THE FORGOTTEN FRONTLINE:

PUBLIC HEALTH SCHOOL NURSING

2024

Unveiling the Realities of School & Public Health Nursing in the UK.

A Survey Report.

About the School and Public Health Nurses Association SAPHNA

THE SCHOOL AND PUBLIC HEALTH NURSES ASSOCIATION (SAPHNA) IS A CHARITY FOUNDED IN 2006.

WE ARE A PROFESSIONAL ORGANISATION, REPRESENTING SCHOOL AND PUBLIC HEALTH NURSES ACROSS THE UK AND CROWN DEPENDENCIES.

We are dedicated to the promotion of excellence in practice, taking forward the public health agenda by working in partnerships for the benefit of children and young people and the communities where they live and learn.

OUR MISSION

To achieve equality and excellence in school nursing practice leading to improved health outcomes and reduced health inequalities for all school aged children, young people, their families and communities.

ACKNOWLEDGEMENTS

We would like to thank everyone who took the time to complete our survey. We had a phenomenal set of responses which capture valuable school nursing 'front-line practitioner intelligence' from across the UK.

This report was written by Dr Sarah Bekaert, Oxford Brookes University and Sallyann Sutton, SAPHNA's Professional Officer. Supported by Sharon White OBE, CEO SAPHNA, Julie Critcher and Anne-Marie Gallogly, SAPHNA's Deputy Professional Officers and Paul Wright FFPH FRSPH.

Artwork was produced by Anji Wright at PH AFFAIRS.

Supported by the Rt Hon. Baroness Frances D'Souza CMG, Honorary President of the Children's Alliance.

Children's Alliance
Better starts, brighter futures

WHO ARE SCHOOL NURSES?

School nurses are the only health professional that are universally accessible to all school aged children and young people from when they start school until the age of 19 (25 if a young person has additional needs & or are care leavers). School nurses are highly skilled registered nurses with additional post graduate qualifications in Public Health Nursing. As specialist community public health nurses (SCPHN) they are registered on both part 1 and part 3 of the Nursing and Midwifery Council (NMC) register. They lead the Healthy Child Programme 5-19 and are supported by a skill mix team of staff nurses, nursery nurses, support workers and administrative staff. They lead the delivery of the (HCP) 5-19, a framework for universal and targeted approaches to address children and young people's health and well-being [1].

The distinct characteristics of the school nurse's 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 [2].

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 well-being central to delivery of services. School nursing services bring 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 and the third sector [2].

WHAT IS PUBLIC HEALTH?

"Public health is the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society. It also considers principles of social justice and equity, promoting and protecting better health for all, leaving no-one behind. This means that public health holds a resolute focus on tackling inequalities in health, including those driven by racism and discrimination. Rather than focusing on the health of the individual, public health works to protect and improve the health of communities and populations at local, regional, national, and global level." [3].

Contents

CEO Forward

Page 6 Executive Summary – Key Findings

Page 14 1. Overview of the SAPHNA School Nursing Survey

Page 20 2. Survey Findings: Part I: The needs of school aged children and young people

Page 28 2. Survey Findings: Part II: How is school nursing being delivered?

Page 46 2. Survey Findings: Part III: A workforce under pressure

Page 51 2. Survey Findings: Part IV: Learn, Celebrate and Plan

Page 60 Conclusions and Recommendations

Page 62 References

FOREWORD BY SHARON WHITE OBE SAPHNA CEO

OVER 40 YEARS' EXPERIENCE

This is SAPHNA's inaugural survey of school nurses, and their skill mix teams across the UK and Crown Dependencies. The findings evidence urgent action on the growing level of heath needs of school-aged children and young people.

It reveals the significant challenges that school nursing is facing in meeting these needs at a time when the number of qualified school nurses is significantly diminished, due to disinvestment and budget cuts. The average English school nurse now cares for approximately 4,000 pupils.

School nurses are the only health professional who offer access to all school-aged children and young people. It reveals the significant challenges that school nursing is facing in meeting these needs at a time when the number of qualified school nurses is significantly diminished, due to disinvestment and budget cuts. The average English school nurse now cares for approximately 4,000 pupils.

School nurses are the only health professional who offer access to all school-aged children and young people in an evidence-based programme of health promotion, prevention, protection and early intervention. School nurses are also providing a 'universal in reach' and 'is personalised in response.' Their reach extends beyond the school setting to those not in mainstream school, working in communities to reach those who are more vulnerable and those electively home educated.

DEDICATED

The experiences of school nurses and their teams presented in this report paint a picture of the significant increase in job complexity and demand of health needs, the widening inequalities and the stress this is placing on them, their parents, carers, families and educational settings.

The workforce is in crisis, struggling to meet escalating demand with the survey exposing a stark postcode lottery of provision across the UK.

The challenges of the health and care system frequently hits the headlines, focused on delays and backlogs in acute hospital settings with the significance and invaluable contribution of the public health agenda, preventative action overlooked. School nurses are placed perfectly to help shape a healthier society, with less ill health in adult lives.

Visibility, accessibility and confidentially are at the heart of school nursing service provision, providing a unique link between home and school, however, the survey reveals that in the majority of areas, this is stripped back to a minimum and, tragically, in some has been decommissioned completely.

School-aged children and young people are missing out on routine and targeted health assessments, facing delays in accessing early intervention and support from school nursing teams; support that has potential to prevent health and well-being needs becoming more serious and causing costly problems later in life, are hidden. It is never too late to turn the tide; to invest in our future.
This survey provides rich, undeniable data and powerful narrative from those working on the front-line, determined and, against the odds, continuously striving to support school-aged children and young people. As this report is published a new Government has been elected. We ask that policy makers take urgent notice and action, ensure future policy works for all children and young people, is properly funded so that they are supported to grow into healthy adults.

EXECUTIVE SUMMARY

KEY FINDINGS AND RECOMMENDATIONS

SCHOOL NURSE CAPACITY – WORRYING DECLINE

As an aid to this UK Survey, on the 18th March 2024 a Parliamentary Question was placed by Caroline Lucas MP (Green Party) to 'Ask the Secretary of State for Health and Social Care, how many full-time equivalent qualified school nurses are working in a public health-commissioned (a) school nursing service, (b) zero to 19 service and (c) five to 19 Healthy Child Programme in each local authority area. (19035).' This was answered on the 4th of April by Rt Hon Andrew Stephenson MP - Minister of State (Department of Health and Social Care):

> ***"While data is not available at a local authority level, the following table shows full-time equivalent (FTE) school nurses working within NHS trusts and other core organisations in England by Government Office Region, as of November 2023"***

The data from the government response show extremely low numbers of school nurses per 1,000 pupils in England. A range as low as 0.11 per 1,000 pupils in the South West (meaning a school nurse having to care for 9090 children) to 0.35 per 1,000 pupils in the West Midlands (meaning a school nurse caring for 2850 children).

Government Office Region	WTE School Nurses
West Midlands	286
North West	434
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East of England	161
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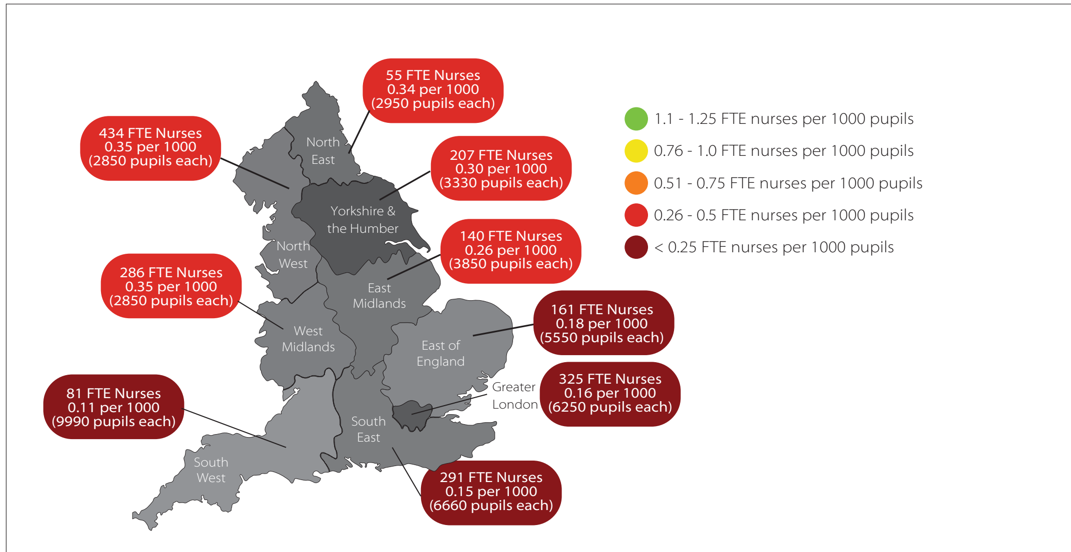
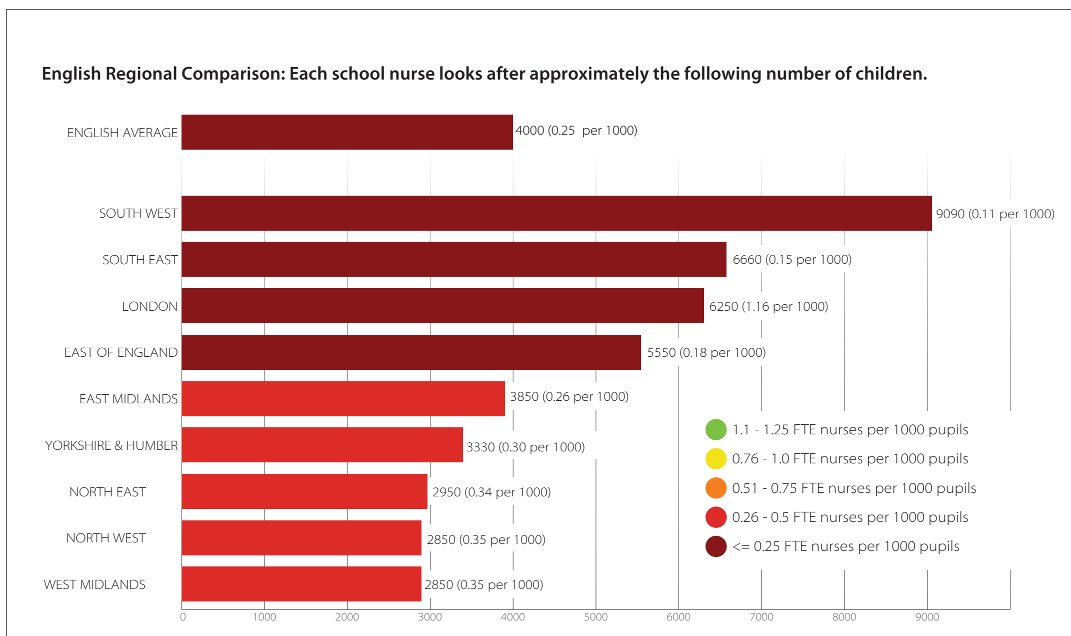
Number of school nurses caring for children in WTE in England.





This large variation is very concerning. The survey reveals that 82% of respondents indicated there was not enough staff to deliver a school nurse service.

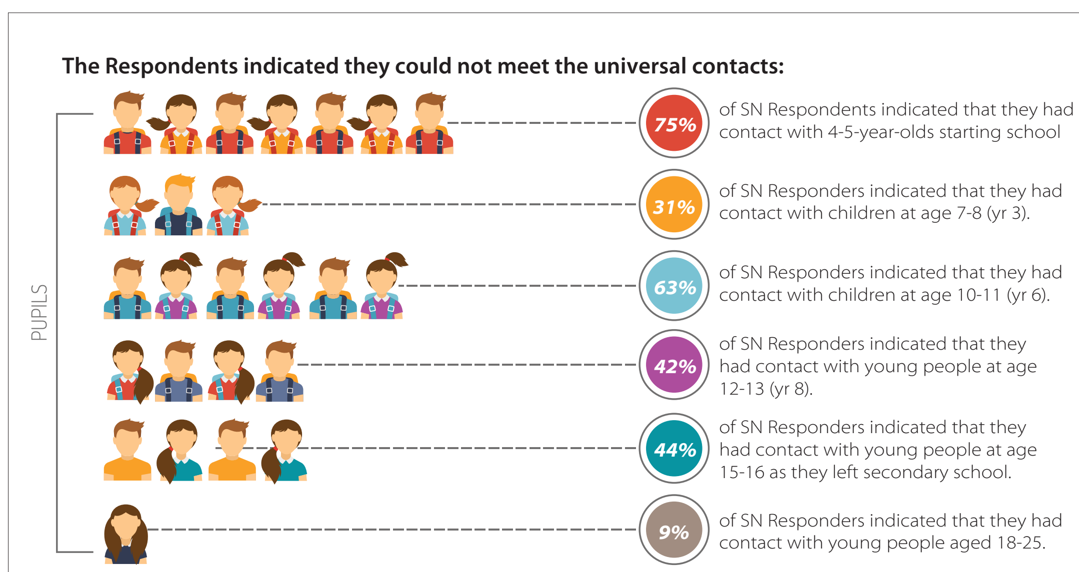
There needs to be a significant increase in the training of school nurses and subsequently a significant rise in the employment of school nurses across all regions of England and also our other UK countries.

KEY SURVEY FINDINGS

There were 278 UK wide responses to our survey questionnaire (96% of respondents were on the Nursing & Midwifery Council (NMC) register, with 4% of other responses provided by members of School Nursing skill mix teams).

The NHS workforce data shows a worrying decline in the number of qualified school nurses. Data gathered in the survey shows that we have an aging workforce, over a third of qualified school nurses responding to the survey reported to be aged 51 years and over. Almost half of those school nurses plan to retire in the next 3 years with a loss of expertise and experience.

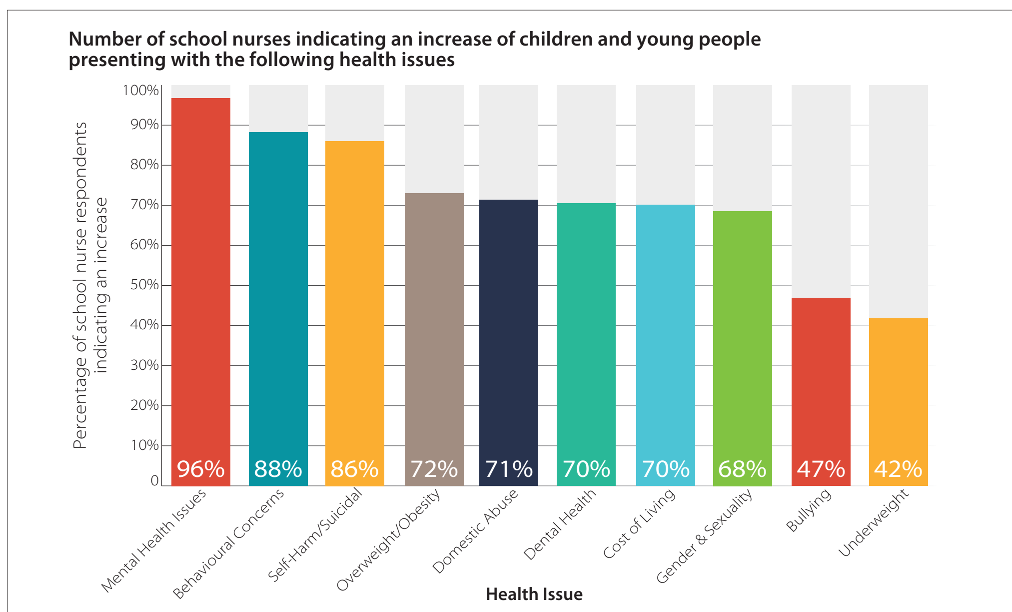
The report reveals that school nursing is not able to fully deliver the universal contacts within the HCP due to lack of capacity, or because elements of the programme are not commissioned in the area that they work. Three quarters of respondents indicated that the service that work in offers a contact for 4-5-year-olds when they start in full-time education. However, at the remaining contact points delivery is extremely poor. As a result, a significant number of children and young people are likely to be missing an opportunity to have health issues identified early and receive timely intervention which might prevent escalation of problems late, leading to poorer outcomes.



School nurses reported a significant increase in the prevalence of most health issues. Children and young people are presenting with more complex needs and parents, carers and schools are requiring more support to meet the needs of their children. They shared how the cost-of-living crisis is impacting families. The increase in demand for school nursing services coincides with reductions in staffing capacity, particularly the diminishing number of qualified school nurses.

Key health findings of respondents indicated that:

- 96% had seen an increase in Mental Health Issues.
- 88% had seen an increase in Behavioural concerns.
- 86% had seen an increase in Self-Harm & Suicidal Behaviour Issues.
- 72% had seen an increase in Overweight & Obesity Issues.
- 71% had seen an increase in Domestic Abuse Issues.
- 70% had seen an increase in Dental Health Issues.
- 70% had seen an increase in supporting children where Cost of Living was an Issue.
- 68% had seen an increase in worries around Gender and Sexuality Issues.
- 47% had seen an increase in Bullying Issues.
- 42% had seen an increase in Underweight Issues.



In addition, there is considerable variation in how school nursing services across the UK provide interventions to target key public health challenges. 88% of respondents told us that the service they work in offers provision for emotional health and well-being and growth assessment. However, provision for sexual health, smoking/vaping, drug/alcohol, and physical activity is poor. More opportunities for prevention of poor outcomes are missed.

They report that they are often expected to be part of CP plans even when they are not the best health professional to support. They recognise that school nursing has a critical role to play in safeguarding children and young people, however, feel their skills are most effectively deployed at the preventative end of the safeguarding continuum.

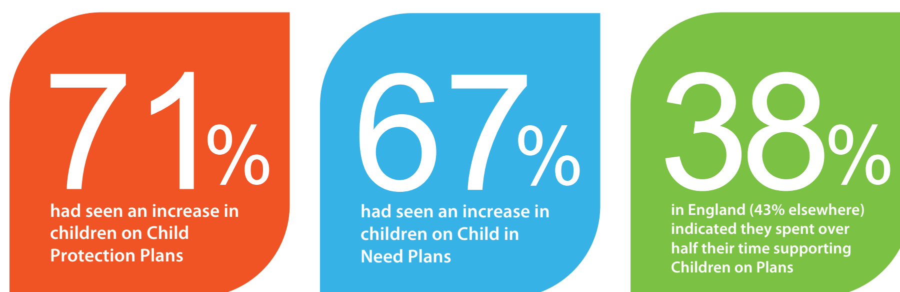
School nurses told us that they are unable to fulfil their wider public health role and use their expertise as public health nurses to promote, protect, prevent, and intervene early to support improved health outcomes for children and young people. The amount of time they spend supporting the increasing number of children and young people on child protection (CP) and child in plans (CiN) often means that they are 'reactive' rather than 'proactive.'

- 82% of respondents indicated there was not enough staff to deliver a school nurse service.

The majority of respondents indicated that they were unable to fulfil their wider public health role to provide health promotion, protection, prevention and early intervention, to support children, young people and, through them, families.

Respondents indicated that they are now 'reactive, rather than proactive', due in the main to increasing numbers of children and young people on Child Protection (CP) and Child in Plans (CiP).

- 71% had seen an increase in 'Children on Child' Protection Plans.
- 67% had seen an increase in 'Children on Child' in Need Plans.
- 38% in England (43% elsewhere) indicated they spent over half their time supporting Children on Plans.



