



Department  
of Health &  
Social Care



Public Health  
England

# School aged years high impact area 4: Maximising learning and achievement. 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.ogilive.com/). 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
Maximising learning and achievement	4
Context	4
School nurses' role	10
Improving health and wellbeing	12
Individual and family	12
Community	13
Population	14
Using evidence to support delivery	15
Measures of success/outcome	17
Connection with other policy areas and interfaces	19
How will we get there?	19
Associated tools and guidance	21

# Maximising learning and achievement

## Context

The school years are an important time for children and young people. It is a time of rapid growth: physically, emotionally and socially, and it lays the foundation for the future. Health and wellbeing is crucial to a child or young person's learning (PHE, 2014). School nurses have a vital role in supporting children and young people to access education by working closely with families, school and other agencies. This includes 3 key stages:

- school readiness and starting school
- transition to secondary school
- leaving school and preparation to adulthood

The **Early Years Foundation Stage** (2017) defines school readiness as 'the broad range of knowledge and skills that provide the right foundation for good future progress through school and life.' Health professionals have a vital role in supporting the child and family to ensure school readiness and transition into school is seamless. School nurses can work with health visitors to support families to ensure children are prepared for school, and are able to refer or signpost to other support if a child has any specific difficulties, for example speech, language and communication.

Recent evidence sets out a case for language as a primary indicator of child well-being. Early language impacts on children's social, emotional and learning outcomes. Almost all children learn to communicate through language, yet there are strong and persistent differences in their ability to do so, with a child's socio-economic background an important factor. By age 3 there is already a 17 month income-related language gap, with children from disadvantaged groups twice as likely to experience language delay. 5 year olds with poor vocabulary are three times more likely to have mental health problems as adults. Two-thirds of 7-14 year olds with serious behavioural problems have language impairments.

While the reasons behind the word gap in the early years are complex, exposure to a breadth and depth of vocabulary and a learning-rich home environment, supported by high quality Early Years provision, are essential. (**Education Endowment Foundation**, 2017; **Early Intervention Foundation**, 2017).

Preparing for school entry can be a daunting time for some parents, carers and children. A proportion of children starting school do not have the necessary skills, including speech, language and communication skills, to access their education, which can affect

their wellbeing, capacity to learn, and ability to reach their full potential (**Early Years Foundation Stage Profile**, 2018).

Supporting the health and wellbeing of children at school entry includes social and emotional preparation. This will help the child to build resilience, which will be crucial for preparing for other transitions eg primary to secondary school. Where a child has a special educational need or disability, the school nurse may work with the parents/carers, health visitor and other relevant members of the multi-disciplinary team, to positively plan to address the health care needs of the child and/or identify any additional support they might require to enable them to achieve their full potential.

Regular school attendance throughout the school-aged years has been shown to result in better health, education and socio-economic outcomes. To get the most out of school it is important that children and young people are supported to attend every day.



Good health and **emotional wellbeing** are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities. In addition, children who thrive at school are better placed to act on information about good health. Poor health in adolescence can last a lifetime, however appropriate support can positively affect them as individuals, and society as a whole. Early preventative measures, including public health, can make a huge difference.

Encouraging children and young people to feel confident in accessing health services is key to engaging and involving them in decisions about their health and wellbeing and care. **You're Welcome** is a set of quality criteria for young people friendly health services. It provides a systematic framework to help commissioners and service providers to improve the suitability, accessibility, quality and safety of health services for young people.

For young people who are at a life stage where they are increasing their independence and becoming less reliant on parents and carers, having **health literacy** skills will help them to build knowledge and skills about their health and wellbeing, and provides them with skills for life. Health literacy also empowers them to make decisions about their own health and to access and use health services appropriately.

## **Vulnerable children and young people**

Identifying vulnerable children and young people who are at risk of health inequalities is challenging. They are less likely to be well engaged with services and they are unlikely to be captured in national statistics, monitoring data or other forms of data, making them

vulnerable because they are not recognised as a member of one group or another. Children and young people who are vulnerable are at risk of poorer outcomes.

