An RCN Toolkit for School Nurses

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

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Introduction

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

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

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

The background of school nursing

Whilst public health interventions (such as vaccination) had been introduced in 1853 and school meals in 1906, the role of the school nurse was not widely introduced until around 1907, with the introduction of an Act of Parliament to allow the medical inspection of children in school. This aimed to treat disease and provide preventive care (Krosmn tiakl mn of crpeK5(i)10.2 (o40.1 (d 9.7 (e prte72roter-1.3 (8.6 (m)996)-5.ol. This a6adl aon of9-10.92 scn/T p610 (.7 (n)-2 (h)(o a89 (l10.4 (s ()55.6 75 2l)'. (a)53 (o)-8.1 (o)11.5

Core principles

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

- Work with education colleagues and the wider multi-agency team across health and

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

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

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

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

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

Northern Ireland

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

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

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

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

Scotland

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

To this end the Chief Nursing Officer for Scotland commissioned a review of school nursing which began in 2015 and is ongoing, but which has involved revising the current framework for school nursing (NHS Scotland, 2003) to provide a focus on nine pathways relating to health needs of children and young people. In addition to the health needs of children, the review includes the educational needs of school nurses and teams to enable them to provide care, tak1 (b)12.3 (l)11.2 .9 (3 (l)11.2 .9 (3 (23 (e t)-13.7 (a)-22.5 (k).3 (wy)643 (w,01 Tc 0.01 Tw

England

www.gov.uk/government/organisations/department-of-health

www.youngpeopleshealth.org.uk/key-data-on-adolescence

Scotland

2: The role of the school nurse

The fundamental role of the school nurse is to 'co-ordinate and deliver public health interventions' to improve children and young people's health and wellbeing (DH, 2012b; DH and PHE, 2014a p6). School nurses provide an interface between children, young people and their families, communities and schools. They have the skills to support holistic assessment of health and wellbeing through health promotion, ill health prevention and early intervention strategies to support individual and population health needs. They often work alone or are responsible for the work of a team, undertaking similar roles to clinical nurse specialists in acute settings. Many nurses do not have the specialist community public health nursing qualification, but will be registered children's or adult nurses and/or midwives, with additional modules relating to the role. This section explores the scope of the school nursing role and looks at how it is changing to reflect local needs.

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

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

4 Level of the school nursing service	5 Health reviews	6 High impact areas
• Community • Universal • Universal plus • Universal partnership plus	• 4–5 year health needs assessment • 10–11 year health needs assessment • 12–13 year health needs assessment • School levers-post 16 • Transition to adult services	• Building resilience and supporting emotional wellbeing • Keeping safe, managing risk and reducing harm • Improving lifestyles • Maximising learning and achievement • Supporting additional health and wellbeing needs • Seamless transition and preparing for adulthood

Delivering on public health priorities

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

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

England (0–19)	Northern Ireland (0–19)	Scotland (5–18)	Wales
Emotional health and wellbeing	Health and wellbeing (including physical, emotional and developmental issues)	les	

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

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

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

School health profiles

Production of a whole school health profile is part of a school nurse's role. School nurses provide a profile of the local area and community, identifying any local health risks

- What do children and young people say about their own and school health?
- Are schools collecting data used to inform health needs (for example absences, attainment data, special and complex health needs, safeguarding, children in the care of the local authority)?
- Are there other agencies providing public health services for children, either in school or in the community? Is there any other data available to inform what the health needs are (for example, sexually transmitted infection rates, teenage pregnancy rates, immunisation uptake rates)?

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

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

www.chimat.org.uk/profiles

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

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

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

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

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

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

- Public Health England (2014) *Preparing a needs assessment: Guidance for school nursing students*
- **www.healthyschools.london.gov.uk/about/how-healthy-my-school**
- **www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education**
- National Assembly for Wales (2001) *Healthy Schools Assessment Tools: practical ideas for use with pupils*
- Public Health England (2016c) *Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges*
- Lancaster K (2007) Health needs assessment: an holistic approach, *British Journal of School Nursing* 2(1), 6–9.