Over three quarters of respondents indicated that they enjoyed their role. This demonstrates resilience within the workforce despite the challenges expressed.

- 77% of respondents indicated that they enjoyed their role most of their time.

LEARN, CELEBRATE AND PLAN

School nurses and their skill mix teams reported numerous barriers to delivering safe, high quality and effective school nursing services. These included insufficient qualified school nurses, poor understanding of the role by other professionals and time spent on child protection/child in need plans. High levels of sickness and absence, poor IT systems, inefficient processes, too much time on administrative tasks were also rated as having a significant negative impact direct on delivery. Respondents spoke of their frustration and in some cases despondency regarding the barriers impacting on their ability to fully deliver their public health role effectively.

In the face of challenges and in the true spirit of school nursing, they professionally continue to innovate and to progress practice. The report contains many examples of how school nurses rose to the challenges during the pandemic and continue to do so. They propose areas for research to continue to develop the profession and to evidence the added value of school health services in improving health outcomes for children and young people and reducing inequalities.

SELECTION OF KEY QUALITATIVE RESPONSES FROM THE SURVEY INDICATED

- That tobacco smoking had become less of an issue, but ***Vaping issues were increasing in smoking's place.*** Many respondents indicated ***Vaping had been observed as a 'coping strategy' for some young people.***

- Respondents noted an increase in a range of emotional issues for children and young people including friendship issues, anxiety, bed-wetting, sleep problems, self-harm, eating issues and selective mutism.

- That ***less Sexual Health related work was undertaken***, but this was suggested that this occurrence was because ***school nurses had been decommissioned from this provision***. There was also ***fewer spontaneous contact by children and young people with school nurses, so a possible reason for this lower prevalence rates***.

- Respondents noted children not being 'school ready'.

- Respondents indicated that ***children in Early Years/attending school had speech and language delay, were not able to independently use the toilet and were coming to school using continence aids, had behavioural challenges and were not able to follow simple instructions***.

- Respondents observed that ***phone and gaming addiction was seen across the whole age range***.

- Respondents felt that the ***child protection and child in need part of the safeguarding work did not align with the wider public health role of the school nurse***. Respondents indicated that this was really not what they signed up for as a public health nurse and ***this can be a challenge for service leads trying to motivate, retain and recruit staff***.

- Respondents noted that there had been an i***ncrease in child criminal and sexual exploitation concerns***.

- Respondents noted that ***70% of respondents reported to have supported children, young people, and families where the cost of living and/or food poverty was an issue*** (organising free school dinners, ensuring they have uniform, and providing period products). This direct provision extended to support for the family (issuing food bank vouchers, home delivered meals, or petrol vouchers; or offering debt management advice and referring to food banks).

- Respondents indicated that due to the lack of staff and time spent supporting children on plans, ***only 44% of children/young people have access to the school nurse service in a timely manner.*** That ***56% of children/young people who do have access to the school nurse service did not achieve the level of service they needed***.

- Respondents indicated ***that they also helped with sourcing furniture, money for gas/electricity, white goods, and cookware. They facilitated transport to medical appointments. They linked young people into community-based services such as activity or sports groups and obtaining clothing grants***.

- Respondents indicated that ***they had a 'holding' role, supporting children and young people whilst waiting for specialist services or supporting 'parents accessing drop-ins because they can't get a GP appointment'***.

- Due to the increase in the number of children on a child protection plan, respondents ***indicated that they spent over half of their time supporting children on child protection plans***.

- Respondents indicated that they ***'often feels like we 'mop up' after other services who have long waiting lists, lose commission or change threshold, it impacts our capacity to deliver preventive health promotion work'***.

- Respondents often cited that due to the nature of the work changing, that the service deals with increasingly acute and complex issues, that: ***'the capacity of staff is low and demand for support has increased with more complex issues of children and young people'***. Concerns over staff health were apparent: ***'since our funding cuts there are not enough staff to deliver the service as the waiting list is increasing rapidly, putting staff under further stress, which is really worrying'***.

- ***Over a quarter of Respondents indicated that their service did not provide any offer (support) for smoking & vaping, drugs & alcohol, physical exercise, and sexual health.***

OUR MAIN POLICY RECOMMENDATIONS.

School nurses lead the HCP 5-19, a programme that is universal in reach and personalised in response [1]. They are the only health professional providing a universal health provision to all school aged children and young people, in their education setting and beyond. With the right resource they have a substantial positive impact on their lives, contributing to improving health outcomes and reducing health inequalities. Drawing on the findings of the survey SAPHNA makes the following recommendations:

STRENGTHENING THE SCHOOL NURSING WORKFORCE.

Governmental and department policy and decision-makers to:

1. Support commissioners, and other system leaders to understand the role and value of the school nurse and work to ensure that the role is fulfilled.
2. Develop a strong workforce plan which takes account of this survey report, which extends beyond training places and makes commitments to funded roles.
3. Develop a robust workforce model including guidance on safe skill mix and ensure that qualified school nurses lead the HCP 5-19 programme.
4. Build robust, publicly accessible data, which monitors the capacity of the school nursing workforce, and how/where the HCP 5-19 is delivered, holding local areas, local authorities, and Integrated Care Boards to account.
5. Focus data on outcome measures to demonstrate the impact of the workforce on improving health outcomes and reducing inequalities for children and young people.
Re-focus on promotion, prevention, protection, and early intervention.
6. Mandate and fund delivery of all aspects of the HCP 5-19 to end the postcode lottery and improve equity of delivery. Ensure that this extends reach to all children and young people regardless of setting.
7. Reclaim de-commissioned elements of school nursing delivery including the delivery of immunisation programmes, continence care and special schools. This will support a holistic approach to meeting the health needs of children and young people.
8. Fund research and development to explore and share models of best practice which have the greatest impact on improving outcomes and reducing health inequalities, ensuring that the voice of the child is central.

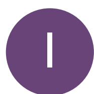
These recommendations concur with the action points that strategic partners committed to as an outcome of the school nurse in every school [2] round-table event in December 2023, and July 2024 which set out to explore and explain and find solutions to the diminishing numbers of qualified school nurses at a time when children and young people health needs and health inequalities are increasing.

1. Overview of the SAPHNA School Nursing Survey

This report shares the findings of the inaugural survey of school nurses and their skill mix teams. The exploratory survey gathers practitioner intelligence and uses it to paint a picture of school nursing across the UK. SAPHNA will use the intelligence gained from this survey in their policy and partnership work to promote the role of the school nurse, highlight reality and challenges on the front-line, share good practice from the field and advocate for investment in school nursing to improve health outcomes for children and young people and reduce health inequalities.

OBJECTIVES:

The survey findings are presented in four themed sections.



The needs of school-aged children and young people.

- The current needs of the school aged population.
- What are school nurses' experiences of these needs.

How school nursing is being delivered.

- How the HCP 5-19 for young people with additional needs & care leavers is being delivered.
- How school nursing services are structured and capacity of services.
- The challenges and barriers to service delivery.

Who is delivering school nursing services?

- The profile of the workforce.
- How school nurses and other practitioners are supported.
- Temperature check – how is the workforce feeling.

Learn, Celebrate and Plan.

- Responding to the challenges and barriers and exploring opportunities.
- Celebrating good practice.
- Research and Innovation.

HOW DATA WAS COLLECTED AND ANALYSED:

Our survey was open to all school nurses and members of their skill mixed team working in the UK nations. 278 practitioners completed the survey between January and March 2024. 96% of responses were from registered nurses on the Nursing and Midwifery Council (NMC) register. The majority of respondents (87%) worked in England. The info-graphic below shows the distribution of respondents across the regions in England. There were responses from all regions in England (figure 1). For an exploratory survey of this type, there was a good participation level, with high nurse representation, across the UK.

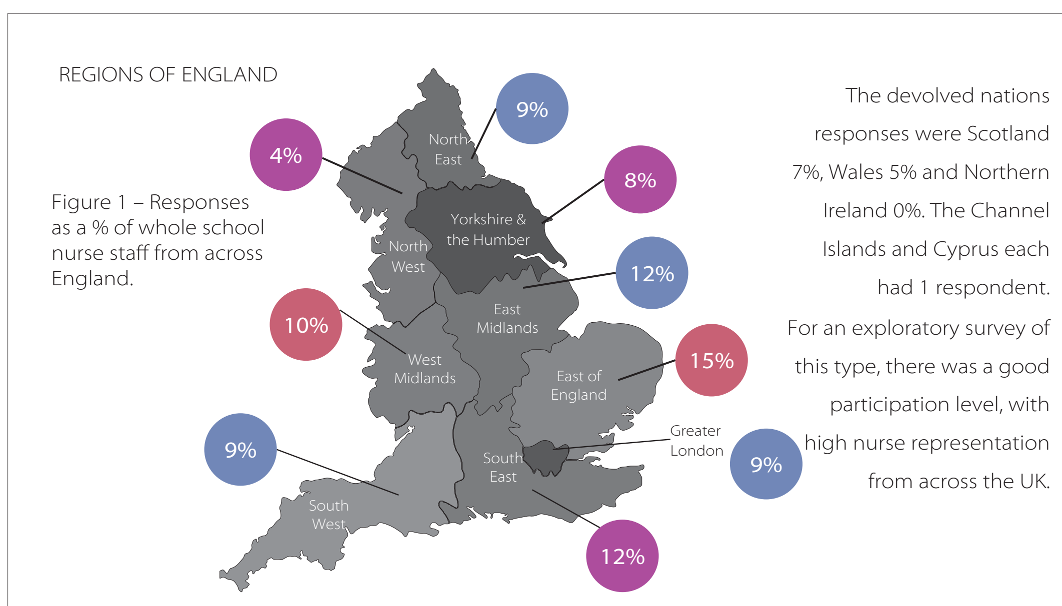


Figure 1 – Responses as a % of whole school nurse staff from across England.

CONTEXT

School nurses are registered nurses with additional post graduate qualifications in SCPHN. They lead the 5-19 element of the HCP, 'universal in-reach' and 'personalised in-response', designed to offer every child and young person an evidence-based schedule of interventions [1]. The HCP includes screening, immunisations, assessment, developmental reviews, information, and guidance which together support children and young people to achieve optimum health and well-being. School nurses take over care from the health visitor when a child enters full-time education and are available to support them until they reach 19. The guidance for England suggests that local authorities may wish to consider the provision of services for young people up to the age of 25 who might be vulnerable and/or who have additional needs.

School nurses are the only health professional with a reach extending to all school aged children and young people, providing a public health service which is crucial to improving the health and well-being of children and young people and reducing inequalities.

They support children and young people in schools, other education settings including alternative provision, the secure estate, those who are electively home educated and those more vulnerable children who are missing their education [3]. The high impact areas within the HCP [1] focus on six aspects of health and well-being, outlining interventions that the school nurse can provide and, in doing so, have the greatest impact. These areas are:

- supporting resilience and well-being;
- improving health behaviours, and reducing risk taking;
- supporting healthy lifestyles;
- supporting vulnerable young people and improving health inequalities;
- supporting complex and additional health and well-being needs;
- promoting self-care and improving health literacy.

Within these six aspects of health and well-bring, school nursing practice evolves and develops to respond to the changing and increasing needs of school aged children and young people. Over the past decade, the needs of children and young people in the UK have increased, with poorer health outcomes compared to other similar nations [4,5]. A study tracking mental and physical health since 2014 for children and young people in the UK, reported a deterioration across all mental health and the majority of physical health markers [6]. Recent reports show a declining picture of child health in the UK and warn that a generation of children and young people are being failed. Such reports highlight increases in obesity, declining immunisation rates and a rise in mental health problems, with greater disparity between those living in poorer versus wealthier areas of the UK.

They also note that children living in poverty are likely to have increased rates of long-term conditions and higher rates of mental health challenges which are likely to extend across the life course [4,5,7].

A Royal College of Paediatrics and Child Health (RCPCH) report revealed that the child health workforce was insufficient to meet needs [4,5]. In terms of nursing, where increases had

happened, these had 'primarily come in the hospital sector, at the expense of all services in the community such as the school nursing service.' The school nursing service has been eroded by around 35% since 2009 [8,9].

The school nursing service has been eroded by around 35% since 2009 [8,9].

Interpretation of workforce data needs to be approached with caution. The data reports the number of nurses working in school nursing. Numbers are provided for registered nurses who have undertaken a degree in nursing and registered on part 1 of the Nursing and Midwifery Council (NMC) register and separately for qualified school nurses who hold an additional post-graduate qualification in SCPHN and are registered on part 3 of the NMC register [9]. Workforce data for February 2023 indicates that there are 1,989 whole time equivalent (WTE) registered nurses working in school nursing in England however only 867 are described as qualified school nurses [8]. NMC workforce data, correct in September 2023, shows 4,246 nurses registered on part 3 of the NMC register as holding the SCPHN school nursing qualification, an unknown proportion of these will be working in other settings having left school nursing practice [10].

SCHOOL NURSE CAPACITY – WORRYING DECLINE

As an aid to this UK Survey, on the 18th March 2024 a Parliamentary Question was placed by Caroline Lucas MP (Green Party) to 'Ask the Secretary of State for Health and Social Care, how many full-time equivalent qualified school nurses are working in a public health-commissioned (a) school nursing service, (b) zero to 19 service and (c) five to 19 HCP in each local authority area. (19035).' This was answered on the 4th of April by Rt Hon Andrew Stephenson MP - Minister of State (Department of Health and Social Care):

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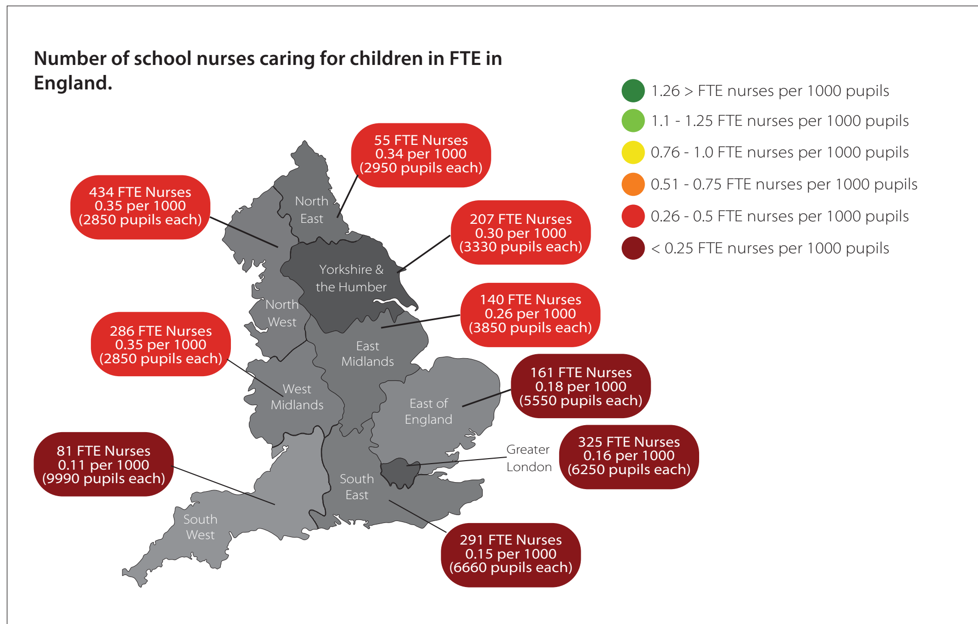
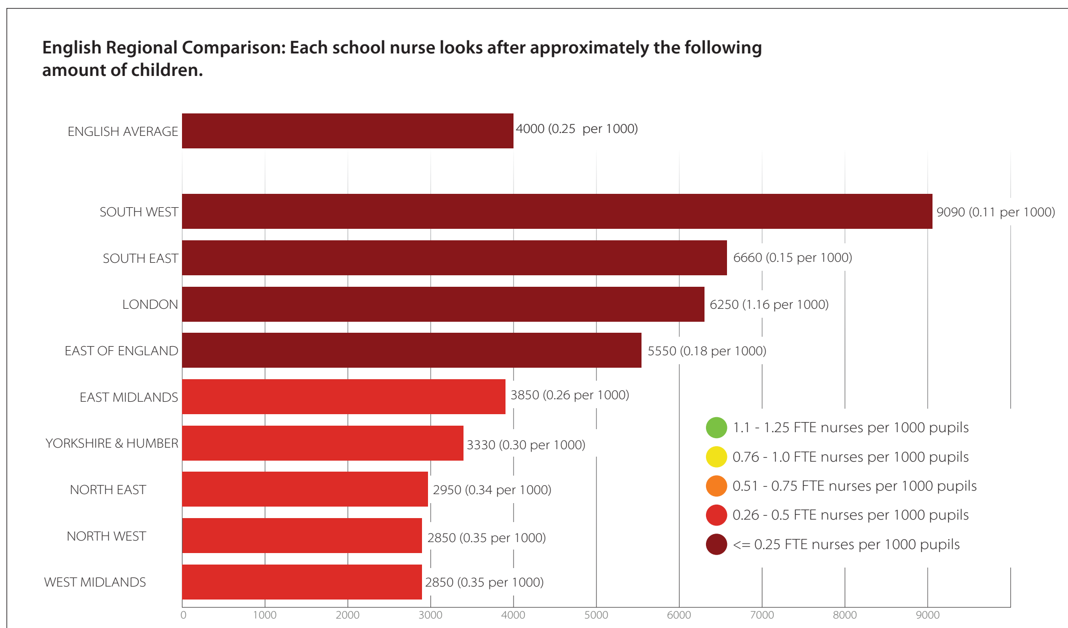




The following statement was released to SAPHNA, in response to the question posed.

> **"Since April 2013, local authorities have held responsibility for commissioning public health services for school-aged children. These services may be Commissioned from a range of providers both inside and outside of the National Health Service. NHS England publishes monthly workforce data which includes information on the number of school nurses directly employed by NHS trusts and other core NHS organisations in England. This data will not represent the total number of school nurses delivering local authority commissioned services, as it will exclude places where services are commissioned outside of the NHS. It is not possible to identify the specific service or programme that these staff are working within."**
>
> ***Rt Hon Andrew Stephenson MP - Minister of State (Department of Health and Social Care), 4th April 2024.***

The absence of robust data at a national level means that it is not possible to determine an accurate number of qualified nurses school nurses working in school nursing services with the primary purpose of delivering the HCP [1], **rather we can conclude it is inadequate and has significantly declined** [9].

2. SURVEY FINDINGS

I The needs of school-aged children and young people.

HEALTH ISSUES FOR CHILDREN AND YOUNG PEOPLE

The Royal College of Paediatrics and Child Health (RCPCH) published their State of Child Health report in 2020 [12] which revealed that performance against their key indicators have worsened or stalled, there have been increases in prevalence of mental illness; child poverty; youth violence; poor oral health; use of cannabis; rates of suicide; and rates of children on a 'Child in Need' or having a child protection plan. Health inequalities have widened [4,5].

