

Looking for a school nurse?



Every Child Matters
Change For Children



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Foreword from Chris Beasley (Chief Nursing Officer for England)

The role of the school nurse has changed a great deal since most of us were at school. The image of the 'nit nurse' or the nurse assisting the doctor with immunisations and medicals is disappearing. Today we have a profession that, along with the rest of nursing, is taking on new roles, developing advanced skills and adapting their services to better meet the needs of today's children, young people and their families. Just as schools have changed in recent years, so has school nursing.

It has not always been easy for schools and school nurses wanting to develop their services to improve the health of children and young people. We know that in some parts of England school nurses are a small and underdeveloped resource. This is why the Government is giving a greater priority to school nursing as part of its drive to improve the health and well being of children and young people.

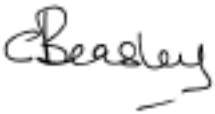
This is one of two documents that support the expansion and development of the school nursing service: an updated version of the *School Nursing Development Resource Pack*, originally published by the Department of Health in 2001, and this guide *Looking for a School Nurse?*. The guide is intended primarily for headteachers, teachers, support staff and governors to help them to work with their local health partners to expand or develop their school nursing service. We are grateful for the many contributions we have received from teachers, school nurses, children's organisations and others. We have also drawn on the many good examples of schools and school nurses that are responding to the needs of children and young people. I would like to thank all those who have helped produce this guide.

We recognise that school nurses are well placed to deliver on a range of outcomes in *Every Child Matters, the National Service Framework for Children, Young People and Maternity Services and Choosing Health*. These include the Public Service Agreement (PSA) targets on obesity, sexual health, accidents and substance misuse, and the key role that school nurses

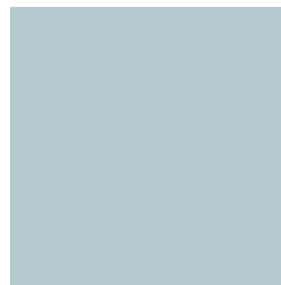
will play in initiatives such as extended schools, *Healthy Schools*, and in contributing to meeting education targets for attendance and achievement.

Choosing Health, the Government's White Paper on public health, called for a new and relevant role for school nurses on a wider scale than in recent years. In addition to announcing new funding for the service, I was invited to work with nurse leaders and the Department for Education and Skills (DfES) to modernise and promote school nursing and develop a programme for best practice. In considering the modern role of school nurses, we have built on the consultation with children and young people and other key stakeholders that was undertaken by my predecessor in the *Chief Nursing Officer's Review of the Nursing, Midwifery and Health Visiting Contribution to Vulnerable Children, Young People and their Families* (DH, DfES, 2004).

I am delighted to commend *Looking for a School Nurse?* to you.

A handwritten signature in cursive script that reads "Beasley".

Christine Beasley
Chief Nursing Officer for England
Department of Health
March 2006



Introduction

Why health matters to schools

A child or young person's health and well-being impacts on their behaviour and ability to learn. Children and young people want to be healthy, but they and their parents and carers may need support to promote their physical and emotional well being. Children with complex health needs and long term conditions may require specialist support in order to maximise their potential within school.

Schools have a statutory responsibility for safeguarding and promoting the welfare of their pupils, and a responsibility for adults on their premises. The new framework for the inspection of children's services requires schools to show how they are contributing to the improvement of outcomes for children and young people and supporting them to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

All schools will be working towards National Healthy Schools Programme status (NHSP), making schools healthy places in which to work, learn and achieve¹. The school environment provides a unique opportunity for health promoting activities and can also provide an alternative access point for NHS care. School staff need to work in partnership with others to make the most of these opportunities to improve the health of children and young people. As more schools become extended and work within children's trust arrangements, they will need to plan with health and other agencies to ensure that the school's work contributes to a programme of integrated services for the local community within a single, statutory Children and Young People's Plan.

How school nurses can help

Headteachers have long valued the contributions school nurses make to the health, well being and achievement of the children and young people in their care. In recent years school nurses have expanded their skills and the range of activities they are able to provide for children and young people. *Choosing Health*, the Public Health White Paper, gave a commitment to expand the number of qualified school nursing staff in order that they can contribute fully to the aims of:

- Supporting all children and young people to attain good physical, sexual and mental health;
- Reducing health inequalities by helping all children and young people to make healthy choices and addressing the wider influences that can undermine these choices; and
- Ensuring that children and young people develop a good understanding of how they can balance the opportunities and risks in choices that impact on their health as they grow up.

The Government has made the health of children and young people, and school nursing a priority. We therefore need to describe what schools can expect from school nurses and how they can be best used to improve the health of school-aged children and young people.

What the guide sets out to do

This guide is intended primarily for headteachers, teachers, support staff and governors. In keeping with the format used in the guide on School Bursars, there are two sections. The first section 'Why have a school nurse?' looks at the skills and services which school nurses and their teams can bring to schools, and the potential gains for children, young people, heads and others. The second section provides information regarding the employment requirements and professional expectations of school nurses. The Annexes offer ideas for job descriptions and/or service specifications for school nursing services, and provide case histories from headteachers and school nurses working in a variety of schools.



Section One

WHY HAVE A SCHOOL NURSE?

Good health has a positive impact on a child or young person's enjoyment of school and their levels of achievement: ill-health is a barrier to learning. School nurses can act as an effective bridge between education, health and social care, supporting work on health issues in school and making health services more accessible to pupils, parents, carers and staff.

