



Department  
of Health &  
Social Care



Public Health  
England

# School aged years high impact area 5: Supporting complex and additional health and wellbeing needs. 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
Context	4
School nurses role	6
Improving health and wellbeing	8
Individual and family	8
Community	9
Population	9
Using evidence to support delivery	11
Measures of success/outcomes	13
Connection with other policy areas and interfaces	15
How will we get there?	15
Associated tools and guidance	17

# Supporting complex and additional health and wellbeing needs

## Context

In 2017, 23% of young people aged 11-15 reported that they had a long term illness or disability, with asthma counting for over half the cases (AYPH, 2017). All children and young people have a right to achieve their full potential. It is important to ensure children and young people with additional or complex health needs are supported to achieve the best possible outcomes and are able to engage with learning, whilst maintaining their health and social wellbeing.

Some children with long-term conditions require support or medication during the school day to ensure that they remain well. A child or young person's educational attainment can be affected by school absences due to hospitalisation, frequent appointments or lack of support to promote attendance.

If they are not adequately supported this may impact on the child's health, social and educational outcomes such as:

- school attendance
- emotional health and wellbeing, for example having low self-esteem or experiencing bullying
- ability to access the full curriculum, for example physical education

[Supporting pupils with medical conditions at school](#) (DfE, 2017)

Children and young people with additional or complex health needs often require additional support to ensure a seamless transition into school and so that they feel supported to learn within an education setting.

Whilst the majority of children with complex and additional health needs will have their needs met within mainstream education settings, some will need additional support from specialist services. Health, education and social care should work together with parents or carers to agree ambitious outcomes for identified children, set clear individual progress targets and be clear in their planning about how resources are going to support and help the child and family reach their targets or aspirations. Parents or carers will be fully involved in discussions about their child's progress and reviews of the provision needed to achieve the agreed outcomes.

These children and young people 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**). Education, health and social care are required to co-operate at a local level to meet children and young people's needs.

The process for assessment and planning of an Education, Health and Care plan should be joined up, outcomes focused and delivered in partnership with parents or carers. It is agreed and completed within a maximum of 20 weeks. However, there are times when a child has speech and language delay or behavioural problems, which are not considered a special educational need or disability and therefore do not warrant an Education Health Care plan.



Access to services needs to be timely and responsive to individual and family needs. School nursing teams need to work collaboratively with other health professionals, including GPs, oral health services, community children's nurses, community paediatricians and wider stakeholders, for example schools, youth services and social care. When supporting vulnerable and isolated children it is important to ensure services are delivered in locations and at times that are appropriate to their needs. This may include home visits or community locations other than schools.

It is important to work within national and local safeguarding pathways and arrangements, ensuring that the voice of the child is considered. School nurses' unique position means they can advocate for vulnerable children and young people, including those with complex and additional needs, who may not be able to easily verbalise their concerns or needs.

Parents or carers of children with long term health needs may have concerns about how well their child will be cared for during the school day. Governing bodies of all schools and academies have a statutory duty to ensure that there are arrangements in place to support pupils with health needs (**DfE, 2017**).

Parents of children with health needs are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Long term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health (**PHE, 2015**).

Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their health needs (PHE, 2017).

Short-term and frequent absences also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school and in some situations may support staff in implementing a child's individual healthcare plan and provide advice and liaison, for example on training (DfE, 2017).

### School nurses' role

School nurses have a key role to play in supporting children and young people with complex and additional health and wellbeing needs. In mainstream schools, school nurses support planning and coordination of care, training of staff and help families to navigate services. They do not usually provide ongoing clinical support.

