationship with school staff.

Mum sent an email thanking the school nurse for the *"fantastic service and care that was provided"* and noted a *"turnaround in her demeaner"*. Mum stated that Chloe had *"gained back her bounce and confidence"*. She also stated:

> *"The advice and tips that you provided were extremely helpful and she is still using them now to help deal with life's tricky situations. It was great that you were able to come to a place that Chloe was comfortable, which in turn provided the right atmosphere for her to feel better and deal with her concerns. The support that you also provided to me was much appreciated, sometimes as a parent you are not always able to provide the help your child needs and to have the service that you and your colleagues provide is a great relief and a blessing".*

Case Study 17

COMMISSIONING INTENTION:
REDUCE REFERRALS TO PRIMARY CARE AND CAMHS

School Nurse Case Study Example:

School Nursing. Hertfordshire Community NHS Trust

The School Nursing service has developed a set of Emotional Mental Health & Wellbeing packages of care. This work was supported by our HCT Tier 2 CAMHS service who also deliver training to our staff and ongoing supervision sessions for School Nurses to access for advice and support for individual cases. Although the pathways were designed for 5-19 year olds, they predominately provided support for the younger age group. Recently, a member of the team has designed teen well-being packs which are just being launched.

HCT has recently secured funding to train four Children's Wellbeing Practitioners, a new role which has been developed and rolled out by the London and South East CYP IAPT learning collaborative within children and young people's mental health services across London and the South East of England. Over the course of a year, and under intense supervision, Children's Wellbeing Practitioners will be trained to offer brief, focused evidence-based interventions in the form of low intensity support and guided self-help to young people who demonstrate mild/moderate:

- Anxiety (primary and secondary school age)
- Low mood (adolescents)
- Common behavioural difficulties (working with parents for under 8s).

Case Study 18

COMMISSIONING INTENTION:
LOOKED AFTER CHILDREN

Promoting the health and wellbeing of looked after children.

School Nurse Case Study Example:

'Supporting a Looked After Child'
Provided by School Nurse Jess Streeting
(names in this case study have been changed).

Billy is 13 and has recently come back to live with his mum, after two years in a stable and happy foster placement. Billy's Mum has bi-polar disorder and after the sudden death of her husband, Billy's dad, she became unable to cope at home and was admitted to hospital. During their time apart, Billy saw his mum every week and both felt supported by a strong professional network, though they both longed for the day when they would be able to live together again.

This summer, Billy's Mum was feeling well enough to have Billy back living with her and plans were made for this to happen. This would mean Billy changing schools again. When he went into care, Billy was in year 6. He moved to a new primary school for one term, then a secondary school and now the plan was for Billy to begin Year 8 back where his Mum lived.

Billy had his annual LAC health Assessment in the summer holiday, when he was just back with his mum. The LAC Nurse could see that both were delighted to be back together, but would need some ongoing support at this transition time. Though Mum's mental health was more stable, both she and Billy were still in the early stages of bereavement. The LAC Nurse was aware that her role would not enable her to have time for case work with Billy through the year.

With Billy and Mum's permission, The LAC Nurse contacted the School Nursing team, who were able to provide that vital continuity of care. The School Nurse for Billy's new school invited Billy and his Mum to meet for an informal chat in the first week of term. She explained her role and that she could act as a bridge and link between school, health and the social work team. Also, that Billy could drop in to see her for a chat on Thursdays, when she was in school.

She liaised with the Head of year 8, form tutor and social worker, to ensure that the first PEP (Personal Education Plan meeting) happened right at the beginning of term, to highlight learning needs and make the transition as smooth as possible for Billy. The School Nurse popped in to this meeting and re-introduced herself to Billy and Mum. The School Nurse thought that Billy would be too shy to drop in by himself, so she also visited his year assembly at the beginning of term and made it clear to all the Year 8s where her room was, what her role was and where she could be found.