School nurses have two key responsibilities:

- to assess, protect and promote the health and well being of school aged children and young people; and
- to offer advice, care and treatment to individuals and groups of children, young people and the adults who care for them.

Services provided by school nurses

School nurses can offer services in three areas;

1. **As the first point of contact for children, young people and parents or carers needing health advice or information.** This involves assessing individual needs, offering care and treatment, and referring on to other services as necessary. Many school nurses provide 'drop in' sessions in schools for this purpose.
2. **Supporting children and young people with ongoing or specific health needs.** This may include children with complex health needs or a learning and/or physical disability. Activities could include direct care and treatment, promotion of self care, supporting parents and carers, referral to other specialists and co-ordination of a range of services.
3. **Initiating and supporting activities for promoting health** across the school and community. These public health activities include contributing to Personal, Social and Health Education (PSHE) delivery, working with the school to achieve the Healthy

School Standard or advising on whole school programmes to address particular issues e.g. sexual health, healthy eating. School nurses may also work in the wider community to improve children's health. Activities of this sort are likely to develop with the expansion of children's centres and the extended schools programme.

Links to health services and others

School nurses have good networks and working relationships with other health and social care professionals. They can help schools to liaise with practitioners such as health visitors, speech and language therapists, paediatricians, specialist nurses for children with complex health needs, GPs, practice nurses, psychologists and mental health workers. School nurses will also have a good working knowledge of other statutory agencies and voluntary organisations such as early years' provision, the youth service, Connexions, On Track, the Teenage Pregnancy Strategy, youth offending teams, drug action teams, social services and police. They are also encouraged to work collaboratively with those from other agencies for example, undertaking parenting groups with youth workers or working with child and adolescent mental health service (CAMHS) workers to support young people with mental health problems.

A whole school approach

School nurses are usually part of a wider school health team and, as such, are able to co-ordinate programmes of health activities for schools, working alongside health professional colleagues, and leading a team of nursing and support staff.

They can work with a school senior management team to assess the health needs of a school population and agree a programme of activities to address these. School nurses often work to deliver this as a member of a student support team in a school alongside learning mentors, learning base managers, SENCOs, Connexions staff and others to provide a comprehensive support network for children and young people.

School nurses can play a significant role in promoting and maintaining the health and well-being of pupils and staff, freeing up teachers' time and contributing to good school behaviour and attendance rates. As such they should be seen as a valuable member of the school team.

Community links

Alongside school-based activity, school nurses will need to work with the local community. This may take the form of home visits, the provision of outreach services in local facilities such as community centres, or wider community-based health promotion programmes. Whilst some young people are happy to access services on a school site, others prefer to go to a community-based service. School nursing teams will endeavour to offer services to children, young people and their families in a variety of locations to increase accessibility. This means that children or young people not attending school for whatever reason can also have access to these services. This community-based work can help the development of positive relationships between a school and the local community.

Inspection

The new inspection framework for schools² means that inspectors assess the school's contribution to the well-being of pupils, as measured by the Every Child Matters outcomes of being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being. School nurses contribute, not only by supporting pupils to be healthy, but also in the other outcome areas. For example they can work with teachers to safeguard children at risk of, or suffering from, child maltreatment and so ensure they stay safe; and can ensure pupils with complex health needs receive the support needed for them to attend school, enjoy and achieve. From September 2005, schools' contributions to the well-being of children and young people are also inspected through multi-inspectorate joint area reviews of children's services under arrangements set by Ofsted.

Making the most of school nurses

If you are looking to review your school nursing service with health partners, the rest of this guide will help you think about what you would like the service to deliver for children and young people in your school. We have listed below the functions school nurses and their team can be expected to carry out. The table constitutes a 'menu' of possibilities for a school. The mix of activities needs to be agreed between the headteacher and school nursing team, and will depend on the specific needs of a school and the children and young people within the locality, the skills and experience of the school nursing team and the available resources. School nurses are likely to have health priorities and targets, for example on immunisations, which the school will need to take account of.

Assessing the needs of the children and young people within a school or community, taking due account of the needs of disadvantaged groups and those with special needs, is the essential first step to the development of an appropriate school nursing service.

The functions are identified in three bands; basic, intermediate and advanced. However, the appropriate mix of activities for any school or community may well include elements from all three bands.

1. School nursing service – Basic functions

Functions	Advantages if done by school nurse	Potential gains to heads and others
Undertaking an assessment of the health of the school community, and jointly with staff and pupils/students create a school health plan to address these ³	Identification of health issues/specialist public health knowledge/creation of evidence-based programmes	Healthy school environment developed and maintained/supportive environment for learning/supports school's duty to promote welfare of pupils/needs of minority groups explicit and addressed/makes explicit the school's contribution to health outcomes for pupils
Offer open access to personalised support and advice in areas such as relationships, managing stress and risk-taking behaviours	Trusted confidante/professional expertise/can identify emerging trends	Pupils feel supported and able to confide/reduces pressure for one to one time for teachers/improved classroom behaviour
Ensure pupils with complex health needs receive the support, care and treatment required to enable them to attend and benefit from school	Knowledge of and access to other health and social care services and support services/able to train care assistants or school support workers/able to promote self-care skills in children and young people/links with parents and carers	Improved attendance and performance/supports school's duty to promote welfare of pupils
Review the health status of all children on entry to school in accordance with the national Child Health Promotion Programme	Specialist expertise/Health status assessment can be co-ordinated with the foundation stage profile	Children with health needs identified and treatment secured as necessary/children better able to reach their full potential
Co-ordination of immunisation programmes and advising on outbreaks of communicable diseases	Specialist knowledge and skills/links to public health specialists	Reduction of risk/attendance levels maintained