Some children are less likely to be engaged with education and other services, and are unlikely to be visible to health professionals, for example looked after children, young carers, the homeless, travelling families, asylum seekers and refugees and children from military families. There are groups of children and young people with multiple difficulties and complex needs which significantly impede their access to, engagement with, and outcomes from, services.

Children and young people who are vulnerable to adversity, abuse or neglect are not always willing to access conventional services and may face additional challenges that impact negatively on their lives. Their chances of success are disproportionately low unless they can access appropriate early intervention and support.

Key facts:

- rates of self-harm are particularly high amongst groups of vulnerable young people, such as those in the youth justice system ([PHE, 2018](#))
- asylum seekers are a group potentially made vulnerable by their living circumstances ([PHE, 2017](#))
- children who are under the care of the local authority face a number of inequalities that may have consequences for their health ([PHE, 2018](#))
- lesbian, gay, bisexual or transgender young people are more likely to undertake behaviours such as smoking and recreational drug use. ([Hagger-Johnson et al, 2013](#), [Buffin et al, 2011](#))
- children from minority ethnic backgrounds are also more likely to live in persistent poverty, which in turn leads to worse outcomes ([PHE, 2018](#))
- persistent absence from school by age 14 and slower than expected academic progress between ages 11-14 are risk factors associated with pregnancy before the age of 18 ([PHE, 2018](#))

School nursing teams working with stakeholders, including social care and education, have a crucial role in identifying vulnerable children and young people. They can work with parents to improve health outcomes, particularly in terms of emotional health and wellbeing.

Consideration should be given to all vulnerable groups of children and young people including young carers, unaccompanied asylum seekers, travelling and homeless families and children from military families.

## Young carers

Young carers include children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical wellbeing or educational achievement and life chances ([ADCS](#), 2015).

Data compiled from the [2011 census](#) shows almost 200,000 children and young people aged 18 and under in England and Wales were caring for parents, siblings and others. The Carers' Trust has estimated that this may represent as many as 1 in 12 secondary school aged pupils ([Carers' Trust](#), 2018).

Many young carers may remain hidden due to the fear of being identified, not realising they are a young carer or through professionals not acknowledging their role and therefore failing to identify and support them ([DHSC](#), 2014).

Young carers may undertake practical tasks in the home; provide physical care, personal care and emotional support. Being a young carer may affect a young person's health, social life and self-confidence. Many young carers struggle to juggle their education and caring, which can cause pressure and stress.

### Key facts:

- many young carers miss school due to caring duties, and as many as two-thirds (68%) have reported being bullied at school ([NHS England](#), 2014)
- young carers are 1.5 times more likely to have a special educational need or disability ([Hounsell](#), 2013)
- over a third of young carers (38%) reported having a mental health problem ([Carers Trust](#), 2014)

Under the [Care Act 2014](#), local authorities are required to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide, care. They should ensure that adults' and children's services work together to offer young carers and their families an effective service and are able to respond to the needs of a young carer, the person cared for, and others in the family. They are expected to take 'reasonable steps' to identify children in their area who are young carers. The local authority must carry out an assessment if it appears that the young carer may have needs for support and, if so, should identify what those needs are.

Identifying young carers is not always easy. Research has found that a significant proportion of young carers do not disclose their caring responsibilities to their school,

and that often young people (and their families) do not recognise themselves as 'young carers' ([Children and Families Act 2014](#)).

School nursing teams are visible professionals that are well placed within schools and wider community settings to support young carers and play an important role in identifying young carers in the school aged population, both in and out of education. School nurses identify and support families where there may be a child or young person caring or who could become a carer. As the number of adults with long term conditions and mental health issues is increasing, children, young people and families are taking on more caring responsibilities.

## Unaccompanied asylum seekers

[Unaccompanied asylum seeking and refugee children](#) can be some of the most vulnerable children in our society. They are alone and in an unfamiliar country, at the end of what could have been a long, perilous and traumatic journey. Some of these children may have experienced exploitation or persecution in their home country or on their journey to the UK. Some may have been trafficked, and many more are at risk of being trafficked, being exploited in other ways, or going missing once they arrive in the UK.