The School Nurse adhered closely to the LAC health plan that the LAC Nurse had written and was able to follow up with specific health recommendations, including ensuring that Billy had his HPV injection with the others in his year, chasing a hospital appointment for enuresis and arranging for Billy to see a bereavement counsellor through school, thereby short-cutting the CAMHS waiting list.

The School Nurse also told Angela, Billy and his social worker about *Our Time.org.uk* a charity

supporting children with the impact of mental illness. They discovered that there was a support group in their Borough and the social worker referred Billy and Angela, who began to attend monthly family sessions. Both Billy and his Mum found the School Nurses support invaluable. With time Billy made friends in his new school and appeared very happy.

Case Study 19

COMMISSIONING INTENTION: **SAFEGUARDING**

Virtual collaboration to promote the health and wellbeing of vulnerable children and young people during Covid-19.

School Nurse Case Study Example:

'School Nursing Service Walsall Healthcare NHS Trust

The COVID19 pandemic has introduced challenges to explore different ways of working so that support to our most vulnerable children and young people is maintained. A key element of this is how we maintain collaborative working with social care. There is a need to manage capacity across services to ensure this vital work continues and to ensure that children continue to have access to advice and support from the most appropriate professional.

School Nursing teams have very quickly needed to review priorities for service delivery. This has included understanding the risks of individual children and young people on their caseloads. It has been essential to continue to have dialogue with social workers to ensure that the risk assessments consider all of the needs of the child from a multi-agency perspective.

The School Nursing Team established virtual collaborative conversations via Microsoft teams with each of the social work managers across each locality in the borough in order to review the needs of children and young people, consider how interventions of child protection and child in need plans can be delivered and which professional is best to meet these needs.

This is in addition to the processes in place to conduct virtual case conferences, core groups and child in need meetings.

School Nurses have embraced technology quickly opening new channels of communication to facilitate in depth discussions and focus on the needs of children. Building professionals relationships and trust has been key to delivering effective and safe care. Access to virtual technology has added a further dimension to building relationships. CV19 resulted in a reduction in services from some specialist providers and support for families stopped. One example was with a family trying to implement advice about weight management but facing escalating behavioural problems exhibited by the child. The access to the specialist provision has been reduced and the social worker was struggling to effectively support and contain the issues at home and gain information from the specialist provider. Following the case discussion, the school nursing service reopened the child for active support and provided parents via virtual technology with advice, support and also engagement with the child.

FEEDBACK ON SCHOOL NURSING SERVICES

"I could never have told anyone that, ever. You made me feel safe and secure but I also knew I could trust you. Even though I didn't want you to tell anyone, especially my mum, you had to and now I know why. We are all so much safer in our new home even if it is the pits its better. I've told all of my friends to go to their School Nurse with their problems as well."

Feedback from a young person to a School Nurse

"The School Nurses were very helpful, considerate and caring and understanding. They gave me their time and allowed me to confidently talk about my problems while offering support."

Feedback from a young person to a School Nurse

"We are exhausted as we constantly seem to have to fight for our children's health care. The recent changes have caused us an amount of stress, worry and some of our children have missed vital appointments. We don't know where you've got that magic wand from but the simple differences you have made in such a short length of time are amazing. Thank you from the bottom of our hearts."

SEND feedback from parents to a School Nurse

"Hi Jacqui,

It's taken me a few more weeks than I'd hoped to write to you to let you know of the great work taking place in the School Nursing Team. My daughter F was seen by her school nurse in late 2018 to help her develop some coping strategies for anger and anxiety. F quickly warmed to her school nurse and some of the activities the school nurse asked her to do were very helpful.

I just wanted to feedback on the great service. The School Nurse spoke to me after each session which was really helpful. My only comment would be 3-4 sessions aren't really enough to embed behaviour change and it's a real shame you are not commissioned to deliver longer programmes with children who do not meet the threshold for CAMHS but where there is an opportunity to prevent their anxieties or behaviour escalating

I hope you can pass on this feedback to the school nurse who I have also thanked directly.

With thanks from a grateful Mum"

Letter from Parent about support received from a School Nurse

www.saphna.co

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