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Functions	Advantages if done by school nurse	Potential gains to heads and others
Work with teachers and staff to safeguard children at risk of or suffering from child maltreatment	Works to national safeguarding policy and local procedures/access to NHS services/multi-agency networks	Support to staff/pupils protected/support school duty to safeguard children
Assess the health status of children and liaise with specialist services where necessary	Specialist health assessment expertise to combine with teachers' educational expertise	Enable children to gain necessary support to maximise their potential/achievements improved
Work with parents and specialist teams to develop in-school care plans for pupils with complex health needs/long-term conditions	Links with other health and social care services, and parents and carers	Pupils have long-term conditions well managed in school/attendance maintained
Contribute to development of the health-related curriculum	Specialist health education expertise/can work with pupils to ascertain needs	Curriculum up-to-date and tailored to school needs
Contributing to the delivery of health education programme, including timetabled PSHE classes	Specialist health education expertise/trusted confidante/expertise in delivery of 'sensitive' topics	Teachers supported to deliver PSHE programme by health experts
Provide or arrange training and advice for teachers and other staff on specific health needs/issues	Professional expertise and up to date knowledge	Staff aware and able to care for children with specific conditions/able to contribute to whole school programmes
Support children and young people to complete their personal health plans and support their efforts to achieve their health goals	Health promotion expertise/trusted member of school community/ability to plan based on identified personal health issues	Children and young people aware of personal health goals and activities required

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2. Intermediate functions

Functions	Advantages if done by school nurse	Potential gains to heads and others
Develop a programme of work around a specific school's needs e.g. teenage pregnancy initiatives, self harm, substance misuse, nut allergies, obesity	Able to work alongside school priorities/links to external expertise/specialist knowledge	Health issues specific to school addressed/incidence of difficulties in the area reduced/releases teacher time
Identify and work with most vulnerable children and young people on issues of mental health, sexuality, self-esteem and risk-taking behaviours	Trusted confidante/professional expertise/links to external health and social care agencies	Improved attention and behaviour/improved attendance
Support school first-aiders with advice and NHS contacts where necessary	Professional expertise and access to other NHS staff	First aid provision improved and risks minimised/supports schools duty to promote welfare of pupils
Identify children missing school above the average number of days due to sickness and work with parents, carers and children to improve attendance	Able to work within and outside schools/professional expertise and links with other services	Improved attendance/greater understanding of health needs of specific pupils
Support the development of self-care skills in children and young people with complex health needs/long term conditions	Able to adapt standard advice to suit lifestyle of child or young person	Children and young people able to manage own medical condition/improved confidence and attendance
Identify children who may have difficulty with transition between schools, undertake home visits as necessary and develop care plans as required	Trusted advisor, able to assess health issues and treat/refer appropriately	School transition eased/improved attendance

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Functions	Advantages if done by school nurse	Potential gains to heads and others
Facilitating parenting groups, including behaviour management	Specialist expertise/trusted professional/able to access others e.g. psychologists, youth workers	Improved links with parents and carers/improved pupil behaviour
Work with young people to audit the school for health promoting and damaging structures and behaviours	Health promotion expertise/can work informally with pupils	Pupils involved in monitoring schools progress/can contribute to achievement of HSS
Work with staff, pupils and governors to develop health-related policies for a school e.g. nutrition, physical activity and support the achievement of the HSS	Health promotion expertise	Specific plans developed in accordance with school's aims
Provide smoking cessation services for the school community	Specialist expertise	Numbers smoking reduced
Running 'healthy lifestyle' events	Able to co-ordinate in-school activities with those in local community	Increased awareness of lifestyle issues
Providing personalised health advice via new technologies e.g. mobile phones, email, websites	Specialist expertise/trusted confidante	Pupils able to access appropriate advice/reduced stress and associated behaviour difficulties
Provide in-service training on health related issues	Specialist knowledge/access to other health specialists	Teachers and other staff better equipped to respond to health issues as they emerge
Consult with parents and carers on health related topics	Able to work in and outside school/health promotion expertise	Parents and carers involved in planning health promoting activities/increases links with local community

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Functions	Advantages if done by school nurse	Potential gains to heads and others
Identify and work on health issues with looked after children	Health expertise/ awareness of needs of this group/access to NHS services	Looked after pupils able to access health promotion, advice and care as necessary/improved attendance and attainment
Offer support and advice to pregnant pupils in making personal and educational decisions	Trusted confidante/links to other healthcare services	Pregnant young women supported in decision making
Provide parenting awareness/babysitting skills training for teenagers e.g. 'baby think it over' programme	Able to work in and outside school/specialist expertise	Pupils aware of real effects of parenthood/contributes to lowering of teenage pregnancies
Provide contraceptive advice to pupils and emergency contraception and pregnancy testing to young women requiring this service	Able to assess need and prescribe appropriate medication/provide specialist contraception advice for the future	Pregnancies prevented and rates of sexually transmitted infections reduced.