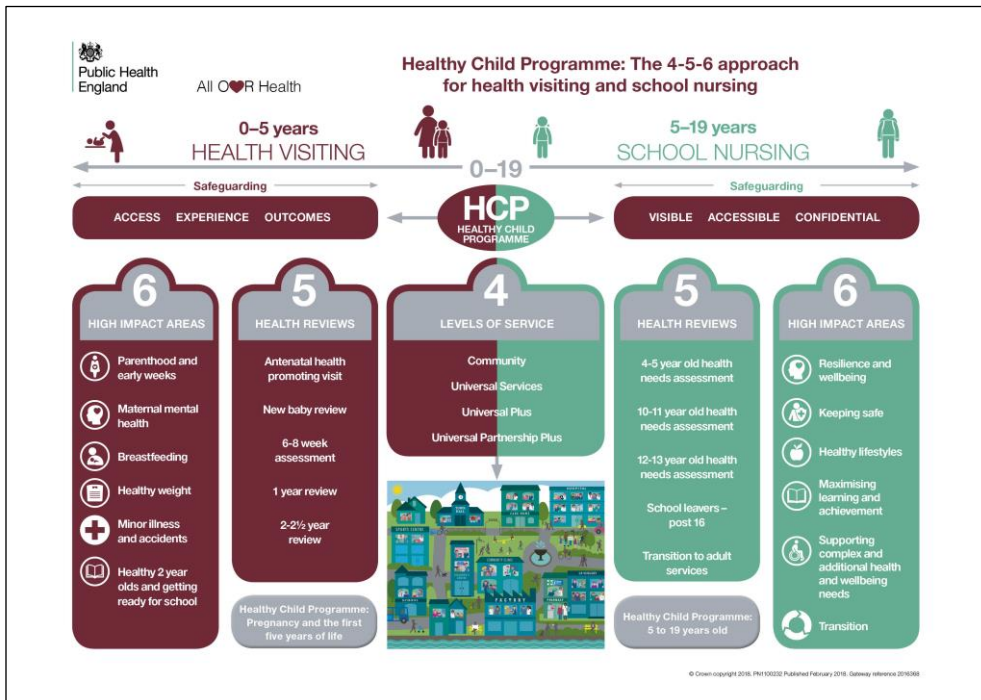
School nurses and their teams are in a unique position to build trusting and enduring professional relationships with children and young people throughout their time in education, to enable them to become confident and healthy adults. It is essential that young people in secondary education or college 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 assessments of the health and wellbeing needs. 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 teams, 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 of 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 support children and young people aged 5-25 who have complex and long term health needs. School nurses can advocate for the child, young person, and parent or carer to ensure that the child's voice is heard, especially if they have communication difficulties or are unable to articulate for themselves.

School nurses can identify children and young people who may require additional support or who would benefit from signposting or referrals to more specialist services such as children and young people's mental health services, oral health services, contraceptive and sexual health services or substance misuse services.

School nurses can signpost and offer information and support, liaise with key professionals involved in the child or young person's care and support school staff around training. School nurses work closely with community children's nurses and community paediatricians.

School nurses can educate families and children about hygiene, particularly when children or family members have an illness or infection. They can play a vital role in educating families and children about appropriate use of antibiotics and self-care.



Transition to secondary school or college can be a period of high anxiety for young people with additional or complex health needs. Working closely with the multidisciplinary team, school nurses can offer support to young people to manage their health condition and medication within mainstream school. Identifying concerns early, putting a health plan in place including regular reviews, and offering support through ongoing health drop-ins can help smooth periods of transition.

School nurses can support young people with complex health needs to access universal health advice, for example sexual health services. The focus on medical conditions may conceal the normal adolescent development needs.



## Community

School nurses lead the Healthy Child Programme (5-19) and have good awareness of local services available. They can provide help and support within communities to enable access to services. This supports the reach of services and the activities they provide. School nurses can work with communities to recognise strengths and assets, build relationships and to work together to develop solutions to address local issues.

Strong partnership working is required to ensure seamless support is provided. School nursing services are well placed to lead and co-ordinate support effectively. They can support schools to manage the health and wellbeing of their pupils. This includes delivery of health related training, advice and development of school policies, eg medicines management, whole school approach to health and wellbeing and supporting the delivery of school based supervised tooth brushing and fluoride varnish programmes.



## Population

School nurses lead the Healthy Child Programme (5-19) and provide leadership at a strategic level to contribute to the 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 transition into and preparation for adulthood.

Clear multi-agency infrastructure and locally agreed assessment frameworks will provide the opportunity to jointly assess individual and family needs, whilst offering clarity around partners' roles and responsibilities. Robust leadership and accountability will support delivery of tailored services as part of agreed local arrangements.

School nurses can support the rights of all children and young people to be heard, to have access to appropriate healthcare and education and to fulfil their potential. This includes involving children and young people or their representatives in the development of services for those with complex and additional health and wellbeing needs and ensuring information is available for all in the most appropriate format including face-to-face, electronic, print, easy to read and pictorial.