An unaccompanied asylum seeking child is defined as an individual who is:

- under 18 years of age when the claim is submitted
- applying for asylum in their own right
- separated from both parents and is not being cared for by an adult who in law or by custom has responsibility to do so

The rise in the number of unaccompanied asylum seeking and refugee children in the UK in recent years, and a complex, rapidly-changing international situation, have highlighted challenges specific to this group of children.

### Key facts:

- between 2012 and 2016 there has been a rise in unaccompanied asylum seeking minors of nearly a 100%. As of 31 March 2017, 78% of unaccompanied asylum seeking children were aged 16 years of age and over, with 22% aged under 16 years ([DfE 2018](#))
- the majority of asylum seeking children are young men aged 16-17 ([AYPH, 2017](#))
- in 2016, unaccompanied asylum seeking minors represented 6% of the total looked after child population in England
- of the 72,670 children being looked after by local authorities as of 31 March 2017, 4,560 were unaccompanied asylum seeking children. This was a 6% increase in looked after unaccompanied asylum seeking children from the previous year ([DfE, 2018](#))

An unaccompanied asylum seeking child is entitled to the same local authority support as any other looked after child, and our ambitions for these children are the same, to have a safe and stable placement, to receive the care that they need to thrive, and the support they need to fulfil their educational and other outcomes (DfE, 2017).

## Homelessness

There were 20,170 children (including expected, unborn children) living in temporary accommodation in England in 2017. However, many families with children aged from 0-19 are hidden from homelessness statistics, with young people and families that are living in temporary accommodation not always captured in national and local statistics.

Becoming homeless can be devastating emotional experience. Homelessness takes children and young people outside of familiar environments, takes them from their home, possibly moving school and away from their friends.

### Key facts:

- more young people are approaching voluntary sector homelessness organisations for help, with 68% of homelessness providers reporting an increase in young people seeking support ([Homeless Link](#), 2015)
- health: children living in cramped accommodation experience disturbed sleep, poor diet, higher rates of accidents and infectious disease
- education: children from homeless households are more likely to suffer from bullying, unhappiness and stigma
- emotional wellbeing: about half of the families taking part in one study conducted by [Shelter](#) said their children were frightened, insecure or worried about their future as a result of their homelessness
- life chances: the health and educational impact of poor housing may affect children's future job prospects and financial wellbeing [Supporting families and children](#), Shelter England

Children living in overcrowded conditions miss out on the space and privacy they need to play, do homework and sleep properly. Without room to grow, many children become sick or fall behind at school. Many children living in temporary accommodation face long, exhausting journeys to school, and are so tired they can't concentrate in class. Moving into and between temporary accommodation can cause severe disruption to schooling ([Shelter](#), 2018).

- two-thirds of respondents to a Shelter survey among homeless households living in temporary accommodation said their children had problems at school ([Mitchell](#), 2004)
- children living in bad housing are nearly twice as likely as other children to leave school without any GCSEs ([Shelter](#), 2006)
- [Supporting families and children](#) – Shelter England

## School nurses' role

School nursing teams are well placed within schools and wider community settings to support young carers, and play an important role in identifying young carers in the school aged population, both in and out of education. School nurses identify and support families where there may be a child or young person caring or who could become a carer. As the number of adults with long term conditions and mental health issues are increasing, children, young people and families are taking on more caring responsibilities.