3. Advanced functions

Functions	Advantages if done by school nurse	Potential gains to heads and others
Identify particular groups e.g. children and young people who are carers, those with diabetes etc across a school community and work with specialists to develop a programme to meet their needs	Health expertise/able to access other specialists/ability to develop in house pupil expertise	Specific concerns of vulnerable groups met/children and young people develop expertise in own area of concern/potential resource for others/improved attendance and attainment
Provide lunchtime relaxation and stress management sessions for staff and/or pupils (e.g. during exam periods)	Known and trusted colleague/uses school knowledge to tailor programme appropriately	Staff managing stress/reduced sickness
Provide individual support and advice to parents and carers on parenting skills/behaviour modification programmes	Specialist expertise/trusted professional	Improved behaviour in school/releases teacher's time
Work with governors, parents, carers, staff, students and others to develop a 'health action group' and advise on actions to be taken	Plan 'owned' by wide range of stakeholders/SN able to coordinate school and health priorities	Tailored plan for school/wide-ranging 'buy in' means better chance of success
Offer support and advice to young people concerned with issues of sexual identity	Trusted confidante/can offer external support	Young person confident about sexual identity and self worth/improved attendance and attainment
Develop peer health education schemes, training and supporting children and young people acting as peer educators	Professional expertise/monitoring of performance ability to tailor scheme to suit school	Growth of confidence and self esteem in pupils/health messages effectively shared/growth in school loyalty

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Functions	Advantages if done by school nurse	Potential gains to heads and others
Manage a devolved budget and commission services on behalf of the school population	Understanding of local services/able to tailor services to needs of school	School able to access resources it requires
Bid for development monies to fund new school health initiatives	NHS support to identify funds available and develop appropriate bids	New resources/improved outcomes
Develop new initiatives in response to research findings, examples of good practice or new policy initiatives e.g. healthy school meals and water in schools programmes	Able to access networks for good practice/ skills to develop new programmes	Improved health programmes/ quick response to new policy initiatives
Offer emotional support and ensure provision of practical support for teenage parents	Can work between school and home/knowledge of local services	Improved attendance and educational achievement for teenage parents

What sorts of school nurses are there?

School nurses are registered nurses who have normally completed a degree/Master's level educational programme to enable them to register as specialist community public health nurses. As such they are qualified to work with school-age children and young people in a range of settings, including schools. They may also have additional qualifications in fields such as midwifery, mental health, family planning or teaching.

School nurses may lead a team who may include:

- Other registered nurses
- Nursery nurses
- Trained support workers

School nurses have traditionally worked within 'families' of primary and secondary schools, with a smaller number developing the necessary skills to work in special schools and with vulnerable children and young people in non-school settings. The White Paper *Choosing Health* set out the Government's commitment that by 2010 there will be;

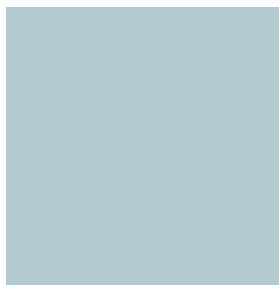
"...at least one full-time, year-round qualified school nurse working with each cluster or group of primary schools and the related secondary school, taking account of health needs and school populations."

Accessing school nursing services

School nursing services can be accessed in a number of ways. Most school nurses are currently employed and managed by the local NHS Primary Care Trust (PCT) with their input to a school, community or children's trust agreed through a service level agreement. They can also be seconded to specific schools (including Further Education Colleges) or work within other settings or teams (for example Sure Start children's centres, youth offending teams and pupil referral units). Over time, different models of provision may be developed with schools (working with local communities and children's trust partners) able to play a key role in shaping any changes. All PCTs should be expanding their school nursing services in line with the expectations and commitment in *Choosing Health*.

In addition to PCT-funded school nursing services, schools are able to fund additional services fully or jointly with their local PCT. Extended school status funds can be used to support this (contact your local Extended Schools Remodelling Advisor (ESRA) for further advice).

School nurses can also be employed directly by schools themselves or can be self-employed, agreeing to provide a specific service for a school or group of schools. If schools decide to employ school nurses directly, they will need to ensure that they co-ordinate their activities with those of the local children's trust and are aware of their professional and employment requirements. These are outlined in Section Two.



Section Two

PROFESSIONAL QUALIFICATIONS AND EMPLOYMENT REQUIREMENTS

Specialist community public health nurse (school nursing)

This is the recognised qualification for school nurses. To achieve this qualification registered nurses or midwives need to complete an additional degree/Masters level educational programme and be accredited as competent by another experienced school nurse. School nurses with this qualification will be proficient in the following areas:

- Assessment of the health needs of individuals and populations;
- Working with schools and the wider community to promote the health and well being of children and young people;
- Leadership, strategy and policy development; and
- The promotion and protection of the health and well-being of children, young people, parents, carers and school staff.

Currently not all those acting as school nurses have this qualification, but all will need to have a nursing qualification and some experience in child health. In addition, many will have a number of years of experience and will have developed skills through a continuing professional development programme. The provision of 'hands on care' to children with complex health needs and long-term conditions will encompass particular knowledge and skills. Individual practitioners are personally accountable for their practice, and for maintaining their professional knowledge and competence.

PSHE certification

A new national PSHE certification programme for school nurses has been developed. More information on this programme can be found at www.wiredforhealth.gov.uk

Teaching skills

Whilst school nurses are not expected to be teachers, they do need to be able to plan and facilitate group health education sessions for children and young people. A number of additional learning programmes have been developed to extend the skills of school nurses and their support nurses in this area. Nottingham Healthy Schools Programme, for example, has developed a five day teaching skills course for school nurses.

PROFESSIONAL REQUIREMENTS

■ **Clinical supervision and advice**

All nurses must have access to clinical supervision and professional advice to support their work and ensure safe standards of practice. It is the responsibility of the employer to ensure that this is obtained for the nurse.