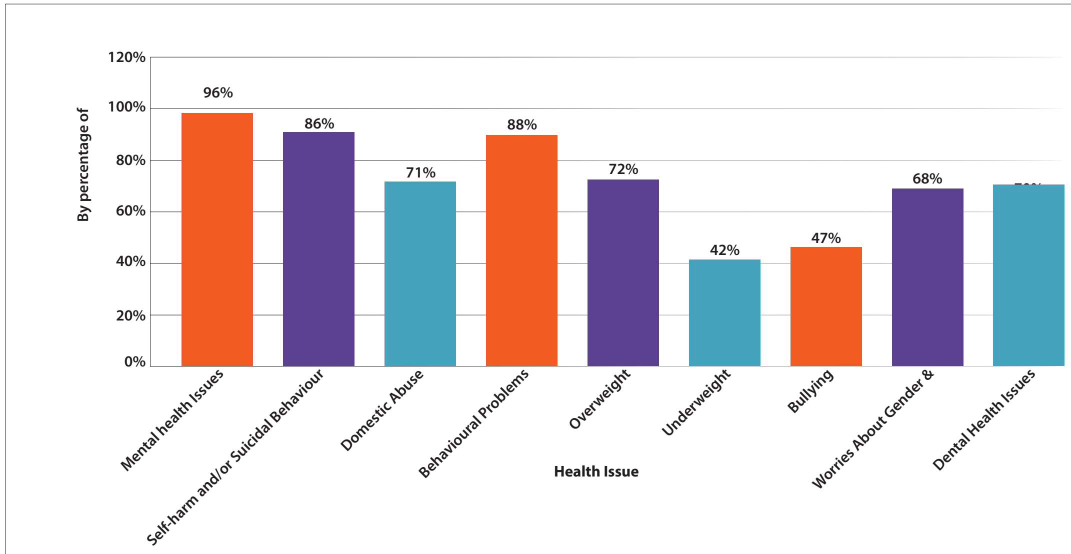
In our survey we asked whether respondents perceived that there had been a change in needs of children and young people since the COVID pandemic. There was no significant difference in reporting between countries and therefore UK-wide data is presented.

For nearly all issues, respondents indicated that they perceived that need had significantly increased.

The greatest increase in need was reported for mental health issues such as self-harm, suicidal behaviours and other behavioural issues.

The exceptions were a reported decrease or needs staying the same for children presenting as underweight and those reporting bullying. 44% of respondents indicated that the prevalence of children who are underweight had decreased or stayed the same. Almost a quarter of respondents indicated that there did not seem to be an increase or decrease in bullying, the prevalence of bullying had increased or decreased, one third indicated that the prevalence had not changed (figure 2). A potential explanation for respondents reporting decreases in prevalence or indicating that they are unsure about changes in the prevalence might be that school nursing services have been unable to reach children because of reduced capacity in services.

Figure 2: Prevalence of Health Issues.



In qualitative responses, school nurses remarked that some issues seemed to have become less prevalent, for example smoking, child protection (CP), child in need (CiN), sexual health, and bullying. However, they were keen to note that these issues had not necessarily gone away.

One school nurse explained that they had noticed;

'reduced reports of bullying however, this could be due to poor school attendance amongst young people.'

Another explained that issues had evolved, for example whilst young people smoked less,

'vaping was increasing, and this was a grave concern'.

A recent survey of young people in England also revealed that vaping was around three times as prevalent than cigarette smoking [7].

Some school nurses felt that the threshold for specialist referral to other agencies had changed, therefore altering the profile of school nurses' work. One school nurse commented:

'We have seen an increase in children and young people who aren't meeting thresholds for CIN and CP plans with high levels of need and complexity.'

School nurses expressed their concerns that they are still inappropriately 'holding' these children and young people on their caseloads, without formal support or training.

Where less sexual health related work was seen, it was suggested that this was likely because school nurses had been decommissioned from this provision. Less spontaneous contact by children and young people with the school nurse was also noted as a possible reason for lower prevalence rates.

'Sexual health and relationships work – (there are) less referrals. But this may be due to now not being commissioned to provide sexual health.'

'Reduction in young people's attendance at school nurse and drug, alcohol and sexual health drop-ins and requesting c-cards (contraception).'

Whilst there were some responses regarding issues that had become less prevalent, there was a huge response to the question of issues that **had** become prevalent. These issues can broadly be divided into emotional, physical, parenting support and child development; and contextual issues for children and families, although these can be interrelated. There was a constant reflective thread on how the amount and complexity of the workload had increased because of change in other services and provision, for example waiting list increases and changes in referral criteria for child and adolescent mental health services and changes in thresholds for social care.

PHYSICAL HEALTH

Respondents expressed concern about the increase in vaping and vaping at a younger age, due to the unknown long-term health consequences [6]. Vaping was also observed by school nurses as being a coping strategy for some young people which links to concerns about increases in emotional health problems.

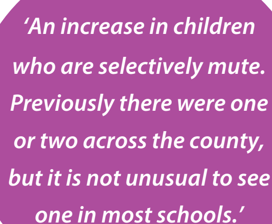
Respondents commented on an increase in presentation of sexually transmitted infections, teenage pregnancies, intimate partner violence, a lack of knowledge around consent in relationships, lower age of first sex, and sexting. School nurses also noted that young people openly exploring their sexuality had also increased. The Health Behaviours in School Aged Children (HBSC) report revealed that early sexual initiation for both genders had doubled between the years of 2018-22 and the use of condoms had decreased [6].

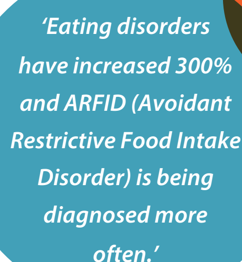
The use of drugs and alcohol, tooth decay and not being able to access an NHS dentist and opting out of vaccinations were also noted by school nurses. Of particular concern from these findings are dental issues which are resulting in a substantial increase in dental extractions and hospitalisations [13].

EMOTIONAL HEALTH

School nurses noted an increase in a range of emotional issues for children and young people including friendship issues, anxiety, bed-wetting, sleep problems, self-harm, eating issues and selective mutism.

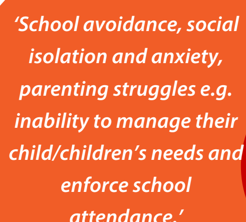
Emotional issues were frequently linked to poor school engagement, a prominent thread across the responses. One school nurse explained that ***'reduced school attendance due to emotional health issues has massively increased.'*** Whilst another stated that there had been an increase in ***'school refusal and lots more children being permanently excluded due to difficulties in regulating emotions and behaviour.'*** There was also a reported increase in children and young people with neurodiversity who are being supported by school nursing services. This was associated with the challenges of long waiting lists for assessment and support from specialist provision.

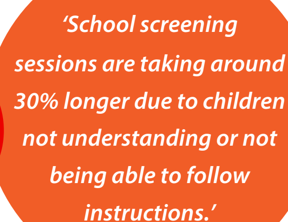




PARENTING SUPPORT AND CHILD DEVELOPMENT.

Several issues were noted around children not being 'school ready'. Being school ready here means ready for the physical, social and intellectual transition to the school environment. School readiness is an area of significant concern for teachers and school staff [14]. Children had speech and language delay, were not able to independently use the toilet and were coming to school using continence aids, had behavioural challenges and were not able to follow simple instructions. Gaming and phone addiction across the age range was observed. An increased need for parenting support was particularly noted around the issues of increased school absence, poor school engagement, children who are unable to cope in mainstream settings, school exclusion and in addition, parents seeking advice about electively home education which respondents noted had increased.





The survey responses concur with recent reports that reveal the rates of school suspensions, permanent absence and non-school attendance have risen post pandemic, with those living in socio-economic disadvantage more likely to be represented in these numbers [15]. Similarly, the number of notifications for electively home educated children and young people in the UK has risen sharply [16]. The chair of Education otherwise stated that children were going through a mental health crisis, in which many parents felt that schools could not meet the needs of their child and home education was a last resort [17]. The Department for Education (DfE) recognise that most parents and carers do an excellent job however it is important that children do not fall off the radar and children's well-being is not negatively impacted [17]. The school nurse responses in this survey reflect commentators who cite the pandemic with the influence on legacy of decreased school readiness, increased mental health issues and delayed diagnosis of additional needs as potential contributory factors [15].

The DfE have updated guidance about behaviour in schools and suspension and permanent exclusion. Schools are expected to engage with experts including school nurses who have a key role in providing training to school staff, supporting whole school approaches to health and well-being and helping to identify pupils who might need additional support because of health and/or additional needs [18,19].

The support from school nurses is provided regardless of setting and when adequately funded they can play a vital role in ensuring that those who are home educated and those not accessing education settings have access to the entitlement within the HCP [20]. However, school nurses commented on how the increasing demand for their services to support children, young people and their parents/carers is a challenge as staffing capacity in services is reducing.

CONTEXTUAL ISSUES

School nurses described increasingly complex family situations. Poverty, the cost-of-living crisis, housing issues and homelessness were cited as broad social issues that had increased. Parental mental health and drug and alcohol issues were also part of this picture. An increase in refugee and asylum-seeking children and families was also noted. One school nurse commented that the service is 'supporting more families living in hotels for extended periods of time' with overcrowding in hotels a specific issue for this group. Safeguarding and exploitation issues beyond the home were also noted as an increasing challenge for children and young people. It was reported that there had been an 'increase in child criminal and sexual exploitation concerns'.

In the UK, health is declining, and health inequalities are increasing. Inequalities experienced during school years have a lifelong impact on physical and mental health, and a range of social and economic outcomes. The cost-of-living crisis is compounding existing disadvantage and vulnerability with children and young people living in deprived areas, in poverty and/or of a lower socioeconomic position, more likely to be exposed to adverse childhood experiences (ACE's). 30% of children are now reported to live in poverty, 19% living in persistent and very deep poverty where parents/carers cannot afford to meet the most basic physical needs, to stay warm, dry, and clean. These children are more likely to do worse at school, suffer poor health and need help from a social worker [21].

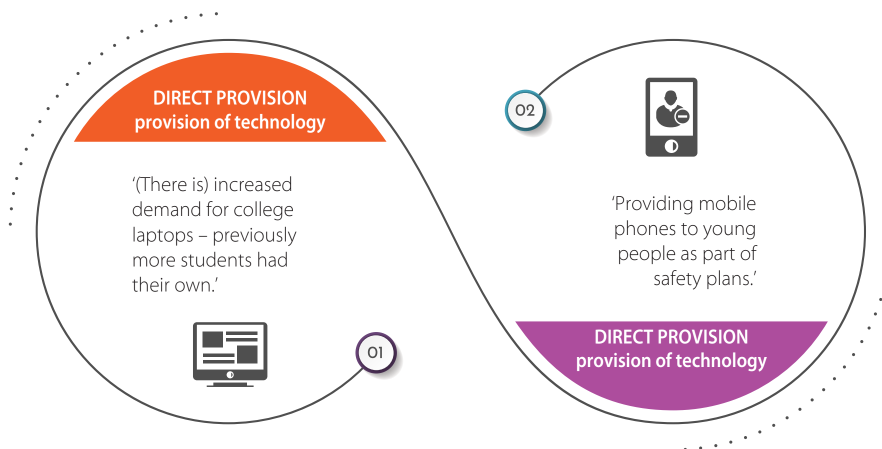
COST OF LIVING CRISIS AND FOOD POVERTY

70% of respondents reported to have supported children, young people, and families where the cost of living and/or food poverty was an issue.

70%

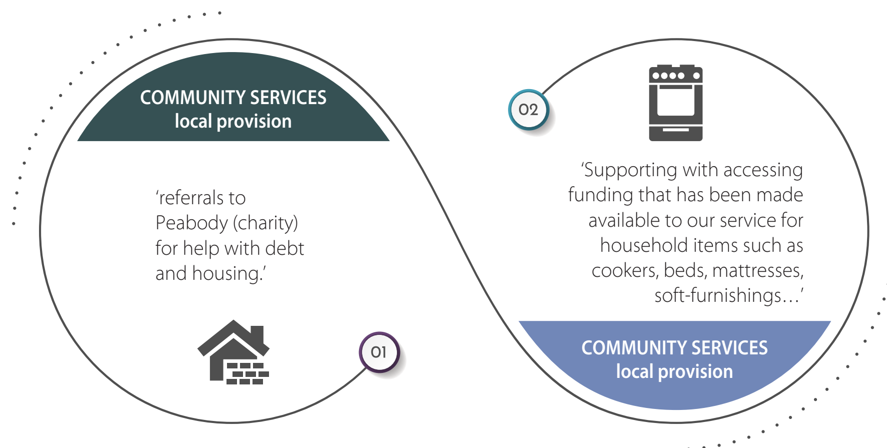
In this survey, 70% of respondents reported to have supported children, young people, and families where the cost of living and/or food poverty was an issue. Comments include that services had noticed ***'an increased demand for community services – food banks, uniform banks, charity funding for white goods etc.'*** School nurses reported a range of activities in relation to support children, young people and families which broadly fell into direct provision, supported access to community services and provision, and advocacy work.

Direct provision: School nurses described a range of direct provision for children and young people, mostly in relation to their school life. For example, organising free school dinners, ensuring they have uniforms, and providing period products. School nurses were also involved in facilitating the provision of technology for young people to facilitate their school-work but also to maintain their safety. This direct provision extended to support for the family such as issuing food bank vouchers, home delivered meals, or petrol vouchers; or offering debt management advice. Referring to food banks was the most frequently cited support provided by school nursing services. School nurses shared that they work directly with parents on an ongoing basis for example supporting ***'early help plans and directing parents to the correct support including benefits and charities.'***



For children, experiencing food insecurity can limit their development and affect their ability to concentrate and engage in school, impacting their well-being and long-term life chances. Food poverty is a driver of poor physical and mental health, including chronic diet-related conditions such as obesity and cardiovascular disease [22].

Supported access to community services: School nurses explained that they support families to access a range of universal as well as local provision. They reported linking families with the Citizens Advice Bureau, or referring to HUB services to see a specialist financial advisor for help with benefits. One school nurse cited liaising with emergency housing after a family had been evicted. Other areas where school nurses would offer support for families included ***'referrals to local authority holiday schemes to get lunch'***, accessing local funds and clothing grants. They also helped with sourcing furniture, money for gas/electricity, white goods, and cookware. They facilitated transport to medical appointments. They linked young people into community-based services such as activity or sports groups.



Advocacy: School nurses also took on an advocacy role for children and young people and families with agencies and politicians. They reported writing housing support letters and having ***'contacted local MP and councillors to highlight concerns'.*** Some were also involved in refugee support work, undertaking health assessments and signposting, working alongside the refugee council and GPs. School nurses would also advocate at a political level.

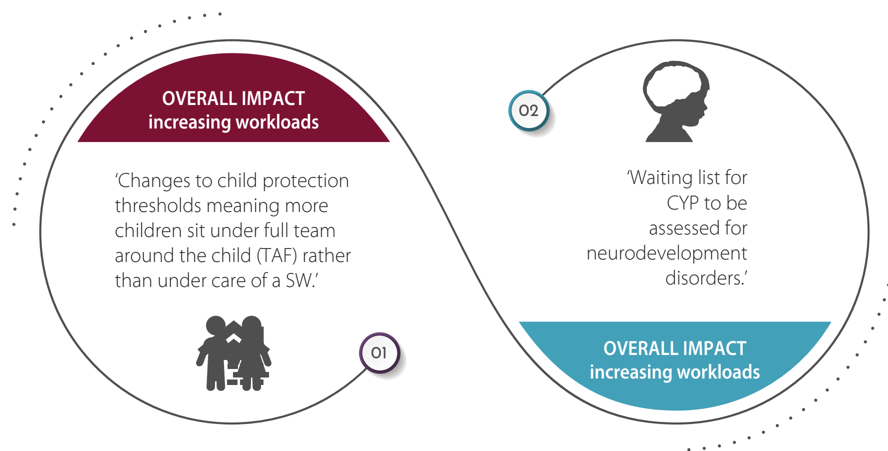
IMPACT ON SCHOOL NURSING WORK.

Many respondents commented on how this picture of increasing complex needs is impacting on the amount and profile of their workload. Health assessments and interventions were taking longer. The term that came up frequently was how the school nurses had a 'holding' role, supporting children and young people whilst waiting for specialist services or supporting 'parents accessing drop-ins because they can't get a GP

appointment'. Changes to social care thresholds was also impacting the demands on school nursing services.

IMPACT ON SCHOOL NURSING WORK.

There was also concern about increasing workloads because of the reduced numbers of school nurses. School nurses commented about **'caseloads increasing and staffing decreasing' and 'more nurses are stating that they are school nurses without completing the SCPHN training.'**



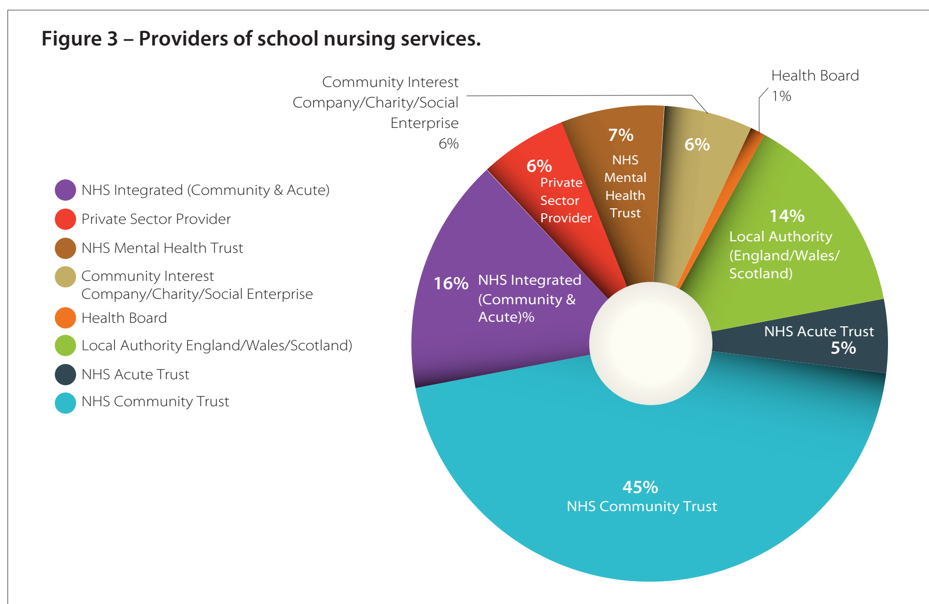
2. SURVEY FINDINGS

II How school nursing is being delivered.

SCHOOL NURSES LEADING THE HEALTHY CHILD PROGRAMME

School nursing services are commissioned in England by Public Health with Local Authorities. The move from NHS commissioning in 2013 provided opportunities for a wider range of providers to tender to provide the services. The chart below shows the type of provider that survey respondents are employed by (Figure 3).

Figure 3 – Providers of school nursing services.



In this section the report refers to the HCP (HCP) 5-19 and the school nursing model in England [1]. It is important to note that there are differences in models and programmes in other parts of the UK. In 2009, publication of the HCP 5-19, gave guidance to encourage the development of high-quality services that make a measurable contribution to the prevention of ill health and to the reduction of health inequalities (3). This programme has had revisions to update evidence and reflect national programmes. The delivery model for school services has been modernised emphasising the role of school nurses as leaders of the HCP 5-19 [1], whilst acknowledging the important contribution of a range of delivery partners.

The model provides a greater emphasis on the assessment of children, young people and family's needs and the skills mix required to respond to need [23].

This survey was interested in exploring how services have responded to the modernisation and asked about the delivery models and service structures, how services work with partners in the wider system and what the capacity of services delivered looks like.

SERVICE MODELS AND STRUCTURES

There is no national guidance for delivery models for 0-19 school nursing and health visiting services. Whilst the national delivery model advocates skill mix there is no guidance about how to implement skill mix safely and effectively within teams. Instead, the model advises that the determination of required skill-mix should be led by identified local health needs and underpinned by a robust workforce plan [24].