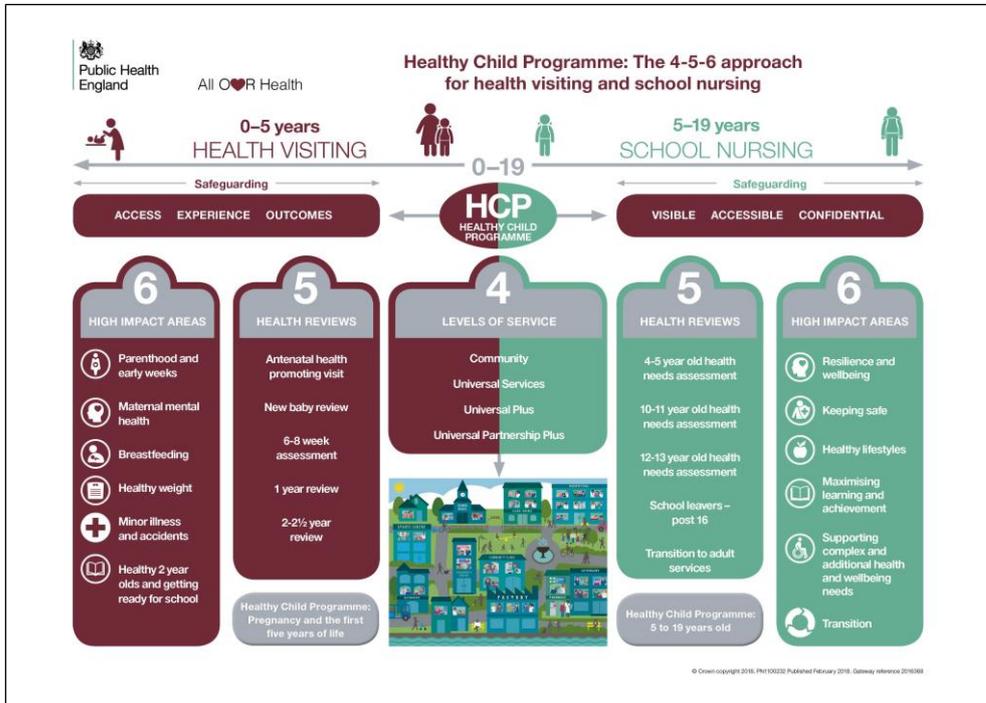
School nurses and their teams are in a unique position to build trusting and enduring professional relationships with children and young people throughout their time in education, to enable them to become confident and healthy adults. It is essential that young people in secondary education or college 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.

They deliver care in the most appropriate setting for the local community, using the principles of the **You're Welcome** Quality Criteria. This includes using technology to improve access and support for children, young people and families.

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

School nurses can work together with families, schools and partner agencies to ensure:

- early identification of vulnerability that may impact on the child or young person's education or school attendance, for example being a young carer, experiencing domestic or emotional abuse or parental substance misuse, teenage pregnancy, poor mental health of parent and/or child/young person or bullying
- support for children with complex and additional health needs, including diabetes, asthma, bladder or bowel issues (continence problems) or disability, to ensure that appropriate provision is put in place and that school staff have the knowledge and skills to care for them
- readiness for other transitions, for example infant to junior, to secondary, to college,
- early support if the child or young person requires additional help to access learning or needs a referral to other services
- support for children and young people who are part of the youth justice system
- children and young people are educated about health and prevention of illness

School nurses can:

- support children, young people and families to navigate the health and social care services to ensure timely access and support

- offer support to children and young people at school with long-term health conditions to help minimise any negative effects of their health needs on their school life
- support children and young people who may require an Education, Health and Care plan needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an Education, Health and Care plan (**SEND Code of Practice 0-25 Years**)
- collaborate to support children and young people where there are identified health needs, or where they are in the child protection system, providing therapeutic public health interventions for the child and family and referring children and families to specialist medical support where appropriate
- provide support for vulnerable groups, including children in care, young carers, children with disabilities, young people not in education, employment or training and young offenders
- contribute to improving a child attendance, offering additional support where absences may be due to hospitalisation, or frequent appointments at a hospital or GP surgery



## Community

School nurses can:

- act as an effective conduit between education, health and social care, supporting work on health issues in school and making health services more accessible to children, young people, parents and carers, working with other staff to identify vulnerable children and young people and supporting access to services
- work with schools to have a whole school approach to health and to become health promoting environments, promoting a healthy food environment and promoting physical activity, in relation to obesity and oral health - they can advise schools about infection prevention and control and handwashing to prevent the spread of infections
- advise schools about medicines management and the appropriate administration of medicines during the school day, for example inhaler technique
- support the delivery of the Personal, Social and Health and Economic Education (PSHEE), promoting resilience and promoting good emotional wellbeing

School nurses may be the first point of contact for children, young people and parents or carers needing health advice or information, including assessment of individual needs, support and referral on to other services as necessary.