■ **Professional accountability, regulation and indemnity**

In addition to personal and employee accountability, nurses are professionally accountable to their regulatory body, the Nursing and Midwifery Council (NMC). Nurses are required to be registered with the NMC and this body lays down specific expectations for their behaviour and conduct. All nurses are registered on the nursing and/or midwifery parts of the register (parts 1/2); those with the specialist community public health nursing qualification will also be registered under the SCPHN part (part 3). Nurses are given a unique NMC identity number on registration and need to re-register every three years, confirming that they have maintained their competence through appropriate learning activities. Registration with the NMC should be confirmed before employment and on a regular basis throughout their employment. More information can be found at www.nmc-uk.org

Indemnity for school nurses' practice will generally be provided by their employer, although they may have personal indemnity provided by their membership of a trade union or professional body. In situations where employers do not accept vicarious liability, the NMC recommends that registrants obtain adequate professional indemnity insurance. If unable to secure professional indemnity insurance, a registrant will need to demonstrate that all their clients/patients are fully informed of this fact and the implications this might have in the event of a claim for professional negligence.

■ **Record keeping, consent and confidentiality**

Nurses will have guidance on record keeping and confidentiality from the NMC and their employers. Specific issues regarding consent and confidentiality for young people need to be clear both for the school and the nurse. Children and young people have the right to a confidential school health service, and as a result information shared between

a child or young person and a school nurse will not necessarily be shared with a school. However, where children are identified as at risk of harm it is expected that information will be shared appropriately according to local child protection policy. Guidance (July 2004) regarding the provision of contraceptive services for under 16s, which includes guidance on confidentiality, can be found at:

www.dh.gov.uk/assetRoot/04/08/69/14/04086914.pdf

Cross-Government guidance on information sharing for all practitioners working with children and young people will be issued in spring 2006. The guidance aims to provide the knowledge and understanding, including issues such as consent and confidentiality, that practitioners need to inform their judgement of when and how to share information about a child or young person with whom they are in contact.

Over time it is expected that school nurses will be able to access health records of children through the new IT Care Record Service, Connecting for Health.

■ **Clinical, office and support needs**

The following are likely to be required:

- Quiet consulting room with hand washing facilities⁴
- Office/IT access
- Mobile phone
- Lockable cupboards

■ **Management accountability**

A school nurse is an autonomous professional able to make independent judgements regarding priorities and conduct. Like any other professional she/he will be managerially accountable to a line manager. This could be a nursing or NHS manager or a headteacher. However, a school nurse also has a professional accountability and code of conduct to adhere to which will guide their practice.

■ **Professional accountability**

All nurses are personally accountable to their regulatory body, the Nursing and Midwifery Council (NMC). In addition, a school nurse should be able to access professional support and advice from a senior nurse who will also be able to evaluate any questions in relation to professional performance.

■ **Continuing professional development requirements**

Nurses must undertake at least 35 hours of learning in the previous three years in order to maintain their right to registration with the NMC. Additional training that can be undertaken should provide them with the necessary skills to remain safe and

⁴ As set out in *Education (Schools Premises) Regulations 1999*

competent in their practice, and could include advanced nurse prescribing, family planning and mental health care. Regular updates regarding safeguarding children and promoting their welfare (child protection) will be necessary.

Nurses must also have completed a minimum of 450 hours of practice during the three years prior to renewal of registration.

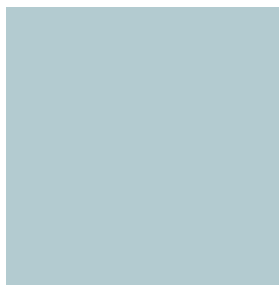
■ **Service requirements**

The school nursing service provider, school nurse and school should work together to:

- Inform children and young people/parents/carers about the service and how to contact school nurses
- Ensure that the agreed service is integrated into the school
- Develop a service level agreement and/or agreed plan of activities
- Agree jointly any necessary policies and protocols (e.g. confidentiality) which are consistent with the Healthcare Commission's Standards for Better Health: see www.healthcarecommission.org.uk

■ **Other requirements**

All school nurses need an enhanced Criminal Records Bureau check. This will normally be undertaken by their employer.



Annex 1: School nurse modular job description

The modular job description below is designed to help those drawing up a job specification, reviewing an existing post, advertising a new one or developing a service level agreement. In addition, a set of National Workforce Competences in the format of National Occupational Standards have been developed for Children and Young People. These can be found within the National Workforce Competence Framework, available on the Skills for Health website at www.skillsforhealth.org.uk, or on a CD available from info@skillsforhealth.org.uk

The description is divided into two sections,

- **Core functions** (those expected to be undertaken in all schools)
- **Variable functions** (those which will be undertaken dependent on the needs and circumstances of the school)

Within each of these function levels it is expected that school nurses will cover activities in each of the following areas:

- **First contact assessment, treatment, care and referral of individuals;**
- **Working with individuals and groups with specific health care needs; and**
- **Health promotion and public health at individual, group and population level.**

The range of functions possible will vary according to the level of need and school nursing resource available to the school. The make-up of the school age population will influence the range and level of knowledge and skills needed to undertake the school nurse role within any given location.

In addition to these functions the school nurse may need to manage and supervise a small team of professional and support staff. As a result of this team approach, it may be the case that some of the functions outlined below will be delegated to another member of the SN team.

The job description below summarises the activities which may be required in tables, then lists these in more detail. Items from the lists can be used and adapted to develop a service specification or job description which matches the specific needs of individual schools or communities.