In this survey, 56% of respondents described their service model as a 'school nursing service'. The remaining respondents indicated that the services that they are working for have moved to a 0-19 delivery model or are in the process of developing a model, that integrate with health visiting. There is currently no national guidance for delivery of 0-19 models.

Respondents were asked to describe the model of work that they used in their particular locality.

They were then asked to select from a list of descriptors*, what they felt comprised 'A good/robust 0-19 model of care'.

They were also asked to be mindful, that any such model should have strong public health nursing leadership, and that such a model, had pathways that supported a whole family approach.

The descriptors are:

*Descriptors proposed by SAPHNA based on professional debate and consensus.

Figure 4 shows the models and structures that are in place in areas where the survey respondents work.

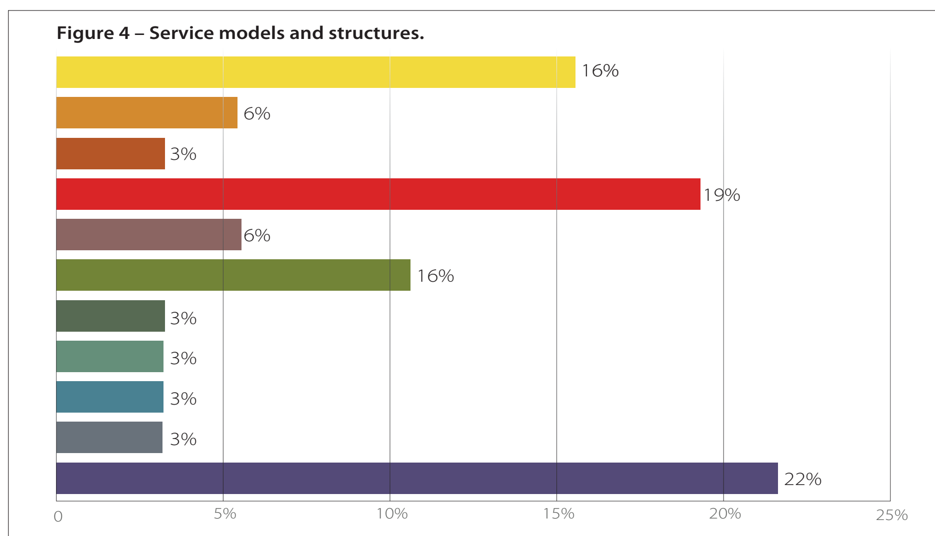


Figure 4 – Service models and structures.

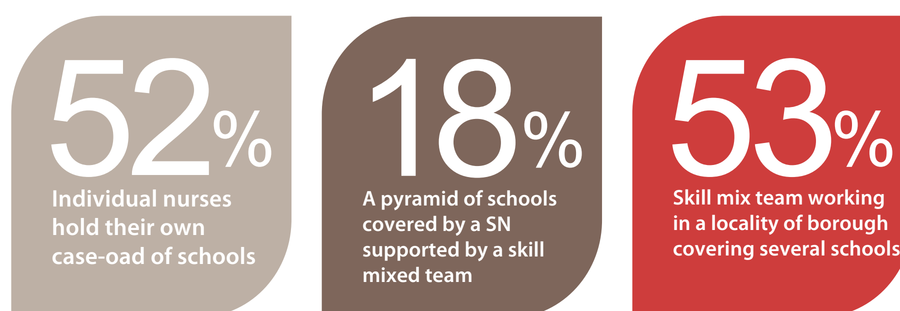
- Has 0-19 senior leadership (=AfC 8a or above), separate school nurse and health visiting teams & teams comprising both health visitors & school nurses plus skill mix of support staff with 0-19 pathways.
- Has 0-19 senior leadership (=AfC 8a or above), separate school nurse and health visiting teams & teams comprising both health visitors & school nurses plus skill mix of support staff.
- Has separate school nurse and health visiting teams & teams comprising both health visitors & school nurses plus skill mix of support staff.
- Has 0-19 senior leadership (=AfC 8a or above) & separate school nurse and health visiting teams & has 0-19 pathways in place.
- Has teams comprising both health visitors & school nurses plus skill mix of support staff & has 0-19 pathways in place.
- Has teams comprising both health visitors & school nurses plus skill mix of support staff & has 0-19 senior leadership (=AfC 8a or above),
- Has teams comprising of both health visitors and school nurses plus skill mix of support staff.
- Has separate school nurse and health visiting teams with 0-19 pathways.
- Has 0-19 senior leadership (=AfC 8a or above).
- Has 0-19 pathways in place.
- Has separate school nurse and health visiting teams.

The results show that there are a variety of emerging approaches to 0-19 working. Just over a third of respondents indicated that their service model has 0-19 leadership (at 8a or above) and 0-19 pathways in place. Approximately a third of respondents indicated that the service that they work in, whilst described as 0-19, do not have a 0-19 senior leadership, and/or 0-19 pathways and/or operate a single discipline team.

Respondents were asked how the service they work in manages work allocation, this included allocation of school nurses to schools and case-load management. Historically, the more dominant approach was individual school nurses being a named nurse for several schools, often a secondary school and feeder primary schools. They would deliver the health promotion element of the HCP programme [1] and respond to the needs of individual pupils in those schools. In the absence of a needs assessment, this approach led to unwarranted variation of delivery of the programme to schools and prioritisation of the needs of individual pupils differing between schools in the same borough. However, over recent years a move to single points of contact for one

service, structured referral systems and locality working have emerged. School nurses lead skill mix teams covering several schools or a pyramid model of a secondary school and feeder schools. Figure 5 shows the results from this survey, respondents were asked to describe how they worked with schools. More than one response could be selected.

Figure 5 – Models of working; model of working by percentage of respondents. More than one response could be selected.



Single points of contact and structured referral systems have become more common place in school nursing services. In this survey, 66% of respondents indicated that the service they work in operates a single point of contact and 77% indicated that they have structured referral systems. These approaches can support access and visibility of services, enabling more timely response to referrals and requests for support. Evidence suggests that single points of access can simplify where to go for help and make it easier to contact services directly and improve timeliness of access. At the same time, it is recognised that it is important to identify the appropriately trained and experienced staff to ensure consistency in triage of calls and provision of advice which can be aided by structured information collection and standardised processes [24].

Further exploration is needed to understand how the various models and approaches work in practice, what learning has been gained through development, how the model or approach has impacted on outcomes for children and young people, and the impact on staff and experience of wider stakeholders of the different delivery models.

PROGRAMME DELIVERY

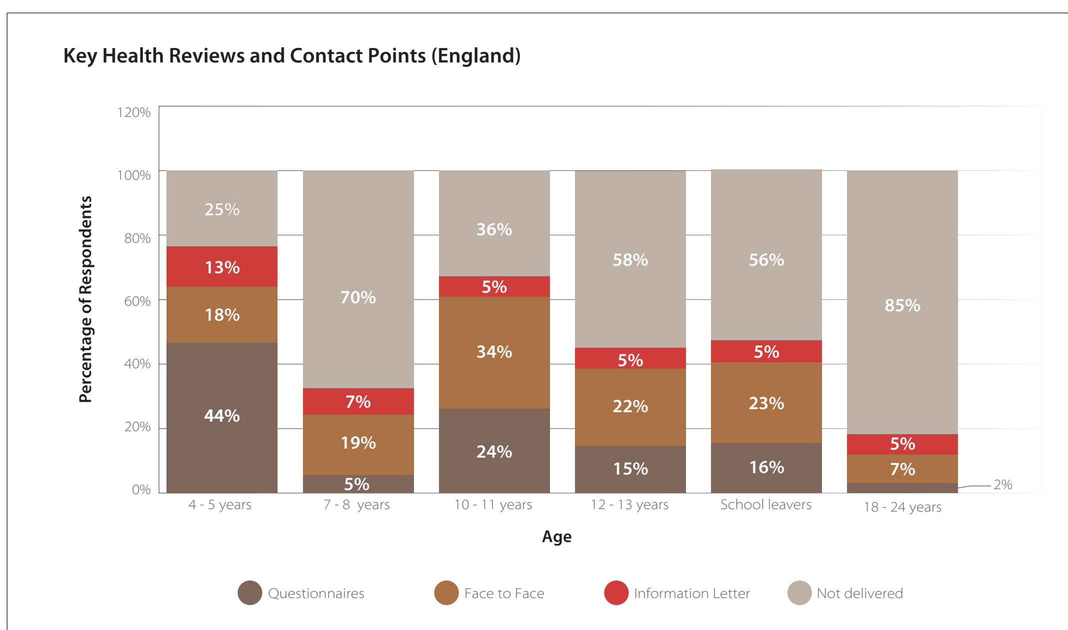
Universal Contacts – A missed opportunity.

The HCP 5-19 [1] provides an evidence informed framework to deliver health promotion, prevention and early public health intervention to school aged children and young people. However, the programme has only one mandated element which is the delivery of the National Child Measurement Programme (NCMP) at reception and year 6 [25]. Consequently, there is an absence of data collected at a national level which monitors how the remaining (non-mandated) elements of the programme are being delivered and the difference that this makes for children and young people. Only data for the NCMP is mandatory reported.

The HCP 5-19 [1] recommends key points for universal health and well-being reviews and contact with children and young people and their parents/carers to identify needs and offer support or signposting. There is no prescribed approach for these reviews which are viewed as an opportunity to develop a framework based on evidence, intelligence, professional judgement, and service user voice [23]. Practitioner intelligence suggests that the main approaches for reviews include sending information letters to parents, carers and/or young people, offering class or year assemblies, administration of health needs assessments, followed by a face-to-face contact, if indicated.

In the survey, respondents were asked to specify which reviews and contacts are delivered in the area where they work and how these are delivered. Programme delivery differs between countries in the UK and contact points vary. Results are presented for England only (figure 7).

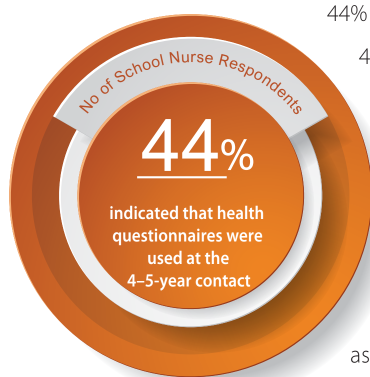
Figure 7 – Provision of programme a key health reviews and contact points



At the point of transition to full time education (ages 4-5 years), which marks the transfer of care from the health visiting service to school nursing service, 75% of respondents indicated that the service that they work in have contact with children and their parents/carers. At subsequent ages, between 7-8 years old to 18-24 years old there is less contact. 36% to 85% of respondents indicated that this was because it is either not commissioned or there is no capacity in the service to deliver across the age groups and early intervention at younger ages is prioritised.

Whilst it might be argued that most children are in school and school staff are in an opportune position to notice and report concerns and then make the necessary referrals to school nursing services, evidence suggests this as being problematic with issues being missed, under -reported or only identified as the outcome of a crisis [26]. Thus, where it is not possible to deliver the health reviews and contacts across all age groups due to constraints on school health teams there is a significant level of missed opportunity for school nurses to use their specialist public health skills and clinical judgement to assess, determine, and provide early help to address identified needs for all children and young people.

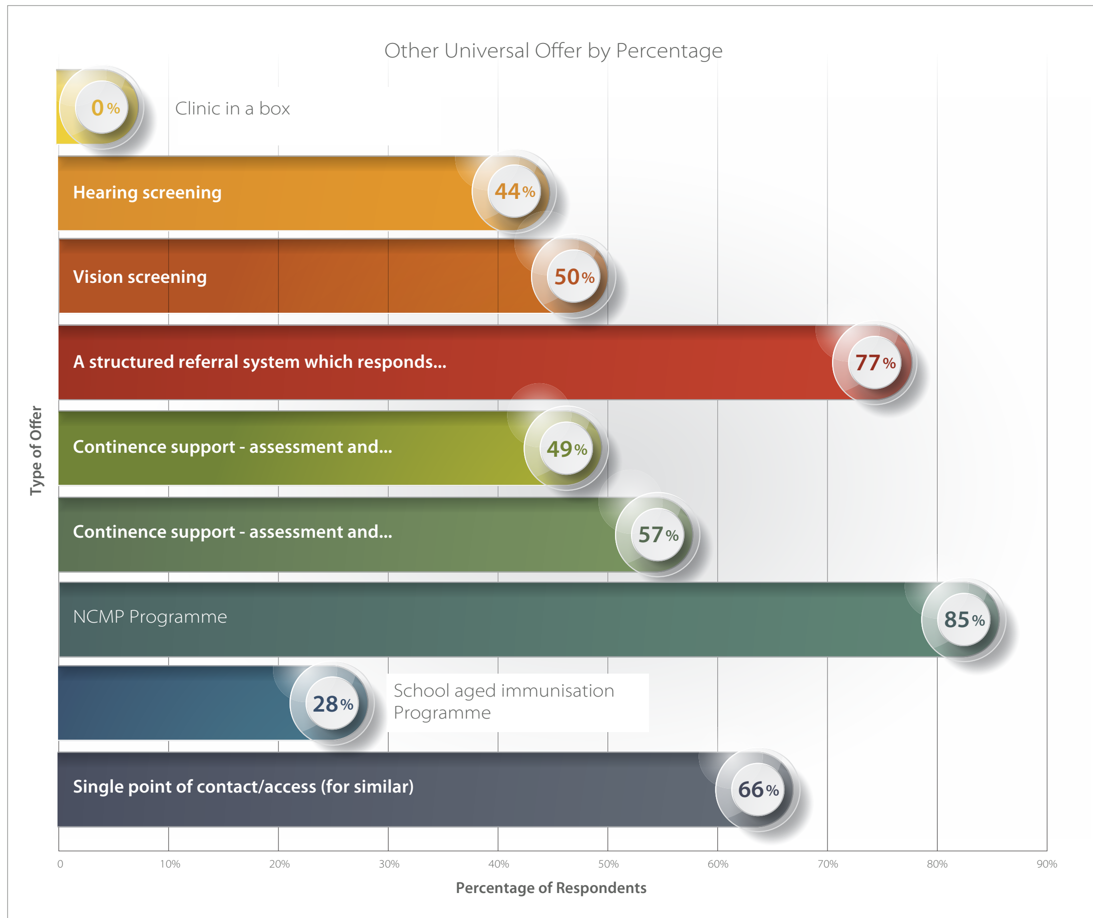
The method used to deliver the contact varies between services and at different age ranges. 13% of respondents indicated that the service that they work in sends an information letter to parents/carers at the age of 4-5 years. These letters provide information about the school nursing service and a contact number should the parent/carer require support. The survey shows that use of letters is less in subsequent age ranges.



44% of respondents indicated that health questionnaires were used at the 4–5-year contact however this decreased at older ages ranges. Health questionnaires are designed to identify unmet needs, flag children and young people who might need more urgent support and respond to more routine needs through the provision of health education materials, signposting, referral to appropriate services or further assessment of the individual by a school nurse. There are several companies who provide electronic systems to deliver these assessments, at a cost to the provider; some school nursing services have developed their own. Literature demonstrates that many children, young people with health and well-being needs do not access support for a variety of reasons including stigma, perceptions that services may not be able to help or are not accessible.

Research on the use of self-report health questionnaires has suggested that their use increases accessibility to services and in addition can be cost effective, improve targeting of support, and lead to more effective use of school nursing resources. In addition, the information gained can be used to identify and respond to population needs [26]. Whilst there are many benefits for the use of this type of digital technology, it does require investment by commissioners which might be a limiting factor in widespread adoption given the ongoing financial pressures that local authorities face [27]. A further consideration is accessibility, some children and young people might not have access to technology to access digital services. Digital poverty effects about 20% of children and young people, disproportionately in lower socioeconomic groups, this barrier can, however, be removed by administering questionnaires in schools, as part of a 'personal, social and health education' lesson or tutor time for children year 6 and above [26,27].

Figure 8 – Delivery of screening and intervention services



Where areas do deliver these services, further exploration is required to understand how they are funded, this is particularly of interest for continence provision. Practitioner intelligence suggests that confusion at the point of transfer of the HCP [1] from NHS to Local Authority commissioning led to the expectation that services for continence and enuresis provision were also transferred across. However, this occurred without the funding to support delivery, which places additional strain on depleted services.

Less than a third of respondents indicated that school nursing services deliver the school aged childhood immunisations programme. Pre-pandemic we were already seeing a reduction in the uptake of childhood immunisation, now, post pandemic, the 2022-23 childhood vaccine figures show a continuing and concerning downward trend [28]. In response, NHS England launched their Vaccination Strategy which exemplifies school nursing teams extensive skills and ability to build trusting relationships as a contributor to successful delivery of the school aged vaccination [29]. SAPHNA have proposed research to compare uptake of vaccinations in areas where school nursing services deliver the programme versus non-school nursing delivery.

RESPONDING TO KEY PUBLIC HEALTH ISSUES.

The school nursing service model in England is based on four levels of service depending on individual and family need: community, universal, targeted and specialist. The HCP schedule of interventions [1] brings together evidence, guidance, and information to describe local prevention and early intervention activities. The universal offer includes offering evidence-based information to children, young people, parents, and carers and supporting schools to develop robust Personal, Social, Health Education (PSHE) programmes. Targeted and specialist interventions include offering individual/group-based interventions for 'at risk' or more vulnerable groups of children and young people, individual health reviews and brief interventions [1].

Scotland takes a similar approach, offering a core service to all children and young people and a more focused provision for those facing additional challenges [30]. In Wales, the Healthy Child Wales Programme between 2016-2024 focuses on 0–7-year-olds, and is built on the concept of progressive universalism. The programme includes screening, monitoring, and supporting child development. In 2024, part 2 of Healthy Child Wales Programme has been introduced, setting out guidance for contacts from school entry to 16 years old [31].

The survey asked respondents about the offer for key public health issues including smoking & vaping, alcohol and drugs, physical health, healthy lifestyles, emotional health & well-being and sexual health and well-being. Whilst there are programme variations between countries, the survey results are shown for all areas of the UK.

88% of respondents indicated that the services that they work in provide an offer for emotional health & well-being and healthy weight, predominately health promotion for pupils and individual assessments/interventions (figures 9 and 10).

