



Department  
of Health &  
Social Care



Public Health  
England

# School aged years high impact area 3: Improving lifestyles. School nurses leading the Healthy Child Programme 5-19



## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England

Wellington House

133-155 Waterloo Road

London SE1 8UG

Tel: 020 7654 8000

[www.gov.uk/phe](http://www.gov.uk/phe)

Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk)

Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

Prepared by: Wendy Nicholson.

For queries relating to this document, please contact: [HEChiefNurseTeam@phe.gov.uk](mailto:HEChiefNurseTeam@phe.gov.uk)



© Crown copyright 2018

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogp.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: November 2018

PHE publications

gateway number: 2018582

PHE supports the UN

Sustainable Development Goals



This guidance has been developed with our key partners, including Department of Health and Social Care, NHS England, Health Education England and Local Government Association. NHS England supports this work and has advised on key areas.

# Contents

About Public Health England	2
Context	4
School nurses' role	7
Improving health and wellbeing	9
Individual and family	9
Community	10
Population	12
Using evidence to support delivery	13
Measures of success/outcome	15
Connection with other policy areas and interfaces	17
How will we get there?	17
Associated tools and guidance	19

# Improving lifestyles

## Context

School nursing is in a unique position to influence, and work with, the whole family in the interests of children and young people on social, psychological and health choices and behaviours. School nurses are well placed to affect health behaviour change when young people are developing independence, self-determination and autonomy.

**Reducing health inequalities** gives everyone the same opportunities to live a healthy life, no matter who they are or where they live. Currently, in England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived. Targeting those at greater risk of poor health, understanding different health behaviours and key risk factors that affect children and their long term health will demonstrate greater impact on health outcomes.

Improving health outcomes and reducing inequalities at individual, family and community level can make a real, positive, difference to outcomes for children, young people and their families. Early intervention, evidence-based, programmes can have significant impact for all children, young people and families and especially those needing more support (PHE, 2016).

Understanding and focussing on key health priorities is central to the delivery of local public health services. Childhood obesity and oral health are key health priorities and are a marker for poor health, however it is recognised that the role and approaches can be applied to other lifestyle issues, for example sun safety, sexual health, substance and alcohol misuse.

The examples used in this document present opportunities for bringing together a robust approach to improving outcomes across both health and local authority-led services for children and young people aged 0-19. It focuses on the impact the of school nursing service on improving outcomes.

### Childhood obesity and physical activity

Childhood obesity is a significant health inequality, with higher rates amongst children in disadvantaged areas and some ethnic groups. Nearly a third of children aged 2-15 are overweight or obese, and younger generations are becoming obese at earlier ages and staying obese for longer. Obese people are more likely to suffer from physical health conditions, for example type 2 diabetes or mental health conditions such as depression. Obesity increases the risk of dying prematurely (PHE 2017).

There is also strong evidence that regular physical activity is associated with numerous health benefits for children (PHE, 2017). The UK Chief Medical Officer recommends that all children and young people aged 5-19 should engage in moderate to vigorous intensity physical activity for at least 60 minutes each day.

The economic costs of obesity are great. It was estimated that the NHS in the United Kingdom spent £6.1 billion on overweight and obesity-related ill-health in 2014/15. The treatment of obesity and diabetes costs more than the national spend on the police, fire service and judicial system combined (Scarborough et al, 2011).

The impact falls hardest on children from low income backgrounds, with obesity rates highest for children from the most deprived areas. Children aged 5 from the poorest income groups are twice as likely to be obese compared to their most well-off counterparts, and by age 11 they are 3 times as likely (Cabinet Office, DHSC, HM Treasury and Prime Minister's Office 10 Downing Street, 2017).

In 2016, the Government launched *Childhood Obesity: A Plan for Action*. This was followed in 2018 by *Childhood Obesity: A Plan for Action: Chapter 2*. This sets out the ambition to halve childhood obesity and significantly reduce the gap in obesity between children from the most and least deprived areas by 2030. The document also recognises that this will require sustained collaboration across the political divide, across society and across public and private sector organisations. The *Childhood Obesity Plan* recognises the role that health and social care professionals can play in supporting children with their weight and pledges to provide them with the latest tools so that they can support children, young people and families with their weight.