1. Core functions:

First contact	Working with specific needs	Promoting and improving health
<p>1.1 Offer open access, personalised support and advice for individuals</p> <p>1.2 Support children and young people to complete their personal health plans</p> <p>1.3 Review the health status of all children on entry to school in accordance with the national Child Health Promotion Programme</p>	<p>1.4 Ensure children with additional health needs receive appropriate NHS care and specialist services</p> <p>1.5 Ensure pupils with additional health needs receive the support required to enable them to attend and benefit from school</p> <p>1.6 Develop in-school care plans for pupils with long term conditions</p> <p>1.7 Act to safeguard children at risk of or suffering from maltreatment</p> <p>1.8 Identification of and co-ordination of health care for pupils with particular developmental concerns or disabilities</p> <p>1.9 Provide training and advice for teachers and other staff on specific health needs/issues</p>	<p>1.10 Co-ordination of immunisation programmes and advising on outbreaks of communicable diseases</p> <p>1.11 Undertaking a health needs assessment of the school community and development of a school health plan</p> <p>1.12 Contribute to development of the health-related curriculum</p> <p>1.13 Contributing to the planning and delivery of health education programme, including timetabled PSHE classes</p> <p>1.14 Support school first-aiders with advice and access to other NHS services</p>

- 1.1 a) To offer open access 'drop in' sessions for pupils where they are able to receive personalised support and advice in areas such as relationships, managing stress and risk-taking behaviours
- 1.1 b) To offer personalised advice or treatment for a range of health problems e.g. enuresis, obesity
- 1.2 To work with school staff to promote personal health plans to pupils. Support children and young people to complete their plans where necessary
- 1.3 To review the health status of all children on entry to school in accordance with the national Child Health Promotion Programme
- 1.4 To ensure children with additional health needs receive appropriate NHS care and specialist services
- 1.5 To ensure pupils with additional health needs receive the support required to enable them to attend and benefit from school
- 1.6 To work with parents, carers, specialist health professionals and others to develop in-school care plans for pupils with complex health needs and long-term conditions⁵
- 1.7 To work with teachers and staff to identify and act to safeguard children and young people at risk of or suffering from physical, sexual, emotional abuse or neglect. This will include:
 - a) Identifying and referring children and young people at risk or suffering from maltreatment;
 - b) Taking part in assessments of children, young people and families, using the Assessment Framework; and
 - c) Attending and participating in case conferences, core group and planning meetings as necessary.
- 1.8 To work with teachers to identify children with particular developmental concerns, assess their health status and refer to specialist services where necessary
- 1.9 To provide training and advice for teachers and other staff on specific health needs e.g. diabetes care, epilepsy, allergies, substance misuse, head lice

⁵ See *Managing Medicines in Schools and Early Years Settings* (DfES, DH 2005) and *Including Me: Managing Complex Health Needs in Schools and Early Years Settings* (CDC, 2005)

- 1.10 To co-ordinate immunisation programmes and advise on outbreaks of communicable diseases
- 1.11 To undertake a health needs assessment of the school community and jointly with staff and pupils create a school health plan to address these
- 1.12 To contribute to the development of the health-related curriculum
- 1.13 To contribute to the planning and delivery of health education programme, including timetabled PSHE classes
- 1.14 To support school first-aiders with advice and access to other NHS services where necessary

2. Variable functions (dependent on local needs)

First contact	Working with specific needs	Promoting and improving health
2.1 Support and advise the most vulnerable children and young people	2.6 Identify and work with pupils missing above average school days due to sickness	2.16 Audit the school for health promoting and damaging structures and behaviours
2.2 Provide personalised health advice via new technologies	2.7 Develop a programme of work around an identified school need	2.17 Develop and run parenting groups
2.3 Provide parenting awareness/babysitting skills training for teenagers	2.8 Provide smoking cessation services for the school community	2.18 Collaboratively develop health-related policies for a school
2.4 Provide contraceptive advice and emergency contraception	2.9 Identify particular groups of pupils and develop a programme to meet their needs	2.19 Run 'healthy lifestyle' events
2.5 Provide individual support and advice to parents and carers on parenting skills	2.10 Provide services for looked after children and young people	2.20 Provide health related in-service training
	2.11 Offer support and advice to pregnant pupils in making personal and educational decisions	2.21 Consult with parents and carers
		2.22 Provide relaxation and stress management sessions for staff

First contact	Working with specific needs	Promoting and improving health
	<p>2.12 Offer emotional support and ensure provision of practical support for teenage parents</p> <p>2.13 Support the development of self-care skills in children and young people with long term conditions</p> <p>2.14 Develop programmes for children with school transition difficulties</p> <p>2.15 Offer support and advice to young people concerned with issues of sexual identity</p>	<p>2.23 Develop and run a 'health action' group for the school</p> <p>2.24 Develop peer health education schemes</p> <p>2.25 Manage a devolved budget and commission services</p> <p>2.26 Bid for development monies</p> <p>2.27 Develop new initiatives</p>

- 2.1 To identify and work with the most vulnerable children and young people on issues of mental health, self-esteem and risk-taking behaviours. This may include delivering a service to children not attending full time education for whatever reason
- 2.2 To provide personalised health advice via new technologies e.g. mobile phones, email, websites
- 2.3 Provide parenting awareness and babysitting skills training for teenagers
- 2.4 To provide contraceptive advice for pupils and emergency contraception to young women who require this service
- 2.5 To provide individual support and advice to parents and carers on parenting skills
- 2.6 To identify children missing above average school days due to sickness and work with parents, carers and children to reduce absence e.g. support work to enable young people with long term conditions to self-care in school, support programmes for those with school phobias