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

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

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

Working with other agencies

School nurses work with professionals in a variety of settings both within and outside the school. These professionals will come from a range of other services including youth, community, primary care and mental health services. Where joint working occurs, it is important that individual roles are clear to avoid duplication of services and miscommunication with children, young people and families. Effective working may require roles to change based on the individual needs of children and young people to ensure the most appropriate person provides the service req7 (p)10 (r)-5.3 (c)-4.7 (h3 (p)10 (r)

Developing an action plan

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

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

another member of the team or make a referral to another service or professional. Examples of assessment and referral forms can be found in appendices 2 to 5, pages 43-4 on setting up a drop-in service in Appendix 6 on page 50.

Further guidance on communicating with young people can be found at

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

www.minded.org.uk

www.disabilitymatters.org.uk

Planning interventions

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

www.e-lfh.org.uk/programmes

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

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

Providing information

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

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

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

www.healthforteens.co.uk

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

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

Engaging with children and young people

It is important for school nurses to be able to engage with children and young people of all ages, to enable them to meet the demands of school, help develop independence and assist transition to adult life. This involves supporting children and young people from a variety of backgrounds, cultures and religions. Where there are children whose first language is not English, the school nurse may have to help a child and family to access health services, including registering with a GP. Refugee children

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

Factors influencing risk-taking behaviours

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

Risky behaviours in young people can lead to:

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

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

- grooming and sexual exploitation
- radicalisation
- female genital mutilation
- domestic violence
- bullying or cyberbullying.

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

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

www.gov.uk/government/publications

www.nspcc.org.uk

www.chimat.org.uk/schoolhealth/safeguarding

www.rcn.org.uk/publications

www.youngminds.org.uk

www.childrenscommissioner.gov.uk

www.niccy.org

www.cypcs.org.uk

www.childcomwales.org.uk

www.ayph.org.uk

www.seenandheard.org.uk

Domain 3: Improving lifestyles

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

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

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

Health screening

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

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

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

Further information is available at:

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

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

Family health

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

- Provide information about keeping safe, through accident prevention and offer access to information and support to stay safe online.
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undertaken to ensure that all relevant staff can meet the needs of the child and are aware of local policies for managing medicines and health in schools. Where a child has very complex needs, this is likely to involve training a small team of people who will provide one-to-one support for the child.

Further information on support with training can be found at:

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

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

www.nice.org.uk/guidance/ng18

www.chimat.org.uk/istoolkits/longterm

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

Children with complex needs

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

education will focus on health literacy and accessing appropriate health services and

Service planning and commissioning

Whilst services are commissioned and provided from different sources in the UK, it is important for school nurses to understand how local services are planned and commissioned (Thurtle and MacKenzie, 2015). In Northern Ireland, integrated health and social care boards commission school nursing, while in Scotland and Wales NHS boards commission this role. In England, local authorities have statutory responsibility for child health and wellbeing, alongside their duty to provide education and protect children. They lead commissioning of the Healthy Child Programme, including the National Child Measurement
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and maintenance of safety at work, including lone working (RCN, 2016d and e) and communicating with young people using mobile phones and social media (RCN, 2014e). It is important to maintain boundaries to reduce the risk of allegations of inappropriate behaviour or abuse. Ensuring systems for training, clinical and safegbuse. E, 2t (h)-1,05ap2(s)]TJT*[4]TJT(u)37(k)]TJ-04(n

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Workforce planning and recruitment

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

Safeguarding practice

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

skills. This element of the education programme

Policies and procedures

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

Guidance involving other agencies may relate to:

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

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

www.rcn.org.uk

www.ico.org.uk/for-organisations

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

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

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

- accountability
- lone working
- medicines management, including immunisations and emergency contraception where relevant
- drop-in sessions
- sexual health services
- referral criteria for individual services, such as substance misuse and mental health teams
- screening, including for substance misuse.

Further information is available at:

www.gov.uk

www.rcn.org.uk

www.nmc.org.uk

Association for Young People's Health (2016) School Nurse Toolkit. Improving young people's health literacy. London: AYPH

BMA Board of Science (2013) *Growing Up In the UK; Ensuring a healthy future for our children*. London: BMA

Children's Commissioner (2016a) *Lightning Review: Children's access to school nurses to improve wellbeing and protect them from harm*. London: Children's Commissioner for England

Children's Commissioner (2016b) *The support provided to Young Carers in England*. London: Children's Commissioner for England

Children's Commissioner (2017) *Growing Up Digital. A report of the Growing Up Digital Taskforce*. London: Children's Commissioner for England

Children's Workforce Development Council (2010) *The common core of skills and knowledge. At the heart of what you do*. Leeds: CWDC