## Oral health

Oral health is an important aspect of a child's overall health status and of their school readiness. Poor oral health impacts not just on the individual's health but also their wellbeing and that of their family. Children who have toothache or who need treatment may have pain, infections and difficulties with eating, speech, sleeping, low self-esteem, and socialising (PHE, 2018).

23.3% of 5 year olds have tooth decay when they start school. Children who have toothache or who need treatment may have to be absent from school and parents may also have to take time off work to take their children to a dentist or hospital (PHE, 2018).

Tooth decay is largely preventable, yet it remains a serious problem. Findings from Public Health England's (PHE's) *National Dental Epidemiology programme for England: Oral health survey of five year old children* (2017) showed that in 2017 in England, almost a quarter (23.3%) of 5 year olds had experienced tooth decay, having on average 3 or 4 teeth affected. The vast majority of tooth decay was untreated with a wide variation in the prevalence of tooth decay (PHE 2017).

Awareness of oral health messages can be improved by advising children, young people and families about:

- brushing teeth at least twice a day using a fluoride toothpaste
- registering with a dentist and having regular reviews
- limiting the number of sugary drinks and snacks
- eating a healthy diet that reflects the [Eatwell guide](#)
- reducing tobacco and alcohol use and referring to quit smoking support

[Delivering better oral health: An evidence based toolkit for prevention](#), Public Health England, 2017

The areas with poorer dental health tend to be in the north and in the more deprived local authority areas. The most recent data for 5 year olds shows that 43% of variation can be explained by deprivation, with 34% of 5 year olds in the most deprived quartile affected, compared with 14% in the most affluent. Vulnerable groups of children and young people, such as young carers and those in the criminal justice system, may experience additional risk of poor oral health.

Consumption of free sugars is a risk factor both for dental caries and obesity. Tooth decay is caused by increased frequency of consumption of sugar.

Children and young people face many different factors involved in staying healthy, including personal choices and behaviours (for example smoking, oral health, nutrition, physical activity, and sexual activity), the environment, social networks and media. The impact of these factors varies at different times in a child/young person's life and all have an effect on health and wellbeing.

Obesity can harm people's prospects in life, their self-esteem and their underlying mental health, with poor health behaviours persisting into adulthood, leading to lifelong negative effects on health (PHE, 2017). There is a link between low self-esteem and obesity, with obese children reporting feeling less athletic, agile and fit than peers having a normal weight (Peralta, 2016). Building resilience in children and young people may help to protect them against engaging in risky health behaviour and poor healthy choices (PHE, 2012).

## School nurses' role

School nurses and their teams can work with children, young people and families to make healthy choices in all aspects of their lives and to feel that they are supported in making these choices.

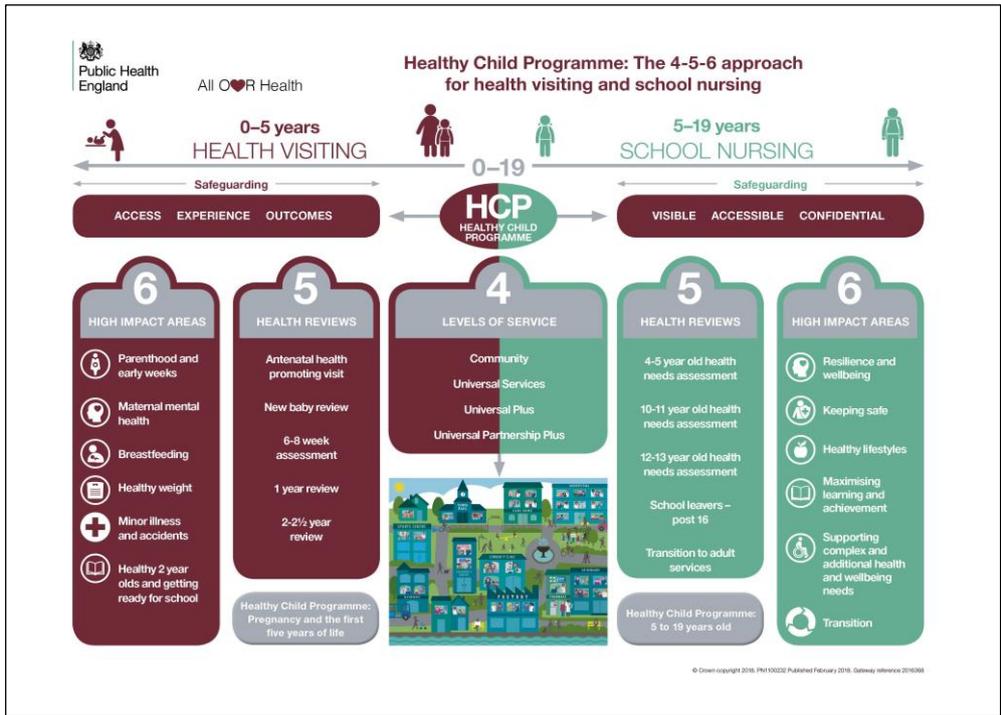
School nurses and their teams are in a unique position to build trusting and enduring professional relationships with children and young people throughout their time in education, to enable them to become confident and healthy adults. It is essential that young people in secondary education or college are able to have access to safe, confidential and accessible services when they need health support and advice. School nursing teams and partner agencies are well placed to work collaboratively to offer health and wellbeing services. Individualised plans and support are developed following early identification of physical, emotional or mental health needs.