School nurses can:

- liaise with local colleges and employers to ensure that children and young people with special educational needs or disabilities will have their needs met
- collaborate with partners in education, health and social care providing holistic care for children and young people, supporting them to reach their maximum educational potential



## Population

School nurses can:

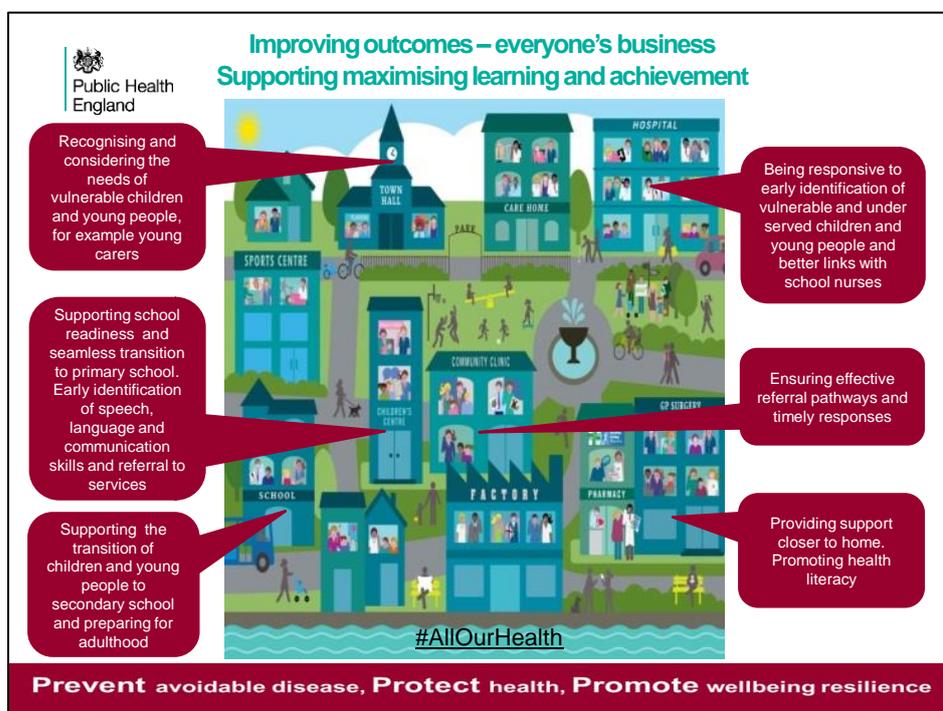
- assess, protect and promote the health and wellbeing of school aged children and young people and offer advice, care and treatment to individuals and groups of children, young people and the adults who care for them
- support the work of the National Child Measurement Programme and the national dental epidemiology programme
- support the work of professional special interest/development/planning groups, for example local authority young carers services
- influence, initiate and support activities for promoting health across the school and community, contributing to the Personal, Social, Health and Economic Education (PSHEE), Relationships and Sex Education (RSE) and Relationships Education (RE) curriculum – the latter will move to statutory status in all schools from 2019

School nurses influence, and can take the lead in, developing effective partnerships and act as advocates to deliver change to support improvements in the health and wellbeing of children and families. They can work in partnership with other professionals and stakeholders, ensuring care and support help to keep children and young people healthy and safe within their community.