Figure 9 – Emotional Health Offer

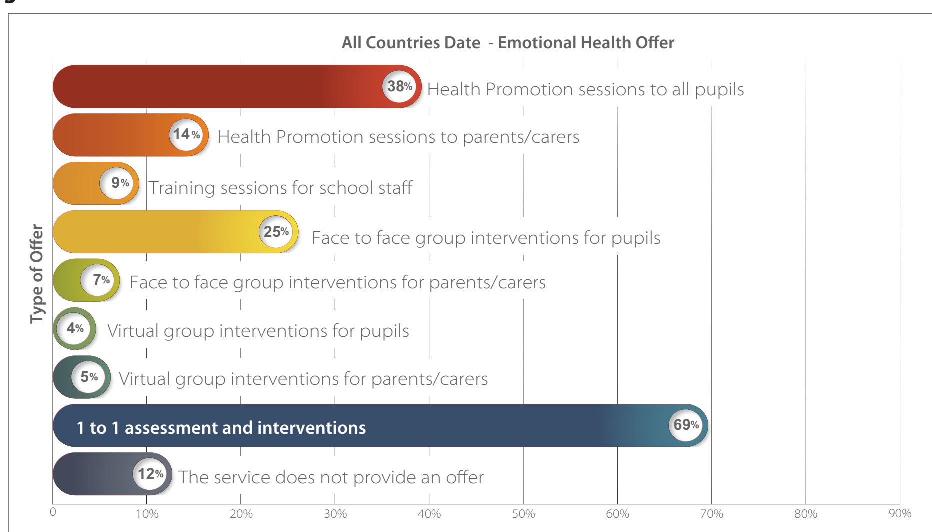
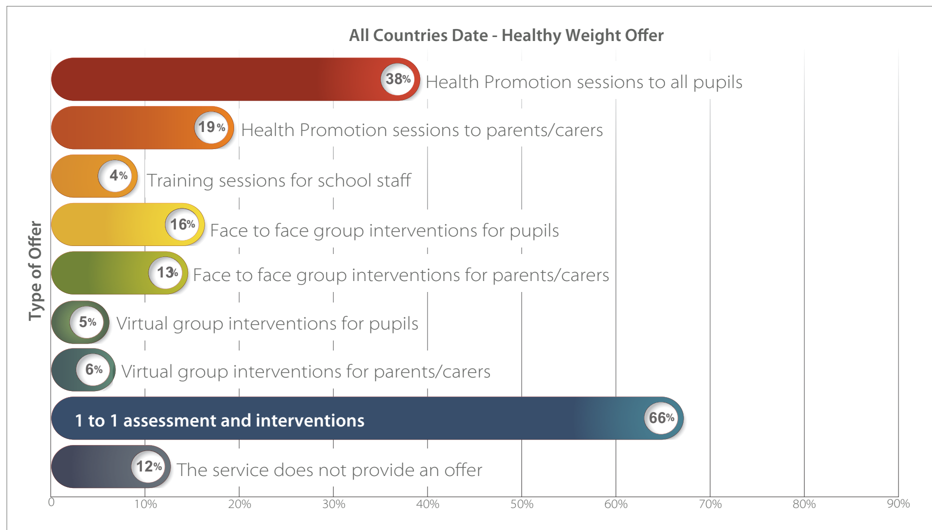


Figure 10 – Healthy Weight Offer



By comparison, the percentage of respondents who indicated that their service did not provide any offer rose to between a quarter and one third for smoking & vaping, drugs & alcohol, physical exercise, and sexual health (figures 11, 12, 13, 14). Further exploration is required to understand why this might be and whether health promotion, advice and support is delivered by other providers or is not commissioned. Some respondents indicated in the survey that 'commissioning for school nursing to deliver sexual health had ceased'.

Figure 11 – Physical Exercise Offer

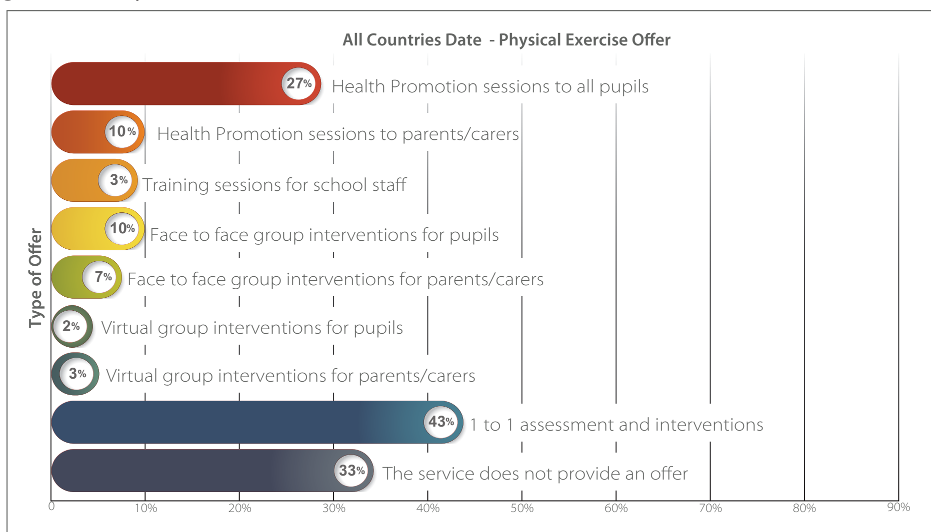


Figure 12 – Sexual Health Offer

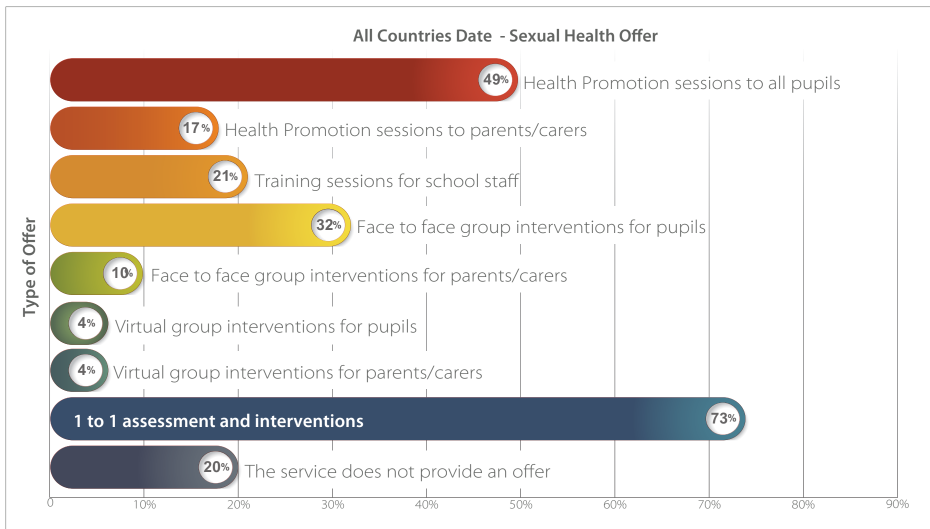


Figure 13 – Smoking and Vaping Offer

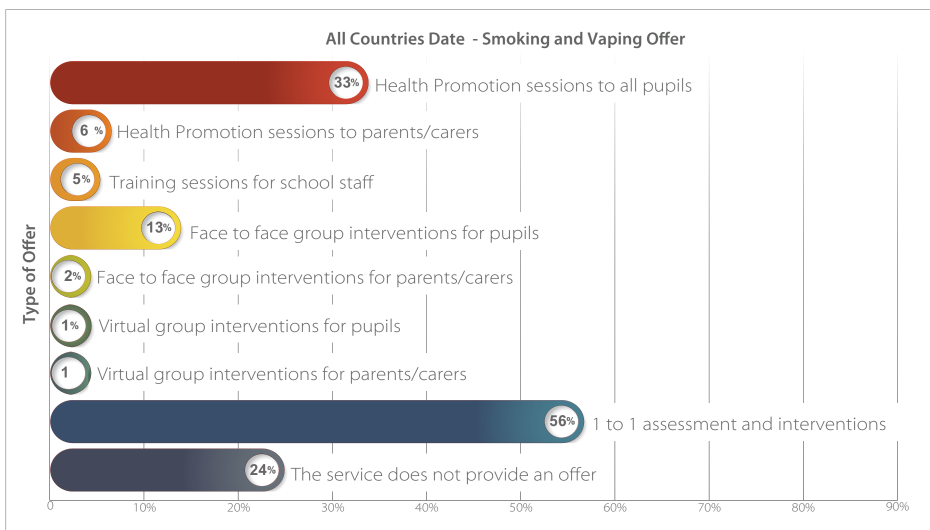
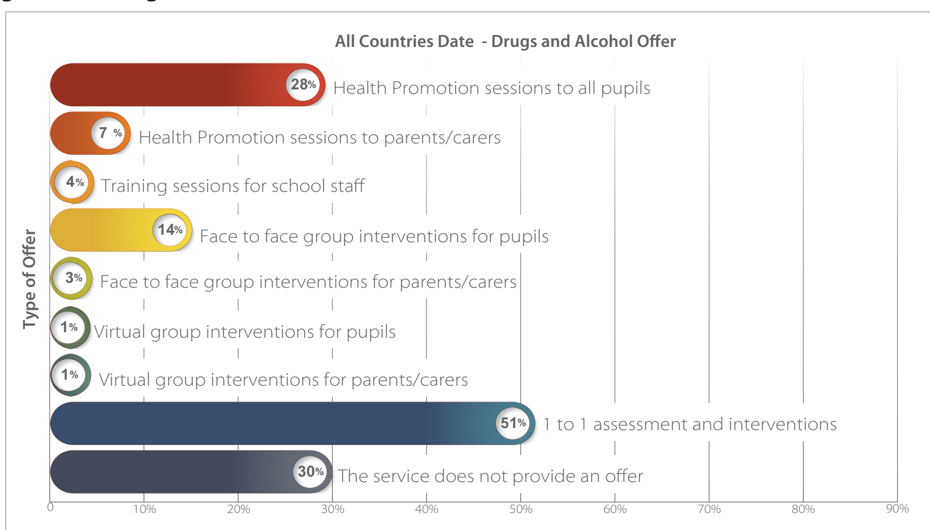


Figure 14 – Drugs and Alcohol Offer



ACCESSIBLE, VISIBLE, AND RESPONSIVE SERVICES

The lack of provision for key public health issues at a universal and targeted level identified in the survey is a cause for concern and reveals further missed opportunities to improve outcomes for children and young people. Studies have shown that young people want: better access to health education and advice on smoking, drug, sexual health, and mental health projects to connect topics such as sleep, exercise, nutrition so they better understand the effect on their lives; support for mental health from an adult that they can trust and support at an early stage before a crisis point is reached [6,32]. Most young people who had accessed a school nurse for support shared that they had a good experience and found the school nurse to be approachable and friendly and, for most adolescents, one of the key 'go-to person' for immunisation information and advice [32].

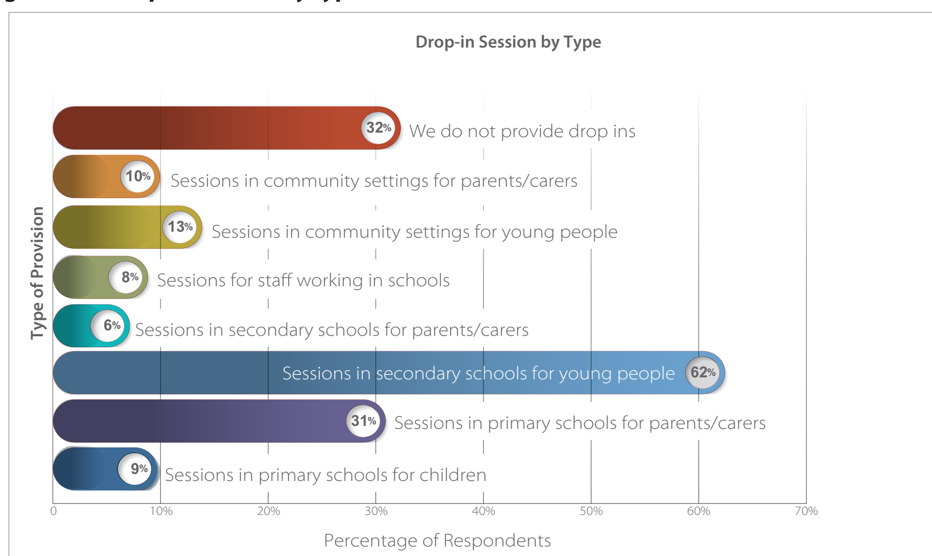
The survey shows that services generally have a hybrid delivery recognising that digital/virtual presence works well for some children and young people. It is positive to see that post-pandemic services have returned to face to face offers as opposed to solely virtual delivery. This mixed mode of delivery gives young people the choice that they want, the option to choose how and where to access their school nurse [33].

School nurses, when properly funded, can be visible and accessible and are uniquely placed to develop trusting relationships with children and young people, offer confidential and accessible support and provide a holistic approach to support health and well-being [3].

DROP IN PROVISION

Respondents were asked whether their service provides drop-in sessions for children, young people, parents/carers and other staff. Drop-in sessions can be held in schools or other settings such as community venues or virtually.

Figure 15 – Drop-in session by type

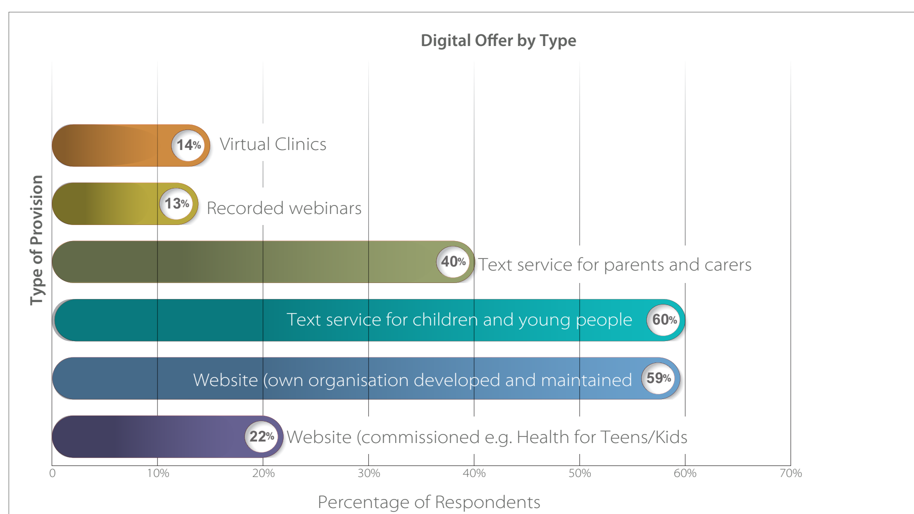


They take the traditional format of pupils popping in to see the school nurse, perhaps by appointment or ad hoc or perhaps offered as part of coffee mornings or similar events usually aimed at parents/carers. School nurses generally offer these in lunch periods or after school to avoid disruption to lessons. Figure 15 shows the variety of drop-in approaches offered in the areas where the survey respondents work.

DIGITAL OFFER

School nursing services have a history of innovation, delivery digital services particularly using text services and websites. The use of technology accelerated in response to restrictions during COVID and more services embraced existing technology as well as starting to use webinars for health promotion and interventions alongside virtual clinics [33]. Figure 16 shows the range of digital delivery used by the survey respondents.

Figure 16 – Digital Offer



Digital services can offer an alternative mode of access for children and young people. Rather than replacing face-to-face contacts this range of modes gives them a choice about how they engage with services. Digital modes can improve access and reach; websites are available at any time. Text messages can be sent at a time convenient to the young person or parent/carer. They may also be an alternative mode of contact for those who are anxious about speaking to a health professional, in person or on the phone. Services such as ChatHealth text services have won national awards for provision of safe, secure provision that has robust governance [34,35]. A consideration when introducing digital solutions is whether this creates a barrier to accessing services. Approximately 20% of children and young people do not have access to devices and/or internet connections, disproportionately impacting those in constrained economic circumstances. Commentators argue that the pandemic highlighted that access to digital technologies can no longer be seen as a luxury, and a robust plan needs to be delivered to ensure digital inclusion and avoid widening inequalities further [27,36].

SAFEGUARDING – A THREAD THROUGHOUT THE HEALTHY CHILD PROGRAMME.

Safeguarding is central to the role of school nurses and is a core thread through the HCP [1]. Safeguarding refers to any action taken to promote the welfare of children and protect them from harm. This includes supporting and intervening to ensure a child's health and development is promoted; that parents/carers are supported to provide safe, effective care; and that a child is protected from abuse or maltreatment [37].

SAPHNA's position is that public health nurses are most effective and impact-full when able to use their knowledge and skills for the promotion, prevention and early intervention end of the safeguarding continuum. The cost saving benefit of public health has been shown to have significant returns on investment in the wider health and social care economy [38]. This work includes the use of health needs assessments to identify and respond to children and young people's health and development needs through contact at recommended key points during the school-aged period, provision of health promotion activities, being accessible to children, young people and their parents/carers to offer timely advice and support when earliest help is needed via drop ins, text services, home-visits. When risks or needs are identified the school nursing service might respond as a single agency offering targeted support or if the child has multiple needs, they might work with other agencies to provide early help.

CHILD PROTECTION AND CHILD IN NEED - A SIGNIFICANT IMPACT ON HEALTH PREVENTION, PROMOTION AND EARLY INTERVENTION.

Child protection is part of the safeguarding process and focuses on protecting children formally as suffering or likely to suffer significant harm through statutory social care process under the Children Act 1989 [39]. Whilst Children's Social Care is the lead agency for children who are identified as a 'child in need' or subject of a child protection plan a multi-agency approach is taken in supporting the child and family. Within this multi-agency approach school nurses have a vital role in keeping children safe and supporting local safeguarding arrangements. However, it is essential to clearly define roles and responsibilities within a formal plan, drawing on the principles outlined in Working Together 2023, updated 2024 [40].

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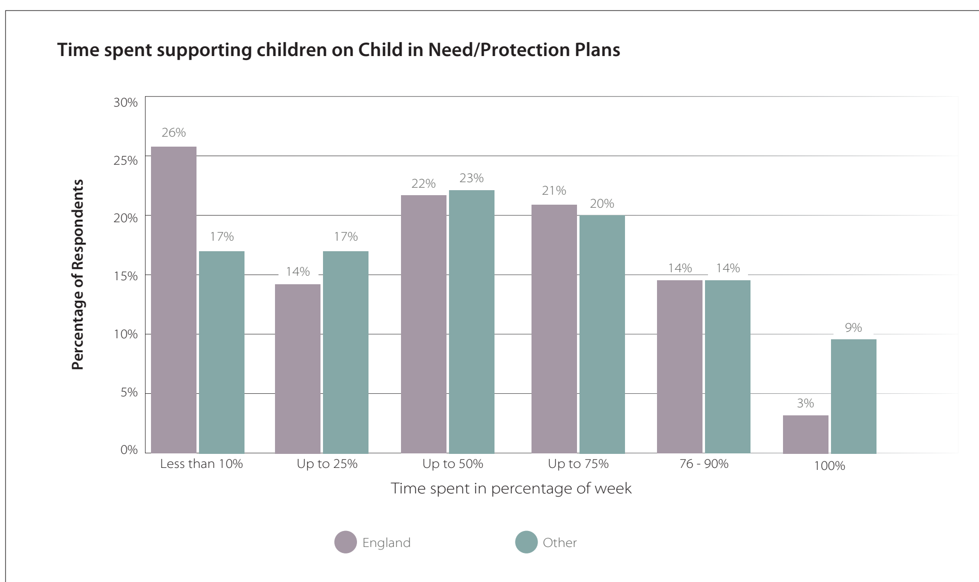
contribute towards providing information and contribute to the analysis of information and a plan about how best to keep a child safe [41].

In the survey, 71% of respondents stated that they have seen an increase in the number of children who they support on child protection plans and 67% noted an increase in children in need plans. 38% of respondents in England and 43% in the other countries indicated that they spent over half of their time supporting children on child protection plans (figure 17). School nurses shared their frustration about the impact that this has on their wider public health role. They felt that they are 'at the table' as the 'health representative' however are not always best placed to be supporting the child.

Figure 17 – Time spent on child protection and child in need.



Conversely nurses (who are usually registered nurses rather than qualified school nurses) working in independent schools reported that they were rarely consulted around safeguarding issues for children and young people in the school and felt excluded from the processes.

"We rarely get asked for our experiences of working with young people who self-present to the medical room in school. We therefore feel quite separate from the school safeguarding structures despite our vast experience in safeguarding and with the children themselves."

"It feels unfair that school nursing is the default position for safeguarding processes for school age children without being adequately resourced for this" and this is "challenging as it reduces capacity for other work and takes priority."