School nurse involvement in delivering evidence-based interventions, including delivery of immunisation programmes, including HPV and other immunisation programmes in the teenage years, also provide opportunities for health promotion, **Making Every Contact Count** to support behaviour change. School nurses work with GPs and general practice nurses to ensure young people's immunisations are up to date.

School nurses and their teams provide a crucial interface between children, young people and families, communities and schools. School nurses have defined skills to support holistic assessment of the health and wellbeing needs of children and young people. They provide health promotion, prevention and early intervention approaches to support **individual, community and population** health needs.

School nurses have a clear, easily understood, national framework on which local services can build. The school nursing **4-5-6** model sets out the 4 levels of service with increased reach from community action to complex needs, 5 universal health reviews for all children and the 6 high impact areas where school nurses have the greatest impact on child and family health and wellbeing (see Figure 1).

**Figure 1:** The 4-5-6 approach for health visiting and school nursing



This high impact area interfaces with the other high impact areas and incorporates school nurses working in partnership with education, primary care, oral health services, GPs, child and adolescent mental health services, Troubled Families services, children’s safeguarding services, local authorities, specialist and voluntary organisations and education services.

## Improving health and wellbeing

The high impact areas will focus on interventions at the following levels and will use a place-based approach:

- individual and family
- community
- population

The place-based approach offers opportunities to help meet the challenges public health and the health and social care system face. This impacts on the whole community and aims to address issues that exist at the community level, such as poor housing, social isolation, poor/fragmented services, or duplication/gaps in service provision. School nurses as leaders in public health and the Healthy Child Programme (5-19), are well placed to support families and communities to engage in this approach. They are essential to the leadership and delivery of integrated services for individuals, communities and population to provide **RightCare** that maximises **place-based systems of care**.



### Individual and family

Healthy lifestyle advice is offered by school nurses so that children, young people and families are able to understand the importance of health behaviours and healthy lifestyles such as healthy eating, physical activity and good oral health. School nurses undertake individual assessment of need, care planning as a joint process with the individual and onward referral or signposting to weight management oral health services where appropriate.

School nurses can work closely with children and young people aged 5-19, to enable them to develop informed decision making skills about their health and well-being. They can use opportunities for health promotion, **Making Every Contact Count** to support behaviour change and use strengths based, motivational approaches to empower individuals to make healthier lifestyle choices.

School nurses can support children in learning about healthy eating and physical activity by following the **Our Healthy Year** resource. These resources help school staff create a healthy school culture, explain measuring day to pupils and make sure children learn about healthy lifestyles after they have been weighed and measured, as part of the National Child Measurement Programme (**Change4Life**, PHE 2017).

School nurses have an important role to enable children, young people and families to make positive choices about their health by utilising opportunistic moments to discuss healthy weight, signposting to local services or referring to weight management programmes where required.