- 2.7 To develop a preventive or risk reduction programme of work around a specific school need e.g. teenage pregnancy initiatives, work with asylum seekers, nut allergies, obesity
- 2.8 To provide smoking cessation services for the school community
- 2.9 To identify particular groups (e.g. children and young people who are carers, those with diabetes, those self-harming) across a school community and develop a programme to meet their needs
- 2.10 To identify and work on health issues with looked after children and young people both within and outside school where necessary
- 2.11 To offer support and advice to pregnant pupils in making personal and educational decisions
- 2.12 To offer emotional support and ensure provision of practical support for teenage parents
- 2.13 To support the development of self-care skills in children and young people with long-term conditions, enabling them to manage their condition effectively
- 2.14 Identify children who may have difficulty with transition between schools, undertake home visits as necessary and develop care plans as required
- 2.15 To offer support and advice to young people concerned with issues of sexual identity
- 2.16 To work with young people to audit the school for health promoting and damaging structures and behaviours
- 2.17 To facilitate parenting groups, including behaviour management strategies
- 2.18 To work with staff, pupils and governors to develop health-related policies for a school e.g. nutrition, physical activity
- 2.19 To run 'healthy lifestyle' events to support classroom based activities
- 2.20 To provide in-service training for school staff on health related issues
- 2.21 To consult with parents and carers on health related topics
- 2.22 To provide lunchtime relaxation and stress management sessions for staff

- 2.23 To work with governors, parents, carers, staff, students and others to develop a 'health action group' and advise on actions to be taken
- 2.24 To develop peer health education schemes, train and support children and young people acting as peer educators
- 2.25 To manage a devolved budget and commission services on behalf of the school population
- 2.26 To bid for development monies to fund new school health initiatives
- 2.27 To develop new initiatives in response to new research findings, examples of good practice or new policy initiatives e.g. water in schools programmes



Annex 2: Case histories

These case histories have been contributed by headteachers, deputy heads and school nurses as examples of the range of activities being undertaken across schools in England

a) The City School, Sheffield.

Headteacher: Julie Warne: jmw@city.sheffield.sch.uk

School nurse: Michelle Bridges: mb@city.sheffield.sch.uk

Michelle Bridges is a school nurse based in a single comprehensive school in Sheffield, with a roll of 1500 students aged between 11 and 16 years. 30 of her 33 hours a week are funded by the school itself. Many students who attend the school live in the immediate locality although a number of students access the school from further across the city.

The levels for authorised and unauthorised absence were 7.3% and 4.0% respectively for the school year 2003-2004. 33% of students obtained five or more grades A*-C (year 2003-2004) and 20.85% of students currently receive free school meals.

The school is situated in the south-east sector of the city between pockets of high social deprivation. Unemployment stands at 3.4% (national average 3.4%, Office for National Statistics, 2000) although much of the workforce is unskilled; rented council accommodation 33.3% (national average 13.2%, Office for National Statistics, 2000) and 40.1% of the community are without qualifications (national average 29.1% Office for National Statistics, 2000). 14 neighbourhoods within this sector have teenage pregnancy rates higher than the Sheffield average (50.7 per 1000 girls).

Working as a school based practitioner is an opportunity to become a valuable and identified member of the school community. As a school health practitioner, Michelle is ideally placed to improve the health of young people, tackle health inequalities and assist in reducing barriers to learning by promoting government initiatives e.g.

reducing teenage pregnancies, delivering positive health promotion and current, factual health education through the PSHE curriculum while supporting the needs of individual students, their families and school staff.

Michelle's overall role within school is diverse. She facilitates the standard provision of the school nurse's role, for instance immunisation programmes and the meningitis campaign, by arranging convenient dates within school for a programme of immunisation, communicating accurate and up-to-date information to students and parents and by attending individual year assemblies. This enables an increased uptake of vaccinations, leading to a greater number of students being protected against illness, a raised awareness of illness and increased personal safety.

She is able to offer one to one support to students in the form of confidential appointments or a drop-in service and group work on a range of health issues including substance misuse, mental and sexual health. She refers or signposts students to external specialist agencies whilst maintaining links to public health initiatives and standards set by the Department of Health and the School Nursing Service.

During her period in post, within her area of practice, Michelle has developed new initiatives to improve facilities and services for the young people within school; for example a sexual health outreach service operates in school enabling emergency contraception to be dispensed and condoms to be provided whilst offering a safe forum for factual information to be disseminated.

She plays a large part in the PSHE programme within school and in this context works largely within a classroom environment in partnership with teaching staff across all school year groups. Subject delivery includes Healthy Lifestyle in Year 7, Introduction to Sex in Year 8, STIs and Contraception in Year 9, Signpost to Services in Year 10 and Testicular/Breast Cancer Awareness in Year 11.

Michelle also has involvement in child protection cases where sensitive in-depth analysis of wide ranging and complex information is required. The information may be contentious and the response of professionals may not necessarily be appreciated by family members. While using a child-centred approach Michelle must analyse and decide the appropriate way forward to safeguard the child. This could be achieved by including some or all of the following options:

- Contact and check the child protection register (to ascertain notes of any past concerns);

- Contact parents and carers and discuss concerns;
- Liaise with other agencies to further gather information;
- Complete child in need assessment and referral paperwork;
- Offering regular, individualised support for the child and family;
- Contact and involve outside agencies to offer support;
- Attend child protection case conferences, being a member of the core group of agencies supporting the child and family; and
- Continuous information gathering and evaluation over time.