Overwhelmingly respondents commented on how the nature of safeguarding issues led to a reactive rather than proactive school nursing service, with little or no space for delivery according to the HCP.

It reduces the time available to deliver preventive or early intervention work through the volume of child protection and child in need work, there is ***"less time to be present in school, carrying out 1:1 work and facilitating health promotion sessions" and means that "children and young people have a longer wait time for contact."***

In addition, the unpredictable nature of child protection and child in need work led to planned health promotion activities being cancelled when an urgent case occurred. Respondent stated: It is being the default health practitioner for child protection and child in need cases is, in the majority of areas, leading to the expectation of other agencies, particularly social care that school nurses are involved in all safeguarding referrals. School nurses reflected on their position within safeguarding provision, and the challenge of maintaining a 'health' rather than 'social care' focus. Being drawn into social care agendas could be compounded when commissioners and other system partners had rigid requirements for school nurse attendance at child protection and child in need meetings.

"Most frustrating is when plans have to be cancelled for example because an ICPC (Initial Child Protection Case Conference) invite has come in and this has to take priority."

'Inflexible Local Authority processes mean we are spending a good deal of time attending meetings where we have nothing to contribute, it would be better if we could use our professional judgement to prioritise which meetings to attend.'

'I firmly believe we should be viewing children as levels of health need rather than levels of social need and that we should stop being forced by social care to make their meetings quorate.'

Respondents felt that the child protection and child in need part of the safeguarding work did not align with the wider public health role of the school nurse. Whilst some really enjoyed child protection and child in need work;

'I thoroughly enjoy this aspect of the role'; 'very consuming but rewarding part of the role.'

others felt that this was really not what they signed up for as a public health nurse and this can be a challenge for service leads trying to motivate, retain and recruit staff. One school nurse shared how ***'our SCPHN school nurse's time is almost entirely taken by children and professional liaison subject to safeguarding plans, staff nurses complete the remainder'.***

The concern is that qualified school nurses are not using their expertise to promote positive safeguarding, prevent safeguarding issues escalating into child protection, improve health outcomes and reduce inequalities for school aged children.

'The service I lead has expressed regret and disillusionment at not being able to work as public health nurses. They long for the relationship with schools to be able to support all children in a universal way through PHSE along with targeted support for CYP and parents, especially those on SEND pathways with emerging needs. They simply spend too much time on safeguarding.'

LOCAL SCHOOL NURSING MODELS LEADS TO VARIABILITY ON THE IMPACT OF SAFEGUARDING WORK

10% of respondents stated that there was no impact on their ability to deliver the wider public health programme. This correlated with those who indicated that they spent less than 50% of their time supporting children on plans. Many of these respondents indicated that the service they worked in had moved to needs-led models ***"Our service has withdrawn from safeguarding work unless we are already working with that child on other health issues"*** or adapted the delivery model ***"we now have a separate vulnerable children's school nurse team who work with children on CP or CIN plans"*** There are models emerging which include services having separate teams for child protection and acute safeguarding work. It could be argued that, in order to meet the expectation of being the 'health' representative in child protection and child in need, school nursing services are being driven to adapt delivery models. However, this leads to role drift and away from the specialist community public health nursing role towards providing a specialist safeguarding nurse role.

After robust assessment of processes, some teams have set clear parameters around school nurse involvement in the formal child protection process to best manage workload and reclaim their public health specialism. One area reported RAG (red, amber, green) rating for safeguarding referrals and responding accordingly, ***"if they're green we can opt out of meetings."*** Some areas focus on supporting those with unmet health needs, completing a health needs assessment and ***"if a health need is identified we offer a brief intervention, webinar or one-off contact as appropriate. If more support is required, we offer a package of care which is approximately 4 sessions."*** Some referred to another health professional who has more knowledge of the child's their needs and would be better suited to attend child protection or child in need meetings for example, speech and language therapist, or Child and Adolescent Mental Health Services (CAMHS) worker. One respondent described completing joint reports with school rather than a separate set of paperwork, which saved on administration time.

THE VALUE OF SYSTEMIC SUPPORT IN ENABLING SCHOOL NURSE TEAMS TO BEST MANAGE THE CHILD PROTECTION AND CHILD IN NEED WORKLOAD.

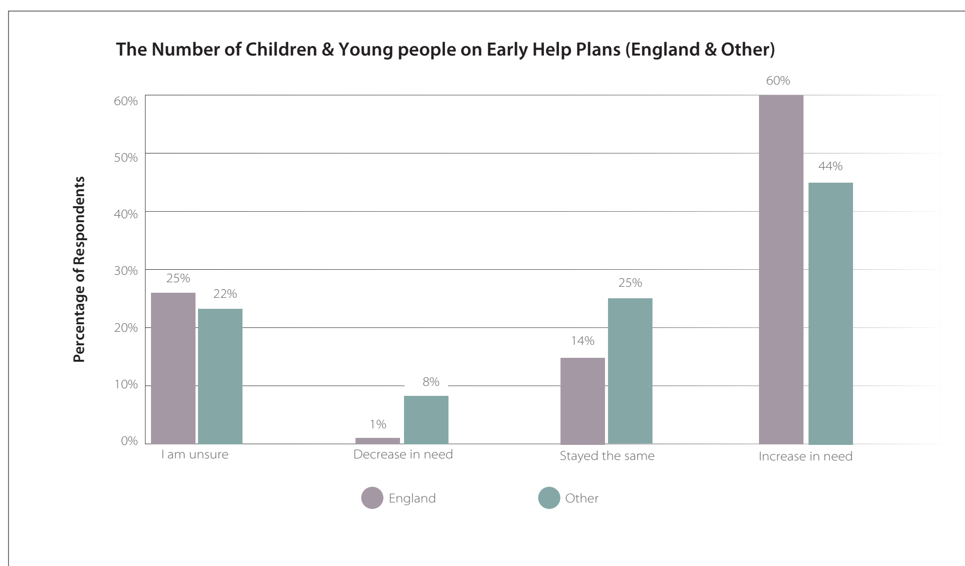
It was clear that where there was managerial advocacy in school nursing services there was proactive solution seeking to responding to unprecedented workload. Local and national policy were also cited as supportive frameworks for clarity of school nurses' roles and responsibilities in safeguarding and child protection process.

'The safeguarding element has recently reduced due to the Local Authority employing a strategy nurse, and changing policy means we can step out of safeguarding cases when there are no unmet health needs. This has really helped, and allows us to be more visible in schools, delivering health promotion, it also allows us to be more preventative than reactive.'

'In Wales the minimum standard for safeguarding – A School Nursing Framework for Wales – is adhered to i.e. we attend all initial CPCC and only remain involved if there is a school nurse intervention.'

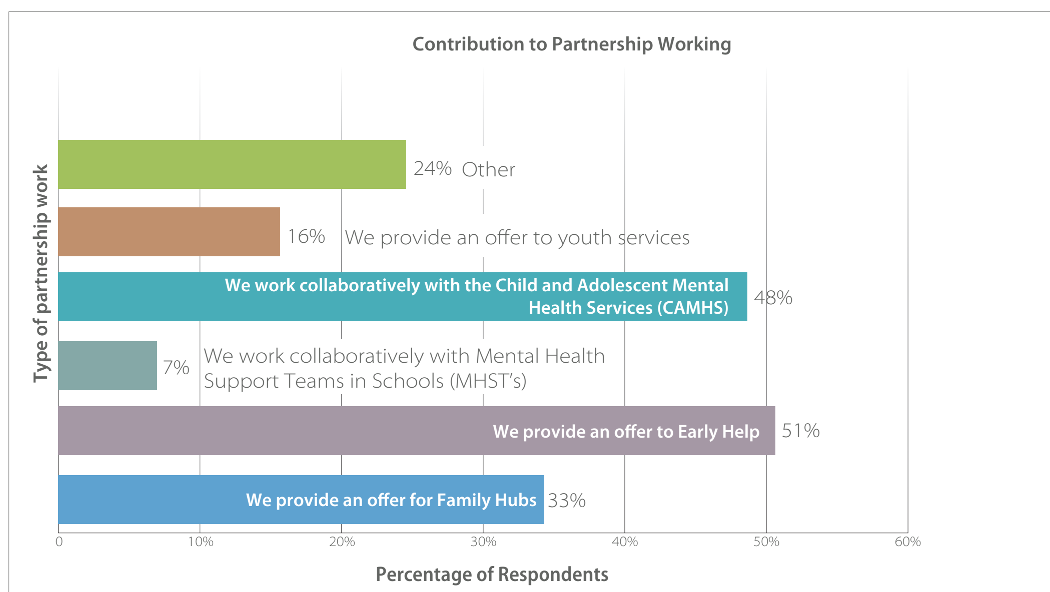
While respondents reported an increase in the number of children on child in need and protection plans, they reported a similar increase in the number being supported on Early Help plans (figure 18).

Figure 18 – Number of children and young people on early help plans.



Responses from the survey indicated that there was more that school nurses could do to increase partnership working at the prevention and early help end of the safeguarding continuum, only half of those respondents indicated that the service that they worked in provided an offer for early help and only a third supported family hub (figure 19).

Figure 19 – Contribution to partnership working



2. SURVEY FINDINGS

III A Workforce under pressure

WHO ARE THEY?

The number of qualified school nurses has been falling consistently over the past decade. NHS England workforce figures show a 33% fall in the number of school nurses between 2009 and 2022. Of the 1,989 staff in the latest count, only 852 were described as 'qualified school nurses', some of whom will no longer be working in school nursing roles. This reduction coincides with continuous reduction to the Public Health Grant that funds the service, £1 billion cut in real terms [42].

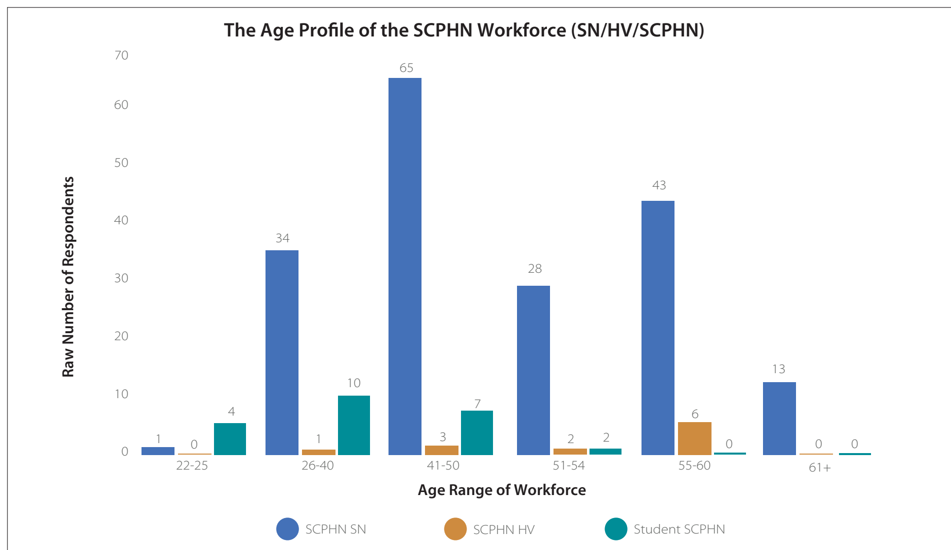
The Nursing and Midwifery Council (NMC), as regulators of nurses, protects the title of SCPHN however the title 'school nurse' is not protected. Those responding to the survey were asked to indicate the type of role in which they are currently employed. 87% of registrants who indicated that they held the title of 'school nurse' stated that they hold a SCPHN qualification.

However, 13% did not hold the SCPHN qualification. SAPHNA is hearing how services are trying to develop skill mix models to respond to increasing need while the numbers of qualified school nurses are diminishing. Services are making these decisions in the absence of national guidance; this is a challenge and presents a risk to the school nursing team's ability to offer prevention and early intervention to children and young people across a range of health issues. The SCPHN qualification is regulated under the NMC to ensure consistency of standards of proficiency to achieve high levels of quality and safety to mitigate risk and reassure the public [43]. Most services are taking a robust approach to workforce development, developing roles which have clear competency frameworks and pay due regard to scope of practice and the use of safe delegation, supervision, and support. However, practitioner intelligence has revealed examples of

SCPHN role drift, and registrants and non-registrants employed in roles where job descriptions are not aligned with qualifications and competencies. This compromises the delivery of safe, high-quality care by school nursing teams [44].

The age profile of the workforce was captured in the survey. 46% of qualified school nurses who responded were aged 51 years or older. 37% of these indicated that they plan to retire within the next 3 years, most do not plan to return to the profession (Figure 20).

Figure 20 – Age profile of workforce



The NHS Long Term Workforce plan [45] has made a commitment to training more school nurses, however it is questionable about whether this is sufficient and timely enough to significantly impact numbers of qualified school nurses [9]. More detailed workforce development is required to rebuild and sustain the workforce if they are to achieve their potential to improve health outcomes for children and young people and reduce health inequalities.

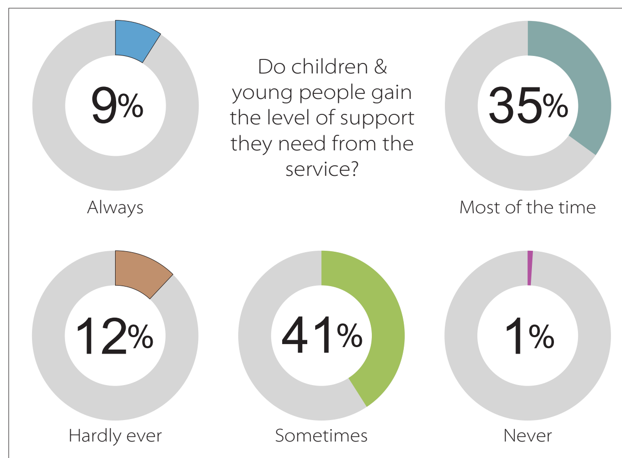
HOW ARE THEY FEELING?

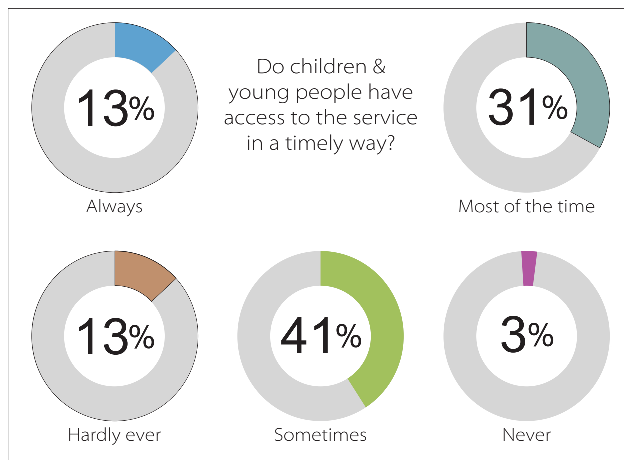
77% of respondents reported that they enjoy their roles. However, only 18% of respondents reported that there is enough staff to deliver services (figure 21) demonstrating resilience and determination of the workforce.

Figure 21– Staff Satisfaction in their Work

Staffing capacity correlated with the reports about whether children and young people have timely access to the service and gain the level of support that they need. Less than half of respondents indicated that access was timely, and the support offered effectively meets need.

The narrative which emerged is that high quality care is delivered to the children and young people who had access to the service however there are limitations on the capacity of services to reach all children that need support. There was also tension between the high quality one to one work school nurses were providing, and the lack of ability to provide universal health promotion and education work commensurate with their public health role due to the volume of this work:





'We provide an excellent level of service to the children on our caseloads, but we are not offering a good level of universal support'.

A consistent theme throughout was that the respondents described their work as reactive rather than preventative, constantly firefighting:

'I feel we concentrate more on fixing problems rather than offering early intervention and health promotion.'

The Increased health needs of children and young people, particularly after the Covid-19 pandemic, are having an impact on many specialist services. Consequently, school nurses often take on additional aspects of care, or are left supporting children and young people whilst they are on waiting lists for other services. This 'role creep' was declared frustrating for school nurses, again, taking them away from the preventative, universal public health work they are trained to do:

'It often feels like we 'mop up' after other services who have long waiting lists, lose commission or change threshold, it impacts our capacity to deliver preventive health promotion work.'

IMPACT ON THE SCHOOL NURSE WORKFORCE.

This survey reveals the realities of school nursing on the front-line, with increasing health and well-being needs, in which school nurses are seeing more complexity of needs, at a time when capacity within the workforce continues to diminish. Data shows that poverty is increasing, those who are in lower socioeconomic situations are more profoundly impacted and inequalities are widening [4,5]. The consequence is that school nursing services are spending increasingly less time doing the work that they are trained to do, such as health promotion, prevention and early intervention, which is where school nurses can have the greatest impact.

It was clear that the volume of work generated by increasing health needs, ***'mopping up'*** other services work due to increased demand, reduced capacity within the workforce, changing thresholds of partner agencies, and in some area's reductions in commissioning of school nursing services, is having a detrimental impact on the remaining school nurses and school health teams. This is evident in the comments made by those responding to the survey. The offer was still ***'excellent, but at the detriment of staff well-being'.*** Due to reduced workforce, remaining staff are working harder and longer to respond to children and young people's needs ***'the numbers of school nurses are inadequate, and this is impacting on staff who are working beyond their hours to continue to meet local need'.***

In addition, the nature of the work is changing with the service dealing with increasingly acute and complex issues: ***'the capacity of staff is low and demand for support has increased with more complex issues of children and young people'.*** Concerns over staff health were apparent: ***'since our funding cuts there are not enough staff to deliver the service as the waiting list is increasing rapidly, putting staff under further stress, which is really worrying'.***

For many of the participants this has led to the sense that they were not achieving what they would wish in their role: ***'The feeling of job satisfaction has reduced with an increase of feeling like we are failing our children and young people'.*** Not only are services dealing with increasingly acute and complex casework, this is taking them away from their anticipated role in public health promotion, which brought another element of dissatisfaction:

'I don't like feeling more and more de-skilled in school nurses' ability to deliver the universal aspects of the HCP', 'I do not feel my SCPHN qualification is fully utilised, there is no public health role/element to our role.'

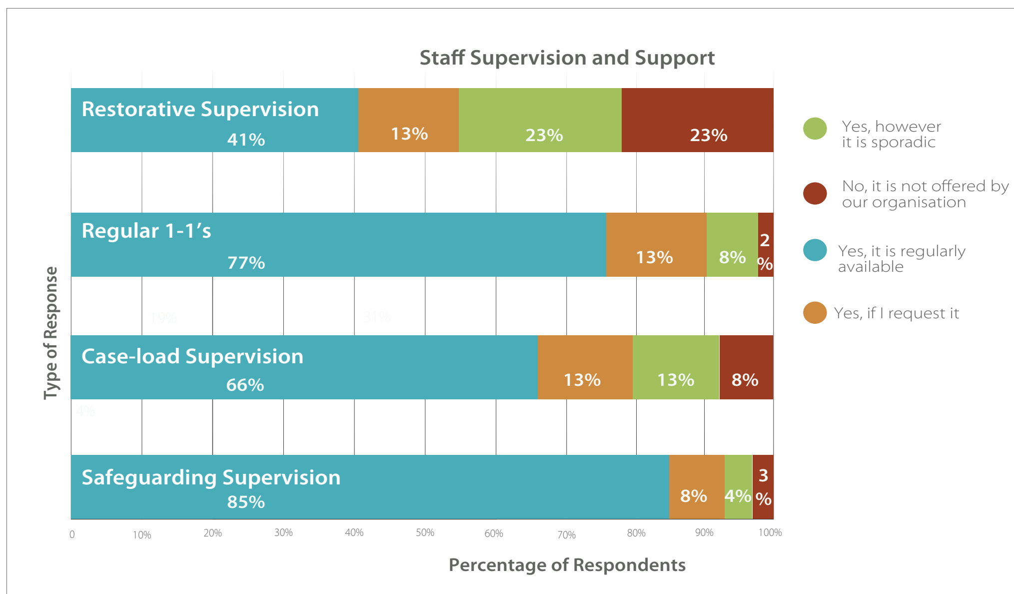
Overall, this leads to a demotivated workforce, who are tired and stressed, which in turn leads to staff burnout, sickness, and attrition:

'I've been working in a school nursing role for 19 years. The service doesn't even offer half of what it offered when I started. I've made the decision to retrain because I want to work somewhere where I can make a difference. I still love what a school nurse used to stand for but that's not who we are currently.'