## Using evidence to support delivery

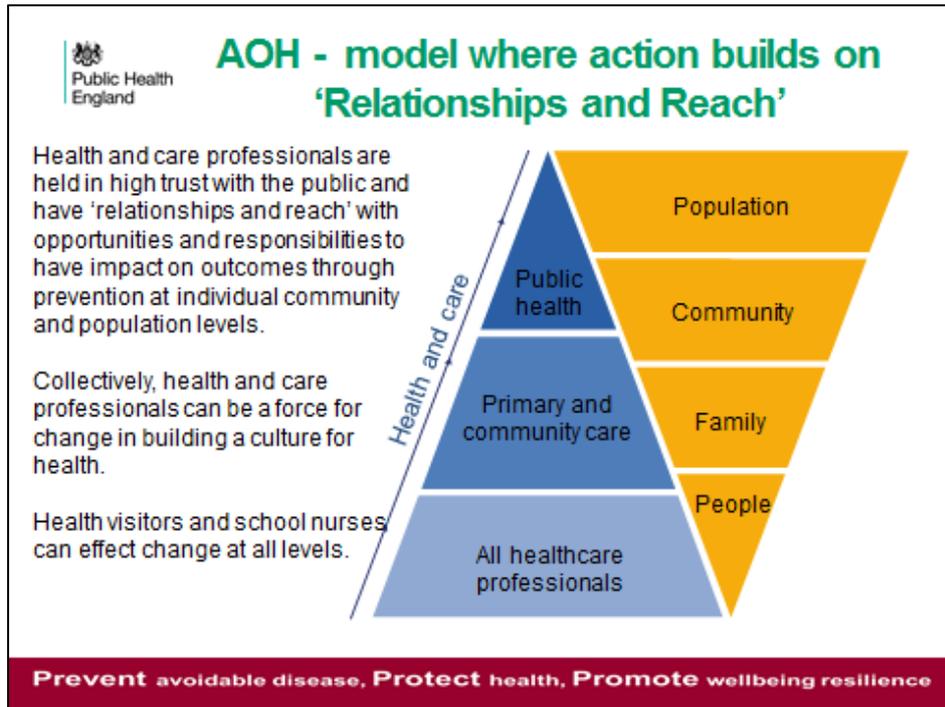
A place-based or community-centred approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin 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 placed-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 contribute to the Healthy Child Programme (5-19) using the 4-5-6 approach and incorporating the evidence base through All Our Health. This 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:

- number of children participating in the **National Child Measurement Programme**
- number of children participating in the **national dental epidemiology programme for England's biennial survey**
- number of children identified with long term conditions, complex needs and disability or vulnerabilities offered support
- number of children accessing school based supervised tooth brushing programmes and fluoride varnish programmes
- number of schools with drop in sessions for young people



### Effective delivery:

- early help to identify language delay, social and behavioural issues, and referral pathways in place to specialist services where appropriate
- early identification and referral for further oral health advice or treatment
- evidence of implementation of locally devised pathways
- number of schools with plans and policies in place for managing medicine use
- number of looked after children assessments



### Outcomes:

- referral to other services: number of children in reception (aged 4-5 years) classified as overweight or obese in the academic year collected via National Child Measurement Programme and available in Annual report on the Child Measurement Programme
- public Health Outcomes Framework and Early Years Profiles

- number of children aged 10-11 years classified as overweight or obese in the academic year collected via National Child Measurement Programme and available in Annual report on the Child Measurement Programme. Public Health Outcomes Framework and Young Peoples Profiles
- number of children aged 0-15 years that were killed or seriously injured in road traffic collisions over a 3 year period, available in Child Health Profiles
- number of hospital admissions in children aged between 10 and 14 years where the main cause is intentional self-harm, available in Young Peoples Profiles
- hospital admissions in children aged 15 and 19 years where the main cause is intentional self-harm, available in Young Peoples Profiles
- number of persons aged 15 who are regular smokers (at least one cigarette per week), statistics on smoking from NHS Digital available in Public Health Outcomes Framework
- school readiness: percentage of children achieving a good level of development at the end of reception year, published by Department for Education and available in Public Health Outcomes Framework
- percentage of children aged five years with one or more obviously decayed, missing (due to decay) or filled teeth, collected through the National Dental Epidemiology Programme for England, and in the Early Years Profiles and Public Health Outcomes Framework
- percentage of children aged 10-11 years with one or more obviously decayed, missing (due to decay) or filled teeth, collected through the National Dental Epidemiology Programme for England, and in the Young Peoples Profiles and Public Health Outcomes Framework



**User experience:**

- feedback from school nurse service user questionnaire on satisfaction
- health and wellbeing feedback from children and young people
- parent/carers feel confident to send their children to school
- feedback on parent/carer experience of school nursing services
- you're Welcome quality criteria
- **NHS Friends and Family Test**

Other measures can be developed locally and could include measures such as local initiatives.