# Using evidence to support delivery

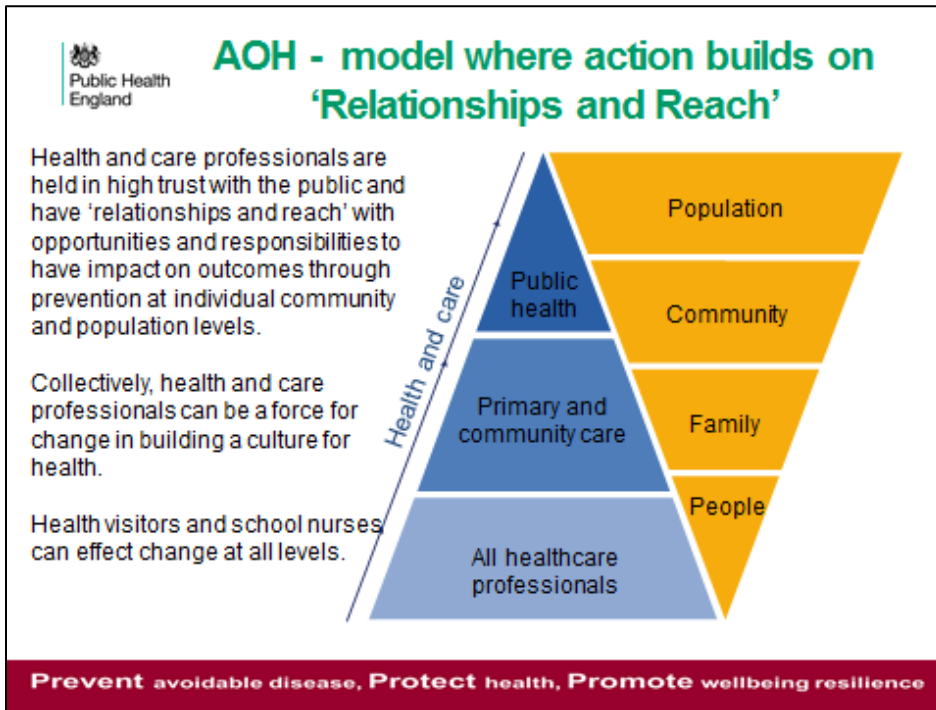
A place-based, or community-centred, approach aims to develop local solutions that draw on all the assets and resources of an area, integrating services and building resilience in communities so that people can take control of their health and wellbeing, and have more influence on the factors that underpin 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 nurse’s 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/outcomes

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 with complex or additional health needs who have access to school nursing services
- evidence of local multi-agency pathways setting out good practice for identification, assessment, and support for children and young people aged 5-19 with complex and additional health needs or disability



### **Effective delivery:**

- reduced social isolation and targeted support to meet local needs



### **Outcomes:**

- reduction in school absences
- 1.03 Pupil absence indicator
- total difficulties scores for all looked after children aged between 5 and 16 at the date of their latest assessment, who have been in care for at least 12 months on 31 March, available in Public Health Outcomes Framework
- estimated number of 16-17 year olds not in education, employment or training, or whose activity is not known, available in Public Health Outcomes Framework
- number of conceptions that occur to women aged 18 or under that result in either one or more live or still births or a legal abortion under the Abortion Act 1967, quarterly and annual reporting by the Office of National Statistics and in Public Health Outcomes Framework and Early Years Profiles
- number of finished admission episodes in children aged between 10 and 24 years where the main cause is intentional self-harm, 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 between 15 and 19 years where the main cause is intentional self-harm, available in Young Peoples Profiles
- number of finished and unfinished continuous inpatient spells, excluding transfers, for patients aged under 19 with an emergency admission and where asthma, diabetes or epilepsy were the primary diagnosis, available in NHS Outcomes Framework
- number of Education, Health and Care Plans in place



**User experience:**

- feedback about service delivery from children, young people and families via the **NHS Friends and Family Test**, **You're Welcome** and local service surveys
- engagement exercises with children and young people carried out by the local authority and school

Other measures can be developed locally and could include local pathways and partnership approaches to supporting children with additional and complex health needs, for example referrals to specialist services or to support groups, engagement of previously non-compliant/vulnerable children and young people with medication or treatment.