School nurses and their teams provide opportunities for parents, children and young people to discuss issues or concerns, provide advice on behaviours, attitudes and family practices around food, physical activity and oral health, for example controlling food portion size, limiting snacking on foods that are high in fat and sugar, and encouraging an active lifestyle.

School nurses can support the delivery of local weight management services and offer a consistent approach to the management of lifestyle concerns related to **National Child Measurement Programme** (NCMP) results, offering individual support to parents and families to manage lifestyle concerns and change behaviours. School nursing teams are in a unique position to help increase parental recognition of their child's weight status. Improving parental acceptance of the result may encourage access to, and uptake of, services. They can support schools to meet statutory duties to promote children's health and well-being, helping children to understand how to keep themselves healthy (**School inspection handbook**, Ofsted, 2018).

School nurses and their teams have an important role in promoting oral health by giving children, young people and their families' health information to enable them to make healthy lifestyle choices.

They can promote the use of the Change4Life **Food Scanner app**, an interactive resource to encourage children and parents to make healthy food choices by reducing the amount of sugar, fat and salt in the foods they buy. Healthy weight maintenance can be improved through encouraging healthy eating and healthy nutrition in line with **guidelines**, and promoting the **recommended levels of physical activity**.



## Community

School nurses have knowledge of local services and develop partnerships with other disciplines and agencies to support approaches and interventions to help individuals to make healthier choices about their lifestyle. This includes supporting schools and colleges in the delivery of Personal, Social, Health and Economic Education (PSHEE) and Relationship Sex Education (RSE) relating to healthy lifestyles eg healthy eating, physical activity and oral health.

Working with local authorities, parks and leisure services, school nursing teams can offer insight into the community health and wellbeing needs to influence future planning and developments of leisure activities.

School nursing teams can have an impact on the community by being aware of local services and by being involved in place based activities, making communities healthy places for children and families.

School nursing teams can work directly with schools to train staff on weight management concerns and to support them in developing a whole school approach to health and wellbeing.

School nurses can work with partners to deliver targeted drop-ins in schools, colleges and community settings to make sure children and young people have access to confidential health information and support from someone they trust. Access for young people is enabled through the use of technology and social media to deliver health messages, promote services and offer accessible, confidential advice that is acceptable to the young people using them, eg texting health advice service, email to enable first contact to school nursing services.

School nurses can build community capacity to enable local families to promote healthy eating and physical activity through community-led initiatives. Examples include: working with the community to facilitate active lifestyles, such as **StreetPlay** and outdoor activities, or promoting healthy food and improving cooking methods for families on low income, eg fruit and vegetable co-operative.

The school nursing team are also well-placed to encourage **whole-school approaches** to promoting healthy eating and physical activity amongst school aged children by:

- offering evidence-based advice to increase activity such as **What works in schools and colleges to promote physical activity** as well as ideas for using the **PE and sport premium for primary schools**
- encouraging schools to register with the Change4Life **School Zone**
- supporting schools to adopt **healthy eating policies**, including hydration, which cover what food and drink is brought into the school as well as what the school provides
- supporting schools to deliver supervised tooth brushing programmes and fluoride varnish programmes

School nurses have an important role in developing **health literacy** in children, young people and families by supporting them to develop their knowledge of self-care, encouraging healthy lifestyles and reducing sedentary behaviours. This includes how to obtain appropriate information and support for health concerns and develop understanding and confidence to access the most appropriate health services.



## Population

School nurses lead the Healthy Child Programme (5-19) and provide leadership at a strategic level to contribute to development and improvement of policies, pathways and strategies to support delivery of high quality, evidence-based, consistent care for children, young people and families for improving lifestyles.

School nurses can undertake population health needs assessments and understand the strengths and challenges to health and wellbeing of the population, including the identification of the additional needs of vulnerable groups such as homeless families, children in care, travellers, refugees and asylum seekers. School nurses raise awareness of needs identified and support the development of universal or targeted work in partnership with other professional disciplines and agencies, in order to improve lifestyles and support individuals to adopt healthier behaviours.

School nurses and their teams work with children, young people and families to identify approaches to improving health and wellbeing that are relevant to them in their daily lives. School nurses recognise that it is a joint responsibility to support communities to improve their health and wellbeing and work closely with other professionals to address local issues.