Cornick K (2016) The need to demonstrate service effectiveness and improved health outcomes, *British Journal of School Nursing*, 11(2), 79–83

Day P (2016) School Nursing is at a crossroads. *British Journal of School Nursing*, 11(7); 358

Department for Education (2013) *The School Food Plan*

Department of Health and NHS England (2015) *Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing*. London: DH and NHS England

Department of Health, Social Services and Public Safety (2010a) *Healthy Futures 2010–2015 – The contribution of health visitors and school nurses in Northern Ireland*. Belfast: DHSSPS

Department of Health, Social Services and Public Safety (2010b) *Healthy Child, Healthy Future – A framework for the universal child health promotion programme in Northern Ireland*. Belfast: DHSSPS

Department of Health, Social Services and Public Safety (2014) *Making Life Better – A Whole System Strategic Framework for Public Health*. Belfast: DHSSPS

Fisher G (2016) Managing young people with self harming or suicidal behaviour. *Nursing Children and Young People*, 28(1), 25–31

Graham S (2014) Every nurse has a duty to make every contact count. *Nursing Children and Young People*, 26 (10), 16–21

Health Education England (2016) *HEE commissioning and investment plan – 2016/17*. London: HEE

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

Jenkins A (2016) The impact of SCPHN training on school nurses' perceptions of their role. *British Journal of School Nursing*, 11(6), 278–285

Kelsey A (2002) Health care for all children: The beginnings of school nursing, 1904–1908. *International History of Nursing Journal*, 7(1), 4–11

Lancaster K (2007) Health needs assessment: an holistic nursing approach. *British Journal of School Nursing*, 2(1), 6–9

Littler N, Mullen M, Beckett H, Freshney A and Pinder L (2016) Benchmarking school nursing practice: The North West Regional Benchmarking Group. *British Journal of School Nursing*, 11(3), 131–134

Marmot M (2010) *Fair Society, Healthy Lives. The Marmot Review, Strategic review of health inequalities in England post-2010*. Available at: **www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf** [Accessed 13 July 2017]

McAvoy H, Purdy J, Mac Evilly C and Sneddon H (2013) *Prevention and Early Intervention in Children's Services*. Dublin: Centre for Effective Services

National Assembly for Wales (2001) *Healthy Schools Assessment Tools: practical ideas for use with pupils*. Cardiff: National Assembly for Wales

NCB (2016a) *A whole school framework for emotional wellbeing and mental health; a self assessment and improvement tool for school leaders*, London: NCB

NBC (2016b) *A whole school framework for emotional wellbeing and mental health; supporting resources for school leaders*, London: NCB

NHS England (2014a) *Five Year Forward View*. Available at: **www.england.nhs.uk/ourwork/futurenhs** [Accessed 13 July 2017]

NHS England (2014b) *The Friends and Family Test*. Available at: **www.nhs.uk/NHSEngland/AboutNHSservices/Documents/FFTGuide_Final_1807_FINAL.pdf** [Accessed 13 July 2017]

NHS Scotland (2003) *A Scottish framework for nursing in schools*, Edinburgh; The Stationary Office

Northern Ireland Executive (2016) *Draft Programme for Government Work, 2016–2021*. Belfast: NIE

NSPCC (2016) Rise in children hospitalised for self harm as thousands contact ChildLine [Online] 9 December. Available at: **www.nspcc.org.uk/fighting-for-childhood/news-opinion/rise-children-hospitalised-self-harm-thousands-contact-childline** [Accessed 13 July 2017]

Nursing and Midwifery Council (2004, reviewed 2015) *Standards of proficiency for specialist community public health nurses*. London: NMC

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

Welsh Assembly (2009) *Framework for a school nursing service in Wales*. Cardiff: Welsh Assembly Government

Wilkinson Y, Whitfield C, Hannigan S, Ali P A and Hayter M (2016) A qualitative meta-synthesis of young profw-1.2 T-10.5 (s o)9 (f)-15.7(l)5 (6st)-139722 ep ek ienls of

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

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

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

Wales

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

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

Professional

Nursing & Midwifery Council – Standards of

Appendix 1 – School health profile

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

The school nurse will profile each school within

Sample school health profile

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

<table>
<tr><td colspan="3">School (name):

Address:

Date:

Updated:</td></tr>
<tr><td rowspan="8">Type of school
(tick all that apply)</td><td colspan="2">Primary: ☐ Infant ☐ Junior</td></tr>
<tr><td colspan="2">☐ Secondary</td></tr>
<tr><td colspan="2">☐ Sixth form</td></tr>
<tr><td colspan="2">☐ Private ☐ Academy ☐ Local authority ☐ Free ☐ Other</td></tr>
<tr><td colspan="2">☐ Independent faith school</td></tr>
<tr><td colspan="2">☐ Special needs school</td></tr>
<tr><td colspan="2">☐ Behavioural support</td></tr>
<tr><td colspan="2">Other (please specify):</td></tr>
<tr><td rowspan="4">Summary of local health needs
(Information can be accessed from ChiMat or the national public health observatory)</td><td colspan="2">Consider:</td></tr>
<tr><td colspan="2">Health inequalities and levels of deprivation</td></tr>
<tr><td>Number of children receiving free school meals (above Year 2)</td><td></td></tr>
<tr><td colspan="2">Family factors, such as unemployment levels, levels of smoking, parental mental health, domestic violence, parent in prison and single parent families</td></tr>
</table>

<table>
<tr><td rowspan="8">School staff training</td><td colspan="3">Are relevant school staff trained in:</td></tr>
<tr><td colspan="2">First aid</td><td></td></tr>
<tr><td colspan="2">Management of epilepsy</td><td></td></tr>
<tr><td colspan="2">Severe allergy</td><td></td></tr>
<tr><td colspan="2">Asthma</td><td></td></tr>
<tr><td colspan="2">Supporting children with diabetes</td><td></td></tr>
<tr><td colspan="3">Other (specify):</td></tr>
<tr><td colspan="3">(Please provide names and dates of training)</td></tr>
<tr><td>Other agencies providing health and social care services in school</td><td>Agency/name of professional</td><td>Service provided</td><td>Contact details</td></tr>
<tr><td>Student feedback</td><td colspan="3">What do the children/young people say about their school in relation to their health needs? Are there services they would like to see not currently provided?</td></tr>
<tr><td>Additional information</td><td colspan="3">This would include any information relevant to health needs. You may wish to consider whether relevant health data is collected here.</td></tr>
<tr><td rowspan="6">Signatures and agreement to sharing school health information with other health agencies</td><td colspan="3">School nurse</td></tr>
<tr><td>Name:</td><td colspan="2"></td></tr>
<tr><td>Signature:</td><td colspan="2"></td></tr>
<tr><td colspan="3">Head teacher</td></tr>
<tr><td>Name:</td><td colspan="2"></td></tr>
<tr><td>Signature:</td><td colspan="2"></td></tr>
</table>

School health action plan

Appendix 2 – Example of a school nursing assessment

School nursing individual health needs assessment

Name of school nurse:			
Date referral made:			
Who requested contact with the school nurse?			
☐ Male	☐ Female		
Date and venue of assessment:			
Name:			DOB:
Address:			
Mobile no:		Tel no:	
Postcode:			
School:		Class/teacher:	
Parent/carer name:		Relationship:	

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

Appendix 3 – Example referral to another service

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

Referral to Child Adolescent Mental Health Services (CAMHS)

Consent for referral to CAMHS: ☐ Yes ☐ No
Consent for CAMHS to inform school nurse of outcome: ☐ Yes ☐ No
Parent's/carer's signature:
Parents aware of referral to CAMHS: ☐ Yes ☐ No
Reasons for referral:
What are the specific difficulties that CAMHS may be able to address?
Any previous involvement with CAMHS?
Any previous involvement with social services?