STAFF SUPPORT

It is essential to support recruitment and retention and to ensure that nurses are able to deliver safe, high-quality care, and are well supported in their role. This includes having access to support from line managers and supervision. However, respondents shared that access to this support was not universal. Almost a quarter of respondents did not have regular 1-1's and a third did not receive regular case-load supervision. The provision of safeguarding supervision was better, those respondents who indicated that they did not receive this were predominately non-registrants (figure 22). In Wales, the Chief Nursing Officer, recognising the importance of supporting staff, has mandated restorative clinical supervision for all nurses with the aim 'to improve retention, foster a compassionate, supportive culture and enhance safe effective nursing care [46].

Figure 22 – Staff supervision and support.



Respondents described how the services that they worked in had tried to respond to the stress and challenges of the role and invested in staff within their teams. One area had introduced ***'well-being champions'*** and a 'wall of gratitude.' Another area had created an ***'induction package for school nurses and public health nurses that will hopefully support the new member of staff as a preceptorship programme.'*** One school nurse described a practice educator role which ***'allowed development of in-house training, including an induction package and trauma informed practice sessions which hopefully facilitates staff retention.'*** Good practice examples were also given that facilitated career progression ***'supporting band 5 practitioners to access the SCPHN course…as a practice educator I am really pleased our LA (local authority) values our worth and is open to training more staff.'***

ipsum

2. SURVEY FINDINGS

IV Learn, Celebrate and Plan

BARRIERS TO DELIVERING HIGH QUALITY SAFE SERVICES.

The survey results support wider practitioner intelligence which SAPHNA hears through special interest groups, webinar programme and other points of contact with front-line school nurses and their teams. The greatest frustration for school nurses are the barriers to being able to deliver the public health role that they trained to deliver and how this impedes their ability to improve health outcomes and reduce health inequalities through prevention, promotion, protection, and early intervention.

The quantitative survey data identified the main barriers to high quality, safe services as: not enough qualified school nurses, poor understanding of the role by other professionals and time spent on child protection/child in need. High levels of sickness and absence, poor IT systems, inefficient processes, too much time speak on administrative tasks were also reported as having a significant impact on delivery.

Analysis of qualitative comments fell broadly into three areas:

1. A lack of understanding of the school nurse role leading to variation in how the service is commissioned,
2. A lack of finances affects service delivery, both in what is delivered and who is delivering,
3. 'Time wasted' on externally imposed tasks or issues incurred internally through work pressures.

COMMISSIONING

At the root of many of the barriers to delivering a good or outstanding service was a ***'lack of understanding of the (school nurse) role'***. School nurses reported experiencing ***'constant changes to our remit and processes',*** and school nurses feeling that on one hand this was ***'eradicating the role of the school nurse'*** yet on the other, the school nursing service was ***'being treated as the 'catch all' for health'*** and expected to pick up the support for children and young people that overstretched specialist services such as Child and Adolescent Mental Health Services (CAMHS) are unable to provide.

School nurses noted a general ***'lack of investment in preventive measures'*** by local authorities, and, frustratingly, school nurses' innovative responses to children and young people's health needs ***'being absorbed and lost by senior management.'*** An ***'inflexibility and lack of understanding of what is truly needed'*** was noted, requiring prescriptive delivery rather than a delivery that responds to need and recognises the autonomous public health specialist school nurse's role. One respondent commented that this was down to a lack of appreciation of the contemporaneous role of the school nurse with an outdated understanding of the role informing commissioning: ***'Our titles – (these are) dated and misrepresented. People do not recognise or truly understand our role'.*** However, another simply observed that this was due to an apparent lack of desire to invest in services for children, young people, and their families: ***'the trust do not care about the children and families.'***

FUNDING

A further influence on what services could be delivered repeatedly mentioned by respondents was a lack of funding. This was raised in relation to school nursing services not being prioritised and therefore not commissioned at all, to those experiencing a reduction in service provision through cuts to beneficial aspects to the service ***'our text service and digital health questionnaires having to cease',*** and loss of staff with expanding areas to cover through ***'funding cuts and a merger.'*** There have been significant cuts to the public health grant over several years [10]. SAPHNA work closely with our commissioning colleagues, the Local Government Association (LGA) and the Association of Directors of Public Health (ADPH) and know that Local Authorities and commissioners of public health services have had to make complex decisions about funding allocations. There is evidence of significant regional variation; SAPHNA are aware of neighbouring Local Authorities where one is dis-investing and the other increasing the school nursing service budget. Commentators have called for increases to the grant with higher levels of expenditure in more deprived areas. Without proper funding of prevention services, health will decline and the burden on health services will increase [7].

One respondent raised the challenge of staff recruitment and retention, reflecting how this is likely due to the discrepancy between pay scales of health visitors and school nurses – where, despite receiving the same training, post training health visitors are eligible for a higher pay grade ***'the pay scale, health visitors train at a band 6 and move to band 7, school nurses band 5 to a band 6.'*** The Scottish Government also commit to a similar discrepancy whereby health visitors are band 7 and school nurses, band 6; however, some school nurses have recently successfully challenged this.

WASTED TIME AND POOR USE OF RESOURCES

School nurses also referenced a range of barriers to good or outstanding service delivery in their day-to-day work. Time 'wasted' on paperwork was raised, we have a ***'very onerous and repetitive record keeping system.'*** A lack of joined up services was also mentioned, making inter-agency working more difficult and time consuming ***'(there are) too many separate computer systems which do not communicate with each other.'***

The pressure on school nurse teams was also mentioned; changing remits, reduced resources, and increasing demands led to more tension within the team. Therefore ***'time gets frittered sorting out team relationship dynamics.'*** Barriers to staff recruitment, retention and burnout were additional issues raised. Regarding the needs of children and young people, linking back to being the 'catch-all for health, having to hold complex caseloads because of overstretched specialist services was mentioned as a barrier to carrying out the health promotion role of the school nurse. One respondent specifically mentioned the need to provide mental health support as an issue that precluded prevention work that was more aligned with the school nurse remit ***'delivering mental health that we are not trained to deliver. If this was handed over to all the other services available, we could restart health promotion and support schools better.'*** A Scandinavian study revealed similar challenges discussing how school nurses are in a unique position in their work with mental health promotion and prevention to meet almost every adolescent during their time at school. However, this is comprised because they spend more than 50% of their time working with individual students with mental health issues without the necessary knowledge and training, this poses a significant risk to the effectiveness and quality of care that children and young people receive [47].

Whilst there are considerable challenges and barriers to delivery of high-quality services there is also much to celebrate. School nurses continue to tenaciously work to improve services and have good insight into what further work needs to be done.

INNOVATION AND GOOD PRACTICE

Respondents shared a plethora of examples of good practice and innovation which spanned direct work with children and young people, parents and the community. These examples responded to emerging need, demonstrated innovation to streamline practice and offered team support.

WORK WITH CHILDREN, YOUNG PEOPLE, PARENTS AND THE COMMUNITY

The majority of examples given were around specific responses to current issues faced by children and young people. These included:

Vaping:

'We have devised some amazing resources and are delivering this throughout both primary (delivered for the past 2 academic years via crucial crew safety events for year 6 pupils) and secondary Schools (introduction this year). We are working in collaboration with drug and alcohol misuse services'.

Other developments included training up team members to be ***'sleep practitioners'*** or organising ***'interactive workshops for sleep'***, healthy bladder and bowel workshops ***'including resources for promoting healthy bladder and bowels including a 3D Bristol Stool Chart'***, developing an ***'eating difficulties screening tool for use at drop-in'***, taking a ***'person-centred approach to vaccination',*** encouraging children's nurse and school nurse student-led work ***'We had a student who did some fantastic work on gambling and also on constipation'*** and developing and delivering health promotion programmes covering a range of issues, ***'We developed our own healthy lifestyle programme that the SN's run termly.'*** School nurses also joined forces with other disciplines to facilitate health promotion activities: ***'I am part of a group who developed a Boy to Man group for boys attending the Youth Offending Team (contributing to an ASDAN [Award Scheme Development and Accreditation Network] qualification)', '(we do a) school readiness session with the health visitors' and pathways between services, 'developing joined up sexual health services and school nurses.'***

The most frequently mentioned were examples of innovative practice surrounding mental health support for children and young people.

Creation of a mental health toolkit for use with children and young people aged 5-19 to provide assessment and intervention for their mental health.'

'We have a programme run by our two school nurse mental health practitioners called the Emotional Gym which is 6 weekly sessions of 2 hours including education and physical exercise for aged 12-16 year olds who are experiencing mental health issues, not open to CAMHS and are low risk to self with an option of 1:1 follow up after the course. Aim – to recognise difference between mental ill-health and mental well-being and learn strategies to manage this.'

Respondents described how they worked with other services and multi-agency teams to deliver specific emotional well-being programmes such as 'SnapBack, a Health Research Authority approved resilience programme designed to build emotional resilience and problem-solving abilities in young people'.

'Mental health ambassador programme (a peer mentoring model for mental health and well-being) short-listed for NT award last year.'

'I started a hub working with primary schools, counselling service, CAMHS and Peabody – a one stop shop. This was well-attended and received by parents.'

'We co-facilitated work with CAMHS service.'

As well as giving examples of innovative specific health need-based work respondents described focused pieces of work with certain groups of children and young people. These included young carers, migrant and refugee families, and homeless families.

'A dedicated team for the educated at home children', 'missing children - a colleague did a great piece of work around following up missing children'/'we have developed a Missing Team to target families where children are not enrolled in education or are believed to be missing families.'

Good practice examples of working with parents were cited, recognising that the child or young person is not in isolation. Examples of ***'well-being workshops for parents and children'. 'Bed-wetting parent workshops to support improved access to early intervention',*** and a general 'parent drop-in' were given.

Respondents described examples of good practice where young people were placed at the centre of their work. This included young people being on recruitment panels 'involving children and young people at (staff) interviews', to being part of the design team for assessment tools, '(conducting) focus groups with young people to look at designing a new health questionnaire.'

STREAMLINING WORK PRACTICES

Respondents gave many examples of good practice related to improving and streamlining procedures and processes to facilitate delivery. Technology was cited as an aid to practice. For example, to better communicate with other professionals 'Gaining an NHS email address to assist with MDT (multi-disciplinary team) referrals and planning' or the publicising of a text-based service that facilitates contact with children and young people such as ChatHealth (34) through 'ChatHealth publishing in bus stops across the city.' Several examples were given where digital questionnaires had been developed to facilitate rapid early detection of where school nursing support might be needed

'An interactive health assessment that kids can use on the I-pad'; 'Digital questionnaires (…*) in year 6 My Life My View health questionnaire, the year 6 transition to secondary contact.'

'We developed a digital health questionnaire for reception aged children, year 7, year 9 and 11 students (…**) The work that came from the pilot meant that we could go into school and deliver group work, workshops, assemblies on the issues and concerns within that individual school. Health profiling at its best! From the pilot we were able to identify those students needing our support so we could offer 1:1 work and reduce risks for example with self-harm or grooming. Relationships with schools improved as we shared reports with them and worked together to support some of the issues raised i.e. bullying, smoking, self-harm.'

Unfortunately, these innovative approaches were decommissioned by funders. '****although these were decommissioned due to finances, after years of working on them', '** This only got to pilot stage for 3 schools in our area and then was pulled by senior managers as time consuming and expensive'.*** Respondents described specific screening tools that helped with the identification of emergent health issues for children and young people. For example, assessment and support for neurodiversity: '

Respondents described specific screening tools that helped with the identification of emergent health issues for children and young people. For example, assessment and support for neurodiversity: ***'We had Sunshine and Showers training, and they provided a tool for support in neurodiverse children pre-diagnosis. I can ask a parent about strengths and weaknesses of the child and get school to find ways to support the child's weaknesses. The form can also be used as a basis for referral to ASD/ADHD [Autistic Spectrum Disorder/Attention Deficit Hyperactivity Disorder pathway.'*** Screening tools were also effective for garnering support from specialist services, such as: ***'We have an excellent self-harm risk assessment tool. When I hear, other professionals have failed to get a CAMHS referral in for someone on my caseload I usually find this risk assessment makes the difference.'***

Services also developed mental health pathways in recognition of a landscape where it is hard to access and navigate appropriate support: ***'(We have) developed a clear pathway for school nurses who identify a young person who is in a mental health crisis'.*** Streamlining service provision also included introducing a specific role to service provision to meet children and young people's need, for example, the ***'introduction of mental health practitioners'*** to the school health team.

Part of the streamlining was setting boundaries of service delivery according to school nursing remit. In one area a 'specific school nurse template was developed'. Involvement in child protection process was an area where several respondents outlined how the service had set clear limits. One respondent stated that they had: ***'moved away from safeguarding unless we are already involved or there is an identified health need that has not been picked up by another health professional' another outlined how they were 'reviewing the (safeguarding) process to enable attendance at relevant meetings rather than routinely attending all'*** and therefore freeing up time for health promotion activity which can improve health literacy, increase empowerment and support children and young people to make informed choices.

SERVICE DELIVERY MODELS

Respondents described a range of service delivery models that responded to the needs of CYP. These included having a skill-mix within the team i.e. ***'we have a skill mix: Nursing Associate, SCPHN, RN Staff Nurse, Youth Worker, Healthy Child Practitioner and Public Health Support Workers.'*** Also, employing specific practitioners ***'we have employed Family Support Workers who are school based but employed by our trust' and development of specialist roles 'CE (child exploitation) school health role',*** workforce and education specialist role.' The merging of 0-5 and 5-19 teams was also cited ***'the 5-19 duty team recently merged with 0-5 duty team to work better together and share knowledge and skills.'***

Respondents described measures taken to improve understanding of the school nurse role:

'We have changed from the title of 'school nurse' to the 5-19 Public Health Nursing Team, which is a team made up of SCPHNs and CPHNs (Community Public Health Nurses) to represent and demonstrate our role; emphasising that we work beyond school, including those who are NEET (Not in Education and Training) home educated or in other circumstances; we are not based in school nor are we medics in school.'

One school nurse described how their team had employed a ***'Digital and marketing officer post which takes resources and social media messaging to the next level',*** greatly facilitating the school nursing team reach and profile.

SCHOOL NURSE INVOLVEMENT IN RESEARCH

There was clearly a willingness to be involved in, and an awareness of a need for, research relating to children and young people's health and the role of the school nurse, in the sheer volume of responses to these questions (approx. 122, with most having several suggestions); SAPHNA are also witnessing this across the workforce.

Participants were involved in research at several levels, national studies, local studies, and local research groups.

Involvement in a range of national studies were cited, qualitative research into working practices after the pandemic (the School Nursing in the Time of Covid study (48), SnapBack, a resilience programme for year 7's to support with anxiety and transition (49), the ELSA study – screening for T1 diabetes (50), the ComBAT study - community based activities training for children with depression (51). Others were involved in whole school approaches such as Asthma friendly schools.

Many of the respondents were involved in local research. This seemed to broadly fall into projects rooted in canvassing children and young people's opinions of what was needed in relation to their health, and how they would want this information delivered ***'What matters to young people around their health and how they want to access support'.*** Work around digital modes for delivering health messages and input was specifically cited ***'The young person's voice in what they want from a digital offer'.***

Several respondents had organised into local research collectives to support each other. One area had developed a children's service research group, and the regional 0-19 Research Network was cited. Notably one respondent stated how they would like research to be a formal part of the SCPHN role, as the current workload precluded proactive studies.

WHAT RESEARCH IS NEEDED IN RELATION TO SCHOOL NURSING.

The participants stated a wide range of areas that needed evidence building. These included specific lifestyle and health related areas for young people, evidencing the impact of school nurse activity in specific areas, issues relating to the school nurse workforce, exploring the general understanding of the school nurse role.

A Specific lifestyle and health related areas for young people

Vaping, neurodiversity, and the impact of technology on health were specific areas raised by respondents that were new and emerging and needed exploration. Health issues for specific children and young people populations was also raised. These included school refusers' and those with poor attendance, the home educated, young people involved in the youth justice system, and children we care for.

B Evidencing the impact of school nurse activity in specific areas

Evidencing ***'the USP (unique selling point) of school nursing'*** was high on the participants' research agenda, and evidencing the direct impact of the school health service provision in relation to anxiety, sleep, sexual health etc. This included the long-term impact of the service on young people transitioning to adulthood.

There was specific mention of evidencing the role of the school nurse in providing early intervention around mental health and well-being and supporting parents in resilience building for their child/ren. This came up consistently, likely reflecting a new and emergent area of practice where school nurses are curious about the impact of their work: ***'To measure the impact we have with early intervention i.e. mental health and bridging the gap for children and young people'.***

A notable suggestion was to measure the impact on children and young people's health where school nursing services have been decommissioned, either completely or specific aspects of health promotion and early intervention such as relationships and sex education (RSE): ***'The impact of not having a universal SN service'; 'The impact of decommissioning SN input i.e. RSE'.***

C Issues relating to the school nurse workforce

One respondent noted that school nursing teams could ***'get better at recognising and recording actions/measurement of outcomes from our interventions'***, doing more with routinely collected qualitative and quantitative data. Another area stated was exploring the impact on school nurse's well-being of having large and complex safeguarding and mental health caseloads, and links with burnout and professional quality of life.

Professional issues such as recruitment, career progression and attrition within school nursing were also raised. National benchmarking in relation to roles and responsibilities within school nursing teams was highlighted. Notably, in relation to discrepancies in remit with health visitors who provide the 0-5 years aspects of the HCP:

> ***'Our band 5s are expected to hold a safeguarding caseload of primary and senior schools... Our band 5's have to cover MASH (Multi Agency Safeguarding Hub) strategy meetings when the MASH practitioner (band 7) is on leave. Our band 5's cover duty desk each day. Health visitor band 5's do not do any safeguarding, do not cover duty or cover MASH strategy meetings. Why is this allowed to happen.'***

D Exploring the general understanding of the school nurse role

Exploring awareness of the school nurse role amongst other professionals and the general public was considered an important area for research, ***'I think some schools are unaware of the services that are offered'; 'We are still the forgotten service and although we have worked hard in promoting the work we do, there are still many people in the county who do not know the school nurse exists or believe we are the nit nurse!'***

The school nurse core role, rationale behind school nurses taking on specialist service provision, crossover between state and private school provision and the role of the school nurse in safeguarding were further areas raised that warranted exploration.

WHAT NEEDS TO BE DONE?