The Year 6 to 7 transition programme has been enhanced by Michelle's involvement. Early identification of needy children allows Michelle to liaise with primary teachers, parents and pupils to develop appropriate care plans and ensure that even the most vulnerable young people make a smoother transition to secondary school. One to one support often extends to parents too, many of whom have benefited from Michelle's support and counselling. Headteacher, Julie Warne, is in no doubt that the appointment of Michelle has had a significant impact on the well-being of young people in the school.

Michelle is part of the Student Support Team (other members include the Assistant Head responsible for inclusion, SENCO, Senior Learning Mentor, Learning Support Unit Manager and the Connexions PA). The group meets weekly to discuss individual student needs and to ensure the best provision within available resources.

The team was commended in a recent HMI survey for its 'high level of support to pupils who have EHWB (Emotional, Health and Well-being) issues and ability to create a range of flexible options. This has allowed pupils who have the most difficult needs to remain in school and to continue to access the curriculum successfully.'

Staff benefit from Michelle's support through drop-in sessions for blood pressure checks, massage and counselling. She has contributed to the staff well-being clinic programme by offering aromatherapy and relaxation classes.

Overall, the benefits of having a full-time School Health Practitioner are immeasurable but are perhaps best summarised in the words of one Year 11 student, 'I wouldn't be here if it wasn't for you. You have been my rock and I will never forget what you did for me. Thank you so very much!'

b) Brier School, Dudley

A purpose built school for children with moderate learning difficulties

Headteacher: Mr R Hinton: *rhinton@brier.dudley.gov.uk*

School nurse: Chris Palmer: *Christine.palmer2@dudley.nhs.uk*

The Brier school is centred between a mainstream primary and secondary school. Although the campus has only been open for 12 months, the three schools are working collaboratively towards the integration of **some** pupils. Chris's role as school nurse for the school is steadily increasing, especially as the school now has an increase in pupils at the more severe end of the moderate learning difficulty spectrum. Although the post is continuing to develop, some of the activities Chris is currently involved in are:

- Regular contact and liaison with the headteachers, deputy heads, pastoral care and special needs co-ordinators to discuss any children causing concern;
- Attendance at child protection case conferences and core group meetings with either the child protection co-ordinator of the school or a representative;
- Monitoring of children within the looked after system and attendance at statutory reviews;
- Work with the school medical officer to assess and review new school entrants and any pupils causing concern;
- Follow up of health reviews as requested by the school doctor, GP or hospital consultants;
- Regular contact with parents and carers either by phone, school or home visits;
- Staff training for conditions such as anaphylaxis, epilepsy and asthma. Assist schools to set up individual care plans for these or other medical conditions;
- Liaison and collaboration with the multi-disciplinary teams (acute care, learning disability and education support services);
- 'Drop in' health sessions for pupils, parents and staff;
- Supporting staff in the delivery of PSHE, hygiene, healthy eating, safety with medicines, child development, contraception etc; and
- Liaison with pre-school assessment units.



Annex 3: Deputy headteachers' perspectives

a) Moreton school, Wolverhampton

Deputy headteacher: Claire Evans: *cevans@moreton.biblio.net*

School nurse: Louise Mattinson: *louise.mattinson@wolvespct.nhs.uk*

'The school nurse is fundamental to the care and guidance of our young people in school. Louise runs a voluntary drop-in session regularly at lunchtimes and consults with students on a range of issues. For example, our students will regularly visit the school nurse for advice and support on sexual health issues, bullying, relationship, drugs, family problems, pregnancy, STIs to name but a few. Each term she deals with hundreds of students.

Louise is a familiar and trusted person for students to refer to. She has a significant role in the curriculum non-timetable days, where her team of nurses come into school and discuss issues with whole year groups as requested by our pastoral staff. Curriculum leaders have also requested specialist support from our school nurse to support the delivery of personal, social and health education elements of the course.

Staff can refer to the school nurse if they are concerned about any issues with students. Likewise, as part of a Behaviour and Education Support Team we have the benefits of being able to access the service of the school nurses when dealing with a whole variety of referrals. This enables us to make more appropriate and efficient referrals to the relevant agencies.'

b) New Monument Primary School, Woking

Deputy headteacher: Mrs S Veasey: *veasey@newmonument.surrey.sch.uk*

School nurse: Ruth Blackmore: *ruth.blackmore@shawpct.nhs.uk*

'Since joining us two terms ago, Ruth has made a significant impact on the work of the school. New Monument school is situated in an area of high social deprivation and over

90% of the children speak English as an additional language. Ruth not only follows through on children with particular needs but takes a proactive approach as well. For example, Ruth made a home visit with our Educational Welfare Officer to ensure provision was made for a family suffering prolonged racial harassment, she has co-ordinated network meetings for a family with three children who were threatened with eviction, in order that a multi-professional referral could be made to social services and she also makes visits to support a family with a child on the child protection register.

Ruth always ensures her attendance at our care liaison group which is a multi-professional meeting designed to make a co-ordinated approach for our most vulnerable children. She will often take the lead where health matters are concerned and follow through any action agreed.

Ruth liaises well with our parents and will use an interpreter to ensure that they fully understand any difficulties experienced by their children, and any medication that needs to be taken. She will always ensure that our children receive the best possible provision for their needs.'

Notes

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