Tackling obesity is complex, and will require co-ordinated action and integration across multiple sectors, including health, social care, planning, housing, transport and businesses. School nurse teams form part of the whole system approach to tackling obesity by supporting children and their families to make healthier choices to reduce the risks of preventable ill-health.

School nurses can support the PHE **national dental epidemiology programme dental survey of 5 year olds**. They can help parents and families to understand the purpose and importance of the information and how it can be used to develop preventative services improving lifestyle behaviours.

School nurses can influence positive relationships between health, education providers, community and voluntary organisations to ensure they are responsive to national and local needs and demonstrate improved public health outcomes.

## Using evidence to support delivery

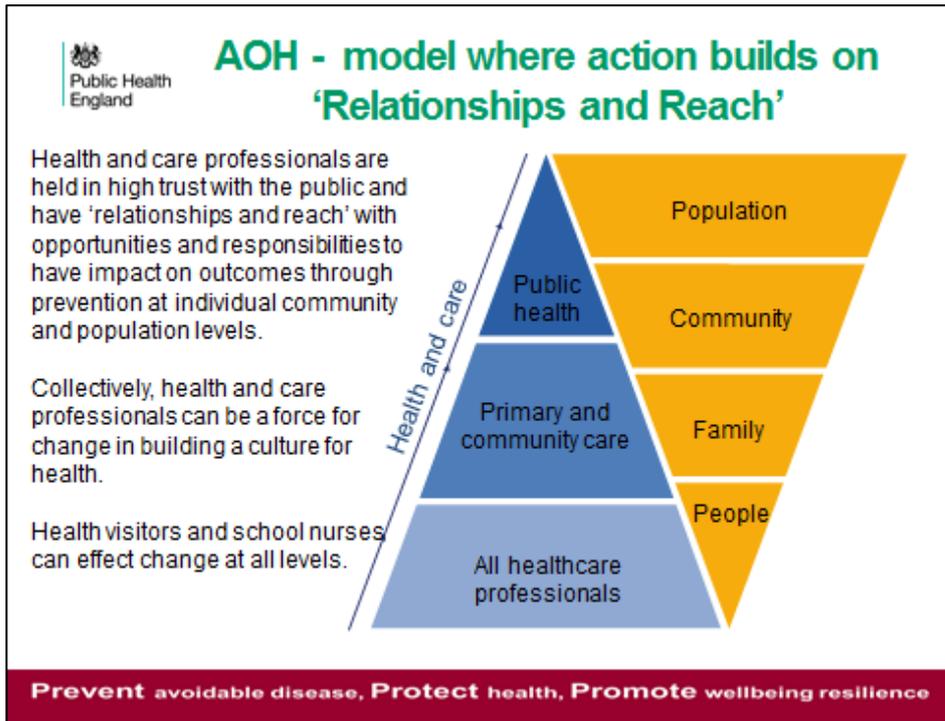
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin good health. This is illustrated in Figure 2, which uses the All Our Health townscape to demonstrate how improving outcomes is everyone's business, working across both traditional and non-traditional settings such as the workplace, green spaces and community centres.

**Figure 2:** All Our Health: Community and place-based approach to health and wellbeing



The **All Our Health** framework brings together resources and evidence that will help to support evidence-based practice and service delivery, **Making Every Contact Count** and building on the specialist public health skills of school nurses.

**Figure 3:** All Our Health (AOH) – model where action builds on ‘Relationships and Reach’



School nurses' contribution to the Healthy Child Programme (5-19) using the 4-5-6 model and incorporating the evidence base through All Our Health, is achieved from individual to population level.

## Measures of success/outcome

High quality data, analysis tools and resources are available for all public health professionals to identify the health of the local population. This contributes to the decision making process for the commissioning of services and future plans to improve people's health and reduce inequalities in their area. Outcome measures could include **Public Health Outcomes Framework** and **NHS Outcomes Framework** or future **Child Health Outcomes Framework** measure/placeholder, interim proxy measure, measure of access and service experience.