# 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 indicator reported and benchmarked by Public Health England and NHS England
- NHS Outcomes Framework indicator 3.7ii – Tooth extractions due to decay in children and admitted as inpatients to hospital, aged 10 years and under
- information sharing agreements in place across all agencies
- integrated commissioning of services
- Schools and Children’s Centres play a key role in supporting improved outcomes for children and families as part of the integrated planning, delivery, monitoring and reviewing approach
- partnerships can use information from Joint Strategic Needs Assessment (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
- collation of local data by top ten primary diagnoses
- commission partnership preventive support programmes to avoid hospital admissions based on local data
- primary care and community services to support out of hospital care
- improving:
  - school readiness
  - school attendance
  - appropriate use of services
  - management of health conditions
- 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 including primary care and community services to avoid admissions
- systematic collection of user experience eg NHS Friends and Family Test and consulting children and young people to inform action and create young people friendly services
- increased use of evidence-based interventions
- improved partnership working eg health visiting, GPs, oral health services, community paediatric services
- consistent information, for example on accident prevention, for parents and carers
- identification of repeat attendance for non-elective admissions
- development of systems to capture interventions to reduce inappropriate use of services, using a whole school approach

## Professional/partnership mobilisation

- multi-agency training to support children's health and wellbeing and their attendance at school
- continued multi-agency safeguarding training
- 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 school nursing services with existing local authority arrangements to provide a holistic/joined up and improved service for children, young people and families
- identification of skills and competencies to inform integrated working and skill mix
- understanding barriers to primary care access

# Associated tools and guidance

(including pathways)

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

### Policy

Delivering better oral health: An evidence-based toolkit for prevention, Public Health England, 2014

'Fair Society, Healthy Lives': The Marmot Review, UCL Institute of Health Inequality, 2010

Health Matters: child dental health, Public Health England, 2017

Local authorities improving oral health: commissioning better oral health for children and young people, Public Health England (2014).

Improving the oral health of children: Cost effective commissioning, Public Health England, 2016

Our children deserve better: Prevention pays: Chief Medical Officer's report 2012, Department of Health and Social Care, 2013

Promoting children and young people's emotional health and wellbeing, Public Health England, 2015

SEND Code of Practice 0 to 25 years, Department of Health and Department for Education, 2015)

Supporting pupils at school with medical conditions, Department for Education, 2014

### Research

Child and Maternal Health, Public Health England, accessed September 2018

Children and young people's health benchmarking tool, Public Health England, 2014  
Hall D and Elliman D (2006) Health for All Children (revised 4th edition). Oxford: Oxford University Press, accessed September 2018

School aged children profiles, Child and Maternal Health Intelligence Network, Public Health England, 2014

The link between pupil health and wellbeing and attainment, Public Health England, 2014

What works in schools and colleges to increase physical activity, Public Health England, 2015

### Guidance

Health visiting and school nursing programmes: supporting implementation of the new service model: No 2: School nursing and health visiting partnership: Pathways for supporting children and their families, Department of Health and Social Care, 2014

Maximising the school nursing team contribution to the public health of school aged children, Department of Health and Social Care, 2014

Promoting emotional wellbeing and positive mental health of children and young people, Department of Health and Social Care, 2014

## **Safety**

Road injury prevention: Resources to schools to promote safe active travel, Public Health England, 2016

## **Learning and achievement**

Early Years Foundation Stage Profile: 2018 handbook, Standards and Testing Agency, 2017

Subjective wellbeing in adolescence & teacher connectedness: a health asset analysis, Garcia-Moye et al, Health Ed Journal. 2014

The WHO health promoting school framework for improving the health and wellbeing of students and their academic achievement, Cochrane library, 2014

## **NICE Guidance**

Immunisations for under 19s overview, NICE advice, accessed September 2018

Immunisations: reducing differences in uptake in under 19s, NICE Public Health guideline [PH21], 2017

Oral health, Local authorities and partners, NICE guideline [PH55], 2014

Oral health promotion, general dental practice, NICE guideline [NG30], 2015

Schools and other educational settings, NICE, accessed September 2018

Social and emotional wellbeing in primary education, NICE Public Health guideline [PH12], 2008

Social and emotional wellbeing in secondary education, NICE Public Health Guideline [PH20], 2009

Unintentional injuries: Prevention strategies for under 15s, NICE Public Health guideline [PH29], 2010