The survey participants had plenty to say about what needs to change. There was resistance from within i.e. working beyond commissioning agreements, ***'If its anything to do with health I offer support or signpost, whether or not it's commissioned.'*** There was critical commentary about national decisions regarding specific aspects of the school nurse role such as separating the immunisation service and the school nursing service, ***'I believe that school nursing service are best placed to deliver immunisations as we complete an holistic approach whereas immunisation teams just do the job and do not have accessible catch-up clinics'***, and even suggestions about how services could be run better, ***'I would like us to be able to offer more. The 0-19 service should be commissioned to work in partnership with Special School Nursing to deliver the universal HCP.'***

There were comments that highlighted the many different ways the service was commissioned across the nation. For example, some not up to speed with what guidance there is, not working in line with other Boards, delayed removal of immunisation workload, not yet following school nursing pathway…' or fragmenting the service according to task i.e. immunisation, NCMP etc.

'The service that I work in is not a traditional school nursing service because it is divided into four teams which I think is a disadvantage in terms of holistic service offer.'

These issues pointed to the need for national level directives regarding the scope of the commissioned offer ***'The commissioned offer needs to be vastly improved for SNs to truly make a difference',*** the role and remit of the school nurse, ***'(there is a) lack of clear guidance at a national level as to what the role of the school nurse should be'*** and the number of school nurses in relation to number of children and young people, ***'It's not enough, we are spread too thin and don't have enough SCPHNs within our service. It needs a national intervention to increase this in my opinion, without this we are all fishing for SCPHNs out of the same pond.'***

CONCLUSIONS AND RECOMMENDATION

Our survey findings paint a candid picture of the school nursing workforce under significant pressure and confirm the findings of 'A school nurse in every school' report which brought together over 30 strategic partners, drawn from across the health and care systems to explore and define the challenges for school nursing and find solutions [v]. School nurses and their teams across the UK have reported significant increase in children and young people's needs, consistent with other national reports. The ongoing impacts of the pandemic and cost-of-living crisis continues to intensify these needs. At the same time, many school nurses are reporting that there are insufficient school nurses to meet the rising need.

There is unmistakable evidence that the HCP 5-19 [(1)] is not being consistently delivered, there is wide variation in the elements that are delivered and how they are delivered which confirms our fears of a postcode lottery for which children have access to interventions to improve their health outcomes and reduce inequalities. The World Health Organization calls for universal access to evidence-based interventions and services which use an ecological model to promote health, growth, development and the prevention of disease and reduction of risk factors for all children and young people. The focus being on prevention and early intervention and reducing inequalities, targeting support for more vulnerable children and young people [(52)].

Positively, whilst school nurses and their teams find themselves in increasingly challenging circumstances, most enjoy their role. However, the school nursing workforce, like the wider NHS workforce is in crisis and a greater focus is needed on improving funding, developing robust workforce plans, improving training, development, and staff experience [(53,54)].

It is not too late to change direction. At the time of writing this report, the country was in a pre-election period, a newly elected government have the opportunity to change policy to focus on prioritising children and young and invest in them.

There is a recognition that the school nursing workforce needs to be built and commitments are made in the NHS Workforce plan to increase training places [(52)]. However, our survey demonstrates that more workforce planning is needed. The number of qualified school nurses is diminishing, experience in the workforce is being lost, many are nearing retirement age and plan to retire, with many choosing not to return to the profession. SAPHNA, in collaboration with the College of Medicine has launched a campaign for a 'school nurse in every school' [(2)]. A round-table event in December 2023 launched the campaign bringing together over 30 strategic partners across health and social care organisations, all recognised the essential contribution that school nurses make to improving health outcomes for children and young people and reducing health inequalities. Many of the issues raised in the survey were those raised by partners during discussions to explore, explain and find potential solutions to the problem of declining numbers of school nurses. The recommendations of this report are drawn from intelligence gained from the survey, local practitioner intelligence gained through a variety of robust medium and the round-table event.

RECOMMENDATIONS

Strengthening the school nursing workforce

Governmental and department policy and decision-makers to:

1. Support commissioners, and other system leaders to understand the role and value of the school nurse and work to ensure that the role is fulfilled.
2. Develop a strong workforce plan which takes account of this survey report, which extends beyond training places and makes commitments to funded roles.
3. Develop a robust workforce model including guidance on safe skill mix and ensuring the qualified school nurses lead the HCP 5-19 programme.
4. Build robust data that monitors the capacity of the school nursing workforce and how/where the HCP 5-19 is delivered, holding local areas, local authorities, and Integrated Care Boards to account.
5. Focus data on outcome measures to demonstrate the impact of the workforce on improving health outcomes and reducing inequalities for children and young people.

Re-focus on promotion, prevention, protection, and early intervention.

1. Support children and young people to lead healthy and fulfilling lives by tackling the key public health priorities that pose the greatest threats to our nation's health, thereby preventing ill health in later life which is costly, reduces quality of life and life expectancy.
2. Mandate and fund delivery of all aspects of the HCP 5-19 to end the postcode lottery and improve equity of delivery. Ensure that this extends reach to all children and young people regardless of setting.
3. Reclaim de-commissioned elements of school nursing delivery including the delivery of immunisation programmes, continence care and special schools. This will support a holistic approach to meeting the health needs of children and young people.
4. Fund research and development to explore and share models of best practice which have the greatest impact on improving outcomes and reducing health inequalities, ensuring that the voice of the child is central.

These recommendations concur with the action points that strategic partners committed to as an outcome of the 'school nurse in Every School' round-table event in December 2023 and July 2024 which set out to explore and explain and find solutions to the diminishing numbers of qualified school nurses at a time when children and young people health needs and health inequalities are increasing [2].

REFERENCES

1. Office for Health Improvement and Disparities. HCP [Internet]. 2023 [cited 2024 Jun 29]. Available from: https://www.gov.uk/government/collections/healthy-child-programme

2. School And Public Health Nurses Association. A school nurse for every school report [Internet]. 2024 [cited 2024 Jun 29]. Available from: https://saphna.co/about/a-school-nurse-for-every-school-report/

3. Sutton S, White S. The role of the school nurse in the UK: where are we now? Paediatrics and Child Health [Internet]. 2024 Mar [cited 2024 Jun 29];34(3):99–103. Available from: https://linkinghub.elsevier.com/retrieve/pii/S1751722223002135

4. Viner R, Ward J, Cheung R, Wolfe I, Hargreaves D. Child health in England in 2030: comparisons with other wealthy countries [Internet]. London: Royal College of Paediatrics and Child Health; 2018 [cited 2024 Jun 29] p. 32. (State of Child Health short report series). Available from: https://www.rcpch.ac.uk/sites/default/files/2018-10/child_health_in_2030_in_england_-report_2018-10.pdf

5. Viner R, Ewing C, Arkell E. Child health in 2030 in England: comparisons with other wealthy countries - Recommendations [Internet]. London: Royal College of Paediatrics and Child Health; 2018 [cited 2024 Jun 29] p. 12. (State of Child Health: short report series). Available from: https://www.rcpch.ac.uk/sites/default/files/2018-10/child_health_in_2030_in_england_-_recommendations_report_-_2018-10.pdf

6. Hulbert S, Eida T, Ferris E, Hrytsenko V, Kendall S. HBSC England National Report: Findings from the 2001-2022 HBSC study for England [Internet]. Canterbury: University of Kent; 2023 p. 155. (Health Behaviour in School-aged Children (HBSC) study). Available from: https://hbscengland.org/wp-content/uploads/2024/01/2022_FULL_REPORT_final_02.01.24_non-interactive.pdf

7. Academy of Medical Sciences. Prioritising early childhood to promote the nation's health, well-being and prosperity [Internet]. London; 2024 p. 49. Available from: https://aimh.uk/wp-content/uploads/2024/02/The-Academy-of-Medical-Sciences-Prioritising-early-childhood-to-promote-the-nations-health-wellbeing-and-prosperity-Feb-24.pdf

8. NHS England. NHS England Digital. 2023 [cited 2024 Jun 29]. NHS Workforce Statistics - February 2023 (Including selected provisional statistics for March 2023). Available from: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/february-2023

9. College of Medicine and Integrated Health, School And Public Health Nurses Association, The Queens Nursing Institute. A school nurse in Every School Report from a Round Table discussion held on 15 December 2023 [Internet]. London: The Queens Nursing Institute; 2024 [cited 2024 Jun 29] p. 12. Available from: https://qni.org.uk/wp-content/uploads/2024/03/Round-Table-Report-A-School-Nurse-in-every-School-December-2023.pdf

10. Nursing and Midwifery Council. Registration data reports [Internet]. 2023 [cited 2024 Jun 29]. Available from: https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/

11. UK Parliament. Find written questions and answers - Written questions, answers and statements [Internet]. 2023 [cited 2024 Jun 29]. Available from: https://questions-statements.parliament.uk/written-questions?Answered=Any&AnsweredFrom=&AnsweredTo=&DateFrom=07%2F11%2F2023&DateTo=07%2F10%2F2024&Expanded=True&House=Commons&SearchTerm=19035

12. Royal College of Paediatrics and Child Health. RCPCH – State of Child Health – Insight into the state of child health in the UK [Internet]. 2020 [cited 2024 Jun 30]. Available from: https://stateofchildhealth.rcpch.ac.uk/

13. Oral Health Foundation. Dental crisis: 30,000 rotten teeth removed from children in hospitals, reveals new NHS data [Internet]. 2024 [cited 2024 Jun 29].

14. Kindred2. School Readiness Survey [Internet]. 2023 [cited 2024 Jun 29]. Available from: https://kindredsquared.org.uk/projects/school-readiness-survey/

15. Pennacchia J, Greany T. The Conversation. 2024 [cited 2024 Jun 29]. School suspensions are on the rise – secondary schools can tackle this by creating a sense of belonging. Available from: http://theconversation.com/school-suspensions-are-on-the-rise-secondary-schools-can-tackle-this-by-creating-a-sense-of-belonging-229155

16. Roberts N, Long R. School attendance in England [Internet]. London: House of Commons Library; 2024 Jun [cited 2024 Jun 29] p. 32. Report No.: 09710. Available from: https://commonslibrary.parliament.uk/research-briefings/cbp-9710/

17. Hattenstone A. BBC News. 2024 [cited 2024 Jun 29]. Move to home schooling biggest since Covid. Available from: https://www.bbc.com/news/articles/cg3382380vko

18. Department for Education. Behaviour in Schools: Advice for headteachers and school staff [Internet]. 2024 [cited 2024 Jun 29]. Available from: https://www.gov.uk/government/publications/behaviour-in-schools--2

19. Department for Education. Suspension and permanent exclusion from maintained schools, academies and pupil referral units in England, including pupil movement [Internet]. 2023 [cited 2024 Jun 29]. Available from: https://www.gov.uk/government/publications/school-exclusion

20. Fothergill D, Gittins L, White S. The role of school nurses in understanding and boosting school attendance | Local Government Association [Internet]. 2024 [cited 2024 Jun 29]. Available from: https://www.local.gov.uk/role-school-nurses-understanding-and-boosting-school-attendance

21. Joseph Rowntree Foundation. UK Poverty 2024: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation [Internet]. 2024 [cited 2024 Jun 29]. Available from: https://www.jrf.org.uk/uk-poverty-2024-the-essential-guide-to-understanding-poverty-in-the-uk

22. Local Government Association. Impact of the cost of living on public well-being [Internet]. 2022 [cited 2024 Jun 29]. Available from: https://www.local.gov.uk/parliament/briefings-and-responses/impact-cost-living-public-wellbeing

23. Public Health England. Health visiting and school nursing service delivery model [Internet]. 2021 [cited 2024 Jun 29]. Available from: https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model

24. Rocks S, Glogowska M, Stepney M, Tsiachristas A, Fazel M. Introducing a single point of access (SPA) to child and adolescent mental health services in England: a mixed-methods observational study. BMC Health Services Research [Internet]. 2020 Jul 8 [cited 2024 Jun 29];20(1):623. Available from: https://doi.org/10.1186/s12913-020-05463-4

25. NHS England. NHS England Digital. 2024 [cited 2024 Jun 30]. National Child Measurement Programme. Available from: https://digital.nhs.uk/services/national-child-measurement-programme

26. Woodrow N, Fairbrother H, Breheny K, d'Apice K, Albers PN, Mills C, et al. Exploring the potential of a school-based online health and well-being screening tool: professional stakeholders' perspectives and experiences. BMC Public Health [Internet]. 2022 Feb 16 [cited 2024 Jun 29];22(1):324. Available from: https://doi.org/10.1186/s12889-022-12748-2

27. Deloitte. Digital Poverty Alliance. 2023 [cited 2024 Jun 29]. Digital Poverty in the UK: A socio-economic assessment of the implications of digital poverty in the UK. Available from: https://digitalpovertyalliance.org/research_directiory/digital-poverty-in-the-uk-a-socio-economic-assessment-of-the-implications-of-digital-poverty-in-the-uk/

28. Bedford H, Skirrow H. Action to maximise childhood vaccination is urgently needed. BMJ [Internet].

2023 Oct 24 [cited 2024 Jun 29];383:p2426. Available from: https://www.bmj.com/content/383/bmj.p2426

29. NHS England. NHS vaccination strategy [Internet]. 2023 [cited 2024 Jun 29]. Available from: https://www.england.nhs.uk/long-read/nhs-vaccination-strategy/

30. NHS Lothian. School Nursing. 2024 [cited 2024 Jun 29]. The new school nursing role. Available from: https://services.nhslothian.scot/schoolnursing/the-new-school-nursing-role/

31. Welsh Government. Healthy Child Wales Programme: for school aged children [Internet]. 2024 [cited 2024 Jun 29]. Available from: https://www.gov.wales/healthy-child-wales-programme-school-aged-children-0

32. British Youth Council. Our school nurse: Young people's views on the role of the school nurse [Internet]. Leicester: British Youth Council; 2011 [cited 2024 Jun 29]. Available from: https://www.oxfordhealth.nhs.uk/children-and-young-people/wp-content/uploads/sites/4/2014/04/140801-Our-School-Nurse-British-Youth-Council.pdf

33. Palmer C. Using a digital messaging service to enhance access to mental health support. Mental Health Practice [Internet]. 2022 May 5 [cited 2024 Jun 29];25(3):30–6. Available from: https://journals.rcni.com/doi/10.7748/mhp.2022.e1599

34. ChatHealth. Chat Health Home Page [Internet]. 2024 [cited 2024 Jun 29]. Available from: https://chathealth.nhs.uk/

35. Cook G, Appleton JV, Bekaert S, Harrold T, Taylor J, Sammut D. School nursing: New ways of working with children and young people during the Covid-19 pandemic: A scoping review. Journal of Advanced Nursing [Internet]. 2022 [cited 2024 Jun 29];n/a(n/a):online early view. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.15504

36. Bowyer G, Grant A, Nielsen A. Closing the Digital Divide for Good [Internet]. Dunfermline: Carnegie UK Trust; 2021 [cited 2024 Jun 29]. Available from: https://carnegieuktrust.org.uk/publications/closing-the-digital-divide/

37. National Society for the Prevention of Cruelty to Children. NSPCC Learning. 2024 [cited 2024 Jun 29]. Safeguarding children and child protection. Available from: https://learning.nspcc.org.uk/safeguarding-child-protection

38. Wise J. Public health interventions are highly cost saving, review finds. BMJ [Internet]. 2017 Mar 30 [cited 2024 Jun 29];356:j1606. Available from: https://www.bmj.com/content/356/bmj.j1606

39. Children Act 1989, c. 41. [Internet]. [cited 2015 Mar 26]. Available from: http://www.legislation.gov.uk/ukpga/1989/41/contents

40. Department for Education. Working together to safeguard children 2023: statutory guidance [Internet]. 2024 [cited 2024 Jun 29]. Available from: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

41. Office for Health Improvement and Disparities. Commissioning health visitors and school nurses for public health services for children aged 0 to 19 [Internet]. 2023 [cited 2024 Jun 29]. Available from: https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning/commissioning-health-visitors-and-school-nurses-for-public-health-services-for-children-aged-0-to-19

42. The Health Foundation. Urgent call for £1bn a year to reverse cuts to public health funding [Internet]. 2019 [cited 2024 Jun 29]. Available from: https://www.health.org.uk/news-and-comment/news/urgent-call-for-1-billion-a-year-to-reverse-cuts-to-public-health-grant

43. Nursing and Midwifery Council. Standards of proficiency for specialist community public health nurses (SCPHN) [Internet]. 2022 [cited 2024 Jun 29]. Available from: https://www.nmc.org.uk/standards/standards-for-post-registration/standards-of-proficiency-for-specialist-community-public-health-nurses2/

44. Nursing and Midwifery Council. The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates [Internet]. 2018 [cited 2024 Jun 29]. Available from: https://www.nmc.org.uk/standards/code/read-the-code-online/

45. NHS England. NHS Long Term Workforce Plan [Internet]. 2023 [cited 2024 Jun 30]. Available from: https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/

46. Anderson M. Nursing in Practice. 2024 [cited 2024 Jun 29]. New preceptorship and clinical supervision policy for NHS nurses in Wales. Available from: https://www.nursinginpractice.com/latest-news/new-preceptorship-and-clinical-supervision-policy-for-nhs-nurses-in-wales/

47. Moen ØL, Jacobsen ICR. School nurses' Experiences in Dealing with Adolescents Having Mental Health Problems. SAGE Open Nurs [Internet]. 2022 Sep 6 [cited 2024 Jun 29];8:23779608221124411. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9449503/

48. Bekaert S, Cook G, Sammut D, Harrold T, Taylor J, Appleton JV. School Nursing Research. 2023 [cited 2024 Jun 30]. School Nursing in the time of Covid. Available from: https://sites.google.com/brookes.ac.uk/schoolnursinginthetimeofcovid/home

49. NHS Health Research Authority. Snapback Resilience Programme [Internet]. 2024 [cited 2024 Jun 30]. Available from: https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/snapback-resilience-programme/

50. ELSA. The ELSA Study [Internet]. 2024 [cited 2024 Jun 30]. Available from: https://www.elsadiabetes.nhs.uk/

51. ComBAT Depression. ComBAT [Internet]. 2024 [cited 2024 Jun 30]. Available from: https://combatdepression.org/

52. World Health Organization, United Nations Children's Fund (UNICEF). Investing in our future: a comprehensive agenda for the health and well-being of children and adolescents [Internet]. Geneva: World Health Organization and United Nations Children's Fund; 2021 [cited 2024 Jun 29]. Available from: https://iris.who.int/handle/10665/350239.https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/nhs-workforce-nutshell

53. Mallorie S. The King's Fund. 2024 [cited 2024 Jun 29]. NHS Workforce Nutshell. Available from: https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/nhs-workforce-nutshell

54. NHS Employers. Retention in the NHS: employer briefing [Internet]. 2023 [cited 2024 Jun 29]. Available from: https://www.nhsemployers.org/publications/retention-nhs-employer-briefing

55. AMERICAN ACADEMY OF PEDIATRICS: Role of the school nurse in Providing School Health Services, PEDIATRICS Volume 137, number 6, June 2016 :e 20160852 - https://publications.aap.org/pediatrics/article/137/6/e20160852/52405/Role-of-the-School-Nurse-in-Providing-School

56. BMC Health Services Research - School health in Europe: a review of workforce expenditure across five countries - Simon van der Pol1*, Maarten J. Postma1,2 and Danielle E. M. C. Jansen1 - https://www.researchgate.net/publication/339888787_School_health_in_Europe_A_review_of_workforce_expenditure_across_five_countries

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