School nurses and wider stakeholders need to demonstrate impact and evidence of improved outcomes. This can be achieved by using the local measures:



### Access:

- evidence of the use of up to date, evidence-based approaches to dental health promotion, healthy weight and physical activity
- evidence of local multi-agency pathways setting out good practice on assessment, identification and support for children and young people aged 5-29 (24) and their families
- promotion of the **National Child Measurement Programme** to all schools and families
- promotion of healthy weight eg **Change4Life**, **Let's talk about weight tool for children and families**
- promotion of PHE's online resources for families and dental health on **NHS choices** and **Change4Life**
- access to dentistry and regular check-ups
- access to toothbrushes and fluoride toothpaste



### Effective delivery:

- evidence of implementation, including adherence to school policies in places that promote healthy food and drinks, to support dental health, healthy eating and physical activity
- increased numbers of children and families who opt in to the national dental epidemiology survey at age 5 years and to National Child Measurement Programme at age 4-5 and 10-11 years
- the Royal Society of Public Health **Everyday Interactions Impact Pathway for childhood obesity** shows how public health professionals, including school nurses, can demonstrate the impact of their actions on childhood obesity



### Outcomes:

- Public Health Outcomes Framework
  - 2.06i: Excess weight in 4-5 and 10-11 year olds: Percentage of children aged 4-5 years classified as overweight or obese
  - 2.06ii: Excess weight in 4-5 and 10-11 year olds: Percentage of children aged 10-11 years classified as overweight or obese
  - 2.09i: Smoking prevalence at age 15 - current smokers (Child and Maternal Health, Public Health England)
  - 2.09ii: Smoking prevalence at age 15 - regular smokers (Child and Maternal Health, Public Health England)
  - 2.09iii: Smoking prevalence at age 15 - occasional smokers (Child and Maternal Health, Public Health England)
  - 2.11iv: Proportion of population meeting the recommended '5 a day' at age 15 (Child and Maternal Health, Public Health England)
  - 4.0ii: Prevalence of tooth decay in 5 year olds
- increased uptake of physical activity



### User experience:

- feedback from school nursing service - questionnaire on satisfaction with healthy weight, healthy eating information and information on National Child Measurement Programme via local commissioner and provider data
- feedback from the NHS Friends and Family Test and You're Welcome Quality Criteria

Other measures can be developed locally and could include local initiatives and support for dental health promotion and reducing obesity, or partnership approaches to tackling obesity and increasing physical activity.

# Connection with other policy areas and interfaces

## How does this link to and support wider 5-19 work?

The high impact area documents have been developed to support delivery of the Healthy Child Programme and 5-19 agenda, and to highlight the link with a number of other interconnecting policy areas eg **childhood obesity**, **Troubled Families**, **mental health**, **Drug Strategy** and **Social Mobility Action Plan**. The importance of effective outcomes relies on strong partnership working between all partners in health (primary and secondary), local authority including education services, and voluntary sector services.

## How will we get there?

### Approaches to improving outcomes through collaborative working

- Public Health Outcomes Framework indicators reported and benchmarked by Public Health England
- appropriate information sharing agreements in place across all agencies
- integrated commissioning of services to ensure the health and wellbeing needs of children are met
- integrated and cohesive engagement with schools, key partners and stakeholders to support planning, delivery, monitoring and review
- information sharing from Joint Strategic Needs Assessment (JSNA), (including Early Years Foundation Stage Profile data, health data, information about families, communities and the quality of local services and outcomes from integrated reviews) to identify and respond to agreed joint priorities
- data feedback to inform JSNA on obesity in reception aged children, nutrition and exercise to develop partnership healthy weight strategies, with clear pathways for support for parents and young people at risk from obesity
- data feedback from national dental epidemiology programme for England
- partnerships working with schools to support integrated planning, delivery, monitoring and review
- demonstrate value for money and Return on Investment

### Improvements

- improved accessibility for vulnerable groups
- integrated IT systems and information sharing across agencies
- development and use of integrated pathways to include prevention and early intervention