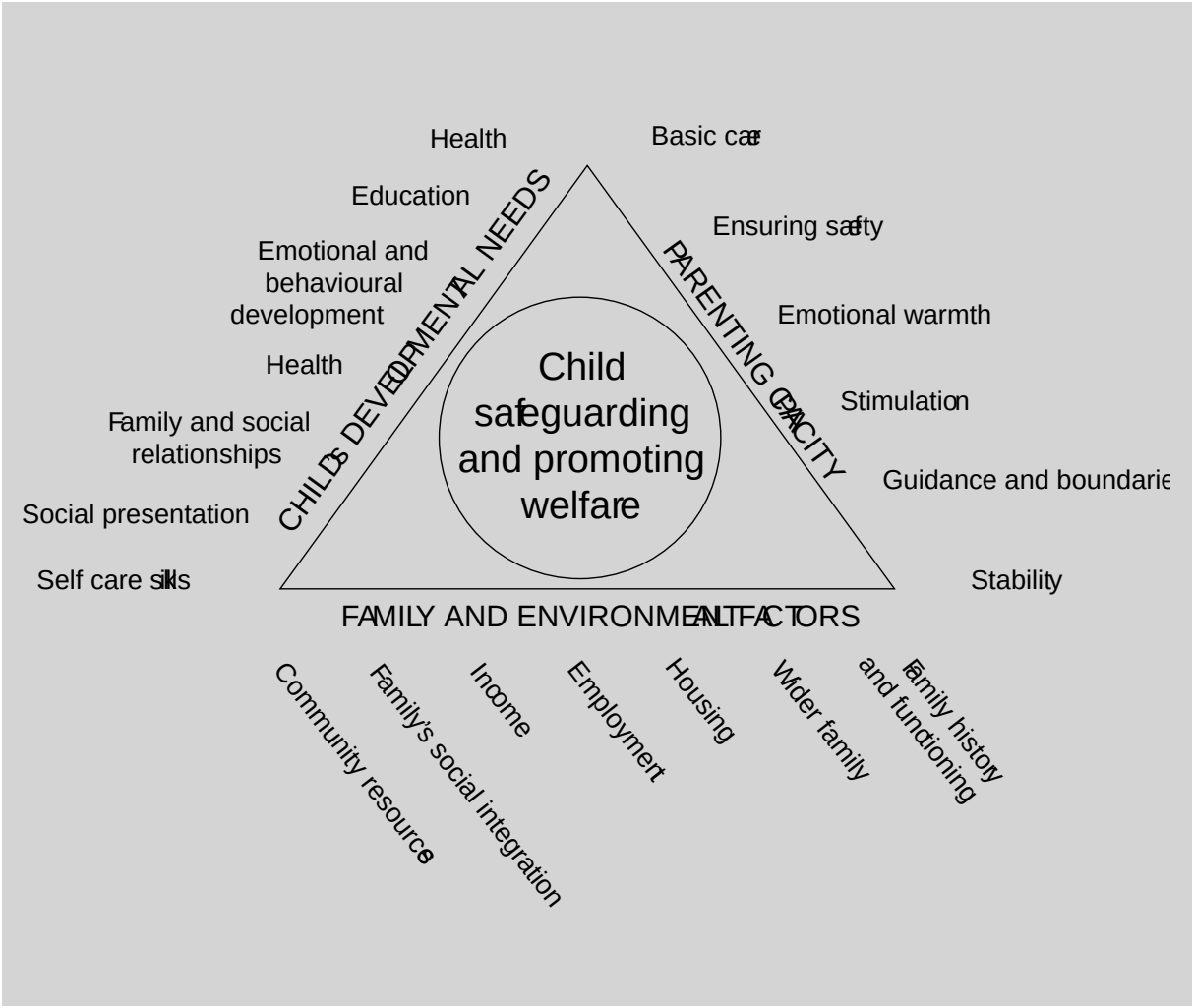
Appendix 4 – Example referral to school nursing service

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

Community school nursing service referral form

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

Appendix 5 – Assessment



framework

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

Appendix 6 – Setting up a drop-in service

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

Points to consider in advance

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

The service should be confidential and easily accessible, providing advice and support for a wide range of health needs. There should be access to digital and written information in a

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

Confidentiality

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

www.nmc.org.uk

www.rcn.org.uk

www.ico.org.uk

Additional issues for consideration

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

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

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

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

Appendix 7 – Example of a training tool

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

Tool for training carers in clinical tasks

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

Method

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

After training

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

Individual training record for (insert name of procedure here)

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

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

1.1

of

and you, Mr/Mrs/Miss/Ms

of

1.2 Your job title is

(the duties of this job are set out in the job description attached to this statement)

Work address

1.3 Your employment starts on

Any previous periods of employment are not

_____

1.7 Paid annual leave entitlement is

weeks per year.

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

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

working days in total in any one sick pay year.
This runs from

to

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

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

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

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

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

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

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

Senior nurse responsibilities

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

2. Nursing

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

- organise and run nurse drop-in clinics during span of duty (within agreed level of competence)
- ensure care plans are developed and written for pupils requiring them, in liaison with pupils, parents, and (boarding house staff)
-