# 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 local authority
- Department of Health and Social Care specification supports the high impact areas and delivery of the Healthy Child Programme (5-19)
- information sharing agreements in place across all agencies
- integrated commissioning of services to improve health and wellbeing outcomes
- partnerships working with schools to support integrated planning, delivery, monitoring and review
- information sharing from Joint Strategic Needs Assessments (including health data and information about families and communities) to identify and respond to joint priorities
- understanding roles and responsibilities for seamless provision of care outlined in **Special Educational Needs and Disability (SEND) code of practice** (2014)
- 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
- systematic collection of user experience eg NHS Friends and Family Test and You're Welcome quality criteria, engagement with children and young people carried out by local authority to inform action and co-production with children and young people to deliver 'young people friendly' services

- increased use of evidence based interventions and links to other early years performance indicators
- improved partnership working eg schools, children's social services, GPs, oral health services, children and young people
- consistent information for children, young people, parents and carers
- ensuring individual care plans are providing effective early interventions
- improved engagement of previously non-compliant children and young people

### Professional/Partnership Mobilisation

- multi-agency training and supervision to identify risk factors and early signs of health and wellbeing issues
- multi-agency training in approach for discussions with children and young people to obtain information
- multi-agency training in evidence based early intervention and **safeguarding** practices
- effective delivery of universal prevention and early intervention programmes
- improved understanding of data within the Joint Strategic Needs Assessment, used to inform priorities in the Joint Health and Wellbeing Strategy and understanding at the local Health and Wellbeing Board of who holds delivery to account
- 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 - this includes effective joint working with specialist substance misuse services, oral health services, mental health, sexual health services and speech and language services.
- identification of skills and competencies of school nursing teams to inform integrated working and skill mix
- increased integration and working with schools to offer a range of services and activities to promote health and wellbeing



# 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 protection](#), Public Health England, 2014

[Children's and Families Act 2014](#), accessed September 2018

[Health Matters: child dental health](#), Public Health England, 2017

[Improving oral health: An evidence-informed toolkit for local authorities](#), Public Health England, 2014

### Research

[An RCN toolkit for school nurses](#), Royal College of Nursing, 2008

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

[Conception to Age 2-The age of opportunity](#), Wave Trust, 2013

[Key data on young people](#), Association for Young People's Health, 2017

[TAC interconnections](#), accessed September 2018

[Working Together to Safeguard Children](#), Department for Education, 2015

### Guidance

[Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and call to action](#), Department of Health and Social Care, 2012

[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

### Long term conditions

[An Ordinary Life](#), Foundation for People with Learning Disabilities, accessed September 2018

[Building the right support: A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition](#), NHS England 2015

[Contact: For families with disabled children](#), accessed September 2018

[Council for Disabled Children](#), accessed September 2018

[Developing Key Working](#), Council for Disabled Children, 2013

[Disability matters](#), accessed September 2018

[Disability matters](#), e-Learning for Healthcare, accessed September 2018

[Managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues](#), Royal College of Nursing, 2012

[National Network of Parent Carer Forums](#), Council for Disabled Children, accessed September 2018

[No child with cancer left out](#), Clic Sargent, 2012

[Providing support for children and young people with health needs in schools](#), Royal College of Nursing and Unison, accessed September 2018

[SEND delivery support](#), Department for Education and Department of Health, accessed September 2018

[Support and Aspirations: A new approach to special Educational needs and disabilities – Report](#), Department of Education, 2012

[Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition](#), Local Government Association, Association of Directors of Adult Social Services and NHS England, 2015

[Supporting pupils at school with medical conditions](#), Department for Education, 2015

[SEND Code of Practice 0-25 years](#), Department of Health and Social Care and Department of Education, 2014

[SEND: Guide for health professionals](#), Department for Education and Department for Health and Social care, 2016

[SEND: Managing the 2014 changes to the system](#), Department for Education, 2015

[The determinants of health inequalities experienced by children with learning disabilities](#), Public Health England, 2015

[The Special Educational Needs and Disability regulations 2014](#), The Stationery Office, 2014

[Valuing people now: a three year strategy for people with learning disabilities](#), HM Government, 2009

## **Lifestyle**

[Alcohol, drugs and tobacco use Joint Strategic Needs Assessment support pack](#), Public Health England, 2014

## **NICE Guidance**

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

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