- systematic collection of user experience eg NHS Friends and Family Test and engagement with children and young people to design services that are young people friendly and to inform action
- identification of risk factors and indicators for obesity
- increased use of evidence-based interventions to improve healthy eating and physical activity
- increased use of evidence based intervention to improve dental health eg school based tooth brushing and fluoride varnish programmes
- improved partnership working eg schools, health visitors, GPs, dental services and children, young people and families
- consistent information for parents and carers on dental health promotion, obesity, nutrition and activity
- ensure local processes to enable smooth transfer of records during transition to school to ensure continuity of programmes
- increased dental health provision in all regions

### Professional/partnership mobilisation

- multi-agency training on risk factors and root causes of obesity, poor dental health and dental decay
- multi-agency training for healthy weight, including nutrition and activity
- effective delivery of universal prevention and early intervention programmes
- improved understanding of data within the Joint Strategic Needs Assessment and at the local Health and Wellbeing Board to better support integrated working of 0-19 health visiting and school nursing services, with existing local authority arrangements, to provide a holistic, joined up and improved service for children, young people, parents and families
- identification of skills and competencies to inform integrated working and skill mix
- familiarity with the National Child Measurement Programme and the national dental epidemiology programme
- closer links with early years settings, schools, dental teams, health visitors and GPs

# Associated tools and guidance

(including pathways)

## Information, resources and best practice to support school nurses

### Policy

[Chief Medical Officer: Prevention pays: Our Children Deserve Better](#), Department of Health and Social Care, 2013

[Childhood obesity: A plan for action](#), Department of Health and Social Care, Prime Minister's Office, 10 Downing Street, HM Treasury and Cabinet Office, 2016

### Research

[A public health approach to promoting young people's resilience](#), Association for Young People's Health, 2016

[Child and Maternal Health](#), Public Health England, accessed September 2018

[Effects of obesity on perception of ability and perception of body image](#), Peralta et al, Journal of Human Sport and Exercise, Volume 11, Number 3, 2016

[Healthy Child Programme](#), e-Learning for Healthcare, accessed September 2018

[Mind-ed](#), accessed September 2018

[Public Health Outcomes Framework 2013 to 2016](#), Department of Health and Social Care, 2015

[Rise Above](#), accessed September 2018

### Guidance

[Health visiting and school nursing programmes: Supporting implementation of the new service model: Health visiting and school nursing partnership: Pathways for supporting health visiting and school nurse interface and improved partnership working](#), Department of Health and Social Care, 2014

[Maximising the school nursing team contribution to the public health of school aged children: Guidance to support the commissioning of public health provision to school aged children 5-19](#), Department of Health and Social Care, 2014

### Obesity and weight management

[Change4Life](#), accessed September 2018

[Child weight management: short conversations with families](#), Public Health England, 2017

[HENRY](#), accessed September 2018

[Our Healthy Year](#), Public Health England, accessed September 2018

[Our Healthy Year: Digital badges](#), Public Health England, accessed September 2018  
[School fruit and veg scheme](#), Department of Health and Social Care, 2010

## **Dental health**

[Child dental health: applying All Our Health](#), Public Health England, 2018  
[Delivering better oral health: An evidence based toolkit for prevention](#), Public Health England 2014  
[Health matters: Child dental health](#), Public Health England, 2017  
[Commissioning better oral health: An evidence-informed toolkit for local authorities](#), Public Health England, 2014  
[Dental Public Health Intelligence Programme](#), Public Health England, accessed September 2018

## **Physical activity**

[UK Physical Activity Guidelines](#), Department of Health and Social Care, 2011

## **NICE Guidance**

[Behaviour change: General approaches](#), NICE Public Health guideline [PH6], 2007  
[Behaviour change: Individual approaches](#), NICE Public Health guideline [PH49], 2014  
[Maternal and child nutrition](#), NICE Public Health guideline [PH11], 2008  
[Oral health: Local authorities and partners](#), NICE Public Health Guideline [PH55], 2014  
[Oral health promotion: General dental practice](#), NICE Public Health Guideline [PH30], 2015  
[Promoting physical activity for children and young people](#), NICE Public Health guideline [PH17], 2009  
[Smoking: Preventing the uptake in children and young people](#), NICE Public Health guideline [PH14], 2008  
[Weight management lifestyle services for overweight or obese children and young people](#), NICE Public Health guideline [PH47], 2013